UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

BRIAN A., et al.	)	
	)	
Plaintiffs,	)	Civ. Act. No. 3:00-0445
	)	Judge Todd J. Campbell
v.	)	Magistrate Judge Joe B. Brown
	)	
BILL HASLAM, et al.	)	
	)	
Defendants.	)	

NOTICE OF FILING OF THE MONITORING REPORT OF THE TECHNICAL ASSISTANCE COMMITTEE

Defendants, by their undersigned counsel, give notice of the filing of the Monitoring Report of the Technical Assistance Committee in the case of *Brian A. v. Haslam*, dated May 31, 2014.

DATED: Nashville, Tennessee
June 2, 2014

Respectfully Submitted,

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MONITORING REPORT

OF

THE TECHNICAL ASSISTANCE COMMITTEE

IN THE CASE OF

BRIAN A. V. HASLAM

May 31, 2014

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INTRODUCTION

This report was prepared by the Technical Assistance Committee (TAC) pursuant to the Modified Settlement Agreement and Exit Plan entered on October 24, 2012 in *Brian A. v. Haslam, Civ. Act. No. 3:00-0445 (Fed. Dist. Ct., M.D. Tenn.)*, a civil rights class action brought on behalf of children in the custody of the Tennessee Department of Children's Services (DCS). The "*Brian A.* class" includes all children placed in state custody either:

(a) because they were abused or neglected; or

(b) because they engaged in non-criminal misbehavior (truancy, running away from home, parental disobedience, violation of a "valid court order," or other "unruly child" offenses).

The Modified Settlement Agreement and Exit Plan (hereinafter referred to as the Settlement Agreement) requires improvements in the operations of the Department of Children's Services, establishes the outcomes to be achieved by the State of Tennessee on behalf of children in custody and their families, and provides for termination of court jurisdiction after the Department meets and maintains compliance with the provisions of the Settlement Agreement for a 12-month period.

The Role of the Technical Assistance Committee

The TAC has three functions under the Settlement Agreement: first, it serves as a resource to the Department in the development and implementation of its reform effort (XIV); second, it monitors and reports on the Department's progress in meeting the requirements of the Settlement Agreement (XV); and third, it serves a mediation/dispute resolution function (XVIII).

This is the eleventh monitoring report issued by the TAC.[1]

In addition to these monitoring reports, the TAC has filed two reports related specifically to concerns raised about TFACTS, the Department's automated information system. The *Report of the Brian A. Technical Assistance Committee on its Evaluation of TFACTS* was filed on April 2, 2013 and the *Update on Developments Related to the TFACTS Evaluation Findings and Recommendations* was filed on September 17, 2013. An additional report will be filed in advance of the June 20, 2014 Status Conference, providing an update on TFACTS related developments since September 2013.

[1] The previous monitoring reports are available online at http://www.state.tn.us/youth/dcsguide/fedinitiatives.htm. In addition to these monitoring reports, the TAC has issued a report on the results of an evaluation of TFACTS (the Department's automated information system), which was filed with the Court on April 2, 2013. That report will also be available through the same website link.

The Focus of this Monitoring Report

This report is designed to provide information to assist the parties and the Court in determining: (a) for those provisions not previously designated as "maintenance," whether the Department's present level of performance warrants a "maintenance" designation; and (b) for those provisions previously designated as "maintenance," whether the Department has maintained a sufficient level of performance to retain that designation.[2]

The reporting period covered by this monitoring report is calendar year 2013. However, the report also includes data and information from the first several months of 2014 when the TAC deemed that data to be relevant to the discussion.

The Structure of this Monitoring Report

This report retains the structure of previous monitoring reports: Section One presents data related to the specific outcome and performance measures of Section XVI of the Settlement Agreement; the remaining sections of the report correspond to the numbered substantive sections of the Settlement Agreement.

The references to the Settlement Agreement provisions are indicated in parentheses using the Roman numeral and, where appropriate, the letter and/or number that correspond to the particular provision referred to. The monitoring report is divided into the following sections:

Introduction
Executive Summary
Key Outcome and Performance Measures at a Glance
Section One: Data and Outcome Measures Overview (XVI)
Section Two: Structure of the Agency (II)
Section Three: Reporting Abuse and Neglect (III)
Section Four: Regional Services (IV)
Section Five: Staff Qualifications, Training, Caseloads, and Supervision (V)
Section Six: Placement and Supervision of Children (VI)
Section Seven: Planning for Children (VII)
Section Eight: Freeing a Child for Adoption (VIII)
Section Nine: Resource Parent Recruitment, Retention, and Approval (IX)
Section Ten: Statewide Information System (X)
Section Eleven: Quality Assurance (XI)
Section Twelve: Supervision of Contract Agencies (XII)
Section Thirteen: Financial Development (XIII)

[2] The Settlement Agreement includes the word "maintenance" following each provision of the Settlement Agreement for which the parties agreed the Department was in compliance as of that date.

EXECUTIVE SUMMARY

A. Introduction

As the Court remarked during the September 19, 2013 Status Conference, when the parties submitted an Amended Settlement Agreement and Exit Plan in December 2010, the parties and the Court had anticipated that the litigation would be successfully concluded within a couple of years.

Contrary to this expectation, as the Department experienced a change of administrations, it became apparent that there were significant unanticipated problems with the design of the new automated data system. To make matters worse, as the new administration was attempting to address that issue, it also became apparent that the Department's child death review process was in disarray. Further, during this period, progress on the reform effort stalled, and in some areas, ground was lost.

By the fall of 2012, two years after the entry of the Amended Settlement Agreement and Exit Plan, rather than signing an order successfully concluding the *Brian A.* litigation, the Court was instead directing an evaluation of and, if necessary, remediation plan for the malfunctioning information system, and ordering the Department to develop and implement an appropriate child death review process.

Almost two years later, as we approach the June 20, 2014 Status Conference, the Department has resolved the major computer system issues that had posed a significant threat to the Department's capacity to function,[3] and the Department has designed and implemented an appropriate child death review process.[4] In the last year, the Department has moved from the crises that dominated its work in 2011 and 2012 to focused and renewed attention to the work remaining to achieve compliance and achieve exit from court jurisdiction.

The Status Conference on June 20, 2014 will involve discussion of the progress made during 2013 and the Court will likely re-ask the question posed in September about what it will take and how long it will take to bring this litigation to a successful conclusion. As the Court and the parties approach that discussion about how much further the Department has to go, it is helpful to step back for a moment and take stock of how far the Department has come. The allegations in the Complaint that began this litigation over a decade ago paint a stark picture of the experience of children in Tennessee's foster care system:

- "While in foster care, children routinely spend years, and often lose much of their childhoods and suffer additional deprivations, as they are moved from one inadequate placement to another without appropriate services, languishing in state custody."

[3] The Department's progress in addressing the TFACTS related issues are the subject of a separate TFACTS Evaluation Update Report that will be filed separately.
[4] See discussion in Section Three D of this report.

- "36% of children in DCS custody have been in custody for over two years. Over 17% have been in custody for over four years."
- "800 foster children, for whom parental rights have been terminated…awaiting adoption."
- "23% of children…have experienced 10 or more foster care placements"
- "Children are routinely placed in emergency shelters and other temporary holding facilities for upwards of six months at a time because the state has nowhere else to place them…almost 400 children are on waiting lists for needed services and placements."
- "Dangerously high caseloads make it virtually impossible to adequately monitor children's needs and to ensure that they receive necessary services."
- "Inadequate hiring criteria and grossly inadequate training exacerbate the problem."
- "DCS administrators, supervisors and case managers often lack the most basic knowledge of child welfare issues."
- "Gross and repeated financial mismanagement in its child welfare administration have occurred at the same time that the amount of funding for children's services has declined. Millions of dollars already designated and funds otherwise available for child welfare services each year are either unaccounted for, unused, or wasted due to gross mismanagement and a lack of adequate accounting controls and procedures."[5]

Contrast these allegations with the current experience of children in foster care in Tennessee:

- Rather than routinely spending years in custody, most children in Tennessee now experience shorter lengths of stay compared to many other child welfare systems; children in foster care in Tennessee are more likely to leave foster care to reunification or adoption more quickly than in most other states.
- The median length of stay (the time by which 50% of the children who entered care in a given year have exited the system) is around nine months; more than 70% of children in foster care in Tennessee exit custody within 18 months, and about 85% exit within 24 months.
- Of the 3,679 children reunified with their parents or caretakers during the most recent calendar year, 69% were reunified within one year and 94% were reunified within two years.
- Of the 1,036 children for whom parental rights were terminated or surrendered between January 1, 2012 and January 1, 2013, 80% (826) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship.[6]

For most children in foster care in Tennessee, placement moves are relatively few and days of large numbers of children being placed for long periods of time in temporary and emergency placements are over:

[5] Complaint in *Brian A.* v. Sundquist, filed on May 10, 2000 at pages 1-5.
[6] See Section One D of this report for further discussion of length of stay, likelihood of exit to permanency, and time to permanency.

