



Child and Family Services Reviews

Statewide Assessment

February 2017

State of Tennessee Department of Children's Services



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the Child and Family Services Reviews at <http://www.acf.hhs.gov/programs/cb>. Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

Section I of the statewide assessment instrument requests general information about the state agency and require a list of the stakeholders that were involved in developing the statewide assessment.

Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.

Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number

Section I: General Information

Name of State Agency: State of Tennessee Department of Children's Services

CFSR Review Period

CFSR Sample Period: April 1, 2016 and September 30, 2016

Period of AFCARS Data: April 1, 2016 – September 30, 2016

Period of NCANDS Data: April 1, 2016 – November 15, 2016

Case Review Period Under Review (PUR):

- Smoky Mountain Region: April 1, 2016 - April 3, 2017
- Davidson County Region: April 1, 2016 – April 24, 2017
- Upper Cumberland Region: April 1, 2016 – May 8, 2017
- South Central Region: April 1, 2016 – May 22, 2017
- Mid-Cumberland Region: April 1, 2016 – June 5, 2017
- Southwest Region: April 1, 2016 – June 26, 2017
- Tennessee Valley Region: April 1, 2016 – July 10, 2017
- Northeast Region: April 1, 2016 – July 24, 2017
- Shelby County Region: April 1, 2016 – August 14, 2017
- Knox County Region: April 1, 2016 – August 28, 2017
- Northwest Region: April 1, 2016 – September 11, 2017
- East Tennessee Region: April 1, 2016 – September 25, 2017

State Agency Contact Person for the Statewide Assessment

Name: Anthony Nease, MSSW

Title: Office of Continuous Quality Improvement, Program Evaluation Division, Program Director

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Statewide Assessment Participant	Role	Affiliation/Region
A'ndrea Leavy	Deputy Regional Administrator	Southwest
Ami Parker	Deputy Regional Administrator	Davidson
Ami Smith	Foster Parent	Mid-Cumberland
Angela Johnson	Deputy Regional Administrator	Shelby
Angela Kranhold	Director of Systems Integration	Central Office DCS
Antonette Granada	Birth Parent	Southwest
Antonia Zimmer	Deputy Regional Administrator	Smoky Mountain
April Sells	Birth Parent	South Central
April Snell	Regional Administrator	Knox
Ashley Chipman	Team Leader	Knox
Becky Rogers	Foster Parent	TN Valley
Bonnie Hommrich	Commissioner	Central Office DCS
Brandy Maltzburger	Director of Residential Services	Free Will Baptist
Bret Brooks	Deputy Regional Administrator	Northwest
Brittney Pritchard	Birth Parent	Northeast
Camille Leggins	Regional Administrator	Northwest DCS
Carla Aaron	Executive Director for Office of Child Safety	Central Office DCS
Carolyn Wyatt	Team Leader	Mid-Cumberland
Charmaine Kromer	Executive Director of Child Programs	Youth Villages
Cheri Richards	Regional Administrator	Upper Cumberland
Cheri Stewart	Director	Central Office DCS
Hugh Nystrom	Director	Child Help
Christina Fly	Executive Director for Training and Professional Development	Central Office DCS
Clare Anderson	Director	Chapin Hall
Collette Crawley	Director of Due Process	Central Office DCS
Connie Murphy	Program Manager Office of Permanency	Central Office DCS
Craig Raymer	Executive Director for Human Resources	Central Office DCS
Crystal Dennis	Birth Parent	Upper Cumberland
Crystal Parker	Director of Child Programs	CBCAP (TennCare)
Cynthia Davenport	Birth Parent	Mid-Cumberland
Darci Halfman	Executive Director	Tennessee Alliance for Children and Families
Debbie Goldstein	Vice President of Operations	Sequel

Statewide Assessment Participant	Role	Affiliation/Region
Dennis Fleming	Executive Director	Porter Leath
Derri Smith	Director	End Slavery
Donvan Haynes	Affirmative Action Director	Central Office DCS
Doug Diamond	General Council	Central Office DCS
Doug Swisher	Assistant Commissioner for Finance and Budget	Central Office DCS
Dr. Lisa Pellegrin	Director of Psychology	Central Office DCS
Dr. Stephen Patrick	Researcher	Vanderbilt
Elleni Dimopoulos	Deputy Regional Administrator	TN Valley
Gayle Mrock	Data Analytics	Holston
Gino de Salvatore	Director of Child Services	Centerstone
Jackie Jolley	Investigation Coordinator	TN Valley
Jackie Moore	Executive Director of the Office of Juvenile Justice	Central Office DCS
Jamie Brown	Team Coordinator	South Central
Jamie Greene-Lamb	Regional Investigation Director	TN Valley & Upper Cumberland
Jamie Worrell	Foster Parent	Upper Cumberland
Jason Crews	CEO	Wayne's Halfway House
Jean Southall	Foster Parent	Northwest
Jeanah McClure		Gardian At Litem
Jeff Devine	CEO Oak Plains Academy	Universal Health System
Jennifer Drake	Director	Croft CBCAP (TCCY)
Jerry Jones	Chief Information Officer	Central Office DCS
John Jacobs	Director	Central Office OIT
John Sutton	Foster Parent	Mid-Cumberland
Johnna Burton	Foster Parent	Southwest
JP Peach	Foster Parent	Davidson
Julie Rotella	Executive Director for Regional Support	Central Office DCS
Julie Sutton	Foster Parent	Mid-Cumberland
June Turner	Executive Director	Nashville Children's Alliance
Kate Greer	Regional Investigation Director	Mid-Cumberland, Davidson, & South Central
Keisha Bean	Facility Administrator	G4S
Kim Garland	Regional Investigation Director	East, Knox, Smoky Mountain, and Northeast
Lacey Vassallo	Birth Parent	Knox
Laura English		Relative Caregiver

Statewide Assessment Participant	Role	Affiliation/Region
Leigh Ann Veale	Director of Programs	Camelot
Leslie Kinkaed	Director of Court Improvement Project	Administrative Office of the Courts
Lisa Brookover	Regional Administrator	Mid-Cumberland DCS
Lisa Earls	Program Manager	Central Office DCS
Lisa Humphries	Lead Investigator	Knox
Lisa Williamson	Regional Administrator	South Central Region DCS
Lou Miller-Fields	Foster Parent	Southwest Region
Lucretia Sanders	Regional Administrator	Northeast Region
Marcy Martin	Regional Administrator	East Region
Margie Quinn	Director	TBI
Marianne Schroer	Executive Director	CASA
Mary Beth Duke	Regional Investigation Director	Shelby, Northwest, and Southwest
Marybeth Turner	Birth Parent	TN Valley
Matt Muenzen	Director of Community Relations for Office of Child Safety	Central Office DCS
Merlene Hyman	Regional Administrator	Shelby County DCS
Mindy McDaniel	Birth Parent	East
Mary Baker	Director	Monroe Harding
Myra Cooper	Foster Parent	Mid-Cumberland
Nancy Woodall	Foster Parent	Mid-Cumberland
Natalie Adeleke	Foster Parent	Davidson
Phillip Suber	Team Leader	Mid-Cumberland
Pierce Beckham	Deputy Director of Investigations	Central Office DCS
Racheal Elliott	Birth Parent	Northwest
Renick Colson	Deputy Regional Administrator	East Region
Rick Osgood	Executive Director for Risk Management	Central Office DCS
Rob Johnson	Director of Communications	Central Office DCS
Ronya Faulkner	Director of Foster Parent Training	Central Office DCS
Sandra Daniel	Deputy Regional Administrator	Upper Cumberland
Sandra Holder	Regional Administrator	TN Valley
Sandra Wilson	Executive Director for Permanency	Central Office DCS
Sarah Speer	Birth Parent	Smoky
Sean Burke	Foster Parent	Shelby
Shirley Brock	Foster Parent	Northwest
Shrean Fawcett	Foster Parent	Knox
Sophia Crawford	Assistant General Council	Central Office DCS
Stephanie Furches	Team Leader	Northeast

Statewide Assessment Participant	Role	Affiliation/Region
Steve Norris	CEO	Omni Visions
Steve Sparks	Director	Department Of Education
Susan Mitchell	Executive Director for Network Development	Central Office DCS
Tammy Feldman	Director of Customer Focused Government	Central Office DCS
Tara Moore	Administrative Hearing Judge	Central Office DCS
Tashia Glynn	Foster Parent	Smoky Mountain
Teresa Hadden	Foster Parent	Northwest
Teresa Harrison	Regional Administrator	Southwest DCS
Tiwana Woods	Regional Administrator	Davidson DCS
Toni Lawal		UT Knoxville
Traneshia Hollis	Birth Parent	Shelby
Twyla Corea	Pre-Service Training Director	Central Office DCS
Walter Jones	Program Coordinator	Central Office DCS
Wendy Williamson	Regional Administrator	Smoky Mountain
Yvonne Hayden	Fiscal Director	Central Office DCS
Zach Blair	Legislative Liaison	Central Office DCS

Section II: Safety and Permanency Data

State data profile deleted in its entirety.

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Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

Safety Outcome 1: Children are, first, foremost, protected from abuse and neglect.

State Response:

Overall

Overall safety is considered to be an Area of Needed Improvement. Caseworker documentation of investigation and assessment activities, as well as timeliness of classification and closing of cases, is an area of needed improvement.

Tennessee Department of Children's Services (DCS) is committed to the safety of children served by the agency and seeks to promote prevention and protection services using an ongoing risk and safety continuum assessment process. To measure this process, DCS monitors, tracks, and identifies trending data indicators such as response timeframes for allegations of abuse or neglect, timeliness of classification, case closure rates, and case record quality. In interviews and focus groups with internal and external stakeholders, it was noted that DCS has a strong commitment to safety and timely permanency. Also, DCS has a strong practice foundation and infrastructure and is moving forward as a trauma informed agency. Stakeholders did identify a general need for more prevention services, resources, and funding.

DCS uses data from the agency SACWIS system, TFACTS, and the Quality Service Review process to assess the safety indicators. The Office of Child Safety (OCS) is responsible for intake screening and responding to reports of child abuse and neglect. In the CFSP, an indicator was set to improve the number of calls to the Child Abuse Hotline which were answered in less than 20 seconds. DCS has seen positive trends in this area in 2016, as 80.3% of all calls are answered in less than 20 seconds. The goal is for 80% of all calls to the Child Abuse Hotline to be met in less than 20 seconds.

DCS completes investigations on all assigned cases using a Multiple Response System (MRS) that includes two primary tracks, Child Protective Services Investigations (CPSI) and Child Protective Services Assessment (CPSA). Since the 2015-2019 CFSP, metrics regarding timeliness of priority of response have trended positively; for example, the response times met for CPSI Priority 1 cases went from 78% in 2014 to 91% in 2016. Timeliness of Response times for the CPSA track on Priority 1 cases went from 86% in 2014 to 93.3% in 2016. Timeliness for response times in Priority 2 and 3 cases followed a similar positive trend for both CPSA and CPSI tracks.

An area for additional growth is timeliness of case classification. Timeliness of case classification is related to ensuring that a safety and risk assessment is completed and documented according to policy. DCS started tracking this indicator in 2016 in TFACTS. The percentage of cases classified within policy timeframes is 55%. In 2016, DCS performed at 44.2% for CPSI and 44.6% for CPSA. While the goal for this indicator was not met, the CPS program continues to apply CQI concepts to assess needed supports for staff in completion and documentation of CPSI and CPSA case classifications.

DCS did not meet substantial conformity in the area of maltreatment in care. The National Standard is 8.50 and DCS performed at 10.37. DCS developed a workgroup to develop strategies to ensure the safety of children in care. DCS meet substantial conformity regarding recurrence of maltreatment. The National Standard is 9.1% and DCS performed at 7.1%

DCS uses the Quality Service Review (QSR) as a qualitative tool for assessing casework across all program areas. The QSR protocol was designed for use in a case-based process developed by Human Systems and Outcomes, Inc. (HSO). QSR is used for conducting a guided professional appraisal of: (1) the current status of a focus child possibly having special needs (e.g., a child with a serious emotional disorder) in key life areas; (2) recent progress made by the focus child; (3) the status of the parent/caregiver; and (4) the adequacy of performance of key system of care practices and services for the focus child and family. The safety indicator in the QSR addresses to what degree the child is at current risks of harm by self, other people, environment, and setting. The safety indicator also addresses whether the community is safe from risks of harm caused by the child's behavior. In 2016, 97% of cases scored acceptably on the QSR Safety indicator.

Figure 1. Safety Outcome

Measure of Progress Safety Outcome 1: Children are first and foremost protected from abuse and neglect.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 -2016	Target/Goal
Timeliness of Priority Response 1	78% CPSI	79% CPS	91.2% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 1	86% CPSA	88% CPSA	93.3% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 2	75% CPSI	77% CPSI	89.3% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 2	75% CSPA	82% CPSA	91.0% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 3	74% CPSI	75% CPSI	89.6% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 3	76% CPSA	86% CPSA	92.1% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of classification for CPSI	N/A	N/A	44.24%	55% by Jan 2016 65% by Jan 2017 80% by Jan 2019
Timeliness of classification for CPSA	N/A	N/A	44.67%	55% by Jan 2016 65% by Jan 2017 80% by Jan 2019
Improve the number of calls to the Child Abuse Hotline to an average answer time under 20 seconds	89.70%	86.60%	80.34%	80%
Safety QSR Scores	98%	96%	97%	100%

**Data sources: TFACTS and QSR Scores

Safety Outcome 2: Children are safely maintained in their homes whenever possible.

State Response

The purpose of the Family Advocacy and Support Tool (FAST) is to help identify safety concerns, underlying risks, needs and strengths of families involved with DCS. The FAST is the initial intervention assessment tool designed to be used with non-custodial children and families that have had contact with Child Protective Services (CPS) and any Ongoing Non-Custodial Services to include Family Crisis Intervention Program (FCIP) cases, Family Support Services (FSS) cases and any non-custodial aftercare services. The FAST assesses the family unit as a whole in order to determine child safety, identify risks, needs and assist workers in identifying protective factors. After evaluating these factors, the FAST then guides the case manager in identifying any needed planning and/or service provision. The initial FAST should be completed prior to or during any Child and Family Team Meetings to assist with this service planning. All children and caregivers in the household, regardless of age, are included in the FAST assessment. The FAST should be reassessed throughout the life of the case to evaluate implemented services and adjust, as necessary, to affect the desired change. Another area of need is timely assessment. The below charts reflects SFY 2016 FAST 2.0 data. Improvement in timely assessment in this area would greatly impact improved outcomes regarding safety.

Figure 2. Safety Outcome

Region	Cases Requiring FAST	Cases with Completed FAST	% Cases with Completed FAST	Cases with Incomplete FAST	% Cases with Incomplete FAST	Cases with No FAST	% Cases with No FAST
Davidson	722	577	79.92%	13	1.80%	132	18.28%
East Tennessee	506	407	80.43%	11	2.17%	88	17.39%
Knox	189	133	70.37%	1	0.53%	55	29.10%
Mid Cumberland	957	620	64.79%	27	2.82%	310	32.39%
Northeast	801	744	92.88%	2	0.25%	55	6.87%
Northwest	309	244	78.96%	5	1.62%	60	19.42%
Shelby	161	77	47.83%	2	1.24%	82	50.93%
Smoky Mountain	514	360	70.04%	10	1.95%	144	28.02%
South Central	511	411	80.43%	8	1.57%	92	18.00%
Southwest	365	229	62.74%	4	1.10%	132	36.16%
TN Valley	183	124	67.76%	6	3.28%	53	28.96%
Unassigned	57	26	45.61%	1	1.75%	30	52.63%
Upper Cumberland	487	371	76.18%	3	0.62%	113	23.20%
Statewide Total	5,798	4,331	74.70%	93	1.60%	1,374	23.70%

DCS works with Chapin Hall at the University of Chicago to conduct a deep dive into re-entry rates in order to improve outcomes for children and families. The below chart reflects the Percent of Children Re-Entering Out-of-Home Care within one year of exiting. In FY15, DCS experienced a 12% reentry rate. DCS is developing a CQI workgroup to conduct case reviews on a sample of cases that reenter custody to assess case trends.

**Figure 3. Safety Outcome
All Qualifying Exits**

Region	FY12	FY13	FY14	FY15
Davidson	386	343	342	307
East Tennessee	376	313	339	356
Knox	287	285	267	243
Mid Cumberland	582	640	629	494
Northeast	416	455	378	372
Northwest	198	252	245	260
Shelby	805	852	603	526
Smoky Mountain	481	408	410	372
South Central	372	347	259	291
Southwest	257	281	282	241
Tennessee Valley	529	436	485	356
Upper Cumberland	419	431	429	435
Totals	5,108	5,043	4,668	4,253

**Figure 4. Safety Outcome
Percent Reentered w/in 1 Year of Exit**

Region	FY12	FY13	FY14	FY15
Davidson	15%	18%	15%	17%
East Tennessee	15%	15%	14%	16%
Knox	11%	9%	8%	7%
Mid Cumberland	12%	11%	12%	15%
Northeast	13%	13%	13%	12%
Northwest	18%	16%	11%	11%
Shelby	11%	11%	6%	9%
Smoky Mountain	7%	8%	10%	9%
South Central	22%	16%	18%	16%
Southwest	15%	14%	6%	6%
Tennessee Valley	13%	12%	14%	13%
Upper Cumberland	11%	10%	11%	9%
Totals	13%	12%	11%	12%

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Overall

Overall, permanency is considered to be an Area of Needed Improvement. DCS continues to struggle with placement stability for children/youth and ensuring that the first placement for the children is the placement that best meets their unique needs.

Permanency Outcome 1: Children have permanency and stability in their living situations.

DCS seeks to ensure that every child is safe, healthy, and supported in a forever home through quality practice and case management. DCS also builds collaborations with community partners to reduce maltreatment, recidivism, and reentry through prevention and intervention services. From the Statewide Data Indicators Workbook, the observed performance for permanency in 12 months for children/youth who entered care is 43.4%, permanency in 12 months for children in care (12-23 month) is 47.8%, and permanency in 12 months (24+ months) is 42.1%. For children who re-enter foster care the observed performance is 7.5% and placement stability is 5.77.

In interviews and focus groups conducted as part of the DCS strategic planning process, internal and external stakeholders provided feedback related to permanency outcomes one and two. There was a strong focus from external stakeholders on the importance of timely permanency. They recommended DCS more aggressively pursue permanency especially for cases beyond eighteen months and provide stronger support to parents in following permanency plans. There was also a focus on service array and placements from internal and external stakeholders, with the following opportunities being most critical according to stakeholders:

- Increased placements for the complexity of cases such as those that involve older children, severe trauma, mental health, and learning disabilities.
- Increased services, especially in rural areas.
- More developmentally appropriate services.
- Continued support and increased placements for older youth/youth transitioning to adulthood.
- Community-based placements and resources for children and families.

Some of the representative quotes from these sessions include:

- "Treatment needs for children and families are complex, and [needed] resources and services are not always available." (Internal Stakeholder)
- "We are doing quality social work, practice, and relationship building. We have moved beyond compliance to doing the right thing for the right reasons." (Internal Stakeholder)
- "We need to include [in the plan] something about placements and making sure the network matches the needs of our current population." (Internal Stakeholder)

DCS uses the Quality Service Review to assess permanency indicator outcome one. The QSR indicator, long term view, measures whether there is an explicit plan for the child and family that will enable them to live safely and independent from the child welfare system. There were 56% of cases which rated acceptably on this indicator, falling short of the 70% goal. DCS successfully met all other goals established in the QSR process. DCS found that 87% percent of the cases in the 2016 review sample scored acceptably in the

stability indicator. The stability indicator addresses the continuity in caring relationships and consistency of settings for the focus child. The appropriateness of placement indicator addresses the most appropriate placement for the child and found that in 2016, 98% of cases scored acceptably. Successful transitions relates to what degree the next life change for the youth and family is planned and whether family supports are readily available to support expected transitions. The reviews found that 78% of the cases in the review scored acceptable in this area. The permanency planning indicator assesses whether the working service plan is developed by the child and family, and is individualized with appropriate supports and services. There were 77% of cases in the review that scored acceptably. Implementation addresses how well the services, action steps, and change strategies are coordinated and found that 74% of these cases scored acceptably.

In the 2015-2019 CFSP, DCS identified several key areas to ensure timely and quality permanency. In 2013, the percentage of children/youth who achieved permanency within the first 12 months of care was 45.7%, leading the country in this area of achievement. The goal for the next five years was set to increase that percentage to at least 51%. The observed performance in the 2016 Statewide Data Indicators is 43.4%, meaning this goal has yet to be met. The focus in the CFSP was to increase the capacity for documenting diligent search efforts, working with staff on changing the mindset around the diligent search process, and increasing capacity for building familial and fictive kin support - formally and informally. In order to move DCS towards reaching the goal of timely permanence, SACWIS enhancements to the Permanency Plan Module have been made to include assessment results in planning, which aids workers in developing goals and action steps targeted to better meet the needs of the child/youth and family. Since then, a significant number of staff was trained in 2016 on increasing capacity for building familial and fictive kin support through the use of the diligent search process. A method of tracking diligent search efforts through case recordings was also developed. This change makes documenting diligent search efforts easier to enter and provides a mechanism to track such efforts. Therefore, DCS took towards meeting the goal set in the CFSP.

Figure 1. Permanency Outcome

Measure of Progress Permanency Outcome 1: Children have permanency and stability in their living situations.	Baseline FY 2014	Actual 2014 -2015	Actual 2015-2016	Target/Goal
Stability QSR Scores	78%	88%	87%	70%
Appropriateness of Placement QSR Scores	96%	97%	98%	70%
Long Term View QSR Scores	47%	57%	56%	70%
Successful Transitions QSR Scores	68%	73%	78%	70%
Permanency Planning QSR Scores	65%	75%	77%	70%
Implementation QSR Scores	64%	79%	74%	70%

**Data Sources: QSR Scores

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

DCS uses data from TFACTS, the Case Process Review, and the Quality Service Review to assess permanency indicator outcome two. Data indicators from TFACTS from 2016 include the percentage of Parent and Child visitation (41.1% with a CFSP goal of 50%) and identifying the percentage of at least one sibling contact for siblings not placed together (56.15% with a CFSP goal set at 90%).

Case Process Reviews are conducted quarterly statewide on a five percent (5%) sample of cases open during the period under review. These reviews are conducted to provide the program areas with performance measures in regard to case records and worker documentation. At the end of 2015, revisions were made to the Foster/Kinship/Adoption CPR tool that more strongly align the results with CFSR questions. For permanency outcome 2, new measures were developed to address CFSR outcomes including: What was the most typical pattern of visitation between the mother and the child in the case during the quarter under review? The findings for this measure show that visitation occurred with the mother 1+x/week – 4-6%, 1 x/week -6-9%, >1x/week, but at least twice/month – 20-22%, 1x/month – 3-8%, No Visits 50-53%. Another measure identified to address permanency outcome 2 is as follows: What was the usual frequency of visitation between the father and the child in the case during the quarter under review?

The findings for this measure show 1+x/week – 3%, 1 x/week -4-5%, >1x/week, but at least twice/month – 12-15%, 1x/month – 8-12%, No Visits 66-72%. Due to these measures being newly developed in 2016 to address permanency outcome two, no goals were set for these items in the original CFSP.

Another new measure was developed to address quality case visits. The Parent Child Visitation Quality Case Review (QCR) is a deep dive review into targeted cases, based on three months of case practice. Results from the Parent Child Visitation QCR include: 2+ Visits- 18%, 2 Visits- 21%, 1+ Visits- 21%, 1 Visit- 7%, <1 Visit (not valid reason)- 2%, 0 Visits (valid reason)- 31%. As this was a new measure developed in 2016 as an enhancement to address the permanency outcome two, a goal for this item was not set in the original CFSP.

Another data indicator used to assess permanency outcome 2 is through the Quality Service Review (QSR) process. The Family Connections indicator is related to the connections children and family members maintain through visitation, phone calls, letters, and other means of contact and communication. The QSR score for family connections in 2016 is 72%, with the goal set in the CFSP at 70%. Prospects for permanence is related to identifying enduring relationships and addressing action steps and services identified in the permanency plan that promote enduring relationships, stability, and belonging. In 2016, the prospects for permanence QSR Scores was 53% with a CFSP goal set at 70%. Many of the goals set are achieved while others have been acted upon, with new goals identified during the 5 year CFSP period.

Figure 2. Permanency Outcome

Measure of Progress Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
% of at least one Sibling Contacts for siblings not placed together	55%	60%	56.15%	90%
% of Children placed with Kin (point in time data from May 2016)	17%	11.10%	12.6%	20%
% of Siblings NOT Placed together	22.30%	20.93%	24.16%	<20%
What was the most typical pattern of visitation between the mother and the child in the case during the quarter under review? (CPR – new measure 2016)	NA	NA	1+x/week – 4-6% 1 x/week -6-9% >1x/week, but at least twice/month – 20-22% 1x/month – 3-8% No Visits 50-53%	TBD
What was the usual frequency of visitation between the father and the child in the case during the quarter under review? (CPR – new measure 2016)	NA	NA	1+x/week – 3% 1 x/week -4-5% >1x/week, but at least twice/month – 12-15% 1x/month – 8-12% No Visits 66-72%	TBD

Measure of Progress Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
Parent Child Visitation Quality Case Review (QCR) (based on 3 months) – new measure 2016	See 2015	2+ Visits – 26% 2 Visits – 8% 1+ Visits - 15% 1 Visit – 4% <1 Visit (not valid reason) – 11% 0 Visits (valid reason) – 35%	2+ Visits- 18% 2 Visits- 21% 1+ Visits- 21% 1 Visit- 7% <1 Visit (not valid reason)- 2% 0 Visits (valid reason)- 31%	TBD
Family Connections QSR Scores	63%	77%	72%	70%
Prospects for Permanence QSR Scores	50%	60%	53%	70%

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

State Response:

Overall

Overall well-being is considered to be a strength. DCS has a robust process to ensure that the appropriate educational, mental health, and physical health services are routinely provided to children and youth. These areas consistently score in the high acceptability range during the Quality Service Review process.

DCS functions as a Managed Care Contractor (MCC) along with the other managed care organizations for Medicaid (TennCare) covered services. DCS serves as the MCC for medical/clinical services within residential, and continuum of behavioral healthcare services for children in state custody. The Office of Child Health develops clinical guidelines for contract provider services and monitors services delivered on both an individual and system-wide basis. Notably, DCS serves as the Local Education Agency (LEA) for school services to children in state custody provided by contracted providers. Well-being information is part of the initial assessment process for children entering care. As a child enters care, at the initial contact, caseworkers gather pertinent health and educational information about the child from the family or caregiver, and the child as appropriate. This information is captured on the Well Being Information and History form, and is then provided to the Child Health team the next business day following a child's entry into care.

DCS uses data from the Quality Service Review process, TFACTS, and the Case Process Review to assess Well-being outcome 1. DCS set a goal of 70% in the CFSP to meet the QSR indicator associated with family functioning and resourcefulness, and scored acceptably in 52% of all cases reviewed during the 2015/2016 QSR season. Twenty-four cases are reviewed in each of the twelve service regions during a Quality Service Review. Family functioning and resourcefulness addresses whether the family of origin has the capacity to take charge of issues and situations that will enable the family to live together safely and function successfully. Other standards assessed in the QSR such as caregiver functioning, formal and informal supports, caregiver supports, teaming and engagement, voice and choice, ongoing assessments, permanency planning, implementation, and tracking and adjustment all scored within the target goal as set in the CFSP. For a detailed description of the each indicator, please refer to the Quality Service Review Protocol.

The QSR Indicator for Ongoing Assessment rates both formal (CANS, FAST, Educational, Mental Health) and informal assessments (Life Skills, observed behaviors, family history, known triggers) on the child and family. An optimal Ongoing Assessment rating would be given to a case that was reviewed if all current, obvious and important strengths and needs including underlying needs were identified through formal and informal assessments and those assessments were synthesized by the child and family team into an ongoing, accurate, "big picture" of the family. Furthermore to be considered optimal the team must all share a common understanding of the child and family so that a good service mix can be provided.

The QSR Indicator for Engagement is broken out by child, birth-mother, birth-father, and other permanency option with an overall score then being given. This indicator rates the Caseworkers focus on helping the child and family develop a strong and positive relationship with the child and family team. This indicator also rates the diligent search efforts to locate and engage the family throughout the case and how DCS accommodates the family by scheduling meetings at their convenience to support participation. The QSR Indicator for Voice and Choice is also broken out in the same fashion as engagement. This indicator rates the actual participation of the child and family in team meetings and their ability and willingness to shape and direct their plans and services. Using these two indicators together can help assess if the child and family have the opportunity to share their voices and participate in and help to direct the change process, as well as evaluate the Caseworkers efforts to accommodate and encourage these behaviors. These indicators are representative of item 13 – Child and Family Involvement in Case Planning. *Attachment A: Provides a Crosswalk of QSR items and OSRI items*

The Case Process Review identifies ways in which assessments are used in case planning. One data indicator, use of formal assessments in case planning, found the following in 2016: 94% of custody cases, 85% of juvenile justice youth in custody, 77% juvenile justice youth on probation, 68% Child Protective Services Investigations, and 72% Child Protective Services Assessments cases exhibit use of assessments in permanency planning. The goal is set at 80% for this CPR item. Timeliness of Initial Child and Adolescent Needs and Strengths (CANS) within 30 days was at 78.43% of all cases with a goal set at 80%.

Figure 1. Well Being Outcome

Measure of Progress Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
Family Functioning and Resourcefulness QSR Scores	54%	54%	52%	70%
Caregiver Functioning QSR Scores	96%	97%	96%	70%
Formal and Informal Supports QSR Scores	65%	77%	73%	70%
Caregiver Supports QSR Score	94%	96%	95%	70%
Teaming QSR Scores	72%	82%	85%	70%
Engagement QSR Scores	78%	87%	91%	70%
Voice and Choice QSR Scores	73% Overall 85% Child 56% Mother 52% Father 87% Other	81% Overall 88% Child 56% Mother 45% Father 87% Other	81% Overall 88% Child 56% Mother 37% Father 89% Other	70%
Ongoing Assessment QSR Scores	61%	73%	80%	70%
Permanency Planning QSR Scores	65%	75%	77%	70%

Measure of Progress Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
Implementation QSR Scores	64%	79%	74%	70%
Tracking and Adjustment QSR Scores	70%	85%	86%	70%
Use of assessments in case planning (CPR – Agree and Partially Agree)	95% Brian A 94% JJC 83% JJP 79% CPSI 85% CP5A	90% Brian A 79% JJC 73% JJP 59% CPSI 73% CP5A	94% Brian A 85% JJC 77% JJP 68% CPSI 72% CP5A	80%
Timeliness of Initial CANS within 30 days	82% Initial	85%	78.43%	80%

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

State Response:

DCS ensures that the educational needs of students in state custody are met in both the Juvenile Justice and Social Services areas. Students in state custody attending residential on-site schools (provider schools and YDCs) are educated in school programs approved by the Tennessee State Department of Education and recognized and monitored by the DCS Education Division.

The well-being outcome two is assessed using the QSR Learning and Development indicator which reviews casework and conducts qualitative interviews to identify if children are (1) on track developmentally; (2) have the necessary supports provided to be successful educationally; (3) regularly attending school; (4) in a grade level consistent with age; (4) actively engaged in instructional activities; (5) reading at grade level or IEP expectation; (6) meeting requirements for annual promotion and course completion leading to high school; (7) engaged in extracurricular activities; and (8) provided opportunities to assume age-appropriate levels of responsibility and independence. This indicator is divided into three sub-categories by age (Birth-4; 5-13; and 14 and older). Developmental milestones are weighed more in rating the Birth-4 age group and age-appropriate responsibility and independence is weighted heavier when rating the 14 and older group. In rating this indicator Reviewers evaluation the performance of the school as well as the ability of DCS to advocate and ensure that the school system is providing the educational assessments and services required. QSR cases scored at 88% in 2016, meeting the 70% goal set.

Figure 2. Well Being Outcome

Measure of Progress Well-Being Outcome 2 Data Elements: Children receive appropriate services to meet their educational needs.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015-2016	Target/ Goal
Learning and Development QSR Scores	90%	90%	88%	70%

***Data Source: QSR Scores

The Education Division of the Department of Children’s Services (DCS) advocates for students in state custody who are educated in Youth Development Center (YDC) schools, provider in-house schools, and public schools. The Education Division’s caregiver/advocacy efforts include: attending educational meetings, consulting with DCS staff, resource parents, and schools, as well as, providing educational training to departmental personnel and schools. From July 1, 2014, through June 30, 2015, the Education Division provided consultation to Child and Family Teams, field services worker (FSWs), and public/non-public schools over 71,000 times. Education staff participated directly in more than 2100 Child and Family Team Meetings and 1350 Individual Education Plan (IEP)/504 Meetings. Additionally, the Education Specialists advocated for students in nearly 250 disciplinary hearings and 200 specialized foster care review board meetings. Staff also provided 237 educational training sessions for approximately 3,000 surrogate parents, resource parents, FSWs, and school staff.

Both the YDCs and the provider in-house schools provide a full high school curriculum that leads to a regular high school diploma. Opportunities for credit recovery, self-paced learning, and mastery learning are also made available. In instances where students leave a YDC or a provider in-house school prior to completing graduation requirements, there are 15 Education Specialists across the state (one in each DCS region) who help students transition back into public schools or into adult education programs in order to finish their course work and earn a regular high school diploma. DCS staff, provider in-house schools, and public schools are trained to consult these Education Specialists to assist in the transition process.

Figure 3. Well Being Outcome

**High School and HiSet Graduation Numbers of youth in YDC’s and Private Contract Facilities
7/1/2015 – 6/30/2016**

DCS High School graduates	67
DCS HiSet graduates	127

Well-Being Outcome 3: Children receive appropriate services to meet their physical and mental health needs.

State Response:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings are provided by the state Health Departments (available in each county) or designated providers who are knowledgeable about foster care and Medicaid requirements of EPSDT screening components. Under Federal EPSDT regulations, screening visits consist of a comprehensive health and developmental history, an unclothed physical exam, vision and hearing screenings, appropriate immunizations, laboratory tests, and health education. The purpose of these visits is to identify physical, mental, or developmental problems and risks as early as possible and to link children to needed diagnostic and treatment services.

Children that come into custody and are placed in a foster home receive an EPSDT screening at the Department of Health or designated provider within 72 hours. Youth placed in congregate care facilities

receive an EPSDT screening with 30 days. Starting later this summer DCS will be sending congregate care youth for their EPSDT screens to the Department of Health or designated provider within 72 hours. Recommendations of follow up services indicated by EPSDT screenings are sent to the DCS Child Health nurse, who communicates the health service needs with the family service worker. These service needs are tracked in the DCS child welfare tracking system (TFACTS), and access to the services is documented through the Health Confirmation and Follow Up form, completed by the health provider. The form provides information regarding additional follow up service needs.

The goals set for EPSD&T were 95% of children who come into care receive medical care within policy guidelines and a goal of 85% for receiving dental care within policy guidelines. DCS works closely with the regions to ensure that Well-Child check-ups occur via the EPSD&T initially within 72 hours and annually thereafter at a rate of 95% or greater. Dental screens occur every six months with follow-up services completed timely. DCS maintains these rates consistently.

Figure 3. Well Being Outcome

Measure of Progress Well-Being Outcome 3 Data Elements: Children receive appropriate services to meet their physical and mental health needs.	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Goal
EPSD&T Report	95%	94%	96.55%	95%
Dental Report	83%	85.10%	84.6%	85%

***Data Source: TFACTS

The Child and Adolescent Needs and Strengths (CANS) is an assessment tool which exemplifies strength-based, culturally responsive and family focused casework. The CANS produces the least stigma or label for the children and families served. It provides a communication basis for understanding the permanency and treatment needs of youth and making decisions about care and services. The CANS consists of approximately sixty-five (65) items that are used to evaluate how DCS and its partners act in the best interests of children and families. The CANS assesses the services appropriate to meet the needs of children ages five (5) and older.

The below table reflects the CANS score in mental/behavioral health items.

- 0 indicates a life domain in which the child is excelling. This is an area of considerable strength.
- 1 indicates a life domain in which the child is doing OK. This is an area of potential strength.
- 2 indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3 indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

Figure 4. Well Being Outcome
CANS Mental/Behavioral Health Items Data based on all CANS completed in FY 14 and FY16.

Domain	0	1 or 2	3
Psychosis	10,909 (92.59%)	844 (7.16%)	29 (0.25%)
Impulse/Hyperactivity	6022 (51.11%)	5479 (46.50%)	281 (2.38%)
Depression	6462 (54.85%)	5247 (44.53%)	73 (0.62%)
Anxiety	6674 (56.65%)	5048 (42.85%)	60 (0.51%)
Oppositional	5411 (45.93%)	5874 (49.86%)	496 (4.21%)
Conduct Disorder	7444 (63.18%)	4183 (35.50%)	155 (1.32%)
Adjustment to Trauma	5407 (45.89%)	6105 (51.62%)	270 (2.29%)
Attachment	9124 (77.44%)	2593 (22.01%)	65 (0.55%)
Anger Control	5735 (48.68%)	5610 (47.62%)	437 (3.71%)
Emotional Control	5557 (47.17%)	5963 (50.62%)	261 (2.22%)
Substance Abuse	7442 (63.16%)	3858 (32.74%)	482 (4.09%)

Any Mental/Behavioral Health Need: 7784 (66.07%)

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state.

To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Overall

Overall, Statewide Information System is considered to be a strength. DCS has a functioning system (TFACTS) that is accessible to all levels of staff. TFACTS has numerous reporting mechanisms to provide real time data for to inform practice.

Strengths

- DCS continues to increase accessibility to information systems for all levels of staff.
- DCS has numerous data modalities to monitor the status and goals of children and families served by the agency.
- Use of data and information systems supports an increased focus on evidence informed program goals.

Areas Needing Improvement

- There is an increasing opportunity for DCS to train staff at all levels on how to use data in program decision making.
- As a focus on data continues, there is a need to expand the capacity of the Information Technology division to manage and prioritize demands for data.
- While DCS regularly reviews reports on late data entries and has a robust data clean-up process, data entry errors made by caseworkers and late data entries can create inaccuracies in point-in-time reports.

Policy

DCS policy supports data entry practice throughout the agency. DCS policy may be accessed on the public website, <http://tn.gov/dcs/topic/policies-procedures>. In order to guide data entry or documentation practice for children in foster care, *Documentation of TFACTS Case Recordings (Policy 31.14)* addresses the purpose of case recordings, confidentiality, appropriateness and quality of case recordings, private provider case recordings, legal, and supervisory documentation.

Training

DCS trainings are provided to all levels of staff to support data collection, entry, reporting, and use of data for program decision making. In order to support data entry, in pre-service training, all DCS caseworkers are required to complete the Quality Documentation Standards in Child Welfare module. This module provides an overview of policy requirements, types of documentation, culturally responsive writing, basic grammar, and a model for types of information required in the case file. For in-service training, DCS staff completes the Professional Documentation Standards for Child Welfare which covers policy, Administration of Children and Families guidelines, ethical considerations, and risk management issues.

Reporting

DCS uses data from TFACTS to generate reports to monitor policy and program decisions. The Center of Excellence Reports Catalog on the DCS intranet provides access to established queries of TFACTS data and houses reports with regular frequencies. The report to support ongoing monitoring of Policy 31.14 is the *Timeliness of Case Recordings Report*. All levels of staff may access this report. Leadership uses this report as a process to ensure data is entered according to policy guidelines; this is one process in place to ensure data quality for TFACTS. DCS continually maintains and improves the management of the information system to ensure that it collects, organizes, and reports data necessary to track outcomes and guide planning.

DCS Statewide Information Systems

TFACTS is the front-end database used for data collection. DCS uses Sharepoint, a web-based application that integrates with Microsoft Office, to compile data from TFACTS into Excel spreadsheets which are used as reports used for agency functioning. These spreadsheets are commonly referred to as the Mega Report and developed based on queries (i.e. placement location, level of care, date of most recent Permanency Plan) that are determined by DCS leadership. The DCS Management Advisory Committee (MAC) provides executive management oversight of information systems activities to ensure that they support business priorities. The MAC meets regularly and is chaired by the DCS Commissioner. DCS Deputy Commissioners, Assistant Commissioners, and other executive staff appointed by the Commissioner serve as voting members.

The Mega Report is used by DCS Central Office and Regional Staff for analysis purposes and is available on a secured shared drive for DCS staff at any time. The report is produced on Monday of each week. The Mega Report can readily show the status, demographic characteristics, location, and goals for the placement of every child who is (or has been within the immediately preceding 12 months) in foster care. There are also many other data indicators that are monitored through the Mega Report such as, custody entrance and exits by regions and court county, length of stay, clients in custody for 15 months or more, Termination of Parental Rights report, and others.

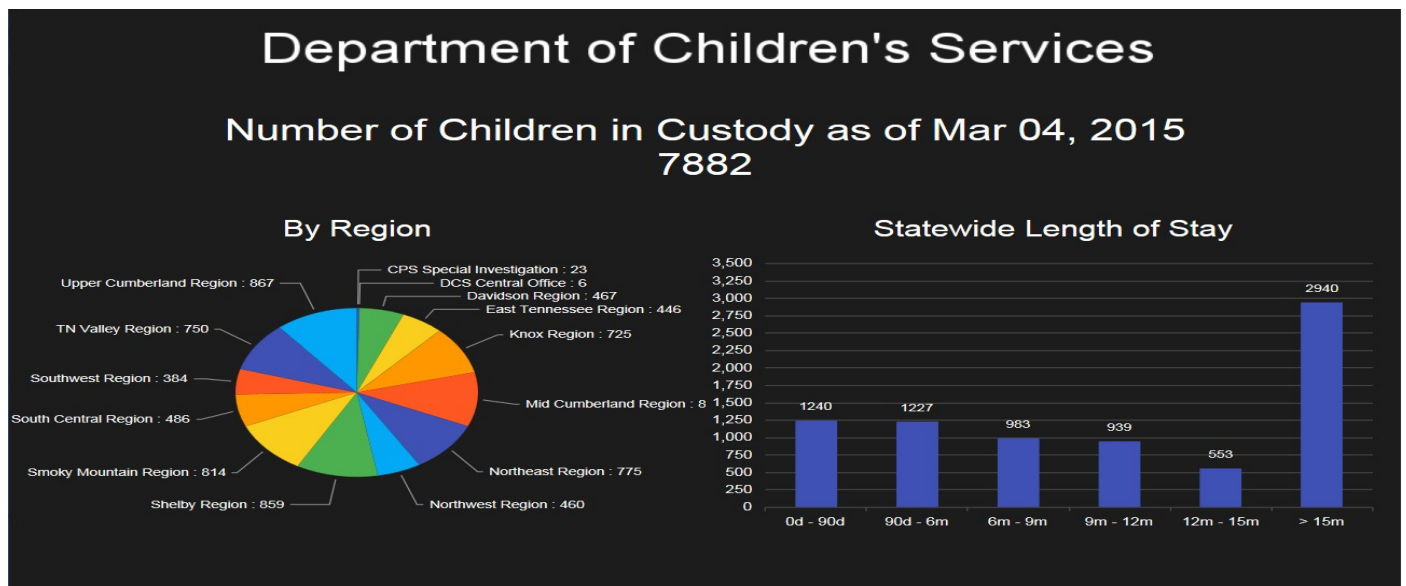
Other Statewide Information Systems

While the Mega Report is used widely by the agency to evaluate programs, there are other data sources that support DCS in meeting service goals, such as the Data Dashboard, the DCS Scorecard, and the DCS Reports Center of Excellence Reports Catalog.

TFACTS Data Dashboard/DCS TV

One project that was prioritized through the MAC that promotes statewide information system functioning is the TFACTS Data Dashboard. The dashboard is an application that was developed to present information regarding key statistics defined by DCS management including Finalized Adoptions, Children in Custody, Child Custody Trends, Parent-Child Face to Face Visits, TFACTS usage, Trial Home Visits, and YDC Population Report. The dashboard can be accessed by DCS staff from any device that is connected to the state network on the DCS intranet: <https://dash.dcs.tn.gov/>. This information is also displayed on a television mounted in the DCS Commissioner's office suite.

Figure 1. Item 19 Example of the Data Dashboard



DCS Scorecard

DCS identified fourteen key performance measures for staff related to program goals. Through the DCS Scorecard, caseworkers and supervisory staff can readily identify the status, location, and placement goals for every child in foster care. The DCS Scorecard was created to ensure that these measures are readily available, and that the data can be analyzed at the state, regional, supervisory, and case worker levels. Measures are part of the annual employee performance evaluation process. The DCS Scorecard development is currently at the Commissioner and Regional Administrator level view and those customers are working with OIT to validate the information and tweak the interface to suit their preferences. Dashboards have been developed that can originate at the highest level and drill down to the staff member responsible for the work item and the person for whom the service is to be performed.

This information is now sent back into TFACTS to identify to the worker, work that needs to be done and when it needs to be completed to ensure data quality. These are available on a daily basis and up to date as of the immediately preceding midnight.

The scorecard tracks:

- Average Days open for Assessments
- Average Days open for Investigations
- Investigations
- Timeliness of reunification
- Timeliness of case recordings
- Face-to-Face visitation completion, Brian A.
- Juvenile Justice
- Parent Child Visits Length of stay tracking over 2 years
- Placement Goals
- Completed Medical Screenings
- Completed Dental Screenings

Tennessee Family and Child Tracking System (TFACTS)

The Tennessee Family and Child Tracking System, or TFACTS, is the mission-critical statewide information system that supports child protection, adoption, foster care, juvenile justice and prevention services provided to the children and families served by DCS. TFACTS serves as the state's statewide automated child welfare information system or SACWIS. TFACTS supports child welfare practice, data collection, and program evaluation. TFACTS allows staff to enter data regarding all areas of their work including intakes, CPS assignments, placements, foster care eligibility, adoptions, home studies, private provider updates and others.

TFACTS Data Entry and Reporting

TFACTS functions for data reporting to monitor federal and state requirements and a case level process, including family assessments, access to family historical information, and preparation of documents for case planning. A weekly report is pulled from TFACTS that is known as the Mega Report. The Mega Report includes the demographic characteristics, current placement location, removal location, and placement goals for each child in foster care. An additional Mega Report is produced for Child Protective Services cases. The information system serves all of these functions; however, timely and quality entry is the first step to ensure the information system is functioning for DCS. Data entry and reporting is promoted through DCS policy, training, and reporting to ensure access of information for children and youth in foster care is available at all levels.

These are stated at the State, Regional, Coordinator, Lead, Supervisor, and Worker level. The worker scorecard is their subset of the tracked state and regional measures, and the work items are made explicit to the workers. Caseworkers find it beneficial that the information is broken down into facts and dimensions that make it easy to compose useful and actionable program decisions. Regional performance can be compared side by side, as can worker performance. Time periods for the same measures can be compared to evaluate trends. Effectiveness of policy changes can also be evaluated.

DCS Reports Center of Excellence Reports Catalog

The Reports Center of Excellence Catalog provides a central list of available DCS reports, with a link to the reports and their respective requirements. DCS staff at all levels has access to these reports on the DCS Intranet at any time to monitor a wide array of program areas throughout the agency. Some of the program areas include Child Health, Child Programs, Child Safety, Finance and Budget, Juvenile Justice, Quality, Federal, and Chapin Hall. The Brian A. report provides staff with information regarding the status, demographic characteristics, location, and goals for the placement of every child who is in foster care.

Figure 2. Item 19 Reports Center of Excellence Reports Catalog: Report Names and Update Frequency

Report	Frequency
Brian A Entries and Exits	Monthly 16th
EPSDT Dental Visit Completion Rates	Monthly 1st
DCS Permanency Plan Summary First 15 Days	Monthly 16th
Report by Race	Monthly 16th
Sibling Visits	Monthly 3rd
CANS High Risk Scores	Weekly Sunday
Placement Exception Report	Monthly 3rd
Brian A Children over 8 months from Petition to TPR Order Summary	Monthly 3rd
DCS Permanency Plan Summary One Month Back	Monthly 16th
Brian A Clients in YDC or Detention	Monthly 16th
DCS Permanency Plan Face to face Detail Two Months Back	Monthly 16th
Brian A Timeliness of Case Recordings	Monthly 3rd

Internal and External Stakeholder Perceptions of Statewide Information Systems

Focus groups conducted during the development of the 2017 – 2019 DCS Strategic Plan provided insight into how TFACTS and DCS’ use of data are perceived by internal and external stakeholders.

Both stakeholder groups agreed that focus on becoming a learning organization and data helps to drive best practices in the following ways:

- Use of data helps to identify regions where things are working well so those programs and practices can be replicated.
- Supports an increase on prevention work.
- Supports work around integrating an understanding of Adverse Childhood Experiences into practice.
- Continues to emphasize evidence informed practice.
- Supports a pivot from compliance driven (with the Brian A lawsuit) to best-practice driven.

Some of the representative quotes from these focus groups include:

- “Data driven decision making is a strength. Commissioner Hommrich has really pushed this and that is something we can build on. It will sustain good work. The numbers don’t lie, so being data-driven is so important to achieving good outcomes.”
- “We are back to having quality data and actively use that data for decision-making and management purposes.”
- “We will continue to see more emphasis on evidence-informed programming and we need to be able to meet that need.”

SACWIS Assessment Review Activities

The US DHHS Administration for Children and Families (ACF) conducted a SACWIS Assessment Review of TFACTS in April through June 2013. The purpose of the review was to ensure that all aspects of the project described in the approved Advance Planning Document (APD) had been completed and to assess the system’s conformance with applicable regulations and policies. The review was comprised of three major components: 1) SACWIS Assessment Review Questionnaire and related documentation; 2) system demonstration and detailed functional walk through; and 3) interviews with Central Office staff and system users. The State responded to ACF’s draft report and received the final report from ACF in May 2014.

The review results noted eighty-two (82) individual findings within the non-compliant and conditionally compliant functional areas that break down as follows:

- Fifty-six (56), or 68%, of the findings were related to the TFACTS application or reports coming from the application.

- Fourteen (14), or 17%, of the findings were training related.
- Nine (9), or 11%, of the findings were the result of insufficient documentation in the submitted SACWIS Assessment Review Guide.
- Three (3), or 4%, of the findings were Agency policy/protocol-related.

The disposition of the eight-two (82) findings falls into three categories:

- Thirty-four (34) have already been addressed by the State;
- thirty-eight (38) required Action Plans; and
- ten (10) required additional documentation.

The state developed sixteen (16) Action Plans to address thirty-eight (38) findings and all were submitted to Children’s Bureau for review by the end of May 2015. During the months of June through August 2015, weekly working sessions between the State and the Children’s Bureau (via AdobeConnect webinar/phone) were conducted to review and discuss each Action Plan. Requested updates were made and action plans resubmitted for approval. On August 27, 2015, the last of the sixteen (16) Action Plans was reviewed and approved by Federal SACWIS analysts.

Reporting/Data Extracts

Federal Reports (AFCARS, NCANDS, and NYTD) are developed to allow proactive monitoring of progress and data quality. This allows preservation of historic submissions. The Child and Adolescent Needs and Strengths (CANS) extract is currently being developed in the data warehouse. The Child and Adolescent Needs and Strengths (CANS) extract was redeveloped in the data warehouse. The battery of Child and Family Team Meeting (CFTM) reports were redeveloped, for which DCS has an unlimited license. Because these reports were redeveloped in the new Data Warehouse, this cost was eliminated; in addition, the quality of the product was improved. Existing reports are enhanced and new reports are developed based upon priorities set by DCS MAC.

AFCARS Data Submission

Continuous cleaning occurs in advance of the twice-yearly AFCARS data submission to the Children’s Bureau. Submissions take place in April and October each year. A report, the AFCARS Detail Error Report is run each month and the report is distributed to the Data Cleaning Coordinators in each region. The report identifies all records in the reporting population where one or more of the AFCARS reporting elements is missing or has a consistency error. All AFCARS elements must fall at or under the 10% compliance threshold. Because the agency runs/distributes this report monthly, staff can monitor the progress of the clean-up activity. Six weeks prior to each submission, DCS runs the report weekly so staff can work toward compliance.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Overall

Overall Written Case Plan is considered to be a strength. All Foster Care youth have a Permanency Plan developed within 30 days of commitment to DCS custody. These plans are developed through DCS's child and family team meeting process that is embedded in the day to day practice with the children and families served.