- Of the 11,835 children in custody at any time between January 1, 2013 and January 1, 2014, 93% had two or fewer placements within the previous 12 months in custody, and 82% of those children had two or fewer placements within the previous 24 months in custody.[7]
- During first quarter of 2014, 79 children were placed in a temporary or emergency placement at some point during that three-month period and only 20 of those children were in that placement for more than 30 days. During that same three-month period, approximately 90% of the class members in custody were placed in family settings rather than group care facilities.[8]

While the Department has had challenges keeping the caseloads of workers within the caseload limits established by the Settlement Agreement (in most instances no more than 20 cases per worker), caseloads are now well below the 40 and 50 cases per worker that were common at the time the lawsuit was filed. Complaints about case managers not visiting the children on their caseloads, about resource parents never being able to contact the case manager or even knowing who the case manager was, which were depressingly commonplace when the lawsuit was filed, are now rare. Workers are routinely visiting the children on their caseload on a regular basis.

Hiring policies and practices that at the time the lawsuit was filed made no distinction between a Bachelor's degree in geology and a Bachelor's degree in social work, and a civil service scoring process that often resulted in job applicants with little or no relevant experience and skills scoring significantly higher on the case manager registers than social workers, have been revamped so that the Department now hires staff with relevant qualifications. And far from being mismanaged as was alleged in the original complaint, the Department now benefits from a strong financial management team that administers the budget effectively, maximizes the draw-down of federal funds, was able to make the case for adequate funding for DCS in very tight financial times, and continues to receive generally positive remarks for its fiscal accountability. In terms of fiscal management, DCS in recent years has had very few significant audit findings from the various state and federal audits it receives.

In virtually every area discussed in the Complaint, significant improvements have been made since the original Settlement Agreement was entered 13 years ago, an achievement that is worth acknowledging, even as DCS recognizes and continues to focus on the remaining areas where additional improvement is needed to exit from the litigation.

B. Key Findings and Recommendations

When the TAC issued its last monitoring report in June of 2013, the current DCS Commissioner had only been in office for a few months. The monitoring report covered the period from January 1 through December 31, 2012 and, as alluded to above, the Department's reform effort over that year had lost momentum and in several areas had lost ground. Performance slipped sufficiently in some areas so that six provisions of the Settlement Agreement that had been in

[7] See Section One B of this report for further discussion of placement stability.
[8] See Sections One B and Six A this report for further discussion of placement settings.

maintenance, came out of maintenance, including most importantly the provision related to DCS case manager caseloads.

Nevertheless, based on actions that the new Commissioner took immediately upon assuming his initial role as Interim Commissioner and in the early months of his administration, the TAC expressed its confidence in the work being done. Over the year that has passed since the TAC issued that report, that confidence has proven warranted. The reform effort is back on track, progress has been made in gaining ground back in the areas related to at least four of the six provisions that moved out of maintenance, and significant progress has been made in other key areas.

1. Progress in the Areas That Came Out of Maintenance

Caseloads: As discussed in greater detail in Section Five of this report, the Department has taken a variety of steps to address pressures on case manager caseloads, including hiring additional staff and reducing bureaucratic time delays associated with the hiring process, and contracting with private providers to provide case management services that regions can draw upon to provide an immediate response when there is an unanticipated rise in caseload or loss of staff (through turnover or medical leave). As of January 2014, 95% of caseloads statewide appeared to be within caseload limits.[9]

Resource Parent Exit Surveys: As discussed in Section Nine of this report, this provision fell out of maintenance because of a combination of the poor response rate to the Department's online survey for exiting resource parents and inadequate follow-up by the Department when this poor response rate became apparent. At the September Status Conference, the Court raised the issue of whether an online survey was the best way of getting feedback from caregivers exiting foster care. Not only was the Court concerned that some resource parents would not have computers and internet access, but the Court indicated, based on the Court's own reaction to e-mail surveys, that a more "old school" personal contact by a human being might be more effective in getting a response. The Department decided to take the "personal contact" approach and the results have been impressive, with more than two-thirds of the exiting resource parents agreeing to provide information through a personal interview.

Quality Assurance Related Provisions: Two provisions came out of maintenance, one related to ensuring appropriate review of and response to incident reports involving restraints and seclusion and one related to ensuring timeliness of initial permanency plans and annual permanency plan updates. While the Department is still in the process of implementing a TFACTS enhancement to support a redesigned Incident Report review process, the Department's Quality Control (QC) Division (which is responsible for quality assurance functions) is making better use of the current TFACTS IR function than had been the case a year ago. Similarly, the QC Division has made

[9] The TAC uses the word appear because of questions, discussed in Section Five H, related to the proper approach to counting cases when a caseload includes a mix of custodial and non-custodial cases. The TAC hopes to be able to resolve those questions in advance of the discussions that the TAC will be having with the parties regarding which provisions of the Settlement Agreement should be given the maintenance designation.

progress in working with the Department's IT staff to produce the reporting needed to ensure that initial permanency plans are developed within 60 days of children coming into care and that plans are being updated at least annually.

For the two remaining areas that came out of maintenance—*timeliness of case recordings and reunification within twelve months*—sufficient time has not yet passed for the TAC to be able to determine the extent to which progress has been made.

Performance on the timeliness of case recordings, not surprisingly, was poorest in the regions that had been struggling with high caseloads. Now that the Department has addressed those caseload issues, it is reasonable to expect that performance on timeliness of case recordings will return to acceptable levels. Because the timeliness of case recordings is measured by looking back at case recordings over a 12-month period and because the caseloads in the regions with the poorest performance on this measure did not start coming down until the last quarter of 2013, improvements in timeliness of case recordings could take several months before they would have a noticeable impact on this performance measure.

The drop in performance on the Section XVI measure of "reunification within 12 months," because it is calculated based on an exit cohort rather than an entry cohort, is of limited value in determining more recent performance.[10] However, entry cohort data which the TAC also relies on to understand how quickly children are exiting to permanency has also showed for recent entry cohorts a slowing of the rate of exit to permanency in the first 12 months in care.[11]

While caseload pressures might be a factor in the slowing of the rate of exit during the first year children are in care, there may be other factors impacting performance. The Deputy Commissioner for Child Programs will be working with the TAC to better understand the factors and determine what, if any, additional actions should be taken.

2. Areas of Significant Progress

The Executive Summaries of each of the last three monitoring reports focused on work remaining to be done in three areas that both the Department and the TAC consider to be central to sustaining the progress the Department has already made and meeting the remaining requirements of the Settlement Agreement:

- improving the quality of case practice;
- improving resource parent recruitment and retention; and
- improving planning and service provision for youth transitioning to adulthood.

[10] For a further discussion of the appropriate uses of entry cohorts and exit cohorts, see Appendix D.
[11] By 24 months in care, however, the rate of exit for these entry cohorts matches those of previous cohorts.

In each of these areas, while need and opportunities for improvement still remain, much has been accomplished over the past year.

a. Improving the Quality of Case Practice:

The Department has long recognized that improving the quality of front-line casework—the critical day-to-day interactions between children, families, case managers, helping professionals, and the community that are needed to make sure that children are safe, healthy, and able to develop and succeed—is essential to achieving good outcomes for the children and families the Department serves.

The Department has therefore appropriately focused on the core practice elements of the Child and Family Team Process as improvement priorities:

- engaging children and families;
- forming strong Child and Family Teams that include not only professionals, but relatives and others who are part of the family's informal support network;
- assisting those teams in assessing the strengths and needs of the family;
- having the team develop and track the implementation of individualized case plans that build on those strengths and address those needs; and
- utilizing the team and the team meeting process for problem solving and key decision making throughout the life of the case.