Strengths

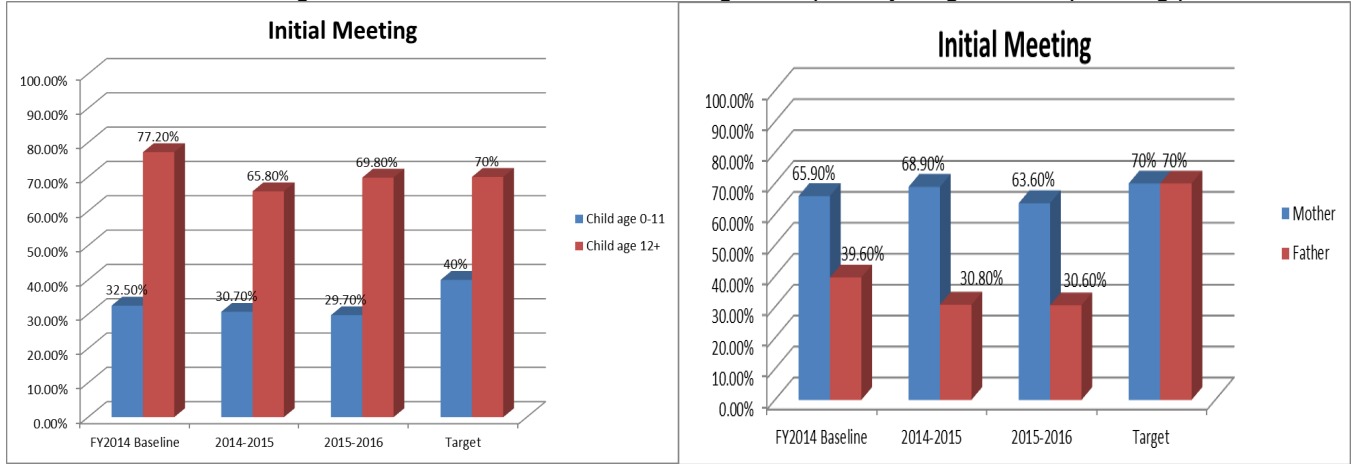
- TFACTS generates reports to determine if each child has an up to date Permanency Plan. This data is reviewed on a regular basis and used to ensure that caseworkers are diligent in ensuring timeliness of plans.
- DCS policy outlines the family planning process.
- The quality of the family plan is assessed through reviews such as the Quality Service Review (QSR) and Case Process Reviews (CPR).
- All plans are ratified by the Juvenile Court.

Areas Needing Improvement

- DCS should have a systematic, repeatable process to ensure that all youth in foster care have reviews scheduled within the required time frames across all twelve service regions.
- Delays in ratification of Permanency Plans can occur due to Juvenile Court dockets and different requirements/additional requirements that are required in each court.
- Every county does not have an active Foster Care Review Board (FCRB). Therefore in those counties a review must be held in court every six months.
- DCS nor the Administrative Office of the Courts has a systematic process to review the quality of Foster Care Review Boards.

DCS uses the child and family team meeting process to develop a written permanency plan for each child jointly with the family and those who the family identifies as their significant supports. The initial child and family team meeting is used to gather information from the family, including their understanding of the reason for DCS involvement and the strengths and opportunities facing the family. This information is then incorporated into the development of the permanency plan. DCS has policies in place to guide the child and family team meeting process and collects data to ensure that meetings occur within the required timeframes.

Figure 1. Item 20 The following charts show the level of functioning in the primary stages of the planning process.



***Data Sources: TFACTS and CPR Data and APSR p.81

The charts reflect children and youth and biological parents' participation in the initial planning meeting. When parents are not able to participate and can be located, the caseworker will meet with them to ensure they are aware of the outcome of the meeting and to solicit any further information or feedback from them that can be used in development of the permanency plan. Parents' participation continues to be a challenge, as DCS continues to function below the target goal due to incarceration, active substance abuse, or when whereabouts are unknown. Parents who cannot attend due to incarceration or hospital admittance are encouraged to participate by phone when possible. If they are unable to do so, they are provided a copy of the permanency plan and given the opportunity to provide their input into the final plan.

DCS supervisors regularly use TFACTS reports on overdue permanency plans to ensure that these plans are completed, documented in TFACTS, and ratified by the juvenile court within established policy timeframes. The DCS Mega Report, which is produced weekly, is also used by supervisors to track when permanency plans are due to prevent overdue plans.

DCS continues to be in substantial conformity with attendance of youth 12 and up. Regardless of caseworker efforts to engage parents, the primary challenge is low functioning families with active drug and alcohol issues, legal issues, mental health challenges, and lack of a commitment to change. In addition, previous TPR on other youth, incarceration, and fathers who cannot be identified continue to be a barrier. Therefore, based on these challenges, Tennessee consistently functions below its target in obtaining full parental participation. To address this barrier, caseworkers are always looking for creative approaches to keep parents engaged to participate when appropriate such as: diligent searches, transportation support, and multiple communication techniques to remind parents of meetings (letters, phone calls, texting). In addition, the regions are collaborating with providers to identify gaps in services and build a service array that can effectively address the challenges of low functioning families and improve their commitment to change. As mentioned above, when parents cannot attend, the caseworker provides a copy of the plan to ensure they are informed of the outcome of the meeting and given the opportunity to provide input to the plan as appropriate.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Overall

Overall Case Review System is considered to be a strength. All children/youth have routine periodic reviews through the Juvenile Court system and/or Foster Care Review Boards. DCS is able to assess that these reviews occur using the TFACTS system.

Strengths

- DCS partners with the Administrative Offices of the Courts to ensure that Foster Care Review Boards are supported and in implementation of the Specialty Foster Care Review Boards.
- Most counties have an active Foster Care Review Board appointed by the Juvenile Court.
- Over 80% of all DCS Foster Care youth are reviewed by a Foster Care Review Board.

Areas Needing Improvement

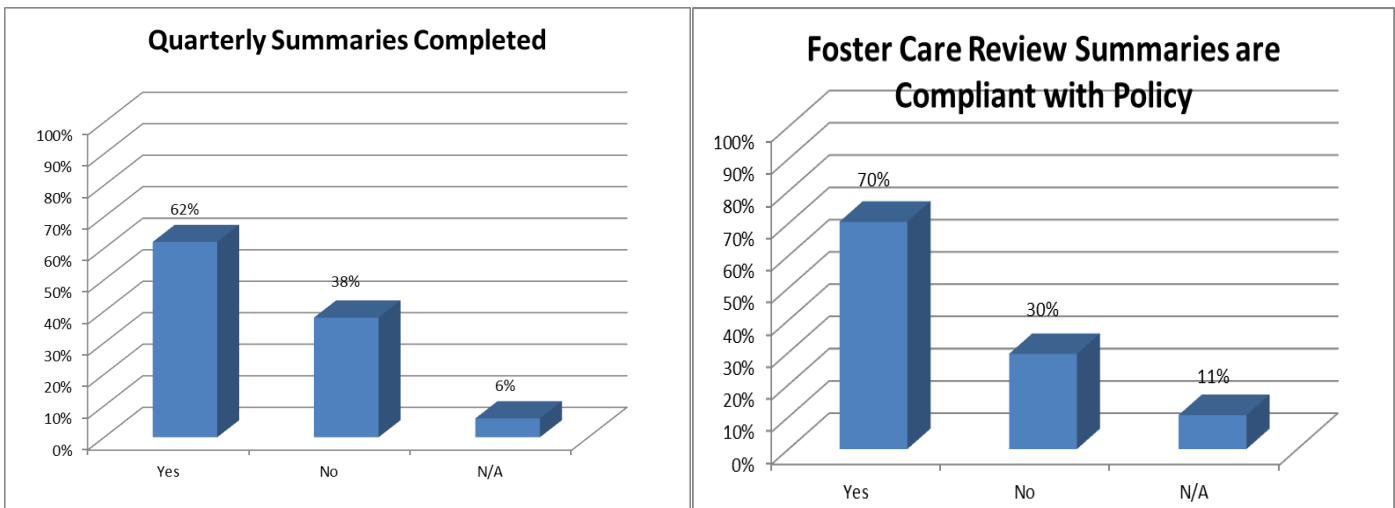
- Foster Care Review Board Summaries are often not completed within the required time frame.

DCS provides periodic reviews no less than once every 6 months through a combination of Foster Care Review Boards and judicial reviews. TFACTS generates reports to determine when youth have not had a periodic review within the required time frame. This report is reviewed by regional leadership on a regular basis. Every county does not have an active Foster Care Review Board (FCRB). Therefore, in those counties a review must be held in court every six months. Due to delays with Juvenile Court schedules, reviews can be held outside of the required timeframe. DCS nor the Administrative Office of the Courts has a systematic process to review the quality of Foster Care Review Boards.

Foster Care Review Board

According to the Tennessee Rules of Juvenile Practice and Procedure, Rule 403, Foster Care Review Boards are authorized to review cases and make recommendations on behalf of the juvenile court judge, or to request a referral for a judicial review when necessary. FCRB or Judicial Review is scheduled within ninety (90) calendar days of the date of the child’s placement in custody and no less than every six (6) months thereafter, for so long as the child remains in state custody. The following charts reflect the level of functioning for DCS in compliance and implementation.

Figure 1. Item 21 Quarter 1 2015-2016 Foster Care Review Board



***Data Source: CPR data

The charts above reflect whether the quarterly progress summaries are completed timely and contain the information required by policy which include: The current status and safety of the child; Diligent search efforts to locate parents or other family members as outlined in DCS Policy 16.48 Conducting Diligent Searches; Compliance with activities described in the permanency plan; Progress made toward alleviating or mitigating the causes necessitating placement in foster care. The quarterly progress summaries are required documents that are filed with the Juvenile Court each quarter. These summaries are presented to the Foster Care Review Boards at the time of a child’s review, and can be presented with or in place of a court report during periodic review hearings. This area is monitored through the Case Process Reviews.

Figure 2 Item 21 Quarter 1 2015-2016 FCRB Results

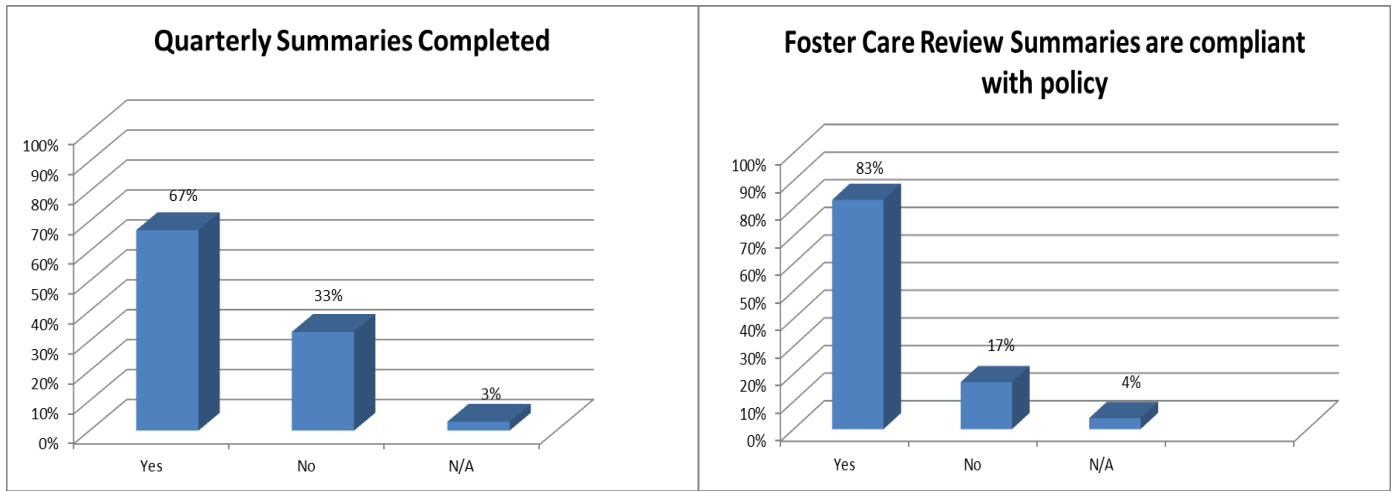


Figure 3. Item 21 Quarter 2 2015-2016 FCRB Results

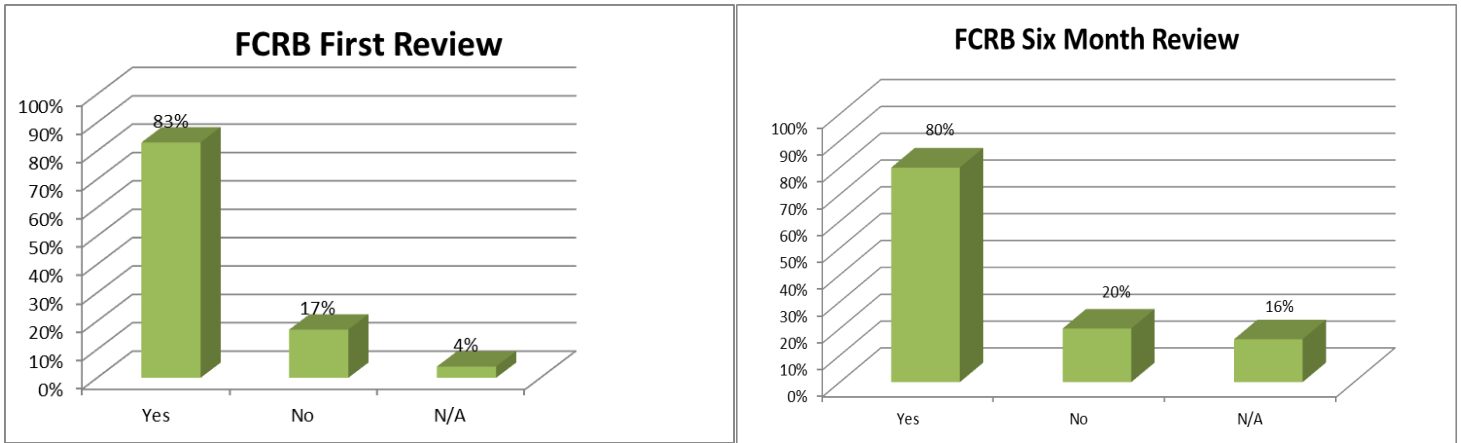
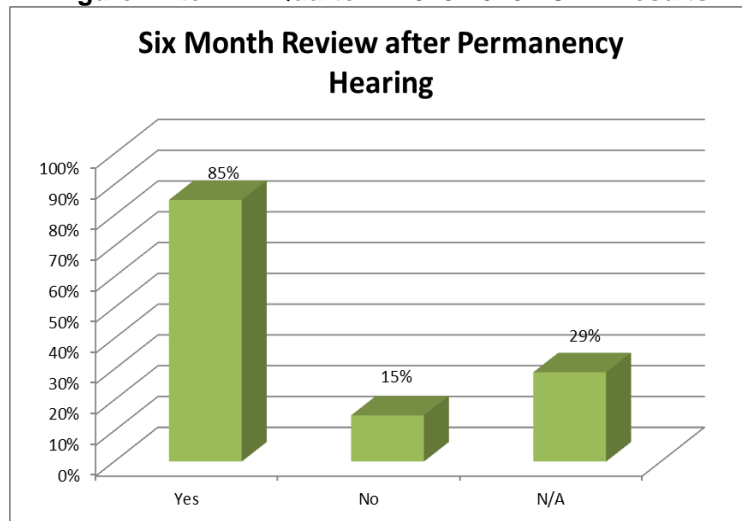


Figure 4. Item 21 Quarter 2 2015-2016 FCRB Results



***Data Source: CPR data

In quarter 2, additional questions were added to improve DCS' understanding of compliance in FCRB functioning. The green tables include the added measures, which include First Review within 90 Calendar days of date of custody; Second Review within 6 months of the first review; and FCRB/Judicial Review/Permanency Hearing every 6 months following the 12 month Permanency Hearing. There were improved results in quarter two compared to quarter one in completed summaries and compliance with policy.

Figure 5. Item 21 Quarter 3 2015-2016 FCRB Results

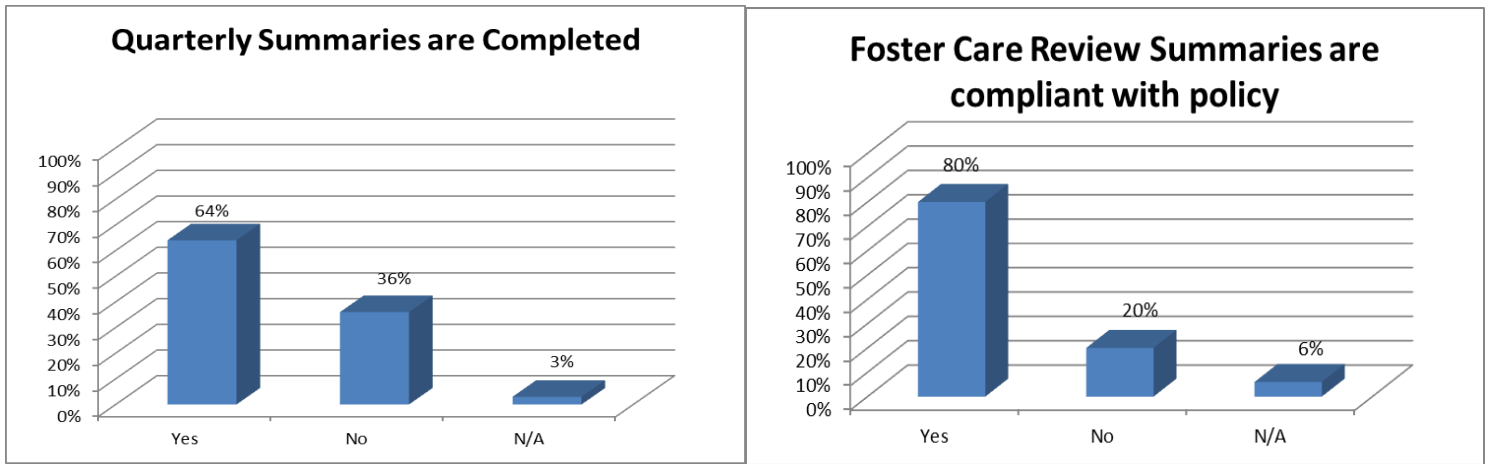


Figure 6. Item 21 Quarter 3 2015-2016 FCRB Results

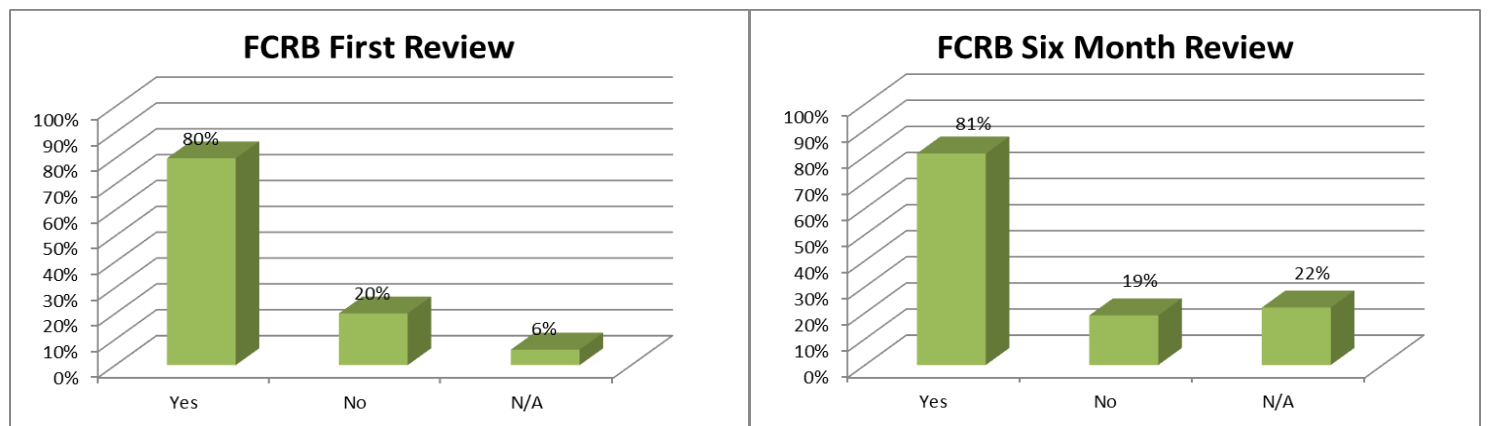
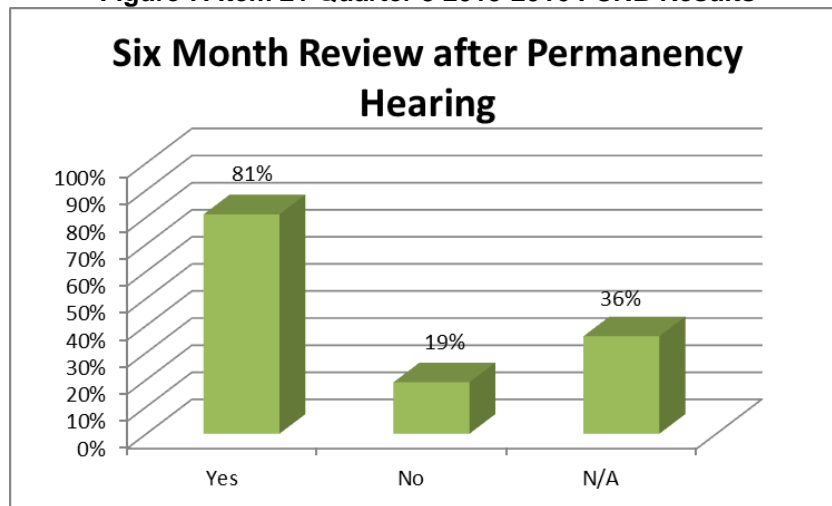


Figure 7. Item 21 Quarter 3 2015-2016 FCRB Results



***Data Source: CPR data

Quarter 3 shows slight decreases in results; but remains steady in terms of summaries completed and compliance with policy, and reviews results also remain fairly steady.

Figure 8. Item 21 Quarter 4 2015-2016 FCRB Results

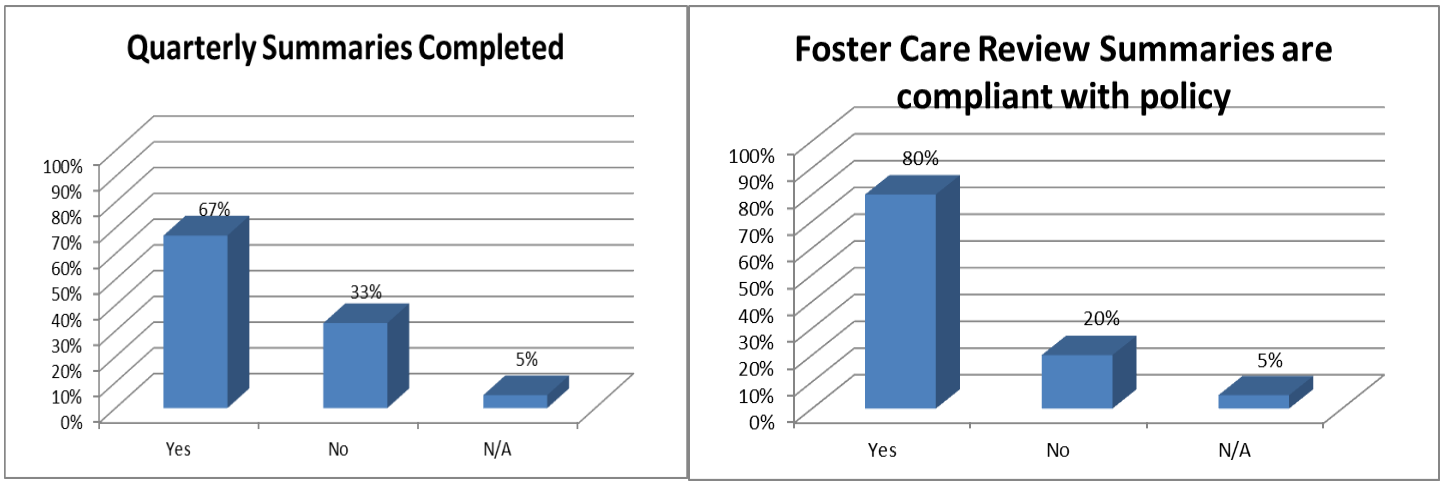


Figure 9. Item 21 Quarter 4 2015-2016 FCRB Results

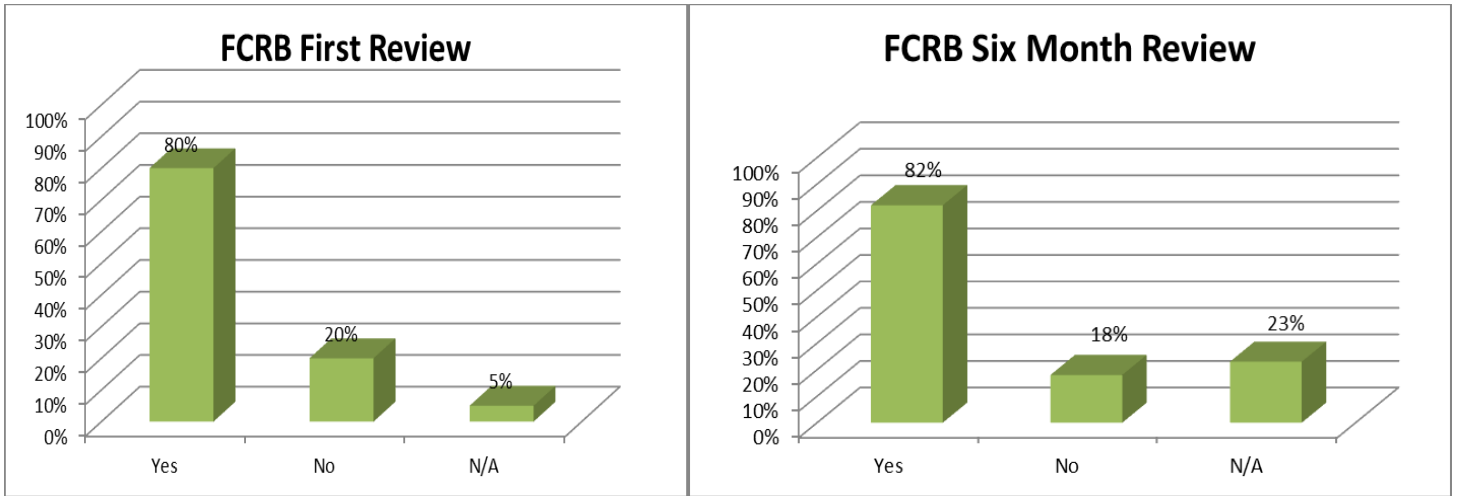
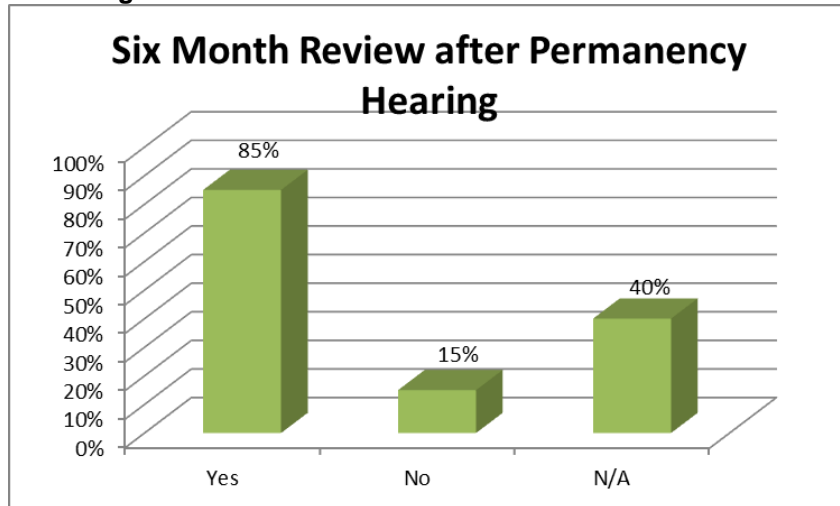


Figure 10. Item 21 Quarter 4 2015-2016 FCRB Results



Quarter 4 measures remain steady compared to previous quarters. Overall, the data above supports that DCS is in compliance with foster care review boards or judicial reviews occurring when required, as well as submitting documentation timely with required content. In quarter two, additional indicators were added to improve the assessment of the FCRB process and shows DCS has remained steady in its results over the last year. The data is in the early stages of being analyzed and DCS needs more time to assess its level of functioning. In addition, the agency has not set target goals for these measures; therefore, it is difficult to determine level of functioning in this area.

DCS currently does not assess the quality of functioning from this data and there is opportunity to build strategies to measure content from the quarterly progress report that includes the following items:

- The current status and safety of the child;
- Diligent search efforts to locate parents or other family members as outlined in DCS Policy 16.48 Conducting Diligent Searches.
- Compliance with activities described in the permanency plan;
- Progress made toward alleviating or mitigating the causes necessitating placement in foster care.

Each region recently developed a foster care review board improvement plan, which includes completing paperwork timely, improving attendance (including leadership attendance) and other process improvements. This is in early development, and data collection currently has not been implemented.

Figure 11. Item 21 Regional Foster Care Review Board implementation status

Region	Status
Southwest	All counties have active FCRBs except Lauderdale County.
Mid-Cumberland	All counties have active FCRBs except Trousdale County.
Davidson	Davidson County has an active FCRB.
Shelby	Shelby has an active with FCRB.
Knox	8 active FCRBs.
Northwest	All Counties have active FCRBs except Gibson, Lake, and Crockett Counties.
East	Monroe, Roane, Morgan, Scott, Union. Campbell, Loudon, and Anderson have intermittent schedules.
Upper Cumberland	All counties have active FCRBs except Putnam County.
TN Valley	All counties have active FCRBs except Polk, Marion, Sequatchie, McMinn, Meigs, Rhea, and Bledsoe Counties.
Smoky	All counties have active FCRBs except Cocke and Hamblen Counties.
Northeast	All counties have active FCRBs.

Based on the table above, DCS functions well in implementing Foster Care Review Boards across the state. Most regions only lack an active board in one or two counties. The court has to meet quarterly if there is no FCRB. Tennessee collects data in TFACTS under the court review section to determine if the child or youth is being reviewed quarterly.

Model Foster Care Review Boards

The Model Foster Care Review Board is a more in-depth review that occurs quarterly and focuses on the well-being categories of health, education, visitation, independent living, and transition planning as follows for all children in foster care including older youth:

- Support is provided to FCRBs to develop a strong focus on Independent Living for youth aging out of care to improve transition planning and ensure ratification of those plans. FCRBs assist with supporting youth and DCS by increasing the number of participating youth in Extension of Foster Care Services and reviewing these cases routinely by the FCRB. There is ongoing work with DCS legal and local staff to ensure permanency hearings are set for youth over age 17 prior to discharge or aging out of care.
- The FCRBs monitor the education of children and youth in DCS custody. One strategy is to assess school transcripts to track student progress and ensure youth remain or get back on track for timely graduation. The FCRBs increase monitoring and support for children and youth through review of Individual Education Plans (IEPs) and 504 plans as applicable to the child or youth. FCRBs work with child and family teams to ensure placement changes that minimize impact on academic achievement when possible.
- Another focus for the FCRBs is to ensure that referable conditions/recommendations from Early Periodic Screenings, Diagnosis and Testing (EPSD&Ts), also known as well child check-ups, are addressed. FCRBs also monitor child/youth psychotropic medication prescriptions. The FCRB collaboration works to consider case circumstances and the child's developmental status, when reviewing the status of parent/child visitation.
- The model foster care review board forms were amended to include questions that promote the Prudent Parent and Normalcy initiative in conjunction with the enactment of DCS policy and efforts of the Office in Independent Living.

There are 17 counties with model foster care review boards. DCS is in the beginning stages of collecting data on these boards.

A pilot foster care review program (Extension of Foster Care Boards) was initiated in fall 2016 to address the Extension of Foster Care population. The pilot is a collaboration of the Administrative Office of the Courts and the Tennessee Board of Regents. Through the collaboration a staff member with the Board of Regents, university, or community college serves as a member of the foster care review board.

The pilot occurred in four juvenile courts:

- Davidson County – two EFC boards
- Maury County – one EFC board
- Johnson City – one EFC board
- Shelby County – three EFC boards

The EFC boards incorporate motivational interviewing as the guiding principal in the conduct of the review allowing for the young adult to think critically, make informed decisions, and change behavior for the positive resulting in academic success. The EFC boards only review the cases of young adults enrolled in the EFC program, and are held away from the court house. The boards meet in person with the young adult twice a year during the summer and winter breaks. This was designed to prevent the young adult from missing class since post-secondary education does not allow for excused absences for young-adults in foster care attending court or FCRB. There is an administrative review mid-semester to review the academic progress of the young adult. This a telephonic reviews, so the young adult does not miss class. The joint data project that is required by the Children's Bureau for the Court Improvement Program, in conjunction with the Department of Children's Services, will assess the effectiveness of the EFC Boards.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the data the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

Overall

Overall permanency hearings are considered to be a strength. DCS has a process to present permanency plans to Juvenile Courts a minimum of once each year for ratification. Completions of these plans are monitored using data collected from TFACTS. This is an area routinely reviewed by caseworker's supervisors.

Strengths

TFACTS can generate reports to determine when youth have not had a periodic review within the required time frame. This report is reviewed by regional leadership on a regular basis.

Areas Needing Improvement

Due to delays with Juvenile Court schedules, reviews can be held outside of the required timeframe. Some counties only hold Juvenile Court two or three days each month, as the Juvenile Court Judge in many smaller counties is also the General Sessions and Probate Judge.

Currently, DCS is in substantial conformity and functioning well, showing positive trends exceeding permanency hearing targeted goals in the past 2 years. This is an area where Tennessee has strong collaboration with the judicial system to ensure permanency hearings occur timely and frequently. DCS pulls reports (AFCARS and overdue Permanency Plans) from TFACTS monthly to track and monitor this indicator. Tennessee will continue to monitor this measure through the CPR process and monthly TFACTS reports to ensure functioning continues to be substantial.

Figure 1. Item 22 Permanency Hearing Results

Permanency Hearing Results	Baseline FY 2014	Actual 2014 – 2015	Actual 2015 - 2016	Target/Goal
A Permanency Hearing occurs no later than 12 months from the date the child entered foster care and no less than every 12 months thereafter. (CPR)	77% Brian A 76% JJ	82% Brian A 82% JJ	87% Brian A 95% JJ	80%

***Data Source: CPR data

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Overall

Overall TPR is considered to be a strength. DCS is in substantial conformity on filing termination of parental rights or documenting compelling reasons. TFACTS produces data that is utilized by DCS to monitor achievement for these measures.

Strengths

- This process is functioning in substantial conformity based on DCS being able to assess through this process that appropriate action is being taken for every child.

Areas Needing Improvement

- Juvenile Court Schedules can delay timeliness of TPR hearings. Delays in DCS Attorneys filing TPR paperwork can delay TPR hearings.

DCS has been trending down and is functioning below the target goals in meeting TPR proceedings in accordance with the law. The main barriers occur within the judicial system. For example, some courts across the state will not hear TPR petitions, despite DCS demonstrating the grounds for TPR; therefore, regions have had to develop creative strategies to circumvent this barrier such as networking with other court divisions who have agreed to support the process. In addition, some judges want to give biological parents more time to see if they can make progress, especially if the parents have been incarcerated during most of the timeframe or whereabouts had been unknown. The Division of Performance and Quality Improvement continues to rely on the administrative review process conducted by the Deputy Commissioner for Child Programs and the Office of General Counsel to ensure that appropriate action is being taken with respect to these children.

Figure 1. Item 23 Termination of Parental Rights Results

TPR Results	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented. (TFACTS)	90.50%	79%	70.1%	95%

***Data Source: CPR data

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Overall

Overall Notice of Hearings is considered to be a strength. DCS has a systematic process and policies in place to guide notification of court reviews and Foster Care Review Boards.

Strength

- DCS has a repeatable, systematic process that is followed to ensure notification of reviews. A result for notifications is trending upward.
- DCS regularly monitors these data and reviews compliance standards with Caseworkers.

Areas Needing Improvement

- DCS needs to continue to improve Juvenile Justice notifications timely.

Tennessee reflects positive trends in notification of all contacts in Brian A. (custody) cases, having improved yearly and exceeded the target in the 2015-16 year. Official notifications are sent via mail. Caseworkers are also reminding parents of reviews through phone calls, person to person contacts, and text messages as a back-up to the notification letters. However, the agency has trended down in Juvenile Justice (JJ) cases in the most recent year, missing the target goal. A barrier that has been identified is that juvenile justice caseworkers lag behind in entering contacts who need to be notified into TFACTS.

Figure 1. Item 24 Notification of Reviews or Hearing Results

Notification of Reviews or Hearing Results	FY2014	2014-2015	2015-2016	Target
Documentation of all contacts for notification of CFTM either in Case Recordings or Notification Section of CFTM in TFACTS (CPR)	55% Brian A	72% Brian A	93% Brian A	80%
Documentation that Foster Parents were notified and requested to participate in advance of all CFTM's, FCRB's and Court Hearings (CPR)	76% Brian A 87% JJ	76% Brian A 87% JJ	91% Brian A 64% JJ	80%

***Data Source: CPR data

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Overall

Overall Quality Assurance is considered to be a strength. DCS has a well-established program to conduct qualitative and quantitative reviews. Action plans are developed for areas of need using data in collaboration with all levels of staff and DCS stakeholders.

Strengths

- DCS has a well-established, systematic, repeatable process to review the quality of casework through its Quality Service Review (QSR) Program.
- The Case Process Review program supplements this process by providing data around the timeliness of completion of required caseworker tasks, such as face to face visitation and completion of assessments, Quarterly Progress Reports, and Permanency Plans.
- DCS has strong Continuous Quality Improvement (CQI) teams that involve workforce members of all levels and community partners.

Areas Needing Improvement

- Further monitoring and assessment is needed to determine the successfulness of CQI teams in meeting established performance improvement goals and action steps.
- While data is used by and is accessible to Continuous Quality Improvement teams, not all CQI teams use data to guide their action planning.
- The QSR only assesses quality services over a limited period under review (90-days). Deploying an on-going qualitative review with a larger period under review would provide a better understanding of overall case performance.
- Communication between higher and lower level CQI Teams needs to be improved.

The Office of Continuous Quality Improvement (OCQI) is committed to ensuring that children and their families receive the best possible services in a safe environment designed to meet their specific needs. The goal of OCQI is to assess child welfare practices, outcomes, and compliance by using data and results to guide and change policies and practices. Through the processes of Quality Service Reviews (QSR), Continuous Quality Improvement (CQI), Program Evaluation, Due Process, Program Accountability Review (PAR), Child Welfare Licensing, and Provider Quality Teaming (PQT), the Office of Continuous Quality Improvement conducts regular case reviews, collects qualitative and quantitative data, analyzes data, and works with private contract providers to identify strengths and areas for improvement. OCQI monitors policy compliance through the Council on Accreditation (COA), Prison Rape Elimination Act (PREA), and Program Accountability Review (PAR) as well as licenses and monitors child caring and adoption agencies as identified under the Uniform Administrative Procedures Act.

Performance and Quality Improvement

The Division of Performance and Quality Improvement (PQI) partners with all levels of agency employees and stakeholders to identify areas of opportunity to improve services, processes, and outcomes for children and families in Tennessee through the Department's Continuous Quality Improvement (CQI) process. The CQI process encompasses a variety of program- and

topic-specific teams to evaluate current data trends and participate in problem solving to improve service delivery and outcomes for children and families.

The CQI structure includes CQI teams at the local, regional, and state level. Teams often include multidisciplinary teams, including staff from all levels of the agency and stakeholders, when appropriate. By creating a venue for DCS employees and stakeholders to actively participate in agency improvements, CQI enhances morale and satisfaction. Each service region, Youth Development Center, and Central Office has an assigned CQI Coordinator to facilitate this process. CQI Coordinators often assist team members in collecting data or customizing data reports that can be utilized during the meeting process to determine needed improvements or successes of action steps currently begin implemented.

CQI Teams may meet monthly or quarterly depending on the purpose of the team and the current action on which the team has set its focus. Short term CQI teams that are put together to focus on specific identified areas may meet more or less often depending on the needs of the group. The Central Office Leadership CQI, CQI/LEAN, and Safety Action Groups meet monthly.

Examples of CQI team projects include the Upper Cumberland Region's Safety Circle, which reviewed FAST assessment data and noticed that there was some inconsistency in how those assessments were scored. It was determined that "refresher" training was needed for front-line caseworkers. The CQI Coordinator assigned to that region and the Vanderbilt University Centers of Excellence Mental Health Consultant consulted with a few identified regional caseworkers and developed a "Nuts and Bolts" training/refresher which was delivered to the region. The team that developed and delivered this training is currently working with the DCS Office of Training and Professional Development to incorporate this training into an Assessment Integration training that will be delivered across the state to all employees.

The Smoky Mountain Region's Safety Circle/Safe at Home CQI group discussed the need of having border agreements with surrounding states, in order to place children with family members out-of- state in a more timely fashion. The group formed a smaller work group to develop border agreements and submitted those drafts to DCS Central Office for review and approval. Claiborne and Cocke counties were the priorities for this team, as those were the two identified counties that had had the most potential relative placements in border counties across state lines. While this project is currently in the working stages, it is being reviewed and will benefit other regions who border those same states.

An area of improvement for the CQI program is ensuring that CQI teams are writing clear, measurable, and achievable action steps. The Division of Performance and Quality Improvement has been working with CQI teams to improve this area. While we are seeing groups move things forward, the CQI Team Minutes do not always reflect this work. Two-way communication and CQI referrals moving through the system (up, down, and laterally) could also be improved.

Reports are available through TFACTS and the DCS Data Warehouse. Many of those reports are stored on the DCS Shared Drive and are available to all levels of employees. DCS also maintains a DCS Dashboard on its intranet site for all employees. This Dashboard contains up-to-date data on the number of custodial children/youth in care by region; finalized adoptions by region; custody number trends by month; caseworker/Child Face to Face Visits by region; daily Youth Development Center census; current number of youth on trial home visit by region; and TFACTS usage by hour. The Office of Information Technology has a Data Quality Team that can design and generate specialized custom reports from TFACTS as requested. DCS has an established process to request specialized reports.

When the Data Quality Team determines that a data clean-up is needed due to TFACTS data entry errors, the Senior Leadership sets a plan to clean up those data entries. The CQI Coordinators are often the point person for their assigned region to ensure that these data clean-ups occur. For example, a recent data clean-up was completed on delinquent youth on DCS probation. Senior Leadership determined how the data clean-up would occur and established guidelines and timelines in partnership with Juvenile Justice Employees within the twelve service regions and with the Office of Information Technology. The Office of Continuous Quality Improvement coordinated the clean-up and had reports generated weekly to determine progress of the clean-up. Those reports were then shared with regional leadership with targets reported weekly. The CQI process then determined that the reasons for the clean-up were both a training issue and also a TFACTS data entry barrier. Additional training will now be provided to the regional employees around this issue and the Office of Information Technology will work to remedy the barrier.

Anatomy of the Continuous Quality Improvement Process

The CQI Program has four (4) levels; Foundation Level, Regional/Youth Development Center Level, Blended Regional/Executive Level, and Executive Level PQI workgroups.

Foundation Level – County Cluster/Unit

Most employees participate in a CQI process without even realizing it. CQI is embedded in much of our daily work such as monthly meetings with supervisors, unit meetings, and management meetings. These meetings are developed and managed by the employees in the county/clusters. While these teams are not called CQI meetings, the format is similar. These teams often brainstorm around ideas to improve the performance of that particular team or address identified barriers impacting that team. These teams generally consist of regional employees from a particular program area such as Child Protective Services, Foster Care, Juvenile Justice, or Resource Parent Support.

Regional/Youth Development Center (YDC) Level – Leadership/CQI Workgroups

Each region and YDC has a Leadership CQI workgroup that is the primary venue for core leadership from that region to come together and work on improvements to regional performance. These groups are sometimes referred to as Core Leadership meetings or Quality Practice Team meetings. Each region also has additional CQI workgroups that are designed to address specific program areas (such as Safety, Permanency, Juvenile Justice, etc.) or key issues (such as recruitment and retention, or training). These groups are often referred to as CQI Teams or CQI Circles.

Blended Level - Regional and Central Office level employees

There are also a series of workgroups that include both Central Office and Regional employees. At the center of this is the primary workgroup called the Statewide Policy and Practice Workgroup. Sub-workgroups of this primary workgroups are the Permanency Custody, Permanency Non-custody, Safety, and Juvenile Justice workgroups.

Executive Level – Central Office Teams and Executive Leadership

At the highest level of the organization is the Central Office CQI workgroup, which can seek guidance and assistance from Executive Leadership when improvements cannot be made without the support of executive leadership. The Central Office CQI workgroup can also create sub-workgroups as needed to address specific issues as they arise.

Short-term and Long-term CQI Teams

It should be noted that CQI Teams can be short-term or long-term depending on the needs within the level. For example, some teams may be targeted for long-term tracking of programs (e.g. – Safety, Permanency or Health) or long-term goals like Permanency Reviews which seek to reduce custody length-of-stay. Short-term teams may be employed to tackle specific issues like improving a policy, form, process, community issue, or other “quick-win”.

Stakeholder Involvement

Stakeholder involvement in the CQI process is a critical component toward achieving targeted agency improvements. DCS seeks new and innovative ways to enhance collaboration with external stakeholders.

Stakeholders include:

- DCS Employees and Foster Parents
- Children and Families served by DCS
- Performance Based Contract Providers
- Contract Providers
- Tennessee Commission on Children and Youth
- Community
- Courts
- Law Enforcement
- Child Advocacy Centers
- Community Advisory Boards
- Mental Health Centers
- Hospitals, Health Departments, and Medical Community
- CASA
- TFACA and Foster Parent Advocate

Examples of participation from stakeholders includes Regional Cross Functional Teams, where custodial and non-custodial providers meet with DCS regional staff on a quarterly basis to review data trends, share information, and plan for any needed improvements. Also, most regions have an active Youth 4 Youth group where adolescents in foster care or who are receiving extension of foster care services get to provide input on program services that DCS offers. Foster Parents are often included in the regional Foster Parent Recruitment and Training Circles to discuss recruitment and retention efforts and plan for monitoring recruitment. Also, DCS has a very active 3BI (3 Branches Institute) team that meets on a quarterly basis to share information, discuss data trends, and share information. 3BI membership includes Juvenile Court Judges, state Legislators and DCS Senior Leaders.

DCS partnered with the local community to develop Community Advisory Boards (CABs). These CABs include service providers, religious organizations, local non-profit groups, and a DCS employee. Once these teams were fully developed, DCS entered into a partner role instead of a leadership role with these groups. DCS provides data to these groups and utilizes these groups when a need arises for a family that is outside the scope of our services (i.e. a family has no abuse issues but is in need of furniture, washing machine, temporary housing, etc.).

Measures and Outcomes

DCS intends to create a stronger link between the agency strategic plan and guiding entities through activities within the PQI Program. The agency's goals, funding, and objectives are, to a degree, driven by Tennessee Code Annotated, and Federal Title IV-E and IV-B requirements. The Division of Performance and Continuous Quality Improvement seeks to further these goals by being sensitive to these driving entities.

Statewide Targets/Use of Data

Client and program (system-level) key performance indicators and outcomes are distributed via "scorecards" to each region and Performance Based Contract Providers. Heavy emphasis is placed on Quality Service Review (QSR) and Case Process Review (CPR) outcomes. All levels of CQI teams are charged with the responsibility of using provided data to monitor and make improvements through strategic planning and activity. The Child Family Service Review (CFSR) case reviews and the CSFR Program Improvement Plan are integrated into existing PQI activities.

Case Process Review (CPR) Overview

The Division of Performance and Quality Improvement monitors and conducts quarterly fidelity reviews of Case Process Reviews (CPR), conducts quality case reviews, and monitors the quality and accuracy of data entry by supervisors completing the reviews on a variety of data entry points.

DCS implemented quarterly Case Process Reviews (CPR) in 2004 in order to determine whether or not all required documentation was contained within client files. The CPR assesses the compliance of the caseworker in following DCS policies and processes as reflected by complete records that are organized and up-to-date, and activities that are documented. The goal is to provide the regions with performance management tools that will help staff identify barriers to efficiency and effectiveness so that, through the processes for continuous quality improvement and/or supervisory processes, these barriers can be addressed on whatever level they may occur: systemic, regional, county, team, and/or individual.

The case file reviews are primarily conducted by Team Leaders (TLs) or Case Manager 3(s). Once completed, the Team Leader is to use the Case Process Review tools during their supervision sessions with the Case Manager in order to discuss strengths and identified needs. The Team Leader should then set a two-week deadline for corrections to be made to the files reviewed, and then review to assure that the corrections are made.

Beginning in 2014, Case Process Review aggregate results have been used by Regional Continuous Quality Improvement (CQI) Teams to develop Program Improvement Plans (PIPs) to target areas for improvement. Any area that has positive scores at 80% or better is considered satisfactory, while scores not meeting the 80% threshold should be considered for improvement (See Figure 25.5). Each region will have an active CPR PIP that is monitored and improved through the PQI process. When statewide trends are determined from Case Process Review results the Central Office CQI Workgroup will review the data and set improvement goals or determine if more training or clarity around policies is required.

The Director of Performance and Quality Improvement and the Director of Program Evaluation discuss trends being identified in the Case Process Review and Quality Service Review processes on a regular basis. Since many of the CQI

Coordinators also serve as QSR Reviewers, trends may be identified by them and shared with the Directors individually or through monthly staff meetings.

There are currently ten (10) Case Process Review (CPR) tools used to assess content and quality of case records including; Foster Care/ Kinship/ Adoption, Child Protective Services Assessment, Juvenile Justice Probation/ICJ, Juvenile Justice Custody/After-care, Foster Home, Adoption Assistance, Subsidized Permanent Guardianship, Extension of Foster Care, FSS/FCIP and Youth Development Center. As needs are identified, additional CPR tools will be developed or current tools will be updated.

The Program Coordinator of Performance and Quality Improvement receive the CPR Sample from the Office of Information Technology (OIT) within two weeks following the end of each quarter. The Continuous Quality Improvement (CQI) Coordinators receive the quarterly case process review sample from the Program Coordinator and distribute to the regions at the beginning of each review period. Review quarters are as follows: January – March, April – June, July – September, October – December.

CPR samples including a 5% sample of both open and closed case files are pulled for each type of review. All cases in the sample must be open for at least 45 days during the review period, except CPSA, which must be open 30 days. The findings are also used by regions in the formal PQI process. Case Managers, Team Leaders, and Regional leadership will use the data from these reports to identify trends in case file compliance and CPR completion rates. This will then be documented in a CPR Program Improvement Plan (PIP) and will be monitored and tracked over the course of subsequent review quarters to monitor for improvement.

The Provider Quality Team is responsible for monitoring and responding to private provider safety/well-being concerns and contractual non-compliance performance findings for both residential and non-residential providers. Oversight includes safety, medical and behavioral health concerns. With other DCS divisions including Network Development, Safety, Health, Juvenile Justice, Risk Management and Communications, the Provider Quality Team (PQT) reviews reported incidents, Special Investigation closure notices, Program Accountability Review (PAR) reports, etc. to provide a comprehensive view of the agency and when necessary provides technical assistance, training, corrective action and program improvement measures to improve the quality of services.

Policy

The Division of Policy works with all DCS programs and divisions to develop policies, procedures, manuals, and related forms to provide guidance to employees on practice requirements and to make decisions in accordance with applicable laws and rules. Policies and procedures increase accountability and transparency, and are fundamental in the continuous quality improvement process. Policies are reviewed annually and revised as needed. All policy revisions and new policies are vetted through a policy review process that includes review by the Policy Review Committee, public preview, and executive and legal review. All policies are available for public review on the DCS internet site.

Program Accountability

The Division of Program Accountability Review (PAR) provides annual contract monitoring services for sub-recipient contractors, Performance Based contractors (PBC), and In-Home TN contract providers. Sub-recipient contractors are monitored in adherence to Policy 22 regulations, incorporating both program and fiscal elements of review. PAR Policy 22 fiscal monitoring is conducted in partnership with DCS Internal Audit. PBC contract monitoring is conducted in adherence to provider contract and DCS Policy requirements. PBC monitoring results are data based and conducted in partnership with Vanderbilt University Center of Excellence (COE). The In-Home TN monitoring process is also based on provider contract and policy requirements and results are data based. Results from all PAR monitoring processes are reported to contractors and internal DCS, and reviewed in the PQT. Through all formats of monitoring, PAR works approximately 200 monitoring contacts per year.

Program Evaluation

The Division of Program Evaluation is responsible for completing an annual Quality Service Review (QSR) in each of the DCS' twelve service regions and three Youth Development Centers (YDC). The QSR is a qualitative review process used by a number of state and tribal child welfare agencies to determine trends with the current status of children and families and with key systems functions of the organization.

The QSR is an action-oriented learning process that provides a way of knowing what is working/not working in practice and why for selected children and families receiving services. QSR is used to guide actions of practice development and

local capacity building, leading to better results. The QSR Protocol is designed to conduct a professional appraisal of: (1) the current status of a focus child in key life areas; (2) recent progress made by the focus child; (3) the status of the parent/caregiver; (4) the adequacy of performance of key systems of care practices and services based on the DCS Practice Model. The QSR focus is short-term results. Findings from the QSR are designed to be utilized by CQI teams and Senior Leadership to stimulate and support improving services for the children and families of Tennessee.

Each case reviewed is rated on seven well-being indicators; four family and permanency indicators; seven practice model indicators; and three indicators of conditions and attributes of practice. QSR Report-out sessions are held twice during each review week with a focus on the trends, strengths, and opportunities for improvement revealed during the review. The data collected at each QSR is presented to the service region or YDC being reviewed and that region/facility works with OCQI to develop action steps to improve outcomes for lagging indicators. Each region must complete a QSR Performance Improvement Plan within sixty days of completion of each QSR.

Upon completion of each Quality Service Review, a Case Story is completed on each case with justifications/explanations for each rating with proposed next steps that were developed with the caseworker. QSR stories, as well as the QSR data for each region and Youth Development Center, are stored on a drive accessible by DCS Leadership and CQI Coordinators. The Division of Program Evaluation provides custom QSR Reports to regions as requested. These reports are often used to identify performance of key QSR indicators for certain populations of youth using the CQI process. For example, a custom report is generated on an ongoing basis for the Office of Independent Living around youth aged 14 and older. This report is utilized by the management of the Office of Independent Living to assess additional services that may need to be provided to youth in a particular region, or if an ongoing trend is present across the state for a particular indicator. Also, quarterly, a custom report is requested by the Office of Child and Family Well-Being around three indicators. This custom report is then compared with other reports available to the Office of Child and Family Well-Being to determine if foster care youth are receiving appropriate physical health and mental health services.