The Department has recognized that improvement in these areas depends on strong regional leadership and on supervisors having both the skills relevant to the core practice elements and the coaching and mentoring ability to develop these skills in the case managers they supervise. The Department has emphasized in its selection of new supervisors and in its supervisor training the ability of supervisors to model, mentor and coach high quality practice. The supervisory performance evaluation process has been redesigned to assess critical areas of supervisory skills related to case practice supervision and to create job performance plans that build on the supervisor's strengths and address any areas of deficit. The Department has also created a set of expectations for regular supervisor-case manager interaction focused specifically on the quality of the core skills of engagement, teaming, assessment, case planning, and plan implementation, and implemented a performance evaluation process for case managers that emphasizes the core practice skills.

As discussed in previous monitoring reports, the Department has organized much of its case practice improvement strategy around the Quality Service Reviews. The Department has expended considerable effort over the past several years not only on helping regions use the feedback that the annual Quality Service Reviews provide to develop and implement regional practice improvement plans, but to actively use the QSR protocol and the language it uses to describe desired practice as the touchstone for practice improvement in general. That focused work appears to have paid off, as evidenced by significant improvement in the 2013-2014 QSR review results in the core system performance areas.

The Department is encouraged that the Quality Service Review results for 2013-14 reflect meaningful improvement (increases of between nine and 25 percentage points) on those QSR indicators that measure the key core practice elements compared to previous years: Engagement (78% in 2013-14 compared to 53% in 2012-13),[12] Teamwork and Coordination (73% compared to 53%), Ongoing Assessment Process (60% compared to 51%), Child and Family Planning Process (65% compared to 49%), Plan Implementation (63% compared to 53%), and Tracking and Adjustment (70% compared to 54%).[13]

Notwithstanding the improvements, the percentage of cases scoring "unacceptable" on these core practice elements is still significant. Nevertheless, the improvements in this year's QSR results reflect that children and families are increasingly experiencing the quality case practice that the Department's practice model envisions.

b. Improving Resource Parent Recruitment and Retention

As noted earlier in this Executive Summary, Tennessee's reform efforts have resulted in significant improvements in the placement of children with families and the related reduction of children placed in congregate care facilities and emergency shelters. The Department continues to experience a high level of success in placing children unable to return to family in adoptive homes (the vast majority of whom are adopted by resource parents with whom they were already living).

These achievements have depended in large part on the Department's ability to recruit, train, and retain caring and capable resource parents. For a period of time in recent years, resource home attrition had been outpacing successful recruitment of new resource parents, resulting in a steady decline in the total number of resource homes available to serve DCS children. This reduction was only partially offset by a concurrent reduction in the total number of children in care.

In response, the Department has sought over the past several years to build resource home capacity through development and implementation of regional recruitment plans that focused on increased utilization of kinship resources, improved responsiveness to inquiries from potential resource parents, targeted recruitment of resource parents willing and able to serve older children and sibling groups, and better engagement and support of resource parents.

[12] The new Voice and Choice for the Child and Family indicator (added to the 2013-14 QSR protocol and process) now measures, as the Engagement indicator has in past QSRs, the extent to which the child and family are active and committed participants in the change process. The Engagement indicator now (beginning with the 2013-14 QSR) focuses on "the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change." The percentage of acceptable scores for the 2013-14 statewide overall Voice and Choice for the Child and Family indicator is 72%.

[13] Although the QSR scores for these core practice elements have fluctuated over the years, this year's scores represent a significant improvement over past years. In the 2009-10 QSR, substantially fewer than half of the cases evaluated scored "acceptable" for any of core indicators: Engagement of Child and Family (44%), Teaming and Coordination (45%), Ongoing Functional Assessment (40%), Child and Family Planning Process (34%), Plan Implementation (39%), and Tracking and Adjustment (41%).

As reflected in Section Nine, those efforts have succeeded in reversing the downward trend from several years ago, and for the most recent years, the Department has achieved an increase in resource home capacity, from 4,502 DCS and private provider resource homes in June 2012 to 4,905 DCS and private provider resource homes in December 2013.

The Department recognizes that ongoing recruitment efforts are essential to sustaining this trend and ensuring that there are resource homes for every child in custody whose needs can be met in a family setting. The Central Office has taken the initiative to reach out to the faith community, and these kinds of efforts that supplement the regional recruitment work are important. There also appear to be opportunities for those regions that have not been as successful in utilizing kinship resource parents to learn from those regions that have.

c. Youth Transitioning to Adulthood

As discussed in previous monitoring reports, the Department has appropriately made the focus for case planning for older youth "permanency **and** successful transition to adulthood" not "permanency **or** successful transition to adulthood." While in the past, Independent Living (IL) services were viewed as an "alternative to permanency"—a kind of consolation prize for those older youth for whom the Department had failed to find permanent families—now preparation for adulthood and provision of Independent Living services to support that preparation is to be considered in the context of the major emphasis on "fostering permanent connections," through either "legal permanency" or "relational permanency." The Department has embraced in its policy a philosophy that a youth is never too old to find permanency, and that there is no more important contributor to successful preparation for/transition to adulthood than having those personal family or family-like connections that will last into adulthood.

Tennessee has taken a significant step towards improving outcomes for older youth transitioning to adulthood by "opting in" to the extension of foster care to age 21 made possible by the federal Fostering Connections Act. By providing this option, Tennessee has recognized the importance of providing young people in foster care with the same kind of ongoing support that children in "intact" families receive as young adults.

The Department is using the implementation of foster care to 21 as an opportunity to re-examine and re-invigorate its approach to case planning and practice for older youth in foster care.

As discussed in detail in Section Six F of this monitoring report, the Department has both expanded the resources available to support older youth transitioning to adulthood and made clearer to the field the resources and supports that are available for older youth but have not been as fully utilized as they should have. The Department has also invested considerable energy in helping the field (both DCS staff and private providers) understand the appropriately high expectations that the Department now has that older adolescents in foster care have the same opportunities to experience the full range of developmentally appropriate activities that teenagers in intact families experience.

At this point, the challenge for the Department is to improve case planning for older youth[14] to ensure that those plans include provision for the wide range of normal activities that are key to healthy adolescent development and that older youth are sufficiently engaged and getting access to the range of available independent living services and supports.[15]

C. The January 2014 Comptroller's Performance Audit

The Court, in an order entered on January 27, 2014, indicated that the parties should review the January 2014 Performance Audit of the Department of Children's Services conducted by the State Comptroller's Division of State Audit (hereafter referred to as the Audit) and be prepared, at the upcoming June 20, 2014 Status Conference, to discuss any concerns or suggestions related to that Audit. While the Court did not ask that the TAC address the Audit in this monitoring report, the TAC decided it might be helpful to provide in this Executive Summary some brief observations related to some of the Audit findings.

The Audit was conducted in accordance with the Tennessee Governmental Entity Review Law (the state's "sunset law") and technically covered the period from 2007 through 2013. The Audit report includes the responses of the Department to the findings and the TAC understands that the Department may file a responsive pleading with the Court supplementing and updating the responses in the Audit.

When the Audit was released, the TAC reviewed the findings and recommendations in order to:

- identify those areas of concern that fall within the scope of the Settlement Agreement;[16]
- determine the extent to which the concerns raised by the Audit findings (particularly as those findings relate to the current status of DCS policy or practice) are supported by the most recent data and other information that the TAC has gathered in its monitoring role; and
- determine whether the Department has previously addressed or is currently responding to the identified concerns.

[14] Notwithstanding the considerable resources committed to making independent living services and supports available to all older youth who qualify, the QSR scores for Assessment, Case Planning, and Plan Implementation (discussed above) suggest the critical role that improvements in the case planning process will play in ensuring that eligible older youth are actually receiving and benefitting from those supports and services.

[15] The Department recognizes that as planning improves and older youth increasingly take advantage of the range of services and supports, it will be important to make sure that the services and supports are sufficient in quantity to respond to the demand (as they currently believe those resources are). In addition, the Department will be monitoring the quality of those services, including getting feedback from the young people who are receiving those services and whose input, as discussed in Section Six F, has informed much of the direction the Department has taken toward this work.

[16] While the TAC has restricted its comments in this Executive Summary to those findings that most directly relate to the provisions of the Settlement Agreement, the TAC has reviewed and is prepared to discuss any of the audit findings and recommendations that the Court deems relevant.