The Division of Program Evaluation is also responsible for completing stakeholder surveys, administration of the Child and Family Service Review process, developing the Department's Child and Family Service Plan, Annual Progress and Service Report (for IV-B funding), and communicating with and coordinating technical assistance from the Administration for Children and Families.

QSR Well-Being Indicators

Safety
Stability
Appropriateness of Placement
Health/Physical Well-Being
Emotional/Behavioral Well-Being
Learning and Development
Caregiver Functioning (Paid Provider)

DCS Practice Model Indicators

Engagement
Teamwork and Coordination
Ongoing Assessment
Long Term View
Child and Family Planning Process
Plan Implementation
Tracking and Adjustment

QSR Family & Permanency Indicators

Family Functioning and Resourcefulness
Family Connections
Voice /Choice of the Child and Family
Prospects for Permanence

QSR Conditions and Attributes of Practice

Informal and Community Supports
Caregiver Supports (Paid Provider)
Successful Transitions

Figure 1. Item 25 Quality Assurance System

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015- 2016	Target Goal
Timeliness of case recordings	83.20%	89.60%	89.38%	90%
% of Brian A custody cases with at least 2 Face to Face Contacts by worker	88.10%	86.30%	90.24%	85%
% of JJ custody cases with at least 2 Face to Face Contacts by worker	97.80%	95.10%	98.62%	85%
Engagement QSR Scores	78%	87%	91%	70%
Teaming QSR Scores	72%	82%	85%	70%
Voice and Choice QSR Scores	73% Overall 85% Child 56% Mother 52% Father 87% Other	81% Overall 88% Child 56% Mother 45% Father 87% Other	81% Overall 88% Child 56% Mother 37% Father 89% Other	70%
Ongoing Assessment QSR Scores	61%	73%	80%	70%
Permanency Planning QSR Scores	65%	75%	77%	70%
Implementation QSR Scores	64%	79%	74%	70%
Tracking and Adjustment QSR Scores	70%	85%	86%	70%

Figure 2. Item 25 System Performance Status

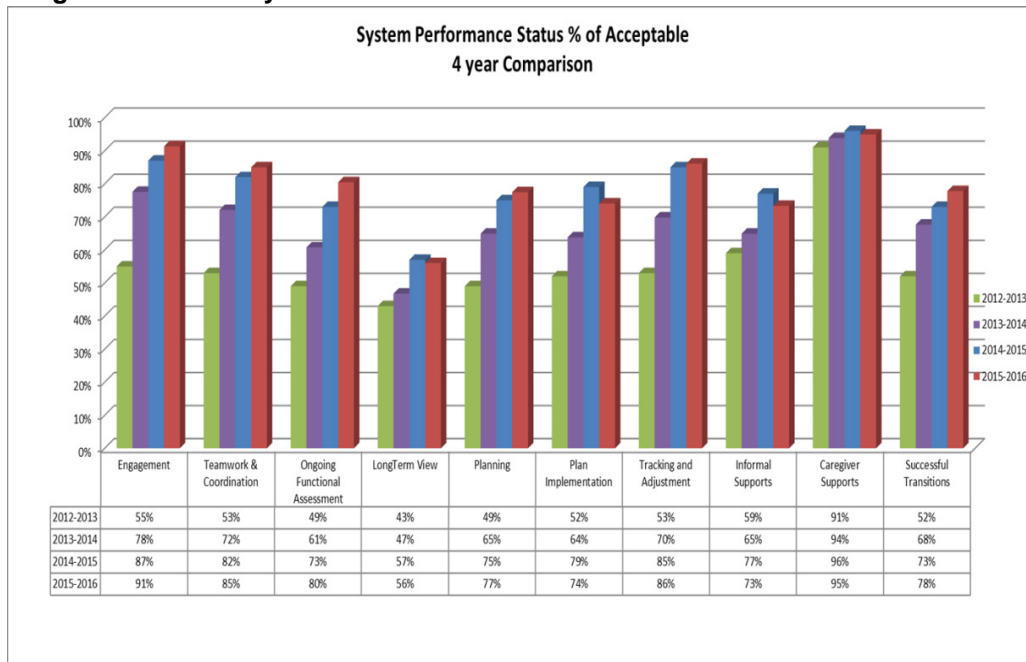


Figure 3. Item 25 Quality Service Review Scores 2015-1016 Per Region

Region	Safety	Health/Physical WellBeing	Emotional/Behavioral Well-Being	Learning & Development
Knox	96%	96%	100%	96%
Southwest	95%	100%	86%	95%
Smoky Mountain	100%	100%	91%	96%
Shelby	95%	100%	78%	75%
Davidson	96%	96%	91%	78%
South Central	96%	100%	86%	83%
Northwest	100%	100%	83%	91%
Upper Cumberland	100%	100%	89%	91%
Tennessee Valley	100%	100%	89%	91%
Mid-Cumberland	90%	100%	90%	86%
East Tennessee	100%	100%	94%	95%
Northeast	100%	100%	81%	83%

Figure 4. Item 25 Percentage of Caseworkers Meeting Visitation Requirements on Brian A. Class Cases

Region	January 2016	February 2016	March 2016	April 2016
Knox	100%	100%	100%	100%
Southwest	100%	100%	100%	96%
Smoky Mountain	98%	96%	98%	93%
Shelby	93%	95%	95%	93%
Davidson	97%	100%	97%	95%
South Central	97%	97%	90%	94%
Northwest	94%	96%	94%	94%
Upper Cumberland	89%	90%	90%	91%
Tennessee Valley	93%	94%	96%	94%
Mid-Cumberland	96%	94%	96%	96%
East Tennessee	97%	100%	100%	97%
Northeast	94%	96%	100%	100%

Figure 5. Item 25 CPS Investigation and Assessment

CPS Investigation and Assessment	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
Timeliness of Priority Response 1	78% CPSI	79% CPSI	91.2% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 1	86% CPSA	88% CPSA	93.3% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 2	75% CPSI	77% CPSI	89.3% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 2	75% CSPA	82% CSPA	91.0% CSPA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 3	74% CPSI	75% CPSI	89.6% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 3	76% CPSA	86% CPSA	92.1% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of classification for CPSI	--	--	44.24%	55% by Jan 2016 65% by Jan 2017 80% by Jan 2019
Timeliness of classification for CSPA	--	--	44.67%	55% by Jan 2016 65% by Jan 2017 80% by Jan 2019
Average time to case closure for CPSI/% overdue	25.60%	31%	34% Current % overdue (as of May 2016) statewide for CPSI is 13.3%	<20%
Average time to case closure for CSPA/% overdue	7.70%	6.60%	19% Current % overdue (as of May 2016) statewide for CSPA is 4.2%	<20%
Improve the number of calls to the Child Abuse Hotline to an average answer time under 20 seconds	89.70%	86.60%	80.34%	80%

Problem Area Noted (Include Score as Baseline): Engaging Fathers is currently at 45% (up 2% from 2015). The DCS target goal for acceptability for this indicator is 70% and this indicator is also addressed in DCS' strategic plan areas 1.2, 1.3, and 5.6

DCS Strategic Priority #1 Safety, Health, and Permanency

- Objective 1.2 properly assesses needs and develops permanency plans unique to each child and family.
- Objective 1.3 Ensure service array and delivery meets the needs of children, youth and family.

DCS Strategic Priority #5 Communications

- Objective 5.6 Develop capacities for consistent communications across multiple platforms.

Potential Causes: Cultural change to involve fathers, Workers focus on quickest reunification option, fathers unidentified or location unknown, incarceration, and case transfers lack information regarding the father.

Solutions Considered: Expectation of monthly contact with both parents, understanding current circumstances of fathers, ensuring correct documentation of efforts

Goal: Increase overall score Engagement of Birth-Fathers to from 45% to 48%

Figure 6. Item 25 Example of Program Improvement Plan

Action Step	Responsible Person	Completion Date	Follow-Up Date
Staff will be trained on the new diligent search tab in TFACTS	Amanda Jones	9/4/16	3/4/16
FSWs will bring the completed genograms to 60 day reviews	Team Coordinators with Team Leader Assistance	9/4/16	3/4/16
CQI circle will work on tracking current circumstances of fathers and the effort to engage them.	Permanency Circle and QPT	9/4/16	3/4/16
Check with other regions to follow up on the success of visual reminders around the office.	CQI Coordinator	9/4/16	3/4/16
Identify community partners with programs to support fathers.	Melissa Karnes	9/4/16	3/4/16

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who delivers services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff that has case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- Staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- How well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Overall

Overall Initial Staff Training is considered to be a strength. DCS has a robust training process for new employees that includes classroom, on the job training components, and mentoring.

Strengths

- DCS uses the BSSW IV-E Stipend Program to recruit new Caseworkers who take college level courses designed to prepare them for working at DCS along with a two-semester internship program.

Areas Needing Improvement

- Further explore linking the course evaluations for new employees to the results of their final panel assessments.

The Tennessee Department of Children's Services (DCS) Office of Training and Professional Development (OTPD) recognize the importance of initial, ongoing, and foster parent training. DCS is committed to the ongoing professional development of employees and foster parent preparedness. DCS continues to meet goals established in the CFSP five year plan such as restructuring the initial staff training, analyzing data to determine professional development needs and trainings, review of survey data to continuously improve training delivery and staff support in skill development. In that these goals are weaved into the programming of the training division, staff, foster parent, and private provider training are considered a strength for the agency.

Training Evaluation

In 2016, DCS enhanced the Training Evaluation process to ensure a consistent, streamlined way of gathering training evaluation information on all courses offered to DCS staff, provider agency foster parent trainer staff and foster parents. The training evaluation process occurs throughout the initial, ongoing and foster parent training. Participants go to: <http://tn.gov/dcs/topic/dcs-training-evaluation> to complete an evaluation on courses participated in. Trainers provide the link to all participants during training. Evaluations seek to assess trainer delivery, course content, training duration, increase in learning, and to obtain feedback regarding how well the training addresses skills and knowledge needed by staff to carry out their duties. Feedback from the trainings is used to professionally develop trainers and enhance curriculum.

Some of the examples of analysis of training evaluation results are attached. Including the following reports:

- 1) Class Evaluation Summary with Comments
- 2) All Courses Average Scores
- 3) Trainer Evaluation Summary

Annual Training Needs Assessment

Each year a training needs assessment is conducted to identify what areas of knowledge, skill development, and specialized training needs that are important to staff and the agency. The training needs assessment is used to assess staff's preferred learning styles, learning environment such as classroom, online, or video conferencing, training topics, and training needs related to job function. Please see the Needs Assessment report for 2016 in the attachments.

DCS Initial Training

The Tennessee Department of Children's Services (DCS) Office of Training and Professional Development (OTPD) recognize the importance of the initial professional development for employees in the pre-service training for newly hired caseworkers. In the CFSP, plans to make revisions of pre-service were outlined and DCS implemented those plans. Based on a robust training evaluation strategy, some of the identified needs for the pre-service revisions included reducing the e-learning component, including the On the Job Training (OJT) in the first three weeks of training, and more emphasis was placed on critical thinking skills in the curriculum. In the newly revised pre-service, the Transfer of Learning Plan, compliance reporting, and training evaluation, ensures that the initial training for caseworkers is functioning for all staff to deliver services to families served by the agency.

Entry level caseworkers receive 160 hours of Pre-service and start in one of three program areas, child protective services, foster care, or juvenile justice. Through the quarterly compliance reports DCS ensures that 100% of all entry level caseworkers become Certified DCS Caseworkers prior to being assigned a full caseload. Caseworkers who work in independent living, adoption services, or family support services are promoted into those positions and have received pre-service training as an entry level caseworker prior to their promotional position.

Requirements regarding DCS Pre-service, including the Transfer of Learning guide is included in [DCS Policy 5.2 Professional Development and Training Requirements](#).

Pre-service Training Design

In 2015, the DCS Pre-service Certification program underwent a major content revision as part of the CFSP planning process. The first step in revising the preservice certification training program was to perform feedback surveys of new hires, conduct focus groups, and identify all of the key components of the curriculum through the oversight of the appointed charter members and organizational workgroups.

Major topics fell into the following broad categories:

- Core
- Child Protective Service Specialty
- Permanency Specialty
- Juvenile Justice Specialty
- On-the-job Training

The 7-week process includes 1 week of core, 2 weeks of specialty weeks, and 4 weeks of on-the-job training with a case presentation to assess the new hire's OJT performance and readiness for certification as a caseworker. Entry level caseworkers start in one of three program areas, child protective services, foster care, or juvenile justice. Caseworkers who work in independent living, adoption services, or family support services are promoted into those positions and have received pre-service training as an entry level caseworker.

Pre-Service Core

Each caseworker attends one week of foundational training with emphasis on trauma-informed casework, motivational interviewing, child development, child maltreatment, and safety and risk. This is based on engagement, teaming, assessment, planning, implementation, and tracking/adjusting while remaining strength-based, culturally responsive, and family centered. A variety of methodology is used to include video, and hands on application/practice. Multi-dimensional learning opportunities are presented to include interactive learning, questionnaires, video conferencing, demonstrations, and self-paced practice.

Pre-service Specialty Week

Newly hired caseworkers attend a two week, classroom based, specialty training focused on the program area where they are hired to work. The following provides a description of each of the specialty week trainings.

CPS Specialty: Two weeks of specialized training for all CPS caseworkers. A trainer, facilitator, and/or subject matter expert is brought in to provide the training sessions. CPS Specialty Weeks to include direct application with reviewing policies, practicing new skills, practicing casework through engaging and integrating assessment information into case plans. Emphasis is placed on allegations of harm and use of decision-making tools and assessment tools. Multi-dimensional learning opportunities are presented to include interactive learning, questionnaires, demonstrations, and self-paced practice.

Permanence Specialty: Permanence Specialty Training follows a family from the beginning of the case to the closure of the case. The training incorporates hands-on casework such as completing forms, reviewing policy, practicing engaging families, and integrating assessment information into case planning. Additional practices include a mock Child and Family Team Meeting, Foster Care Review Board, Permanency Plan writing and a skilled specialized training, networking with experts from the field is offered in the training through an in-person panel of experts and via video capturing the topics of legal, Independent Living, and court. The topics of trauma and motivational interviewing explored in the CORE week of training are weaved throughout the Permanence Specialty curriculum to allow for practice in these critical areas of case practice.

Juvenile Justice Specialty: Two weeks of specialized training for all JJ case managers. This training includes direct application with reviewing policies, practicing new skills, practicing casework through engaging, and integrating assessment information into case plans. Emphasis is placed on Tennessee Code Annotated for juvenile/youth offenders, court and procedures of court, ASFA, trauma and delinquency, mental health of adolescents, substance abuse of youth, types of probation for youth, planning for youth, youth development centers, and working with the youth and their family. Multi-dimensional opportunities are presented to include interactive learning, questionnaires, demonstrations, subject matter experts, site visits to the youth development centers and self-paced practice.

On-the-Job Training

Each newly hired caseworker attends four weeks of On the Job Training (OJT). The activities, Individual Learning Plan (ILP), and Support Team Meetings are designed according to a Transfer of Learning Plan to ensure the training functions to promote skilled caseworkers.

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- Four weeks of structured learning activities for each specialty area with an experienced peer mentor/supervisor for coaching, guidance, and consistency.
 - The OJT Training Checklists recommends learning activities during each OJT week that will reinforce the training materials delivered during the previous week of training. A checklist exists for each program area and is attached to the new hire's ILP.
 - During the Pre-Service process, the OJT Coach is the main conduit of communication for support team that includes the new hire, the new hire's supervisor, the mentor, and the trainer.
 - Information is shared via the ILP for each new hire.
 - At the beginning of each week of OJT, the assigned mentor and OJT Coach meets with the new hire in a Support Team Meeting (STM) to discuss and plan the OJT activities for the week.
 - The discussion and decisions made are documented and updated each week in the ILP.
 - Following Core and Specialty weeks, the trainer provides written feedback regarding classroom participation in the ILP.
 - The ILP is reviewed during the weekly STM with the OJT Coach and Supervisor.

Case Presentation Assessment and Certification: During pre-service caseworkers have an Individual Learning Plan which serves as an on-going assessment of professional development throughout the training. Following the completion of classwork and OJT the new hire participates in a Case Presentation Assessment on a training case, which is assessed by their OJT coach, mentor, and supervisor. The new hire brings examples of completed documentation on their case so the team can evaluate their documentation skills. At the conclusion of this presentation, documentation review, and a review of the ILP, the team determines the new hire's readiness to be certified as a DCS case manager.

Bachelor of Social Work (BSW) Tuition Assistance Program

The Bachelor of Social Work (BSW) Tuition Assistance Program provides financial support for selected social work majors who commit to working with children and families at DCS immediately after graduation. Information about the program may be found on the website: <https://www.tn.gov/dcs/article/tuition-assistance-programs> In order for students in the program to become certified case managers, they are required to complete two courses, Child Welfare 1 and 2 and also complete at least 570 hours in an internship with DCS. Child Welfare 1 is an overall survey about the field of child welfare and Child Welfare 2 reflects the DCS Core Pre-service training. The internship is designed to mirror the On the Job training in Pre-service. In this program, students agree to work for DCS after graduation for six months for each semester of financial support they receive in this way the program serves as a caseworker recruitment strategy for DCS. As of 2016, there have been 587 participants in the BSW Program since the program's inception in 2004. In 2016, there is a 78% retention rate for employees who have stayed with the agency after their two year commitment after participating in this program.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP? *Staff, for purposes of assessing this item, includes all contracted/non-contracted staff that has case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Staff, for purposes of assessing this item, also includes direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- How well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Overall

Overall ongoing training is considered to be a strength. DCS has a well-developed training program that is updated on a regular basis to reflect policy changes and offers many professional development opportunities.

Strengths

- DCS reviews data on an ongoing basis to ensure that all employees successfully complete all required trainings.
- DCS has established professional development opportunities such as the DCS Cornerstone Academy and LEAD Tennessee, which is offered in conjunction with the Tennessee Department of Human Services, and the MSSW IV-E Stipend program.
- DCS offers trainings through on-line and classroom settings.

Areas Needing Improvement

- DCS needs to further assess the effectiveness of its training programs in meeting the expected objectives.

Ongoing Staff Training

The DCS Office of Training and Professional Development, develops and delivers ongoing staff training to all DCS employees throughout the state, this includes tracking and monitoring compliance with training requirements, conducting training evaluation and reporting and managing training contracts with outside agencies. All DCS personnel are required to take a minimum number of annual in-service training hours, as required by job category. Efforts to develop and provide professional development opportunities to staff that are relevant to enhancing staff performance and supporting positive outcomes for children and families is outlined in the Training Plan in the CFSP and remains in effect throughout the CFSP period.

Required Training Hours

Caseworkers with responsibilities in CPS, family preservation and support services, foster care services, adoption services and independent living services are required to take 40 hours of training annually. Supervisors are required to complete 40 hours of supervisory training and pass a panel assessment after their promotion. Supervisors are required to complete 24 hours of In-service training annually. Required courses for caseworkers and supervisors are determined according to job category.

A comprehensive list of trainings required for each position is located on the DCS website, <https://files.dcs.tn.gov/policies/chap5/ReqTrainChart.pdf>.

To ensure employees are completing training requirements, training compliance reports are run annually. Employees that are not in compliance with having completed and passed all training requirements may be subject to disciplinary action per [Policy 5.2](#).

This table is based on the training compliance report for FY 2015-2016. The position column refers to the Human Resources caseworker categories. A DCS Case Manager 1 is a first year caseworker and is required to go through Pre-service or its equivalent, the Case Managers 2, 3, and 4 are required to have In-service trainings. The percentage compliant refers to the total of staff that completed all required training.

Figure 1. Item 27 Compliance Report FY 2015-2016

Position	Percentage Compliant with Training Requirements
DCS Case Manager 1	100%
DCS Case Manager 2	98%
DCS Case Manager 3	100%
DCS Case Manager 4	90%

Professional Development Needs Assessment and Planning

DCS develops, evaluates, reviews and updates the CFSP Training Plan in response to an annual Training Needs Assessment survey sent to all DCS staff. After receiving the results of the 2016 Training Needs Assessment in October

2016, focus groups were conducted with regional and YDC staff to gather more detailed assessment information to determine training needs of staff. Analysis of the focus group data will occur in January 2017. From the Training Needs Assessment and Focus Groups, decisions will be made to enhance or add training to the content array of trainings currently offered.

One area of improvement underway is creating accessible online, webinar trainings for staff to access and obtain training credit. DCS is using Formstack to document training completion of webinars available through NCWWI, the Child Welfare Information Gateway, the Capacity Building Center for States, and other nationally recognized child welfare organizations. The Office of Training and Professional Development is working to develop a robust Training site on the Department's Intranet to enhance training and learning resources for staff. This site is unable to be accessed by non-DCS staff; however, it resembles the site for Tennessee foster parents, which is described in Item 28.

Ongoing Staff Training Offerings

DCS offers a variety of courses as In-service trainings to respond to the professional development needs of staff concerning culture, engagement, assessment, planning, teaming, safety, well-being, and case management. The [Training Plan of the CFSP](#) lists the courses that are available for regular rotation to deliver to staff. In-service trainings that were added or updated in FY2015-2016 are listed on pages 93 – 96 of the [APSR](#).

Master of Social Work (MSW) Tuition Assistance Program

The Master of Social Work (MSW) Tuition Assistance Program allows qualified DCS employees to receive financial support to pursue an advanced degree in Social Work in exchange for a commitment to continue to work for DCS upon graduation. The MSW Tuition Assistance Program is used by staff to advance professionally within DCS and to support Council On Accreditation (COA) standards on recruiting and retaining a workforce with advanced degrees.

As is the case for the BSW Tuition Assistance Program, the employee agrees to continue to work for the agency for six months for each semester of financial support they receive, up to 24 months. As of 2016, there are a total of 315 DCS employees that have graduated or are actively in the MSW program. Of those, 206 have graduated with an advanced social work degree and 109 employees are currently enrolled for the 2015 - 2016 academic year.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- That they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- How well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Overall

Overall Foster Parent Training is considered to be a strength. DCS has a systematic process to ensure that Foster Parents receive regular and ongoing training and completions of these trainings are linked to continued certification as a DCS Foster Home.

Strength

- DCS offers multiple modalities for Foster Parents to complete training such as class-room, on-line, and the annual Foster Parent Training.
- DCS offers an online calendar and registration to better serve Foster Parents who are in need of specific required courses.

- Each DCS Foster Parent has a Foster Parent Support Caseworker who assists them in finding specialized trainings and ensures that all required trainings are completed annually.

Areas Needing Improvement

- DCS needs to further assess the current trainings offered to ensure that they are relevant to current societal trends.

The DCS Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide a safe, nurturing and loving environment for the children in their care. As of 2016, DCS provided the 23-hour Parents as Tender Healers (PATH) Pre-service training to **2518** parents in all twelve regions across the state.

The DCS Foster Parent Training Program is unique in that the program also develops Foster Parent Trainers, who are DCS and private agency staff, across the state. The Foster Parent Trainers are instructed and provided with training skills, tools and curriculum to develop quality foster, adoptive, and kinship parents who are professional and well-prepared. In addition, Central Office Foster Parent Training staff monitors trainers monthly for quality assurance and to provide coaching as necessary. An estimated 400 trainers were trained on 28 different Training for Trainers.

Information about the DCS Foster Parent Training Program is on the website: <https://www.tn.gov/dcs/section/foster-parent-training>

The DCS Foster Parent Training includes information to:

- Handle routine matters such as medical and psychological care, clothing needs, education and visitation with the birth family.
- Provide foster parents with the skills needed to handle problems as they arise.
- Develop problem-solving and teamwork skills.
- Teach foster parents the required ethical and legal standards for compliance.
- Assist foster parents in anticipating the negative, critical or distrustful attitudes that foster children often exhibit.
- Identify elements of the child’s behavior that can be attributed to the experience of being in foster care.
- Build positive relationships with birth families and DCS staff.

Foster Parent Training

Foster parents are required to attend a pre-approval training, Parents as Tender Healers (PATH). In PATH, potential foster parents learn about the foster parent system at DCS to improve the lives of children, information about DCS policies regarding parenting children in custody and if foster parenting is right for each family. Information about PATH is on the DCS website: <https://www.tn.gov/dcs/article/training-for-potential-foster-parents>

Foster Parent Training teams with the Central Office Foster Care Unit staff and Regional Foster Parent Support (FPS) respond to inquiries and referrals from interested families with an overview of foster parenting, the home study process and approval requirements. PATH training staff assists families in completing their application and initial paperwork during the PATH orientation sessions. DCS offers one PATH group a month in each region, contract agencies that offer PATH schedule groups as needed. Details regarding this process are outlined in [DCS Policy 16.4](#) and the schedule can be viewed on the DCS website: <http://www.tn.gov/dcs/article/foster-parent-training-calendars>

DCS provides many ongoing learning opportunities to prepare foster parents to work with foster children, birth families, and the child welfare system as a whole. Including the PATH training, Foster parents are required to take 15 hours of training in each year as a foster parent.

Details regarding the required foster parent training are on the DCS website: https://www.tn.gov/assets/entities/dcs/attachments/fpt_TrainingReq.pdf

Figure 1. Item 28 Foster Parents Number of Participants Trained 2015 - 2016

Course	Number of Participants Trained
Child Development	994
Connecting Children and Parents Through Visitation	640
CPR & First Aid Refresher	904
Creating Normalcy through Prudent Parenting 1	139
Creating Normalcy through Prudent Parenting 2	86

Course	Number of Participants Trained
Cultural Awareness Year 1	867
Cultural Awareness Year 2	550
Fostering Positive Behavior	530
Helping Children Make Transitions	795
Kinship Family Dynamics	200
Kinship Family Role Conflict	207
Medication Administration Refresher	1048
Parenting the Sexually Abused Child	960
Parenting the Youthful Offender	15
What to Know about Child Exploitation and Human Trafficking	765
Working with Birth Parents	783
Working with the Education System	1319
Various Electives	1030

Regional Foster Parent Support and Provider agency staff monitor foster parent training progress monthly during home visits. Training compliance is documented in during reassessments in our TFACTS system. If a foster parent does not comply with training requirements an official Performance Improvement Plan is issued. The Office of Training and Professional Development is currently developing a Training Records system to provide monthly compliance reports.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Overall

Overall Service Array and is considered to be an Area of Needed Improvement. Non-custodial services are an area that DCS needs to continue to refine and adequately resource.

Strengths

- Child Abuse Hotline continues to meet all targets. The general public is very pleased with CAH.
- Family Preservation Contracts are moving toward evidence based services focused on prevention.
- We are at currently ranked number one for Timelessness to Adoptions.

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- Independent Living Services continues to expand to meet the needs of youth.

Areas Needing Improvement

- CPS Assessments need a more robust quality assurance review.
- Resource Linkage services and data collection.
- Family Support Services needs to continue on enhancement to the model. We have started to lay the ground work, but more time is needed.

The Tennessee Department of Children's Services (DCS) provides prevention, in-home, custodial, and post-custodial services to children and families both directly, and also in collaboration with other child and family serving agencies and providers. DCS offers prevention services focused on child, family, and community safety through an array of community organizations and programs. Safety services are offered to children and families through in-home assessments, investigations, and referrals for community-based supports. When needed, children and families who require out-of-home care are provided foster care, along with the appropriate reunification, relative caregiver, adoption, and other permanency-related services. Children who exit custody via adoption are provided additional post-adoption supports, along with services to assist permanent families. Youth who exit custody as teens or who reach the age of majority while in care may receive ongoing Independent Living services. Children, youth, and families may enter services voluntarily or via referral. Regardless of their point of entry, DCS works to ensure the safety, permanence and well-being of all children and families in Tennessee. The below information is provided to outline the process through which services are provided along with data to support the effectiveness of the services. The agency views this as an area of continued needs, especially as we more critically assess our practice.

Child Abuse Hotline

The Child Abuse Hotline (CAH) is typically the starting point for assessing families for appropriate services. The CAH provides a service to families and children by conducting the initial assessment and referring to proper staff members. CAH is a 24 hour, 7 days per week, 365 days per year call center which receives and documents allegations of child abuse and neglect. Reports are received through web referrals, faxes, or telephone calls. The referrals are documented in Tennessee's SACWIS system known as TFACTS. For SFY 2015-2016, the CAH handled 138,988 calls while maintaining an average abandoned rate of only 3.65%. The hotline answers 82.76% of the calls within 20 seconds or less sustaining the 80/20 goal (80% of all calls answered within 20 seconds or less). When a report of abuse or neglect is received, a Structured Decision Making (SDM) assessment tool is administered to each report and a decision is made for the appropriate assignment track and priority response time. Tennessee utilizes the multiple response system (MRS) which allows for child protective services cases to be assigned as an investigation, assessment, or resource linkage. Those reports that do not meet the assignment criteria are screened out. The SDM tool also assigns the appropriate response time based upon established criteria.

DCS views the CAH as strength. Over the last two years we have improved answer times and are consistently meeting our goal of 80% of cases within 20 seconds. Another strength is that the SDM has recently been updated and revised to improve effectiveness. We have also implemented a service desk at CAH to provide better quality services to internal and external stakeholder. The help desk focuses on customer service for field staff, hotline staff and general public.

Child Protective Services – Investigation

The Office of Child Safety (OCS) conducts investigations of alleged child abuse and neglect that are moderate to high levels of risk. OCS is responsible for gathering evidence to assess child safety, determining whether allegations are substantiated and identifying services needed for the child and family to reduce the risk of repeat maltreatment. Investigator completes appropriate referral for identified services and monitors the services. The Investigator continues to track and adjust services to ensure a positive outcome for the family. Investigators are responsible for interviewing children, witnesses and families, and coordinating activities with external partners such as law enforcement, child advocacy centers and health care professionals. The Special Investigations Unit (SIU) investigates allegations of abuse and neglect in third-party settings, such as schools, day care centers, and children in DCS custody.

The twelve regions of DCS are currently divided among four Regional Investigations Directors (RIDs). Under this structure, the 4 RIDs oversee 14 Investigations Coordinators, who directly supervise the Lead Investigators, who in turn supervise the frontline Investigators. The SIU is directly administered by the State Director of Investigations.

OCS restructured the investigation unit and has seen a decrease in the amount of overdue cases for closure. The agency views the restructuring and improved training with the Tennessee Bureau of Investigations as a strength (discussed in item 26 and 27), but continue to work on the needs identified in practice. Case documentation to include case recordings and assessments has been identified as an area of need. To address this need the agency recently retrained all staff in the requirements of documentation and what quality documentation looks like. An Internal Quality Control unit has been developed within investigations to assess practice needs and conduct quality assurance reviews on cases. This unit was praised by the State's Comptroller's Office as a promising practice.

Child Protective Services - Assessments

Child Protective Services Assessments (CPSA) division is responsible for assessing allegations of harm that are typically low to moderate risk, and allegations not covered by statutory requirements for investigations. This approach provides the opportunity to assess referrals of abuse and neglect and gather information using a less adversarial approach, which promotes partnerships and increases family cooperation. Where abuse or neglect has occurred, CPS Assessments bolster the agency'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 and repeat maltreatment, without forfeiting child safety. During SFY 2015-2016, there were 42,222 CPS assessment track referrals received.

The agency views CPSA as a continued area of need, especially DCS shifts to a prevention of custody model. There have been continued efforts to expand and improve CPSA by using data and a variety of CQI processes to identify challenges and strong foundations that can be used to strengthen CPS Assessments statewide. An outcome of the collaboration is the revision to the CPSA policy, which is to provide guidelines and timeframes to support and direct CPSA staff to investigate and assess allegations of abuse and neglect, complete assessment and investigative tasks, and render services to children and families, while producing fair and consistent decisions to ensure the safety of the child.

Resource Linkage

Resource Linkage is the third track under the Multiple Response System (MRS), with investigation and assessment making up the first two tracks. Resource Linkage is used to safeguard and enhance the welfare of children, preserve family life, and prevent harm and abuse. Connecting families with community and faith-based programs, as well as public and private resources, strengthens the ability of families to parent and protect their children.

There are 18 staff positions across Tennessee's twelve (12) regions designated as Regional Resource Linkage Coordinators (RRLC). During the SFY 2015–2016, the Regional Resource Linkage staff reported a total of 320 referrals via the Child Abuse Hotline and 6,254 referrals via other sources (direct, community, or DCS staff calls). This data reflects the total number of referrals processed by Resource Linkage staff. These are non-custodial and prevention services provided by community partners.

Resource Linkage is an area of continued need. In an effort to enhance Resource Linkage, a new Data Collections model was implemented to ensure consistency across the State during the SFY 2015–2016. A system was developed using Form Stack for collecting regional and statewide data as it relates to Regional Resource Linkage activity and Community Advisory Boards statewide. During the SFY 2015–2016, the data from the system revealed that Statewide Resource Linkage Coordinators served 10,196 children; 6,270 adults and 5,397 families.

Community Advisory Boards

Community Advisory Boards (CABs), were created in 2006 as a response to TCA § 37-5-607, Independent Local Advisory Board, and developed to safeguard and improve the welfare of children and to preserve families. The overarching goal of these boards is to help prevent harm and sexual abuse to children, and to strengthen the ability of families to parent their children effectively through a multi-level response system which utilizes available community-based public and private services. Tennessee's CABs are separate and independent entities from the agency although DCS is heavily involved in the meetings and assists with organization, coordination and communication efforts, as well as other ancillary duties.

Community Advisory Boards meet on a consistent basis and are vital to building and maintaining resilient partnerships with community stakeholders. These boards function: 1) to improve communication between the community and DCS;

2) to develop a shared sense of trust, respect and responsibility in serving families; and, 3) to develop and engage community resources to help families. We view the CABs as an area of continued need. DCS developed a Community Advisory Board Toolkit to onboard new members and has placed a renewed emphasis on having a CAB presence in all 95 counties. The agency continues to assess the strengths of our CABS and identify missing members that could assist with improving outcomes for children and youth.

Non-Custodial Services

The Non-Custodial Services Program safeguards and enhances the welfare of children, preserves family life, and prevents future harm and abuse by promoting the abilities of families to parent their children.

A referral for Non-Custodial Services of Family Support Services (FSS) is received from an open CPS Assessment, an open CPS Investigation, or directly from the Juvenile Court. Team members, including the family, develop a plan to address the unique needs/concerns of the child(ren) and family. The focus of FSS is to help the family become better functioning, develop family supports, and reduce factors that may lead to further DCS involvement.

FSS is an area of continued need within DCS. To address this need, DCS made a shift to develop specialized FSS teams in each region across the state. This staff is responsible for providing non-custodial case management to families with a specific focus on challenges that could lead to out-of-home placements. The ability to direct primary attention to these families affords opportunities for greater partnering and better identification of services, needs, and healthier outcomes. To date, each region has staff dedicated to carrying a caseload of non-custodial only cases, which allows them to focus on the distinct delivery of services, support, and monitoring of each non-custodial case.

The FSS unit and CPS units combined efforts to strengthen the support to the non-custodial program, and to improve the working relationship between FSS staff, CPS and juvenile court staff. In addition, a team of Central Office and regional program staff assembled to identify areas of needs, policy revisions, and training opportunities to enhance the program and to empower staff. Outcomes to augment the program included completing six (6) on site regional reviews and another three (3) system reviews of FSS casework to identify specific challenges and strengths of the region. Upon completion of the reviews, consultation with regional staff occurred to share the results of the reviews, which aided in the development of strategies to advance the program in the specific regions, as well as statewide. An additional product was the development of a Family Support Service Practice Guide. Central Office Child Programs, Office of Child Safety and the members of the Non-Custodial team of the Commissioner's Cornerstone Leadership Academy collaborated to obtain stakeholder input, information regarding case practice, and in-home service trends. The purpose of the guide is to outline the skills, strategies, responsibilities, and metrics that underscore the agency's approach to implementing FSS interventions with families. By strengthening DCS's non-custodial service delivery to children and families, the resulting effect will be a deeper understanding of familial issues influencing child safety, well-being, and permanency.

Family Preservation Contracts

The family preservation contracts are a set of 13 contracts across 12 regions within the state. There is one contract per region with the exception of one region which has two contracts based on geographical areas. The contracts total \$6,187,140.00 per fiscal year. In these contracts, we provide an array of services aimed to keep families together or expedite reunification. These services must be focused on the family as a whole. The Contractor must use assessment tools completed by DCS to understand family and child strengths and needs and address those specifically as agreed upon with the DCS caseworker. Additionally, the Contractor is to work with families as partners in identifying their priorities for promoting improved functioning and outcome achievement. Instead of services focusing on family deficits or dysfunctions, family strengths are identified, respected and enhanced. These services include family support services, family violence interventions, and therapeutic family visitation. Overall, the agency views these services as strengths due to the extra support provided for the families. Recently the agency has assessed a need to monitor the quality of services delivered within these contracts. The contracts have been modified, requiring the provider to supply outcome and included language to ensure the five protective factors are incorporated into practice.

Adoption Assistance

Adoption Assistance is a program designed to remove barriers to adopting special needs children. The program includes a monthly subsidy payment, medical benefits, and reimbursement of some of the costs related to finalizing the adoption. Adoption assistance moves special needs children to permanency by removing financial barriers that would prevent a family from adoption. Any child who meets the definition of special needs will qualify for adoption assistance in Tennessee. At any given time there are approximately 5,000 Tennessee families, serving over 9,000 children, receiving an adoption assistance subsidy from the Tennessee Department of Children's Services.

A child's eligibility for adoption assistance is based on a three-part requirement established by section 473 (c) of the Social Security Act. All three parts must be met in order for a child to be considered a child with special needs and qualify

for adoption assistance. The determination must be made by an authorized representative of DCS prior to the adoption being legally finalized in court. The DCS representative determines that the child is legally free for adoption, make efforts to place the child for adoption without adoption assistance, and determine whether there are special factors or conditions that would make it reasonable to conclude that the child cannot be placed for adoption without providing the family with adoption assistance as described below.

- The child is of a minority race or ethnic group, two (2) years of age or older;
- The child is Caucasian, nine (9) years of age or older;
- The child is a member of a sibling group of two or more children to be placed in the same adoptive home;
- The child has a medically diagnosed disability which substantially limits one or more major life activities, requires professional treatment, and assistance in self-care;
- The child is diagnosed to be intellectually disabled by a qualified professional;
- The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior, which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social, and personal functioning;
- The child has a moderate to severe medical, physical or psychological condition, diagnosed by a licensed physician, psychologist or licensed mental health professional and the identified condition requires treatment;
- The child's life experience includes three (3) or more consecutive years in Tennessee Department of Children's Service state custody;
- The child's life experience includes neglect, physical abuse or sexual abuse which rises to the level for severe child abuse as indicated by DCS or adjudicated by a court.

Adoption Support and Preservation Services (ASAP)

Adoption Support and Preservation Services (ASAP) provides post adoption services to help adoptive parents succeed on every level by providing a state-wide, seamless system that supports children and families with pre- and post-adoption services that promotes permanency and also helps communities nurture adoptive families. ASAP provides critical services based on assessments to prevention adoption disruptions.

ASAP statistics for January 2016 through December 2016:

- 604 Children received ASAP services
- 3,264 In-home contacts made
- 138 F.U.S.E. (Families United, Supported, and Engaged) Support groups were held; 1,113 parents attended
- 74 Educational trainings held with 701 attendees
- 2 Family camps held, hosting 61 ASAP parents and children
- 4.7- Overall satisfaction rating of services rendered (5 being highest)
 - 93% Satisfaction level with services received for families at discharge
- 2.4%- Post-adopt disruption rate
- 6.8%- Pre-adopt disruption rate

DCS views ASAP as a strength of DCS based on the outcomes of the program and overall satisfaction rate.

FOCUS Program (Finding Our Children Unconditional Supports)

The FOCUS Program (Finding Our Children Unconditional Supports) is a process in which all children in full guardianship are reviewed each month to ensure they are moving towards permanency in a timely manner. The reviews are conducted by Central Office staff, regional staff, and providers who work directly with each child. These reviews focus on targeting recruitment efforts to identify permanent families, identifying and removing barriers to permanency, and ensuring that once a permanent family is identified, supports are in place to prevent disruptions or delays in finalizations. In addition to the monthly reviews for each child, Central Office conducts targeted case file reviews to assess if the FOCUS process is successful.

Relative Caregiver Program

The Relative Caregiver Program (RCP) provides statewide administration, oversight and support for non-custodial relative caregivers who are not receiving direct subsidies from DCS. In the past fiscal year the RCP served 3,631 children; of these, 147 children were reunified with their birth parent while only 43 children from the program were placed in the state foster care system. This cost-saving achievement upholds the program's value and philosophy that children should remain with their birth family whenever possible. During the 2015-2016 fiscal years, 436

children were referred to the RCP by DCS staff. The agency views this program as a strength to prevent children from entering custody and remaining with family.

Continuum Services

Continuum services are available from 24 Private Providers. These services allow for a child to receive services across multiple levels of care depending upon his or her current needs from the same provider. The child could therefore achieve permanency in a timely manner through uninterrupted service provision from residential care through therapeutic foster care, even including in-home support upon reunification.

Independent Living Services

DCS provides Chafee Foster Care Independent Living Program (CFCILP) services through its Independent Living Program (ILP), and monitors the provision of Extension of Foster Care (EFC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services for youth transitioning out of care and for those who are likely to remain in care. DCS views this program as a strength and continues to increase EFC services.

DCS' goal is to provide every youth in foster care, age 14 or older, with supports, services, experiences, and opportunities that are considered to be important to healthy adolescent development and help youth successfully transition to adulthood. Each youth develops a plan including these components that is individualized based on the youth's strengths and needs. DCS uses Chafee Foster Care Independent Living Program funds to staff Independent Living Program Specialists (ILPS) in each region across the state. The DCS ILPS work directly and collaboratively with Family Service Workers (FSW), foster parents, contracted providers and youth. They are responsible for local program coordination, service delivery, community resource development, and on-going consultation to agency staff, foster parents and youth.

The Education and Training Voucher (ETV) Program is an expansion of the John H. Chafee Foster Care Independence Act of 1999. The program provides funding and support for post-secondary education. Eligible students may receive grants up to \$5,000 per year for up to five years or until their 23rd birthday.

In SFY 2015-2016, both the Educational and Training Vouchers and Bright Futures scholarship saw increased use. TN DCS Independent Living (IL) did outreach to the population that was adopted or went to Subsidized Permanent Guardianship (SPG) over the last two years. Tennessee Promise is also a factor in the increase.

Figure 1. Item 29 Participants in Independent Living Education Programs per State Fiscal Year

State Fiscal Year	Education and Training Voucher	Bright Futures	Totals
2013	282	126	408
2014	262	139	401
2015	357	117	474
2016	357	144	501

Extension of Foster Care (EFC) Services were provided to a total of 755 youth in State Fiscal Year 2016. This reflects the total youth participation, regardless of the year they accepted services. The number of youth participating in Extension of Foster Care services increased for the sixth consecutive year while the number of youth aging out of state custody also increased. The rate of participation of those eligible to participate in Extension of Foster Care Services remained consistent with the last fiscal year.

Rate of SFY 2015 - 2016 EFCS Retention: Days in EFCS

During the SFY 2015 - 2016, the average days in EFCS were 259 days. During 2015, the average days in EFCS were 255 days. DCS continues to evaluate supports needed to increase retention of youth in Extension of Foster Care Services. Two main reasons for termination of services are youth not maintaining academic eligibility and youth requesting termination of services. TN DCS IL has held two webinars around "EFCS Quality Case Management" to help EFCS staff improve their engagement and practice with the young adult population.

The IL program forges strong relationships with community partners including Job Corps, Regional Resource Centers, Youth Villages, and colleges/universities with the goal to promote enhancements and enlarge the network

of community stakeholders DCS partners with to serve youth. The goals of the program are to help prepare youth for their futures through additional educational and employment training opportunities, find and secure consistent and safe housing, and build permanent connections with caring adults, including relatives, mentors and community members.

Service Array Assessment

Service enhancement and expansion occurred both through In Home Tennessee (IHT) and in custodial services. IHT is an ongoing initiative aimed at enhancing the Multiple Response System by identifying best child welfare practices and improving the service array within each community across the State. The initiative strengthens in-home services through the development of an effective array of services and the engagement of youth, families, and communities in service planning and delivery processes to achieve safety, permanence, and well-being. The desired outcomes of IHT are to improve the quality of casework services by engaging families, connecting with stakeholders in designing and delivering individualized services to meet families' needs, enhancing families' capacities to keep children safe, and building organizational capacity to implement system change to meet the needs of families. The agency views the IHT program as a strength to increase capacity and quality of services.

Another strength of IHT was the awarding of an IV-E waiver. DCS uses the flexible funding in the Title IV-E waiver to further expand in-home services, as well as enhance foster care services with a focus on increasing safety within the home setting and reducing the need to enter foster care, and enhancing the foster parent provider system to reduce the length of stay for children already in foster care. Efforts are also being made to strengthen the engagement skills of the workforce to better support families in participation with services and the change process.

The safety, well-being, and permanency of children are paramount to effective in-home services practice. These services can begin through Child Protective Services, Juvenile Court, or post-reunification. Therefore, all case managers who provide in-home services, including CPS case managers and Family Service Workers, use the entire system of care to empower families in order to improve the families' abilities to adequately care for their children while maintaining their safety in the home, as well as public safety and welfare. In order to determine the current service array available through DCS paid services and community providers, the agency conducted two statewide community based service array assessments; one in 2012/2013 and a second in 2015/2016. IHT assessed 14 core services relevant to the needs of children and families served by the child welfare system in terms of their availability and scope.

The services are as follows:

- Intensive Family Preservation
- School-Based Family Resource Workers
- Outpatient Substance Abuse Services
- Absent Parental Figure Involvement
- Outpatient Mental Health Services
- Mentoring for Parents/Adults
- Domestic Violence Services
- Crisis Stabilization Services
- One-Stop Shop for Community Services
- Placement Prevention Flexible Funds
- Parent Education (Parenting Classes)
- Family Visitation Services
- Life Skills Training/Household Management
- Respite Care for Parents

These services were assessed by consumer stakeholder groups conducted in all 12 regions to determine, among other factors, their need of use, scope of services, accessibility, and availability.

Ratings were determined as follows:

- 1.0=<25% of Pop
- 2.0=25-50% of Pop
- 3.0=50-75% of Pop
- 4.0= 75-95% of Pop
- 5.0=Universal

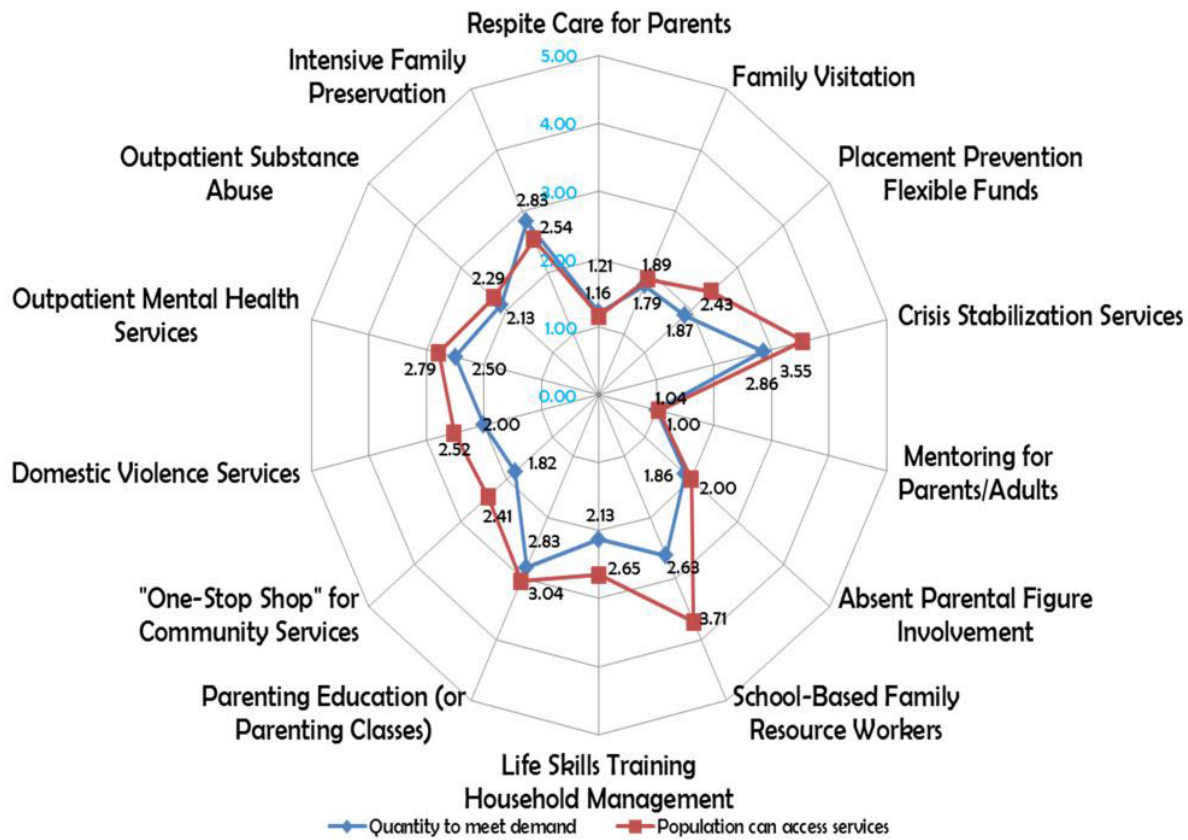


Figure 2. Item 29

Accessibility of Service to Availability

One method for the development of additional services identified in the above chart are completed on a regional basis through community collaborations with private providers, faith-based organizations, and community partners along with the regional or county DCS representatives. Through the collaboration, regional priorities were established. In the “Service Array” enhancement, regional and Central Office staff worked with community agencies (such as work on visitation services in the South Central region), other governmental departments (such as with the Department of Human Services, such as in Davidson County with the work on improving absent father participation), the Department of Mental Health & Substance Abuse (as with Upper Cumberland’s work on increasing the availability of alcohol and drug services), and juvenile courts (as with the integrated community action work in Knox County).

Some specific examples demonstrating the strength of regional workgroups include:

- Tennessee’s work was featured in Casey Family Program “A Declaration of Hope” (<http://www.casey.org/2014-signature-report/>). Through the service array assessment process, Davidson County identified a need for parenting education. A workgroup was formed to analyze the specific needs. The workgroup utilized DCS removal data by zip code. The workgroup determined that the area of highest reported neglect and abuse lacked appropriate services. Community agencies modified priorities and began to provide services to address the needs in those communities.
- DCS developed Inter-Community Agency Meetings (ICAM). ICAM serves to fulfill the growing need to increase collaboration and coordination between community agencies involved in the care of children and youth. Currently ICAMs are located in the Knox and Smoky regions. The mission of ICAM is to enhance the quality of in home services for children and their families by providing coordination and linkage to the services in our area that help maintain children in their natural support environment. Community agencies can include, but are not limited to DCS, local schools, mental health providers, social services, and faith-based organizations. There are quarterly meetings to gather community agencies together in order to present on updated and/or new services for children and youth; provide a forum for communication and networking between agencies; and improve coordination by increasing the community’s knowledge of services available to children and their families.

Network Services

The Network Services unit provides review and evaluation of the clinical services and programs of contract providers within the DCS network, with a particular focus on evidence-based and trauma-informed practices. During the SFY 2015-2016, DCS expanded its performance based contracting network, increasing the number of providers who can serve specific populations; i.e., autism spectrum, severely emotionally disturbed, and developmentally delayed children and youth. The new contracts for specialized services became effective in the fall of 2015. The Executive Director of Network Services continued to visit congregate care providers and met with their clinical and management staff and also observed program components. Following these visits, a program description was written and/or updated for each provider that summarized the agency’s areas of clinical service and specialization. These descriptions were disseminated to DCS regional staff to further their understanding of, and ability to work with, the providers.

As a result of a Network Development-generated Needs Assessment during the 2014-15 fiscal years, the decision was made to expand certain residential services to meet the growing need for the placement of children and youth with higher levels of acuity than normally seen.

Using the Needs Assessment as a guide, the decision was made to expand services for the Juvenile Justice (delinquent) population to specifically address Level 3 youth with mental health issues who also have a significant criminal and legal history. This service expansion was implemented in a Residential Treatment Center (RTC) environment which is staff (not hardware) secure and is also part of a continuum of care that will serve these youth from the RTC setting through their exit from custody. In the past, many of these youth would have ultimately been placed in one of our hardware secure Youth Development Centers and this expansion has allowed the Department to treat this specific population in the least restrictive environment possible.

Assessment for Services

DCS uses a comprehensive, individualized, strengths-based, culturally responsive assessment process, including the use of assessment tools and documentation. This process supports decisions that identify the family’s strengths, skills, motivation for change, and identifies immediate and on-going needs. Systems Integration maintains oversight of the majority of assessment tools used by DCS. The Child Adolescence Needs and Strengths (CANS) and Family Advocacy Support Tool (FAST) are interventions designed to support individual case planning along with the planning and evaluation of service systems. CANS and FAST are open domain interventions that address mental health and service delivery needs of children, adolescents and their families. DCS’ contracts with Vanderbilt University’s Center of

Excellence (COE) to provide support and training for these tools. The COE provides Consultants in each region. The COE Consultants offer training and support for all CANS and FAST assessments, as well as, final approval of all CANS. Over the next year, the CANS 2.0 is high on the priority list. Ongoing work on reports to help support and track FAST assessments remains a priority. One of the highest priorities is ongoing work to integrate assessment interventions into case planning.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Overall

Overall Individualized Services is an Area of Needed Improvement. DCS needs to further assess and improve barriers that are encountered due to issues with custodial and non-custodial providers whose programs may have a more limited scope.