There were a number of findings related to the process for receiving, screening, and assigning reports of child abuse and neglect for investigation or assessment (the two "tracks" of Tennessee's "Multiple Response System"); and the thoroughness of Child Protective Services (CPS) case investigations and documentation. (Audit, pages 9-12, 17-19.)

While the Audit acknowledged considerable improvement in the operation of the Department's Child Abuse Hotline, it expressed concerns about the process by which reports of abuse or neglect that were made "through the Department's Internet web page, facsimile, and mail" rather than by phone, because it necessarily required some degree of manual tracking and data entry not connected to the phone system, created a risk of delay in handling a case and the possibility that a case might fall through the cracks. The audit recommended that the Department improve how it tracks these reports. The Department's current tracking process, which the TAC reviewed during a site visit to the Child Abuse Hotline in March 2014, appears to address the concerns raised by the audit.

The audit found that the Department should improve the thoroughness of its child abuse and neglect investigations.[17] As discussed in more detail in Section Three of this monitoring report, over the past year, the Department has devoted considerable time and attention to improving the CPS process and strengthening case work. The actions that the Department has taken, including the reorganization of the CPS function, the implementation of additional training for CPS staff, the increased emphasis on CPS case supervision, and the investment of additional resources to both upgrade and increase staff positions[18] appear to be responsive to the concerns raised in the Audit.[19]

The auditors, based on conversations with DCS caseworkers about challenges in finding placements willing and able to serve certain children, made two findings (and related recommendations). (Audit at pages 76-79.) First, that the Department needs to further assess foster care placement needs and should therefore consider conducting formal needs assessments in each region; and second, that the Department should monitor private provider placement practices, to make sure that appropriate action is taken against any provider who is "informally denying services to children for solely economic reasons" (in violation of their contracts).

The TAC has been impressed with the range of activities the Department engages in to generate and analyze data related to placement needs. For example, through a partnership with the Vanderbilt Center of Excellence, the Department is able to aggregate assessment data related to individual children, filter that information by region to get an understanding of the range of needs of the children in that region, and then overlay that data on a map showing the regional resources (placements and services) to get a sense of whether there are sufficient placements and

[17] This finding was made on the basis of a review of 20 cases selected from 2012 to 2013 that identified documentation errors or lapses in some cases.

[18] The Audit (at pages 29-31) comments on the challenges of ensuring that caseloads are maintained at manageable levels and the Department action to increase staff positions is responsive to that concern.

[19] The Audit, in discussing various legislative reporting obligations of the Department, noted the Department's failure to report to the legislature certain child deaths and near deaths as required by TCA 37-5-124. (Audit, pages 20-23.) The revised Child Death Review process now assures that the legislative reporting requirements are met.

services to match the needs. The Department has in the past used its utilization review process to understand when a perceived need for more congregate care placements actually reflects a need for more targeted recruitment of therapeutic resource homes, as is the case when the lack of space in congregate care facilities results from children who are ready to be "stepped down" to a resource home while not having a resource home available.

The concern identified by the audit that providers are, through informal means rather than explicit refusal, improperly denying placements to children who they are contractually obligated to serve, is an important concern to address. The Department appears to have some reasonable strategies for addressing this concern, including using the Placement Exception Request process discussed in Section Six to identify, for increased scrutiny, situations in which providers turn down a referral.

The auditors found what they believed to be a "potential weakness in the monitoring of background checks for several groups of people with access to children." (Audit at pages 44-48.) Among those groups mentioned were resource parents and other adults residing in the homes of resource parents. The TAC has periodically conducted targeted reviews related to background checks in a broad range of areas and reviewed the Department's internal processes for ensuring that required background checks are being conducted. While the TAC is not suggesting that any potential weaknesses should be ignored, or that the Department should not implement recommended improvements to reduce the risk of human error or oversight in the background check process, the TAC, as discussed in relevant sections of the monitoring report, is satisfied that the Department is meeting the specific background check requirements of the Settlement Agreement.

The audit identifies some issues related to documentation in Adoption Assistance and Subsidized Permanent Guardianship files (that, among other things, appeared to have resulted in an overpayment of at least $2,445). (Audit at pages 49-51.) However, the Audit also acknowledges that the problems with the payment functions that were identified in the Comptroller's March 2012 report on TFACTS have been adequately addressed. As discussed in Section Thirteen of this monitoring report, and in the TFACTS Update that will be filed with Court, through a combination of enhancements of the TFACTS financial functions and a well-structured and efficient reconciliation process, the Department has addressed the payment and financial management issues that had in the past been a significant concern.

Not surprisingly, the Audit found that the TFACTS system had problems and that changes were needed to ensure the system was fully functional. (Audit at pages 37-42.) Among the sources that the Audit relies on is the TFACTS evaluation conducted by the TAC at the Court's request, and the specific problems discussed in detail in the Audit are those identified and discussed in the TAC's evaluation. As the Court is aware, the TAC continues to update the Court on the Department's progress in addressing the issues identified in that evaluation. John Ducoff, the Chair of the TAC's TFACTS Evaluation Committee, will be filing a written update in advance of the Status Conference and will be attending the Status Conference.

There is one issue identified by the auditors, raised separately from the broader TFACTS issues related to the capacity of TFACTS to provide aggregate reporting related to face-to-face visits between case workers and children on their caseloads. (Audit at pages 84-85.)[20] The TAC has worked closely with the relevant IT and program staff to develop an improved set of face-to-face contact reports that allow accurate aggregate reporting on the numbers of face-to-face contacts that case managers are having with children, including reporting on visits that occur during the first two months in care. Those face-to-face contact reports provide the TAC with the frequency of contact data presented in Section Six of the monitoring report. It is true that the Department is not presently producing aggregate reports from TFACTS on the extent to which workers are spending time in private with the child during each visit, nor is there aggregate reporting on the requirement, in a private agency case managed case, that the DCS worker and private agency caseworker conduct a joint visit at least once every three months. The TAC does not view the lack of aggregate reporting on these two specific requirements of the Settlement Agreement as a serious obstacle to monitoring (since a targeted case file review can be conducted to address this issue).[21]

As this brief discussion of some of the more salient findings suggests, it appears to the TAC that the Department either has taken appropriate action or is taking appropriate action with respect to those areas of concern in the audit that are most relevant to the Settlement Agreement provisions.

D. Conclusion

Improving a child welfare system is hard work, and it takes continual focus and energy to sustain the progress that has been made, even as emphasis is placed on the next improvement. As hard as those gains are to achieve, it does not take much time for a loss of focus to jeopardize those gains (as the Department's experience in 2012 reflects).

The current leadership is focused on the tasks ahead, while understanding the need to maintain the gains already achieved. The Department is once again firmly back on track and clearly making significant progress toward exit.

[20] There is a second TFACTS related issue similarly raised separately from the general discussion of TFACTS, but which is not necessarily relevant to the Settlement Agreement. This issue had to do with the interface between TFACTS and the Child Advocacy Centers' NCAtrak, and appears to have been resolved. (Audit at pages 15-16.)

[21] There is (appropriately) no requirement that there be aggregate reporting on each and every provision of the Settlement Agreement and it is certainly reasonable that the Department would at this point choose to devote resources to other aggregate reporting that would be more valued by the field.

KEY OUTCOME AND PERFORMANCE MEASURES AT A GLANCE

The following tables present DCS statewide performance on key outcome and performance measures.[22]

Table 1 presents the Settlement Agreement Section XVI outcome and performance measure requirements and the Department's level of achievement for those requirements for the following three periods: January 1, 2013 through January 1, 2014 (the monitoring period covered by this report); January 1, 2012 through January 1, 2013; and January 1, 2011 through January 1, 2012 (data presented in previous monitoring reports). When available, breakouts of data by race are included in brackets after the statewide performance percentage, with the percentage for White children listed first and the percentage for African-American children listed second.

Table 2 compares performance for recent entry cohorts on first placement rates, initial placements in family settings, and initial placement in kinship homes. Table 3 presents average caseloads for DCS case managers and supervisors who were responsible for *Brian A.* children. Table 4 presents the percentages of critical Child and Family Team Meetings held. Table 5 presents first investigation rates and first substantiation rates.