Strengths

- DCS has expanded the number of providers available to service children and families with individualized services.

Areas Needing Improvement

- DCS needs to continue to train and support staff in the utilization of assessment tools to ensure that individualized services are provided for children and families.

DCS has several initiatives in place to assess and improve the availability and application of individualized services to children and families engaged with the agency. While there are considerable options in urban areas to individualize services, the agency struggles to provide fully individualized services in more rural areas. In the initial phase of In Home Tennessee, a service array assessment in each region across the state was conducted on the 5 practice areas and 14 core services identified to meet the needs of children and families involved in the child welfare system.

As a part of this assessment, feedback surrounding a number of key elements related to each service was elicited as a part of community meetings, including the individualized nature of the services. Items were rated on a scale as follows:

Poor	Occasionally Good	Sometimes Good	Often Good	Always Good
1.00-1.99	2.00-2.99	3.00-3.99	4.00-4.99	5.00

Figure 3. Item29 Assessment of Individualization of each of 14 Core Services

Core Service	Rating
Intensive Family Preservation	3.84
Outpatient Substance Abuse Services	2.58
Outpatient Mental Health Services	3.60
Domestic Violence Services	3.23
“One Stop Shop” for Community Services	2.83
Parenting Education (Parenting Classes)	3.22
Life Skills Training/Household Management	2.74
School-Based Family Resource Workers	3.28
Absent Parental Figure Involvement Services	2.59
Mentoring for Parents/Adults	2.84
Crisis Stabilization Services	3.48
Placement Prevention Flexible Funds	3.39
Family Visitation Services/Centers/Locations for Kinship Care	2.56
Respite Care for Parents	2.94

The In Home Tennessee program conducted a second round of needs assessments in each region during the 2015/2016 year. Pending results of this assessment will be used to inform further development of needed services in each region, including the need for and availability of individualized services. All in-home and custodial caseworkers have the ability to access interpreter services for children and families who communicate via a different language. Spoken translation services are available by telephone 24-hours per day, and can be used to address over 180 languages. Sign-language interpreters are also available with more advanced notice to provide services to consumers who may have hearing impairments. DCS recently implemented a policy to ensure all members of families served have equal access to programs, services, and activities for individuals with disabilities.

Service planning and implementation are guided by the Child and Family Team process, which is informed by individualized family assessments (FAST 2.0 and CANS) completed by the agency along with other clinical or contracted assessments available to highlight the needs and strengths of the child and family. Teams determine specific services required to target the identified needs of the child and/or family members.

Services can be individualized in a number of the following ways:

- Youth level of care: While level of care is informed by the recommendation of the CANS assessment, the team can individualize and override the recommendation as needed to address the needs of the child, to include requesting a special population placement, adjusted care settings to accommodate siblings, and even Unique Care Agreements to allow children or youth the opportunity to receive specialty care with a provider outside the normal system of care options.
- Child and Family needs: Although many child and family needs, such as substance abuse services and counseling, may be met through the use of community partner agencies, there are many instances in which the specific needs of the family require individualized assistance. In those cases, use of flexible funding may be used to access specialized services targeted to the needs of the families. Each region has its own flexible funding budget to account for such needs. These services include, but are not limited to, in-home services provision, transportation needs, one-on-one parenting instruction, and other personalized services.

- Permanency Planning: DCS within the Child and Family Team structure, develops non-custodial and custodial permanency plans to address the unique needs of the family. Family members choose participants in the planning process and are presented with an array of options to support them. DCS continues to offer training to all staff members to focus on individualizing required interventions to avoid “cookie cutter” plans.

F. Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Overall

Overall Individualized Services is an Area of Needed Improvement. DCS needs to further assess and improve barriers that are encountered due to issues with custodial and non-custodial providers whose programs may have a more limited scope.

Strength

- DCS engaged a wide variety of stakeholders in the onset of the Strategic Planning process through focus groups and surveys.

Area Needing Improvement

- DCS needs to engage stakeholders in all aspects of the improvement process.

The population served by DCS includes children/youth in the custody of the state and their families, and non-custodial children/youth and their families receiving prevention and intervention services to ensure federal outcomes of overall safety, permanency, and well-being. In DCS’s CFSP 2015-2019 and APSR process, DCS has a) integrated the agency’s Strategic Plan to be aligned with outcomes and systemic factors, b) DCS uses the Continuous Quality Improvement (CQI) program to involve internal and external collaborators in the planned improvements and c) supports teams such as contract agencies, In Home Tennessee (IHT) partners, Community Advisory Board (CAB) partners, Child Advocacy Centers (CAC), Child Protection Investigation Teams (CPIT), Three Branches Institute (3BI), Court Improvement Plan (CIP), and Citizens Review Panel (CRP) in the ongoing CFSP and APSR collaborations.

DCS Strategic Plan

Under the leadership of Commissioner Bonnie Hommrich, DCS identified five strategic priorities as part of the agency’s mission and vision in the Strategic Plan that are aligned with nationwide child welfare outcomes and systemic factors including: Safety, Health, and Permanency; Learning Organization; Safe and Engaged Workforce; Partnerships; and Communication. DCS makes it a priority to ensure Safety, Permanency, and Well-being, and for each child to be in a forever home. As a learning organization, the agency seeks to use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable, and produce the best outcomes. DCS seeks to support a professional workforce, which works in safe and effective teams. Partnerships strengthen work through collaborating with stakeholders and community partners to best serve youth and families. DCS Communications fosters trust and credibility with internal and external audiences through reliable, accurate, transparent, and timely two-way communication. Through these strategic priorities, DCS accomplishes the objectives outlined in the Child and Family Service Plan for 2015-2019.

In order to assess organizational challenges and opportunities, every two years DCS completes a strategic plan. The most recent plan was completed in the summer of 2016. This process includes a stakeholder engagement component to provide a foundation for development of the strategic plan. The stakeholder engagement process was composed of individual interviews and focus groups that engaged close to 140 internal and external stakeholders, and generated a foundation of information about the agency's functioning around outcomes and systemic factors. Groups from internal stakeholders who were interviewed or participated in focus groups include the executive leadership team, Central Office staff, regional staff and leadership, executive directors and directors. External stakeholders who participated in this process include community partners, private providers, foster parents, biological parents, and youth. Qualitative data was collected from these interviews and focus groups and are reported in the *TN DCS Strategic Plan: Executive Summary of Stakeholder Feedback*.

Key Findings

Internal and external stakeholders strongly agree Safety, Health, and Permanency is the top priority and primary focus of DCS.

Stakeholders identified a number of strengths including the following:

Outcomes: Children and youth are well taken care of including in terms of physical and dental health, and DCS has a strong commitment to safety and timely permanency.

Practice: DCS has a strong practice foundation and infrastructure including the practice wheel, and strong CQI processes that support continual strengthening of practice. DCS is transitioning to a therapeutic model in Juvenile Justice. The DCS Practice Model is utilized as follows: 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, child and family team formation, ongoing assessment and understanding, planning, implementation, and tracking and adaptation.

Culture: DCS is open to innovation, has a good foundation of teaming, and a strong safety culture.

Stakeholder identified a number of potential areas of improvement including the following:

Prevention: Internal and external stakeholders identified a general need for more prevention services, resources, and funding. Stakeholders identified an increasing need for substance abuse and mental health services for children and families.

Permanency: There was a strong focus from external stakeholders on timely permanency. They recommended DCS more aggressively pursue permanency especially within the time period of 12 – 18 months.

Service Array and Available Placements: There was a strong focus on service array and placements from internal and external stakeholders, with the following ideas being most critical according to stakeholders:

- Placements for complex cases such as those that involve older children, severe trauma, mental health, and learning disabilities
- Services in rural areas
- Developmentally appropriate services
- Continued support for youth transitioning to adulthood
- Community-based placements for children and a connection to community resources for families

Performance-Based Contracts

Internal and external stakeholders focused on the need for accountability for contract providers and a general assessment of the performance-based contracting system. Stakeholders noted delays in services from providers and think the delays could be remedied through an effective performance-based contracting system. Currently, all direct care contracts with those in the private provider network are performance-based and have been for the last seven years. Providers are evaluated based on how well they achieve the outcomes for the youth they serve within the performance period. DCS evaluates each PBC provider on a *tri-annual (at the close of every third year of performance) basis to ensure accountability, cost-effectiveness of service provision and achievement of positive outcomes for children and families as evidenced by both qualitative as well as quantitative performance measurement as defined by DCS.

Some of the representative quotes from these sessions:

“Child safety should be the number one concern. That’s what DCS focuses on and they should continue to make that the top priority.” (External Stakeholder)

“Treatment needs for children and families are complex, and [needed] resources and services are not always available.” (Internal Stakeholder)

“We are doing quality social work, practice, and relationship building. We have moved beyond compliance to doing the right thing for the right reasons.” (Internal Stakeholder)

The strategic planning process served to engage a wide array of stakeholders at all levels to garner information used to develop programming and implement the provisions set in the CFSP and development of the APSR.

Feedback from the stakeholder groups, especially the areas for improvement identified as critical needs, have been incorporated into the strategic action plan. Several immediate steps were taken to address key service array and placement concerns. Improvement action plans and specifics of the strategic plan have been discussed in greater detail in the Service Array section of the Statewide Assessment.

Continuous Quality Improvement (CQI)

DCS has a strong foundational administrative structure for CQI across Tennessee. The statewide CQI program has a consistent structure throughout the state and allows for communication to flow between various levels. The CQI Coordinators work with the regional and facility CQI Teams to develop Program Improvement Plans for Quality Service Review and Case Process Review Results. The CQI teams make improvements with a variety of compliance data provided on scorecards, in addition to improving processes to ensure timely services and outcomes for children and families. Most of the regular CQI teams/circles meet monthly or quarterly. DCS has short term groups put together for specific reasons that may meet more or less often depending on the needs of the group. The Central Office Leadership CQI, CQI/LEAN and Safety Action Group meet monthly. The CQI teams identify and determine stakeholder involvement based on the area of focus. For example, Youth help create youth related information, inform the strategic plan, and make decisions about youth policies. Stakeholders are engaged in regional circles and other Central Office meetings like Children’s Advisory Committee and 3BI. There is opportunity to increase stakeholder’s improvement in system of care principles, Program Improvement Plans, and decision making. CQI referrals are used to resolve problems statewide. Through 2015-2016 nine CQI referrals were resolved at the Central Office level and sixteen are in progress.

The CQI team continues to support all levels of staff in data quality efforts to ensure if there is missing information it may be added in the following reports that include the major concerns of the goals, objectives, and annual updates of the CFSP:

- Cases with no permanency plan after 60 days
- Clients with undetermined race
- Clients with unknown SSN
- Custodial children under age 6 placed in Congregate Care
- Undocumented clients without SSN
- Clients in Custody with no Education Information
- Brian A. Clients in detention placements
- Clients who have aged out of care
- Cases with missing caretaker address

CQI and Lean

The CQI teams with internal and external partners in Lean facilitation (<http://www.lean.org/>) to streamline agency processes and procedures to address the major concerns of these representatives in the goals, objectives, and updates of the CFSP. In 2015-2016 the following Lean Events were conducted:

- Post Adoption Service Lean - Team members developed action steps to improve work flow, improve use of technology, develop staff capacity to be more effective users of technology, information tracking, and improve timeliness of service delivery.
- ICPC Lean – ICPC Staff developed a standard way to prioritize work, improved use of technology, increased staff capacity to use technology effectively, and developed and delivered training to improve clarity and understanding on ICPC processes for staff statewide.
- Adoption Overpayments Lean – Adoption Subsidy staff developed and will send a reminder letter twice annually to foster parents regarding situations that constitute overpayments. Improvements were also made to work flow between Fiscal and Adoption Subsidy staff to reduce overpayments.
- Relative Caregiver Program (RCP) Lean – DCS Relative Caregiver oversight staff came together with partners from each of the RCP provider agencies to work on improving communication, expectations, work flow, and re-invigorating the work.
- Travel Reimbursement Lean – Fiscal and program staff worked to improve work flow and clarity regarding the travel reimbursement process.

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- YDC Incident Reporting Lean – YDC and Central Office staff partnered to increase understanding regarding updated policy and procedure changes needed to ensure best practices and COA compliance with appropriate responses to incidents and subsequent documentation.
 - Well-Being Consult – Regional program and Well-Being staff convened to address the previous requirement for a Well-Being consult, which is now satisfied by a 72 hour health screening at the health department for all children entering foster care. Regions discussed the benefits and approaches to conducting this work effectively. No standard requirement exists for this process, and regions were encouraged to review cases that worked for their internal structure and needs.

CQI and IV-E Waiver

The CQI team provides support and monitoring to the DCS IV-E Waiver Demonstration Project called In Home Tennessee (IHT). The IHT Data CQI team conducted a quality case review on FAST assessments, and developed staff skills and capacity to provide support for using the Baseline, Target and Actual (BTA) data product in order to monitor data indicators related to the CFSP. Leadership staff in DCS' 12 regions received initial training on the data products between October 2015 and March 2016. More intensive training was provided regarding the BTAs to the CQI team and 12 regional Data Leads in June 2016. Additional data training will be provided to these staff throughout the rest of 2016.

All levels of DCS program and administrative staff participate in CQI teams to facilitate communication regarding the work of DCS. Some of these teams include contract agencies, In Home Tennessee (IHT) partners, Community Advisory Board (CAB) partners, Child Advocacy Centers (CAC), Child Protection Investigation Teams (CPIT), Three Branches Institute (3BI), Court Improvement Plan (CIP), and Citizens Review Panel (CRP). Leadership from all program areas at DCS, Leslie Kinkead with the Court Improvement Program and Toni Lawal with the Citizen's Review Panel are actively involved in the development of this APSR.

Collaboration with Community Partners and Stakeholders

DCS collaborates with a wide array of community partners and stakeholders to accomplish the goals set in the CFSP. All levels of DCS staff coordinate with multi-disciplinary stakeholders in law enforcement, healthcare, education, social service and private providers throughout the state. DCS meets regularly with stakeholders to discuss initiatives under the CFSP and APSR to identify data elements on child welfare issues to track, adjust, and plan collaboratively. The Three Branches Institute meets with DCS quarterly. In 2016, they are meeting in February, April, July, and October. Additionally, DCS meets quarterly with the Grand Regional Private Providers. Those meetings occur in March, June, September, and November in each grand region of Tennessee. On-going collaboration efforts on a variety of initiatives are incorporated throughout the narrative of each APSR within the CFSP period. DCS's data is available on the DCS Internet. Additionally, data is shared at Regional Provider Meetings and Cross Functional Meetings. Additionally, DCS has a process/policy in place for anyone who wants to use data for research.

Some of these collaborations are as follows:

Preventing Sex Trafficking and Strengthening Families

From the onset of implementing this legislation, DCS engaged community partners such as Hope for Justice, End Slavery, Second Life, Davidson County DA's office, Our Kids, Sexual Assault Center, University of Memphis, University of Tennessee at Chattanooga, Middle Tennessee State University, University of Tennessee at Knoxville and others at each workgroup meeting and policy review. Articles and blog entries were written and published in the publication DCS Open Line to raise awareness of the various components of the legislation. DCS Office of Child Safety and DCS Information Technology division, Strategic Technology Solutions (STS) worked toward creating data points in the SACWIS system in order to be ready for federal reporting. These data points include identification of victims of sex trafficking, credit checks for youth exiting custody, and pregnant and parenting youth. Community partners brought their expertise to the development of training and policy.

Services to Substance Exposed Newborns

Governor's Children's Cabinet Multi-Agency Working Group currently addresses the needs of infants born being affected by illegal substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure. The Children's Cabinet is piloting a Single Team/Single Plan approach to develop a plan of safe care for substance-exposed infants. In this project, collaborators from multiple agencies including the Department of Children's Services, Department of Education, Tennessee Early Intervention Systems, Tennessee Department of Mental Health and Substance Abuse Services, and informal family supports work with families of newborns affected by substance abuse. The project brings all the involved agencies to the table in a "single team/single plan" approach to coordinate services and treatment options for the families and reduce safety concerns and risk while promoting best practice outcomes.

Court Improvement Program (CIP)

DCS works with the Court Improvement Program, Administrative Office of the Courts, on a number of initiatives, such as the Court Improvement Program (CIP) Work Group. The Tennessee Supreme Court appoints the members of CIP Work Group, which was created in 2005. This is a statewide multidisciplinary group that includes DCS and other agencies and individuals involved in child welfare. In 2013, the Supreme Court requested that the CIP Work Group review and rewrite the Tennessee Rules of Juvenile Procedure (TRJP). These rules, initially enacted in 1984, govern procedures for dependent, delinquent, and unruly children in juvenile court. The new Rules of Juvenile Practice and Procedure were approved by the Tennessee General Assembly in February 2016 and took effect July 2016. The Work Group drafted various amendments to the juvenile court statutes to coincide with the new rules, which were passed by the General Assembly to take effect July 2016.

Citizen's Review Panel

Tennessee has four (4) CRP's located in Montgomery County (Clarksville), Shelby County (Memphis), Hamilton County (Chattanooga) and the Northwest Region of Tennessee (including nine rural counties). The Office of Child Safety (OCS) works closely with University of Tennessee, College of Social Work Office of Research and Public Service (UTSWORPS) to ensure the CRPs meet federal requirements.

DCS and the CRPs continue to collaborate regionally regarding Independent Living services to increase educational and employment opportunities for youth. The Hamilton CRP continues to host an annual simulation called *Reality Check* which is a valuable tool that equips youth in foster care with tools to prepare them for independence and real world experiences. This year's *Reality Check* workgroup included representatives from the local DCS, CRP, and Community Advisory Board, as well as a diverse group of youth whose contributions were reflected in the 2016 *Reality Check* final plan. The goal to serve 20 to 25 youth was met, with 24 youth participating in the event held on April 30, 2016 in Chattanooga, Tennessee. This year's objective is to empower youth with financial literacy skills through classroom presentations on topics such as asset building, maintaining good credit, money management, and obtaining housing. Representatives from local businesses attended the event to provide information on how to purchase services such as housing, cable and internet, electricity and gas, driver's education, and auto and life insurance. During the debriefing, participants reported that they learned new skills and made valuable connections to people and resources which will help to ensure their successful transition from youth to adulthood.

Consultation and Coordination between States and Tribes**Mississippi Band of Choctaw Indians**

There are no federally recognized Native American tribes officially established with the State of Tennessee. The Mississippi Band of Choctaw Indians (MBOC) possesses a Land Trust in Henning (Lauderdale County), Tennessee on the Mississippi border consisting of approximately 88.15 acres of land; however, the tribe is not established in Tennessee as a federally recognized tribe. In 2014, DCS met with the Mississippi Band of Choctaw child welfare representatives and invited them to participate in the CFSP development process on May 27, 2014 and again on June 19, 2014. DCS Director of Policy and CQI attended the 2014 ICWA Conference in Center Choctaw, Mississippi and met with MBOC leadership. The MBOC opted to not participate in the agency's CFSP due to not being a federally recognized tribe in Tennessee and the extremely low population of children (approximately 5-10) that reside on the Mississippi Band of Choctaw land trust in Tennessee. In 2014, DCS offered to develop a Memorandum of Understanding to support collaboration regarding Choctaw children who come to the attention of DCS. DCS did not receive a response from MBOC; however, the agency is open to all collaborations at any time. DCS currently has policies to ensure proper care of all Native American children residing in Tennessee as required by the Indian Child Welfare Act (ICWA), regardless of whether or not Indian children resides on the Land Trust. DCS follows all ICWA laws and ensures polices meet the standards to support timely collaboration.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that shows the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

Overall

Overall coordination of CFSP services with other programs is considered to be a strength. DCS partners with six other state agencies to ensure that children and families receive the services needed to produce permanence.

Strength

- DCS has launched a multi-agency initiative that involves a single team/single plan for children and families served by these agencies.

Area Needing Improvement

- DCS continues to identify non-traditional child welfare agencies and programs.

DCS coordinates services and benefits of federal or federally assisted programs serving the same population in many ways including formal and informal agreements, participation in statewide meetings, committees and advisory boards, and facilitating stakeholder engagement among agencies. DCS considers collaborations with other federally funded entities to be a strength at this time yet continually seeks opportunities to engage with partners statewide to serve children and families. In stakeholder focus groups conducted around the DCS Strategic Plan, a “Culture of Collaboration” was identified as a strength and the internal and external stakeholders stated that increased collaboration throughout agencies is important.

The following are some examples of ways DCS coordinates with other federally assisted programs to serve similar populations.

Collaboration of Services for Children under the Age of Five

DCS requires that every investigation for all children under the age of three whose investigation results in a classification of “allegation substantiated” or every child under the age of three who is in DCS custody have a referral for screening and eligibility determination to the Tennessee Early Intervention System (TEIS) program through the Tennessee Department of Education (DOE). TEIS is available to all children in Tennessee who qualify, regardless of DCS system involvement. TEIS develops an Individualized Family Service Plan (IFSP) for children whose assessment indicates a need for services. At age 3, TEIS, in partnership with DCS when applicable, ensures a timely transition to public school special education services. After the child is approved and receiving services, three (3) to nine (9) months before the child’s third birthday, the TEIS service coordinator will work with the family to discuss options for when the child turns three (3) years of age and exits TEIS.

The Safe Sleep Initiative has been successfully implemented in all twelve (12) regions across the state in 2015. As a part of this initiative, over 375 Pack-N-Plays were delivered to families identified as having an unsafe sleep environment. A Safe Sleep webinar was developed by the Department of Health to educate individuals on the importance of Safe Sleep and provide assistance to case managers in discussing this topic with parents and caregivers. DCS plans to continue providing Safe Sleep education to parents and caregivers within communities across the state.

The following is a list of additional services available to any and all eligible or needy children under age 5 in Tennessee, which includes but is not limited to children in DCS custody:

- Special education services are provided by public school systems beginning at age three (3) for children who demonstrate need.
- Early Head Start-Pre-natal to age 3 if the family is economically qualified.
- Books from Birth-One (1) free book per month for children under the age of 5 regardless of income.
- Even Start: An education program for economically qualified families that are designed to improve the academic achievement of young children and their parents, especially in the area of reading. Serves children through age 7.
- Pre-Kindergarten Programs-Voluntary public school programs serving four year olds. DCS has priority status for child placement in these programs.
- Tennessee Head Start-School readiness program for children age four through age five. DCS has priority status for child placement in these programs.

Services to Substance Exposed Newborns

The Governor’s Children’s Cabinet Multi-Agency Working Group currently addresses the needs of infants born being affected by illegal substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure. The Children’s

Cabinet is currently piloting a Single Team/Single Plan approach to develop a plan of safe care for substance-exposed infants. In this project, collaborators from multiple agencies including the Department of Children's Services, Department of Education, Tennessee Early Intervention Services, Tennessee Department of Mental Health and Substance Abuse Services, and informal family supports, work with families with newborns affected by substance abuse to bring all the involved agencies to the table in a "single team/single plan" approach to coordinate services and treatment options for the families and reduce safety concerns and risk while promoting best practice outcomes

Office of Child Health

The Office of Child Health (OCH) is responsible for the health of children served by DCS. Health is defined broadly to encompass physical, emotional, behavioral, and educational well-being.

Funding streams define three primary healthcare responsibilities:

- Caretaker
- Managed care contractor
- Direct provider of healthcare services

DCS serves in the capacity of the caretaker ensuring children/youth in care receive proper healthcare and educational services from community providers, much as a parent makes sure that medical and dental appointments are made and kept, educational services meet needs, and appeals to insurance companies when services are denied.

DCS functions as a Managed Care Contractor (MCC) along with the other managed care organizations for Medicaid (TennCare) covered services. DCS serves as the MCC for medical/clinical services within residential, and continuum of behavioral healthcare services for children in state custody as other managed care organizations, such as TennCare Select, do for community medical and behavioral healthcare services. The OCH develops clinical guidelines for contract provider services and monitors services delivered on both an individual and system-wide basis. OCH supports this work through clinical consultation and collaboration other statewide agencies.

Each DCS region has Child Welfare Benefit Counselors (CWBC) to ensure children and youth in state custody receive timely medical and dental services. The CWBC have read access to the TANF system, child support screens, and the Citrix TennCare Bureau System. The caseworker completes an application for benefits upon a child's entry into foster care. The CWBC's then process the applications for each child's TennCare eligibility. This application also initiates the child support referral, as these systems are linked. All children who enter custody are given presumptive TennCare for 45 days while the application is being processed. The children who qualify are then given TennCare Select. All children in state custody qualify for TennCare Select except for undocumented children, who are given Non-TennCare-eligible state-paid insurance.

Health Advocacy

The Health Advocacy Division's primary responsibilities are healthcare advocacy functions and assurance that needed behavioral and medical services are provided to both TennCare eligible children served by DCS and also to children in custody who are not TennCare eligible. Two major areas of advocacy are guidance, oversight and accountability for provision of TennCare Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for children in custody and compliance with the requirements of the Grier Consent Decree, a federal lawsuit requiring notice of appeal rights for denial, delay or termination of TennCare services. As a result of the consistent, concerted efforts of Health Advocacy staff, Family Service Workers, and direct care providers, the state achieved and sustained an adjusted periodic screening rate for medical services greater than 96% statewide and for dental services achieved an adjusted rate greater than 90%. DCS agreed to a request from TennCare Select, the MCO in which children in custody are enrolled, to permit Select to assign new primary care physicians, with certain caveats, when the entire TennCare population was reassigned to PCPs to distribute enrollees evenly among the MCOs. Foster parents or guardians rather than FSWs are now able to authorize assignments to new PCPs.

Education Division

The DCS Education Division advocates for students in state custody who are educated in Youth Development Center (YDC) schools, provider in-house schools, and public schools. Caregiver/Advocacy efforts include: attending educational meetings, consulting with DCS staff, resource parents, and schools, as well as, providing educational training to departmental personnel and schools. From July 1, 2014, through June 30, 2015, the Education Division provided consultation to Child and Family Teams, field services worker (FSWs), and public/non-public schools over 71,000 times. Education staff participated directly in more than 2100 Child and Family Team Meetings and 1350 Individual Education Plan (IEP)/504 Meetings. In collaboration with the Tennessee State Department of Education, the Education Division operates as a special school district (LEA) for the

three (3) YDCs. Notably, DCS serves as the Local Education Agency (LEA) for school services to children in state custody provided by contracted providers.