Finally, Table 6 presents the statewide Quality Service Review (QSR) results for each of the past four years.[23]

[22] Definitions of terms and explanations of the outcomes and measures (including the method for calculation) are presented in the discussion in the relevant sections of this report. In addition, Appendix A provides an explanation of the time period used for each of the Settlement Agreement outcome and performance measures and also presents a regional breakdown of these data.

[23] Quality Service Review (QSR) results for the past five review years, for each region, are included as Appendix B.

Table 1: Settlement Agreement Outcomes	Settlement Agreement Standard	January 1, 2011 through January 1, 2012	January 1, 2012 through January 1, 2013	January 1, 2013 through January 1, 2014
XVI.A.1 Time to Reunification				
• Reunification within 12 months of custody	80%	72% [69%/67%]	67% [65%/62%]	69% [69%/65%]
• Reunification within 24 months of custody (remainder)	75%	79% [81%/74%]	78% [78%/73%]	80% [82%/77%]
• Reunification within 24 months of custody (cumulative—logical corollary of the Settlement Agreement provision)[24]	95%	94% [94%/91%]	93% [92%/90%]	94% [95%/92%]
XVI.A.2 Time to Adoption				
• Finalization within 12 months of guardianship	75%	72% [70%/69%]	74% [73%/76%]	80% [81%/73%]
XVI.A.3 Number of Placements				
• 2 or fewer placements within past 12 months	90%	89%[25] [88%/87%]	93% [92%/91%]	93% [93%/92%]
• 2 or fewer placements within past 24 months	85%	76%[26] [75%/70%]	83% [82%/78%]	82% [82%/80%]
XVI.A.4 Length of Time in Placement				
• 2 years or less	75%	84% [83%/80%]	83% [81%/80%]	82% [83%/81%]
• Between 2 and 3 years	No more than 17%	9% [10%/11%]	10% [11%/12%]	11% [10%/11%]
• More than 3 years	No more than 8%	7% [7%/9%]	7% [8%/9%]	7% [7%/9%]

[24] The **"cumulative performance standard"** reflects the total performance that the Department would achieve if it were to meet, but not exceed, each of the separate Settlement Agreement requirements related to the specific outcome or indicator. For example, the Settlement Agreement requires that 80% of children exit to reunification within 12 months and that an additional 15% (75% of the remaining 20%) exit to reunification within 24 months, for a total of 95% of children exiting to reunification within 24 months. The **"cumulative performance percentage"** for each reporting period is calculated by adding the number of cases meeting the first requirement (reunification within 12 months) and the number of cases meeting the second requirement (reunification within 24 months) and then dividing by the total number of relevant cases (all children reunified).

[25] The data in this cell under-report actual performance. See footnote 78 in Section One of the June 2012 Monitoring Report regarding this under-reporting.

[26] The data in this cell under-report actual performance. See footnote 78 in Section One of the June 2012 Monitoring Report regarding this under-reporting.

Table 1 (continued): Settlement Agreement Outcomes	Settlement Agreement Standard for Period V	January 1, 2011 through January 1, 2012	January 1, 2012 through January 1, 2013	January 1, 2013 through January 1, 2014
XVI.A.5 Reentry				
• Reentry within 12 months of most recent discharge	No more than 5%	6% [5%/8%]	6% [6%/7%]	6% [6%/8%]
XVI.A.6 Achievement measures				
• Youth exiting to non-permanency who met at least one achievement measure[27]	90%	86% [87%/82%]	80% [79%/77%]	Unavailable[28]
XVI.B.1 Parent-Child Visits		(December 2011)[29]	(December 2012)	(December 2013)
• Visits at least twice per month	50%	TFACTS: 20% Targeted Review: 40%-48%	27%	34%
• Visits once per month (of those not visiting twice per month)	60%	TFACTS: 24% Targeted Review: 11%-17%	30%	32%
• Visits at least once per month (cumulative—logical corollary of the Settlement Agreement provision)	80%	TFACTS: 39% Targeted Review: 51%-61%	49%	55%
XVI.B.2 Sibling Placement				
• Sibling groups placed together (point-in-time)	85%	(December 2011) 81%	(December 2012) 82%	(December 2013) 79%
• Sibling groups placed together (entry cohorts)	85%	(FY10-11 entry cohort) 81% [84%/73%]	(FY11-12 entry cohort) 82% [84%/79%]	(FY12-13 entry cohort) 82% [84%/73%]

[27] In its aggregate reporting of employment, the Department began reporting only full-time employment for this measure in September 2011. For previous reporting periods, the Department had not distinguished between full-time and part-time employment.

[28] Achievement measures upon discharge data is unavailable for this reporting period. The Department has recently developed a 31 question Transitional Survey (the source of the achievement measures data) that has replaced the previous questionnaire, and the questions related to the achievement measures have been worded more clearly. That new survey has been available in TFACTS since November 2013, and the Department has been generating some preliminary reporting from that survey, beginning with the first quarter of 2014. The Department is still working with the field to ensure that these surveys are being conscientiously filled out.

[29] Because the TAC has found TFACTS aggregate reporting to significantly under-report parent-child visits, both TFACTS data and the results of the targeted review of parent child visits for the six-month period from February to July 2011 are included in this section of the table.

Table 1 (continued): Settlement Agreement Outcomes	Settlement Agreement Standard	January 1, 2011 through January 1, 2012	January 1, 2012 through January 1, 2013	January 1, 2013 through January 1, 2014
XVI.B.3 Sibling Visits		(December 2011)[30]	(December 2012)	(December 2013)[31]
• Visits at least once per month	90%	TFACTS: 19% Targeted Review: 84%-89%	46%	TFACTS: 55% Targeted Review: 70%-79%
XVI.B.4 Timeliness of TPR Filing				
• TPR filed within 3 months of sole adoption goal	70%	Unavailable	85%	93%
• TPR filed within 6 months of sole adoption goal[32]	85%	Unavailable	91%	96%
XVI.B.5 PPLA Goals		(December 26, 2011)	(December 30, 2012)	(December 26, 2013)
• Class members with sole PPLA Goals	No more than 5%	0.4% [0.5%/0.4%]	0.2% [0.3%/0.3%]	0.2% [0.2%/0.1%]
XVI.B.6 Placement within Region or 75 Miles			(April 2013)	(January through March 2014)
• Class members placed within Region or 75 miles	85%	Unavailable	87%/85%[33]	90%[34]

[30] Because the TAC has found TFACTS aggregate reporting to under-report sibling visits, both TFACTS data and the results of the targeted review of sibling visits for the six-month period from April to September 2010 are included in this section of the table.

[31] Because the TAC has found TFACTS aggregate reporting to under-report sibling visits, both TFACTS data and the results of the targeted review of sibling visits for the six-month period from January to June 2013 are included in this section of the table.

[32] The 2010 Modified Settlement Agreement and Exit Plan altered the second part of this requirement, making it a cumulative measure of petitions filed within six months of the change to a sole goal of adoption. This revised measure did not apply for reporting periods prior to November 2010.

[33] The two percentages in this table represent the two approaches that the TAC took to reporting on this requirement. See Section One of the June 2013 Monitoring Report beginning at page 36 for explanation of the two approaches. The racial breakdown for placement within region or 75 mile is as follows: for White children—81% within region or 75 miles, 13% outside of region or 75 miles, 6% unable to calculate mileage distance; for African-American children—79% within region or 75 miles, 10% outside of region or 75 miles, 11% unable to calculate mileage distance.

[34] As discussed in Section One, the Department's 75 mile measure now uses the address of the committing court as the "home address." The TAC has determined that using this address for purposes of aggregate reporting, especially given the relatively small size of Tennessee's 95 counties, is a sensible and appropriate approach that ensures more accurate and complete data for this measure than any other alternative considered by the TAC. The TAC inadvertently failed to request a breakdown of these data by race. Future monitoring reports will include a race breakdown for this measure.

Table 2: Placements[35]	2009	2010	2011	2012	2013
Number of *Brian A.* children in custody at end of year	(December 31) 5,297	(January 6) 5,659[36]	(December 26) 6,537	(December 30) 6,703	(December 26) 6,874
	FY08-09 entry cohort	**FY09-10 entry cohort**	**FY10-11 entry cohort**	**FY11-12 entry cohort**	**FY12-13 entry cohort**
Number of **ALL** *Brian A.* entries into custody during each fiscal year	4,577	5,272	5,485	5,774	5,788
First placement rate (per 1,000) (Number of first placements in parentheses)	2.4 (3,604) [2.2/2.9]	2.9 (4,362) [2.6/3.8]	3.1 (4,572) [2.7/3.0]	3.3 (4,834) [2.8/3.0]	3.2 (4,738) [3.0/3.1]
Initial placements in family settings with placement adjustment made for first five days[37]	92% (3,314/3,606) [92%/91%]	93% (4,053/4,370) [92%/93%]	90% (4,138/4,584) [90%/91%]	91% (4,407/4,847) [91%/91%]	91% (4,290/4,738) [89%/92%]
Initial placements in kinship homes with placement adjustment made for first five day[38]	17% (600/3,604)	16% (7682/4,362)	26% (1,168/4,572)	25% (1,223/4,834)	22% (1,022/4,738)
	Calendar year 2009 entry cohort	**Calendar year 2010 entry cohort**	**Calendar year 2011 entry cohort**	**Calendar year 2012 entry cohort**	**Calendar year 2013 entry cohort**
Initial placements in family settings without placement adjustment	88.5%	88.0%	86.2%	86.2%	85.1%
Initial placements in kinship homes without placement adjustment	14.7%	18.7%	26.2%	22.9%	20.2%

[35] Data for earlier cohorts presented in this table may differ slightly from that reported in previous monitoring reports because of updates and cleanings of TFACTS data occurring over time.

[36] This is the number of *Brian A.* children in custody on January 6, 2011 according to the TFACTS report that lists the children in custody. This number may not be exact because the Department was still working on correcting some problems with the report, with the conversion from TNKids to TFACTS, and with data entry into TFACTS, which impacted the accuracy of the data.

[37] As described in Section One, this measure adjusts the first placement setting designation in cases in which another placement in a different setting is made within five days of the child coming into care.

[38] The TAC considers the kinship settings measure with placement adjustment as a better indicator of kinship utilization because it allows the Department additional time to locate relatives and conduct the necessary steps for an expedited placement. However, because that data is kept on a fiscal year basis and data for the calendar year is more recent, the TAC includes both. While the TAC has previously reported breakouts of data by race for initial kinship placements *as a percentage of placements in family settings*, breakouts by race for this measure are not available.

Table 3: DCS Case Manager and Supervisor Caseloads	Average from January 2010 through April 30, 2010	Average from May 1, 2010 through December 31, 2011	Average from June 2012 through March 2013	2013
Case Manager Caseload (% within Settlement Agreement limits)	96%	Unavailable	87%	(Jan. 2013/Jan. 2014) 90%/95%
Supervisory Caseload (% within Settlement Agreement limits)	95%	Unavailable	Unavailable	(Jan. 2014) 90%

Table 4: Child and Family Team Meetings (CFTMs)	1Q 2012 (1/1/12-3/31/12)	2Q 2012 (4/1/12-6/30/12)	3Q 2012 (7/1/12-9/30/12)	4Q 2012 (10/1/12-12/31/12)	1Q 2013 (1/1/13-3/31/13)	2Q 2013 (4/1/13-6/30/13)	3Q 2013 (7/1/13-9/30/13)	4Q 2013 (10/1/13-12/31/13)
Children entering custody who had at least one Initial CFTM	85%	86%	88%	90%	90%	86%	88%	91%
Children entering custody who had at least one Initial Perm Plan CFTM	76%	80%	79%	83%	83%	82%	79%	87%
Children w/ placement disruptions who had at least one Placement Stability CFTM	61%	63%	70%	65%	66%	67%	70%	74%
Children beginning "trial home visit" (THV) or released from custody who had at least one Discharge CFTM	46%	43%	37%	47%	47%	48%	49%	52%
Children with at least one CFTM during reporting period	62%	60%	61%	58%	81%	84%	90%	84%

Table 5: Child Protective Services (CPS)[39]	FY08-09	FY09-10	FY10-11	FY11-12	FY12-13
First investigation rate (per 1,000)	11.7	10.5	11.2	10.0	10.7
First substantiation rate (per 1,000)	3.2	3.2	3.2	3.2	3.4

[39] A change in the methodology used to calculate the investigation and substantiation rates accounts for the noticeable shift in the refreshed rates for prior years when compared to the rates in the June 2013 Monitoring Report. Previously, all initial investigations were counted, regardless of whether there had been prior contact with the CPS/MRS system. The new methodology only counts cases that represent a child's first contact (other than a screened out referral) with the CPS/MRS system that are screened to the investigation track.

Table 6: QSR Indicator (% acceptable)	**2010-2011**	**2011-2012**	**2012-13**	**2013-14**
Child and Family Indicators				
Safety	98%	98%	96%	99%
Stability	70%	75%	74%	80%
Appropriateness of Placement	92%	94%	91%	97%
Health/Physical Well-being	99%	100%	97%	98%
Emotional/Behavioral Well-being	85%	87%	84%	92%
Learning and Development	83%	89%	86%	90%
Caregiver Functioning	96%	98%	95%	98%
Prospects for Permanence	35%	30%	38%	47%
Family Functioning & Resourcefulness	42%	39%	32%	48%
Family Connections	52%	54%	46%	64%
Voice and Choice of the Child and Family[40]				72%
System Performance Indicators[41]				
Old Engagement (VII.B-F, L, N)	59%	54%	54%	72%[42]
New Engagement[43]				78%
Teamwork and Coordination (VII.B-F, L, N)	59%	58%	53%	73%
Ongoing Assessment Process (VI.D)	51%	56%	51%	60%
Long-Term View	43%	39%	43%	45%
Child and Family Planning Process (VII.D)	53%	56%	49%	65%
Plan Implementation (VII.D, K)	51%	55%	53%	63%
Tracking and Adjustment (VII.D, K)	53%	57%	54%	70%
Informal and Community Supports Involvement	64%	59%	58%	63%
Caregiver Supports	92%	94%	93%	95%
Successful Transitions	50%	49%	55%	68%

[40] The new Voice and Choice indicator (much as the prior version of the Engagement indicator has in past QSRs) measures the extent to which the child and family are active and committed participants in the "change process." See Appendix Q for a more detailed description of this new indicator.

[41] The references in parentheses in Table 6 are to those sections of the Settlement Agreement for which the parties and the TAC have used the QSR as a primary measure of practice performance.

[42] In order to be able to compare scores over time, the 2013-14 score is for the Voice and Choice for the Child and Family indicator because this new indicator now measures what the Engagement indicator had in previous QSR years.

[43] The revised Engagement indicator now (beginning with the 2013-14 QSR) focuses on "the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change." See footnote 40 above for a brief description of what the Engagement indicator measured in past years. See Appendix Q for a more detailed description of the new meaning.

SECTION ONE: DATA AND OUTCOME MEASURES OVERVIEW

Introduction:

This section presents data related to three broad questions about the performance of Tennessee's child welfare system that reflect the core concerns of the Settlement Agreement.

- How successful is the Department in providing children in foster care with stable, supportive home-like settings that preserve healthy contacts with family, friends, and community?

- How successful is the Department in meeting the safety, health, developmental, emotional, and educational needs of children in foster care?

- How successful is the Department in helping children achieve timely permanency, either through safe return to their parents or other family members or through adoption?

For a number of areas addressed by these questions, the Settlement Agreement establishes specific outcome and performance measures and specifies numerical standards that the Department is to achieve. This section reports on the Department's level of achievement on these specific measures through December 31, 2013.[44] The discussion is supplemented by additional data and measures relevant to the particular area of focus.

The primary data sources for this section are reports from TFACTS (some produced by Chapin Hall at the University of Chicago,[45] others produced internally by the Department), and the results of the Quality Service Reviews (in-depth qualitative case reviews) A more detailed description of each of the data sources relied on in this section is presented in Appendix C,[46] and a brief orientation to the aggregate data explaining the three types of data presented (point-in-time, entry cohort, and exit cohort) is presented in Appendix D.

[44] Appendix A includes individual tables with both statewide and regional data for each Section XVI Outcome and Performance Measure.

[45] In November 2008 Chapin Hall began producing data for the Department's semi-annual "Regional Outcomes Reports" by state fiscal year (July 1 through June 30) rather than by calendar year (January 1 through December 31) as it had done previously. However, Chapin Hall continued to produce some data for purposes of this monitoring report by calendar year. Throughout this section, the data in the figures and tables are presented by calendar year or state fiscal year (or sometimes a combination of calendar year and state fiscal year) depending on the particular Chapin Hall reports used as the source for creation of the figure or table.