DCS provides medical, behavioral and educational services directly to youth who are adjudicated delinquent and placed within Youth Development Centers (YDCs) and is the LEA for the YDC schools.

Office of Independent Living

The Office of Independent Living (IL) is focused on ensuring that education is a major focus in transition planning for young people in meeting their educational goals. Both IL and Education encourage young people to advocate for their education in order to be successful in their future educational endeavors, and get involved in school programs, including facilitation of use the [TRiO](#) program in conjunction with participating universities to support their well-being.

Services for Special Needs Populations

DCS policies 19.7 and 19.8 prescribe the procedures necessary to assist youth with certain special needs, specifically behavioral health issues and developmental disabilities, when transitioning to adulthood. This includes assistance with applications for SSI, assignment of community mental health case managers (as applicable) and assessment for transition to the state's Department of Intellectual and Developmental Disabilities services. Tennessee elected to extend foster care beyond custody to young adults incapable of pursuing secondary or post-secondary educational goals due to a disabling condition in order to further support them through their transitions. Transitional Living grant-based services can be provided as an additional support for young adults with special needs, per that program's assessment criteria. The CWBCs in each region also contact the local social security office on each child identified as needing assistance. They assist case workers in completing online applications and submit all information to the SSI office. They have monthly reports that track progress of each child throughout the application phase. Additionally, the SSI Office works closely with the CWBCs when they need documentation from providers or DCS.

Homelessness

DCS ILPS is participating in development of the Homeless State plan. Tennessee Department of Mental Health and Substance Abuse Services' Commissioner E. Douglas Varney, by the authority of Governor Bill Haslam, is reconstituting the Governor's Interagency Council on Homelessness, with the aim of not just reducing but eliminating homelessness among veterans, the chronically homeless, families, and children. The Governor's Interagency Council on Homelessness coordinates Tennessee's efforts, to identify, develop, and ensure sustained partnerships among supporting agencies, service providers, and those who advocate for people experiencing homelessness.

The council may include representatives deemed necessary by Commissioner Varney, including, but not limited to, representatives of the following:

- Department of Mental Health and Substance Abuse Services
- Department of Children's services.
- TennCare – Tennessee Healthcare Finance Administration
- Tennessee Department of Health
- Tennessee Department of Veterans Services
- Tennessee Housing Development Agency
- Shelby County Government
- Metro Nashville-Davidson County Government

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that shows the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Overall

Overall standards applied equally is considered to be a strength.

Strength

- DCS is above 90% compliance in all areas.

Please note: Tennessee's statute and DCS policy refers to *approving* homes, rather than *licensing*. All DCS policies regarding foster homes also apply to homes approved under the Interstate Compact on the Placement of Children. All homes approved by DCS also meet the approval standards of adoptive homes.

Tennessee considers fostering and/or adopting to be a privilege and strives to identify desired characteristic of foster parents to ensure the safety, permanency, and well-being of children/youth served. Standards of approval for foster parents to increase the likelihood of their success in meeting the needs of the children/youth placed in foster home have been established. These standards apply to DCS and contract agency foster homes.

Standards governing home space, capacity, exceptions to the number of children placed in a home, and child to caregiver ratios are covered in DCS Policy, the Contract Provider Manual, and the DCS Home Safety Checklist.

Foster and adoptive studies are completed within 90 (ICPC studies in 60 days) days once the candidate completes training. Training is Parents As Tender Healers (PATH) and is a 6-week course required for all care-giving adults in the household. The DCS Training Division manages the contracts for PATH. Classes begin on regular intervals and provisions are available for participants to quickly make up missed classes.

In response to the 2006 Adam Walsh Act, federal IV-E safety requirements, and to serve as a more effective steward of public funds, DCS developed an internal infrastructure, called the Resource Eligibility Team (RET), to ensure compliance of IV-E eligibility and DCS safety standards of all DCS and contract agency foster homes. This infrastructure also provides oversight to ensure compliance with IV-E safety requirements for all contract agency congregate and residential direct care staff. The RET consists of a Program Manager and three Program Specialists.

The Resource Eligibility Team (RET) reviews and maintains IV-E eligibility documents (criminal and child abuse and neglect background checks) and other pertinent resource home approval documents of all resource homes both initially (new homes) and biennially through the re-assessment process. The RET is also responsible for reviewing safety documentation for newly hired provider direct care staff. Safety documents reviewed for compliance include local criminal background and TBI/FBI fingerprint checks, National Sex Offender Registry and Department of Health Abuse Registry checks, and a DCS Database Search for substantiated abuse and neglect cases.

The RET process is as follow: Field staff notifies the assigned RET representative via email that a home has been approved in TFACTS with documentation uploaded and ready for review to determine compliance. RET staff review uploaded documentation comparing TFACTS information and paper documentation for accuracy and compliance. If errors or non-compliance is determined such information is communicated to the field. Corrections are made and uploaded into TFACTS. Reviews are made until all errors/non-compliance is corrected. RET staff provides a final finding via email to field staff and documents the finding in TFACTS and on the tracking log. RET staff also document their findings of the review on the Background Check History and IV-E Eligibility Checklist which is filed.

DCS policy and protocols for foster home approval and re-approval are very descriptive in terms of requirements and expectations regarding safety standards especially as to how those standards relate to criminal history checks on foster parents. RET staff not only review approval documentation for IV-E and DCS compliance but also provide technical support during the approval process as it relates to the documenting and completion of those safety standards. As mentioned in the initial report, though not a primary focus of the RET team, staff provide specialized training to field staff related to safety documentation and TFACTS data entry regarding foster home approval. Any identified or unidentified barriers by a Contract Agency to meet compliance does not appear to be caused by any process or effort taken by RET but failure on the side of the Contract Agency to adhere to policy and protocol standards, complete offered training or utilize resources available to them through RET or other resources.

The majority of issues identified and addressed by RET staff relate to errors in completing correctly and/or timely the criminal history checks as outlined/required by DCS policy/protocol. RET staff work one-on-one with field staff (DC S and Contract

Agency) to resolve any errors identified related to these checks. For instance, if a name, DOB, or SSN is incorrect on a criminal search, the search is deemed invalid and completed again. If during reviews any search was not completed, RET staff notify field staff of the error and have them conduct the search as quickly as possible. Corrections are made until errors are resolved and/or compliance is met.

RET staff also ensure that information related to the criminal checks is recorded in the home study and documented in TFACTS. Any discrepancies are corrected to ensure all elements of the foster home approval process are in line and compliant with IV-E and DCS policy requirements.

RET reviews 100% of all foster home approvals and re-approvals annually. Each year data is pulled and a tracking log created to monitor foster homes due for re-assessments. Those homes are reviewed for IV-E compliance at time of assessment. Any new homes are reported by field staff to RET at time of initial approval and submitted for review. These homes are added to the tracking log.

RET findings are reported at mid-year and end of year through a report that is housed on an agency drive. The report includes information such as the number of foster homes reviewed for the calendar year and the IV-E compliance broken down by DCS foster homes and Contract Agency foster homes. Foster home approval documentation is uploaded into TFACTS under the foster home's home study approval. RET staff review documentation electronically. The findings are recorded on the RET tracking log for that home.

Foster home approval documentation is uploaded into TFACTS under the foster home's home study approval. RET staff review documentation electronically. The findings are recorded on the RET tracking log for that home.

Any non-compliance involving the payment of IV-E monies in error requires a reimbursement notice sent to fiscal. If a Contract Agency is determined to have a non-compliant finding, fiscal bills this agency for reimbursement of the IV-E dollars paid in error which in turn is returned to the federal government. If a DCS home is determined to be non-compliant, fiscal makes the necessary adjustments in the SACWIS system as it relates to the child's IV-E eligibility.

RET staff review resource home approval documentation including the criminal history checks, the home study (for verification purposes only), training certificates and any applicable waivers. The majority of issues identified and addressed by RET staff relate to errors in completing correctly and/or timely the criminal history checks as outlined/required by DCS policy/protocol. RET staff work one-on-one with field staff (DC S and Contract Agency) to resolve any errors identified related to these checks. For instance, if a name, DOB or SSN is incorrect on a criminal search that search is deemed invalid and completed again. If determined during a review if any search was not completed RET staff notify field staff of the error and have them conduct the search immediately. Corrections are made until errors are resolved and/or compliance is met.

The RET team focuses only on the safety standards as it relates to the completion of the criminal background checks as required by IV-E and DCS policy/protocol. Other foster home safety measures are completed and documented in the home study and is reviewed by supervision in the field for completion. Information regarding safety standards is documented on forms, recorded in the home study and in TFACTS. Foster home approval documentation is reviewed at the regional level by DCS and Contract Agency supervisors for approval prior to being submitted to RET for review. DCS foster homes are also reviewed by the Continuous Quality Improvement (CQI) unit during grand regional foster parent support meetings. During these meetings, which include DCS and Contract Agency staff, foster parents and foster parent advocates, policy and practice changes are discussed during case file reviews. Contract Agency foster home approvals are also reviewed by Licensure and Program Accountability Review (PAR) staff annually for adherence to DCS policy/protocol as it relates to safety standards.

RET staff also ensure that information related to the criminal checks is recorded in the home study and documented in TFACTS. Any discrepancies are corrected to ensure all elements of the foster home approval process are in line and compliant with IV-E and DCS policy requirements. The RET team functions as designed and has been very instrumental in streamlining the criminal history check process and maintaining IV-E compliance since its conception in 2007. Evidence of the value and success of this team, including the hard work of all field staff, is that during the 2015 federal IV-E audit there were no errors identified in the sample of cases reviewed.

Foster home approval standards/requirements are the same for both DCS and Contract Agency homes. RET reviews each home approval or re-approval in the same manner. RET staff are not involved in the actual home approval process. It functions solely as an oversight/quality assurance/compliance unit. When deficiencies are identified in regard to regional or provider requirements, they are handled through requests to the regions or provider for a corrective action plan. There have not been deficiencies identified in the RET process as evidenced through state comptroller and sunset audits.

RET findings are reported at mid-year and end of year through a report that is housed on an agency drive. The report includes information such as the number of foster homes reviewed for the calendar year and the IV-E compliance broken down by DCS foster homes and Contract Agency foster homes. Foster home approval documentation is uploaded into TFACTS under the foster home's home study approval. RET staff review documentation electronically. The findings are recorded on the RET tracking log for that home.

Figure 1. Item 33. Data for CY 2014 to 2016

	Total Resource Homes	Regional RH Compliance Range	Regional Statewide Compliance	Contract Agency RH Compliance Range	Contract Agency Statewide Compliance	Contract Agency Staff
CY 2014	3141	93.75%-99.55%	96.90%	40%-100%	93.92%	1089
CY 2015	2882	93.64%-100%	97/11%	66.67%-100%	94.59%	1279
Mid-year 2016	1536	94.44%-100%	98.30%	40%-100%	95.05%	

Direct care staff safety documentation was reviewed for compliance for 33 contract agencies including 70 locations.

The range of compliance is very wide amongst agencies due to the data being compared regarding these agencies is very wide. DCS contracts with small and large agencies. A small agency could have less than 10 foster homes assessed annually compared to a large agency that may have over a hundred foster homes reviewed annually. When determining compliance by percentage of homes assessed, if a small agency has four homes reviewed for the year and one or more of those homes are non-compliant the compliance percentage will be very low. For the small agencies that have low compliance percentages, the trend noted is that with few homes being assessed annually, Contract Agency staff focuses less on the approval process resulting with more errors and more non-compliance. Staff turn-over also impacts this process for smaller agencies.

RET staff also provide specialized training to regional and contract agency staff related to safety documentation and statewide technical assistance related to TFACTS data entry regarding resource home approval. For children placed as an emergency with family or fictive kin, the agency has a process by which NCIC, FBI, and TBI immediately checks criminal backgrounds using identifying information. The caregiver is required to follow up by submitting to fingerprinting within 15 days of the placement. There are no identified deficiencies regarding the Resource Eligibility Team.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Overall

Overall, requirement for background checks is considered to be a strength. DCS has policies and well developed processes in place to ensure compliance with background checks.

Strengths

- DCS has a process to quickly complete full background checks within a short period of time so that placements would not be delayed.

Areas Needing Improvement

- DCS relies on external agencies participation to ensure the timeliness of background check completion.

DCS has policy and procedure to ensure that all children are safe in their foster and adoptive placements. The DCS Office of Service Region Administration Support, RET, the Central Office Foster Care Division and the Office of Network Development,

partner to assure this safety. Regional staffs conducting home studies are responsible for checking local law enforcement agencies or county court records for all adult (aged 18 and older) household members, with care taken to search in all aliases and previous names. In addition, the National Sexual Offender Registry, Tennessee Department of Health Abuse Registry, current and previous Tennessee SACWIS systems, and driving record/moving violation record check. Compliance data are reported by RET.

SACWIS searches have an added layer of functionality. The Office of Continuous Quality Improvement oversees the Due Process Procedures Division, an office that evaluates CPS records before information is released to assure that due process was afforded to anyone substantiated in a child abuse and/or neglect case. For the 2015/2016 fiscal year, 12,115 child protective services background history searches were completed in support of promoting the safety of children in foster care and adoptive placements.

Figure 1. Item 34 CPS History Checks

CPS History Checks (1 Jul 2015 - 30 Jun 2016)	
Tennessee	10275
All other states	1840
Year total	12,115

As part of Tennessee's Due Process Plan, further review was conducted on any individual having a substantiated report of abuse or neglect. For persons determined as properly named in such reports, the results of their child protective services history background check is reported back to the requesting agency as such.

The Internal Affairs Division (IA) operates in the Office of Risk Management for DCS. IA is responsible for arranging and evaluating background checks on persons who apply to be DCS foster parents and contract agency foster parents. As a part of the approval process, applicants are scheduled for fingerprinting. There are 308 fingerprint vendors throughout Tennessee and are readily available in or near most communities. Fingerprint results are received from the National Crime Information Center (NCIC), are evaluated by IA Leadership, and generate a non-indication (no criminal history) or an indication letter listing criminal history that is sent to the requesting agency. This process is required before any family can be approved.

Children for whom emergency placement is needed, families identified for placement must undergo an expedited background check. Prior to the emergency placement, IA conducts a Purpose Code X III Name Based Criminal Background Check on every adult in the identified home. This is a NCIC search conducted by Tennessee Information Enforcement System (TIES) of the Tennessee Bureau of Investigation (TBI). These searches are available 24 hours a day, 7 days a week. Adults must follow up with the fingerprinting process within 15 days of the emergency background check request. This process is used for children who need an immediate placement and cannot wait for the normal fingerprinting process.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that shows the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

Overall

Overall requirement for diligent recruitment efforts is considered to be a strength. DCS has a repeatable process to ensure that each area of the state has active an ongoing recruitment processes. DCS has recently partnered with the Governor's Office and faith-based organizations to actively recruit homes across the state.

Strengths

- Engagement of Foster Parents and Community Partners in evaluating data, determining needed goals, and plan development.
- Consistent communication with field staff about policy updates and recruitment trends

Area Needing Improvement

- Identification of demographics in TFACTS that currently appear as Unknown/Unable to Determine for custodial youth and foster parents.

Foster families are recruited based on the need of the children, families, and communities served by the agency and within the agency's scope of service. DCS strives to locate family placements or significant persons within children's local communities, recruit and maintain a diverse pool of approved foster families, and to ensure quality family home placements will be available to children in DCS custody.

Each of the 12 DCS Service Regions has a Recruitment and Retention Plan. These plans are developed in collaboration with the local community, faith-based communities, and private providers. Regional Recruitment Teams are made up of representatives most directly affected by foster care: birth parents, youth who are presently or have been in foster care, and current and former parents.

Regional Recruitment and Retention plans are updated annually and are guided by system demographic information that includes ethnic and racial data used to develop goals/action steps targeted to recruitment of homes based upon the characteristics reflected in the data. For example, Region A has set the following goal: Region A will increase the number of Hispanic foster homes by 5% over the next 12 months to ensure that the pool of Hispanic homes is comparable to the Hispanic population of children in the region. While the goal may not always be met, the efforts targeted to the goal are monitored and tracked at the regional and Central Office level.

Recruitment needs are based on an evaluation of the state demographics, custody data, on other statics relevant to our practice. Currently, the child welfare system in Tennessee is serving 8,769 children in the agency's care and custody. Respectfully, 4937 of those children are males and 3832 are females.

Figure 1. Item 35 Age Ranges

Age Range	Total
0-4	1853
5-12	2652
13-17	3554
18 and above	263

The majority of the total population of children in care, 6019, is Caucasian; with the second highest being African-American 2066. The majority of the children, over 78%, are served in family settings by traditional, kin, pre-adoptive, trial home visits, and therapeutic resource parents.

Below is a table that identifies how DCS is able to recruit foster homes based on the demographics of the children being served by the agency. (This example is included to demonstrate ethnicity and also available for other demographics such as age and sibling groups. Demographic system data is provided through weekly Mega Reports for custodial youth and monthly Mega Reports for foster parents. Information can be filtered for the data sets needed to guide recruitment.)

Figure 2 Item 35 Foster Parent Race/Ethnicity**Custody and Foster Parent Race/Ethnicity Comparison as of June 2016 (DCS and Private Provider Homes)**

Race/Ethnicity	Custodial Youth	Percentage	Foster Parent	Percentage
White	6019	68.6%	2765	58.54%
African American	2066	23.5%	1086	22.993%
Asian	14	.15%	7	.148%
Native Hawaiian/Other Pacific Islander	10	.11%	12	.127%
American Indian/Alaska Native	7	.07%	4	.0846%
Unable to Determine/Unknown	5	.05%	849	17.97%
Multi-race	486	5.5%	0	0
Multi-race-one race unknown	100	1.14%	0	0

DCS' goal is to have one resource home available for every two children in care. At this time, the goal is being met and continued with similar recruitment strategies to maintain this level and continue to expand the pool further in the next 5 years.

For the past 8-10 years, DCS maintained or exceeded the goal of one resource home for every two children in care through regional recruitment and retention plans, partnerships and contracts with the private provider network and partnerships with faith based organizations. The strategies are unique to the needs of each of the twelve regions and are embedded in their annual plans. Strategies are targeted to placement needs and are connected to action steps such as recruitment booths at community events, engaging churches in sponsoring foster parent wrap around services, or the recently launched TN Fosters initiative which is a blended effort of public/private/corporate and faith entities to recruit and support foster and adoptive families. While TN Fosters is a recent and not yet statewide approach to recruitment and retention of foster parents, it is designed in a way that stakeholders bring their unique areas of expertise to the table to improve the overall quality of foster parent support. Private photographers/videographers are supporting the Heart Gallery; the faith community is organizing a Care Portal that will enhance the infrastructure for delivering both material goods and services and volunteer wraparound services; another stakeholder is creating the recruitment messaging for churches; DCS is joining partners at all recruitment events, tracking inquiries and results, and providing initial and ongoing training.

Recruitment plans address six goal areas: general recruitment, targeted recruitment, recruitment for children in full guardianship, kinship care, Inquiry, home study strategies, and retention. Besides being data-driven, recruitment goals are measurable.

Examples of recruitment goals for SFY17 are as follows:

- General Recruitment: The East Region will increase foster homes by 5%.
- Targeted Recruitment: The Knox will increase the number of approved home in 37918 by adding 5 new homes by June 2017. Measured by the FH Mega Report.
- Children in Guardianship: The Upper Cumberland Region will reduce the number of children in full guardianship with no identified adoptive homes to 38, representing a 25% decrease. Baseline measure is 51 children.
- Kinship Care: The Southwest Region will increase by 2% the number of kinship homes available within the region as captured by the FH Mega Report.
- Inquiries: The SW Region will increase their number of inquiries 195. Baseline is 176.
- Home study strategies: The Upper Cumberland Region will increase the number of homes approved within 90 days of completion of PATH to 95% per quarter. Baseline is 92%.
- Retention: The Knox Region will maintain 190 homes each quarter of the 2016-2017 year as captured by the RH Mega Report.

Child Specific Recruitment is primarily a shared effort between regional permanency staff and contract staff assigned to the state's FOCUS (Finding Our Children Unconditional Support) program. In an effort to ensure children move quickly towards permanency, all children in full guardianship are reviewed in a monthly tracking and review process known as FOCUS . The FOCUS team includes the Family Service Worker, Permanency Specialist, Provider, FOCUS/Harmony worker, and Central Office staff. FOCUS ensures that all children or youth entering full guardianship each month are reviewed to determine whether or not there is a permanent family identified and that needed supports and services are in place to ensure timely permanency.

If no permanent family has been identified, the following must be in place:

- Registration on AdoptUsKids (unless youth refuses to be photo-listed)
- Development of an Individual Recruitment Plan
- Completion of an Archeological Dig/Diligent Search

Once a permanent family is identified, the team assesses for any barriers to permanency and makes appropriate referrals to address those barriers.

As part of each child's Individual Recruitment Plan, there are various child specific recruitment tools available and utilized to assist the child's team in identifying an adoptive placement. These tools include additional photo listings such as the Tennessee Heart Gallery, Parent A Child, and provider agency websites. Profiles and pictures of the children are also presented at recruitment events hosted by the regions where the children are placed, and at statewide events such as foster parent conferences and PATH (Parents As Tender Healers) training for foster parents. Every Regional Recruitment &

Retention Plan includes a goal specific to retention of foster parents. Currently, there are 2299 agency homes and 2334 (from the 11-22-2016 Foster Parent Mega Report) private provider home available to Tennessee's foster children,

Retention strategies include:

- Mentoring for new foster parents. Experienced foster parents are identified and trained to mentor new foster parent throughout their first year of fostering.
- Foster Parent Bill of Rights and Grievance Procedure. The Tennessee General Assembly enacted legislation in 1997 to provide the Bill of Rights. The law was updated in 2008 to include a Grievance Procedure for foster parents when their rights may have been violated.
- Annual conference is held to provide the opportunity for foster parents to fulfill all of their annual training requirements in one weekend. It also allows time for networking with other foster parents from across the state.
- Training is also provided across the state. Annual required training and in-service elective training is available.
- The Tennessee Foster Care Advocacy Program provides a specially trained advocate to assist foster parents for policy interpretation, general support, and when accused of abuse or neglect.
- There are two processes for foster parents to confirm placements in order to be paid timely and accurately: A call-in system and an on-line verification system. Calendars are provided to foster parents to assist them with timely verification.
- Annual recognition and appreciation event are planned for foster parents. These range from free event tickets to recognizing a Foster Parent of the Year annually.
- Foster parents are recognized as our best recruiters. They assist during regional recruiting events as local experts.

Foster Parents are invited in to the decision-making process for every child placed in their home. They are encouraged to attend all Child and Family Team Meeting and learn about the permanency goal and birth family. Frequently, foster parents and birth parents are able to partner together for the care of the child. Foster Parents are also encouraged to attend court hearings and Foster Care Review Board meetings.

Foster Parents are dually approved to foster and adopt. They are given first option to adopt a child in their home who enters full guardianship of the agency, given that the Child and Family Team determines that adoption with the foster parent is in the child's best interest.

DCS can best quantify the success of recruitment goals through what the ongoing data reflects. As previously articulated, DCS maintained or exceeded its goal for ratio of homes to children/youth in custody. During the federal fiscal year that ended September 30, 2016, the state finalized the highest number of adoptions on our records (1225), approximately 80% of which were with foster parents in our system. The fact that we are able to continuously recruit families, who are willing to provide permanency for children in care, means that we are often focused on replacing those families who opt to exit fostering after adoption.

The state is successful in retaining a more than adequate pool of foster families. Annual exit surveys reflect satisfaction with Tennessee's foster parent system. The state has an active statewide foster parent association (TFACA) that is supported by the agency; TFACA oversees a strong foster parent advocacy and mentoring program that is funded by the DCS. The agency underwrites the cost of an annual foster parent conference, which has overwhelming attendance each year. These are all indicators of success. However, Tennessee's experience has been that the primary reason foster parents choose to no longer foster is that they have adopted a child/children and need to focus on the sustainability of the adoption. While this may be viewed as a loss to the agency, it can conversely be viewed as a "win" for the adopted child/children.

Item 36: State use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative data or information that specifies what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

Overall

Overall cross jurisdictional resources is considered a strength for DCS. DCS has a well-established ICPC and ICJ process that uses metrics to track their performance and timeliness.

The Interstate Compact on the Placement of Children (TCA 37-4-201) and the Safe & Timely Interstate Placement of Children in Foster Care P.L. 109-239 provides that all studies or assessment reports on the resource home in another State are conducted in accordance to applicable Federal and State laws and policy and licensing standards of the Receiving State.

In order to improve protections for children and to hold States accountable for the safe and timely placement of children across State lines, P.L. 109-239 established the “within sixty (60) calendar day” standard for compliance wherein the Receiving State ICPC Administrator forwards to the Sending State ICPC Administrator either the completed study/decision regarding placement or an assessment/status report with or without issuing a decision for placement within sixty (60) calendar days.

DCS policies 16.20 and 16.4 establishes requirements for completion of relative, kin, foster or adoptive home study studies on TN resources for the placement of children who are in the custody/guardianship of TN DCS. Those same policies/standards are used by DCS home study writer or Contract Agency personnel to complete a child-specific study on a TN resource which meets compliance with the Interstate Compact on the Placement of Children and Safe and Timely Interstate Placement of Children in Foster Care, P.L. 109-239 including completion of that study or issuing an assessment/status report within 60 calendar days of assignment in TFACTS.

In both policies, if completion of the study or issuance of a decision regarding the TN relative/kin/foster or adoptive home cannot meet the sixty (60) calendar day time line, the DCS home study writer or Contract Agency personnel documents the reasons for the delay in TFACTS and files a written assessment/ status report with the TN ICPC office prior to or at the 60 calendar due date. This assessment/status report will address barriers to completion of that study in that time frame as well as identify action steps to be taken and include a proposed date of completion. Every thirty (30) days, a written assessment/status report is to be documented in TFACTS and filed with the TN ICPC office until a decision is issued.

The TN ICPC office will forward either the completed study/decision and/or the assessment/ status reports to the Sending State ICPC Administrator which either authorizes or denies a placement based on the child-specific study or notifies the Sending State of the status of the study to use in their permanency planning efforts for the child and the placement. Factors which effect completion of the requested child-specific relative, kin, foster or adoptive home study studies on TN resources within that “60 calendar day standard” may include but are not limited to:

- Timely completion of requirements of DCS policy 16.20 or 16.4 such as securing background checks and /or FBI fingerprint results, or medical assessments on all caregivers in the home including TFACTS documentation;
- Timely scheduling and completion of PATH or required Resource Parent Training ;
- Collaboration of DCS 16.4 policy which allows 90 days to complete the home study narratives and other safeguards once the TN resident has completed PATH which is an 6 week program;
- Coordination with/cooperation of the proposed resource to schedule /provide documentation to complete requirements for DCS policy 16.20 or 16.4; and,
- Securing contract information and re-assignment of therapeutic foster studies to a DCS licensed child-placing agency rather than assignment to DCS.