[46] Throughout this monitoring report, the source used to create each figure or table is noted immediately below the figure or table. When the source is a report produced by the Department, its "official" name is used. In instances in which the data included in the figure or table are a subset of the data included in the report, the title of the figure or table indicates the focus of that figure or table, and the title of the source report may appear to have little connection to the focus of that figure or table.

A. Foster Care Caseload in Tennessee: Basic Dynamics of Placement

Before addressing the three core system performance questions, it is important to have some basic information about the children coming into foster care: how many there are, where they come from, and why they are placed in foster care. This subsection provides information related to the number of children in state custody, the adjudication that resulted in their placement, the placement dynamics (placement rates and discharge rates), and their age distribution. Appendix E presents data related to key outcome and performance measures by race and ethnicity.

Key findings:

- *Brian A.* class members account for slightly more than 80% of the DCS placement population.

- The number of children in placement, which had been declining each year for many years, began to increase during 2010. In 2009, admissions began increasing while exits began decreasing, resulting in a significant increase in the placement population. The number of admissions continued to exceed the number of exits during 2010 and 2011, and consequently, the number of children in placement continued to climb. During 2012 and 2013, admissions remained relatively stable and exits increased, slowing the rate of growth in the placement population. Nevertheless, the placement population increased during 2012 and 2013, because admissions still exceeded discharges.

- Over the past decade, the statewide placement rate[47] has ranged between 2.4 and 3.6. In fiscal year 2012-13,[48] the statewide placement rate was 3.2. On the regional level, placement rates increased between 2011-12 and 2012-13 in half of the regions and decreased in the other half; the only considerable change (of more than one per 1,000) was a decrease in Knox Region from 5.1 in 2011-12 to 4.0 in 2012-13.

1. Placement Population

Figure 1.1 below provides some basic information about the composition of the DCS custodial population in out-of-home placement during the 14-year period beginning January 1, 2000.[49]

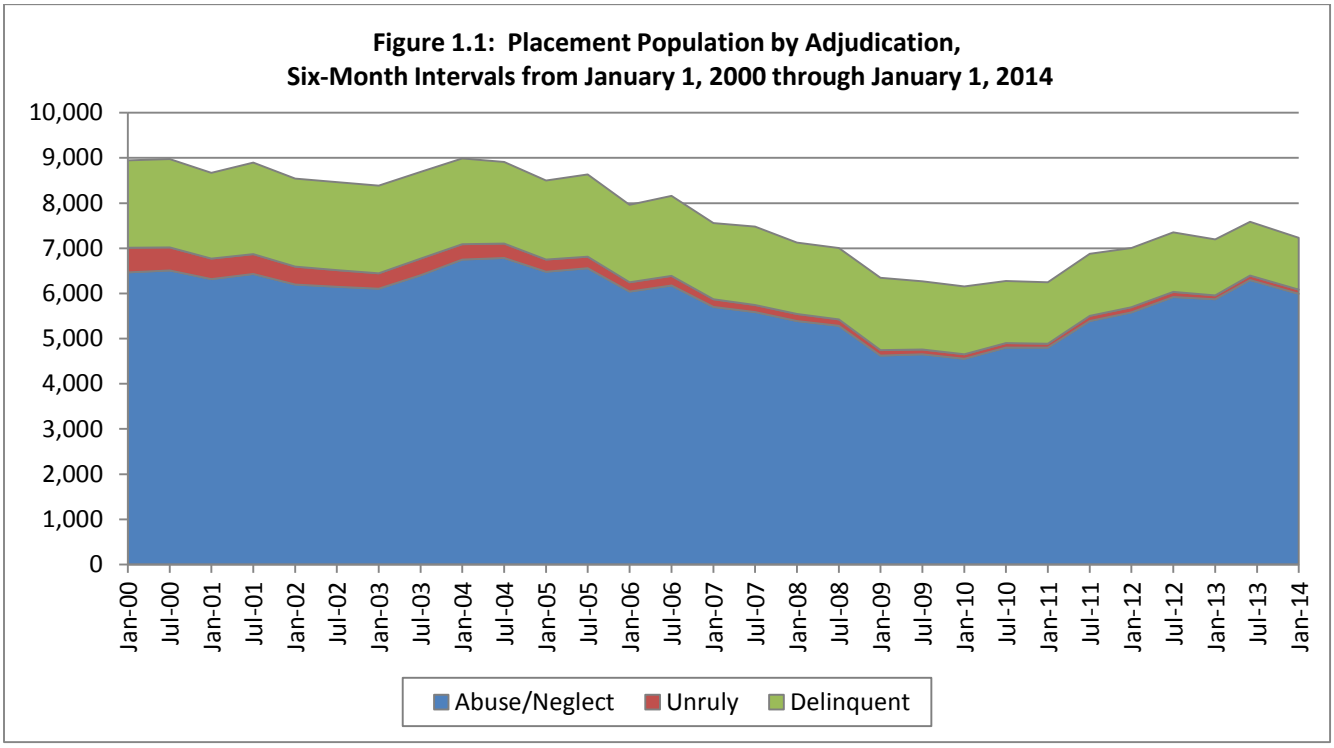
[47] The term "placement rate" as used here refers to the number of children entering out-of-home placement for the first time per 1,000 children in the general population. It does not include children who reenter foster care. See discussion beginning at page 26.

[48] Throughout this section, unless otherwise noted, "fiscal year" refers to the state fiscal year which runs from July 1 through June 30.

[49] There are some children who are in DCS legal custody but are physically living in their own homes, either awaiting out-of-home placement or on a trial home visit. The "custodial population" (children in DCS legal custody) on any given day will therefore be higher than the "placement population" (children in out-of-home placement). For example, on January 1, 2014 there were 8,329 children in DCS legal custody, of whom 7,231 were "in placement."

Between 2000 and 2004, the daily population of all children in DCS placement ranged from approximately 8,500 to 9,000. The daily population began to decrease in the second half of 2005, and by January 2010, had decreased to a low of 6,156. Between January 2010 and July 2013, the daily population generally increased, reaching a high of 7,583 as of July 1, 2013. The daily population declined to 7,231 as of January 1, 2014.

As Figure 1.1 reflects, the majority of children enter placement because of findings that they were abused or neglected. On January 1, 2014, for example, 5,993 (83%) of the children were in placement because of abuse or neglect, 91 (1%) were unruly (were truant from school, had run away from home, or engaged in other non-criminal misbehavior) and 1,147 (16%) were delinquent (had committed a criminal offense). Until January 2010, the Department had experienced some fluctuations in its daily placement population, but there had been an overall decrease in the number of children in placement in each category of adjudication. Between January 2010 and July 2013, the Department continued to experience an overall decrease in the number of children in placement with delinquent adjudications but experienced an increase in the number of children in placement with abuse, neglect, or unruly adjudications. Between July 2013 and January 2014, the number of children in placement decreased slightly for all adjudications.[50]

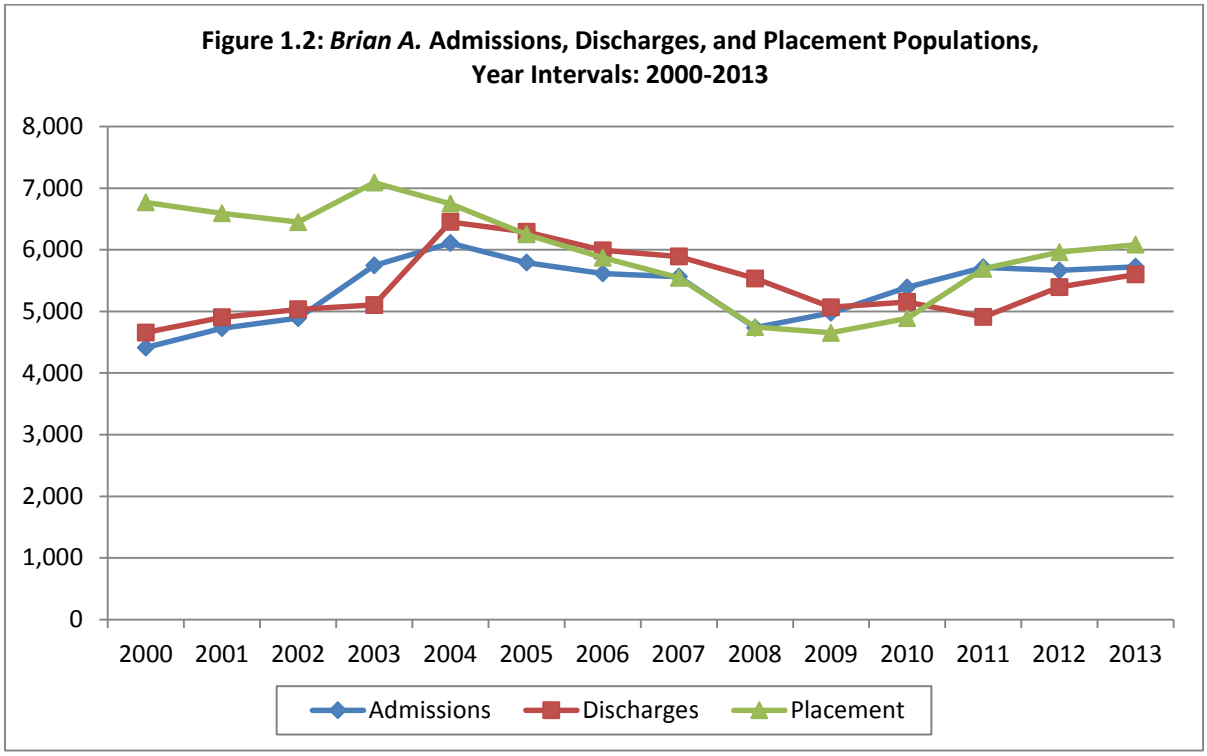


Source: January 2000 through January 2014 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

Fluctuations in the number of children in placement reflect trends in both admissions and discharges. As indicated in Figure 1.2, the number of *Brian A.* class members entering

[50] Although DCS is responsible for and cares about the experiences of all children in its custody, for purposes of this report, the data reported in the remainder of this section (unless otherwise indicated) include only members of the *Brian A.* class: children who are in state custody based on findings that they are abused, neglected, or unruly.

placement increased from 2000 through 2004.[51] Between 2004 and 2008, the number of admissions decreased (significantly in 2008) and discharges consistently exceeded admissions, resulting in a continuing and significant decline in the placement population. In 2009, the number of discharges only slightly exceeded the number of admissions (5,069 discharges compared to 4,976 admissions), resulting in a much less significant decline in the placement population than in previous years. Since 2010, admissions have consistently exceeded discharges, resulting in an increase in the placement population. Admissions decreased slightly and discharges increased significantly in 2012, slowing the rate of growth in the placement population during 2012. In 2013, there was a small increase in the number of admissions and a larger increase in the number of discharges, but because admissions still outnumbered discharges by 124, the placement population increased slightly.



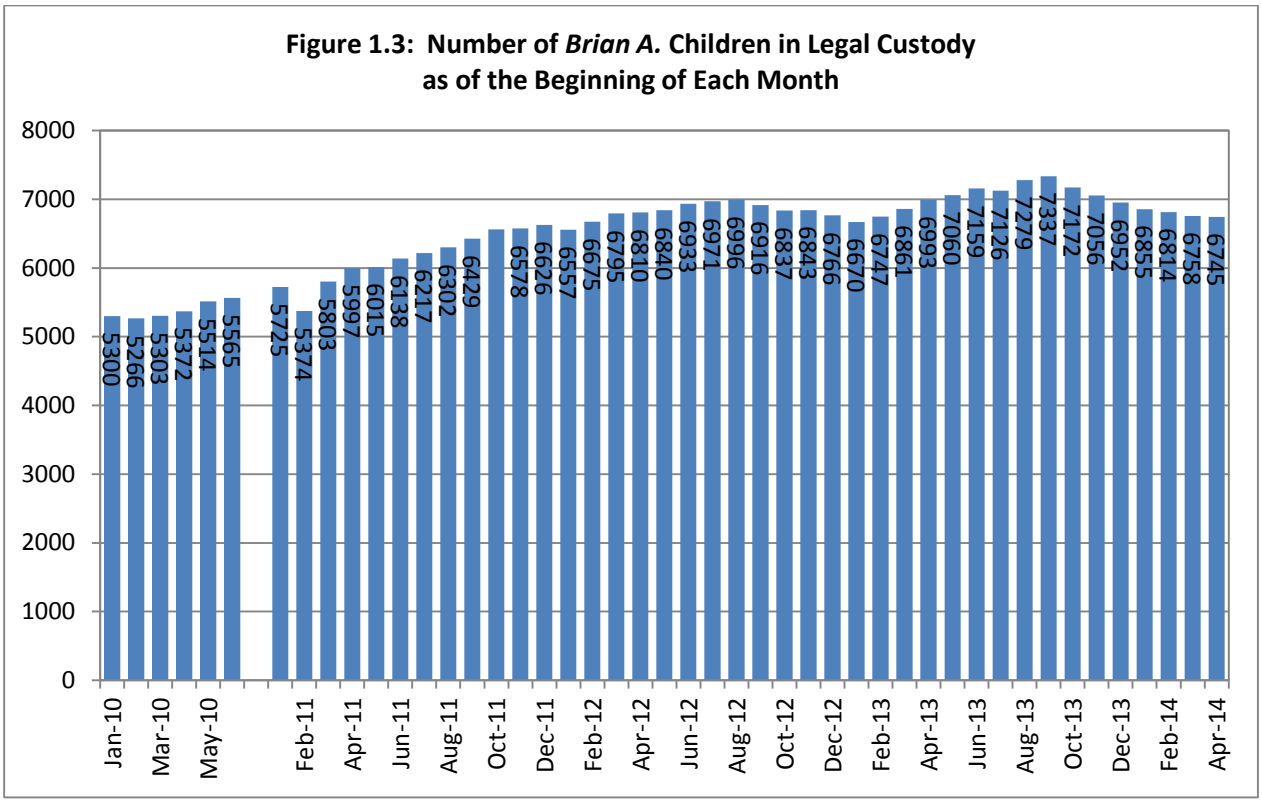
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

As shown in Figure 1.3, according to the Department's point-in-time tracking of the number of children in custody each month (the Mega Report),[52] the number of *Brian A.* children in legal

[51] Unlike many other measures presented in this section, all admissions (whether an entry into out-of-home placement for the first time or a reentry into out-of-home placement) are included in Figure 1.2. This distinction accounts for the difference in the number of admissions between Figure 1.2 (which presents all admissions) and Figure 1.4 (which presents only admissions into out-of-home placement for the first time). See footnote 55.

[52] The Mega Report (originally run from the TNKids electronic case files and now run from the TFACTS electronic case files) is an Excel spreadsheet generated each week from TFACTS that contains a standardized "menu" of information for each child who either (a) is in DCS custody as of the date of the Mega Report or (b) has exited DCS custody at any time between the first day of the preceding month and the date of the Mega Report (a period of between one and two months depending on the date of the Mega Report). When the Mega Report is used to identify the custodial population on a given date, the children who exited during the month are removed.

custody,[53] after reaching a high point of 7,337 in September 2013, has been decreasing through the remainder of 2013 and into the first four months of 2014.



Source: Mega Reports as of the beginning of each month from January 2010 through April 2014.

2. Placement Rates

One of the goals of a child welfare system is to improve its ability to effectively intervene on behalf of abused and neglected children without the necessity of removing them from their families and bringing them into state custody. By better identifying children who can safely remain with their families or with relatives with support services and by providing those families and children the support services they need, child welfare agencies can avoid the unnecessary placement of children away from their birth families and therefore more effectively use the scarce out-of-home placement resources for those children who cannot safely remain at home.

One of the factors that influence the number of children coming into out-of-home placement is the number of children in the general population. The larger the number of children in the general population, the larger the number of children who may be subject to abuse or neglect, or who may have conflicts at home or at school leading to truancy and runaway behaviors. It is

[53] A handful of youth (generally less than 10) who were 18 or older and therefore no longer technically *Brian A.* class members were inadvertently counted in the data for months prior to January 2014. The number of *Brian A.* children in legal custody in those months is therefore very slightly lower than shown in the figure.

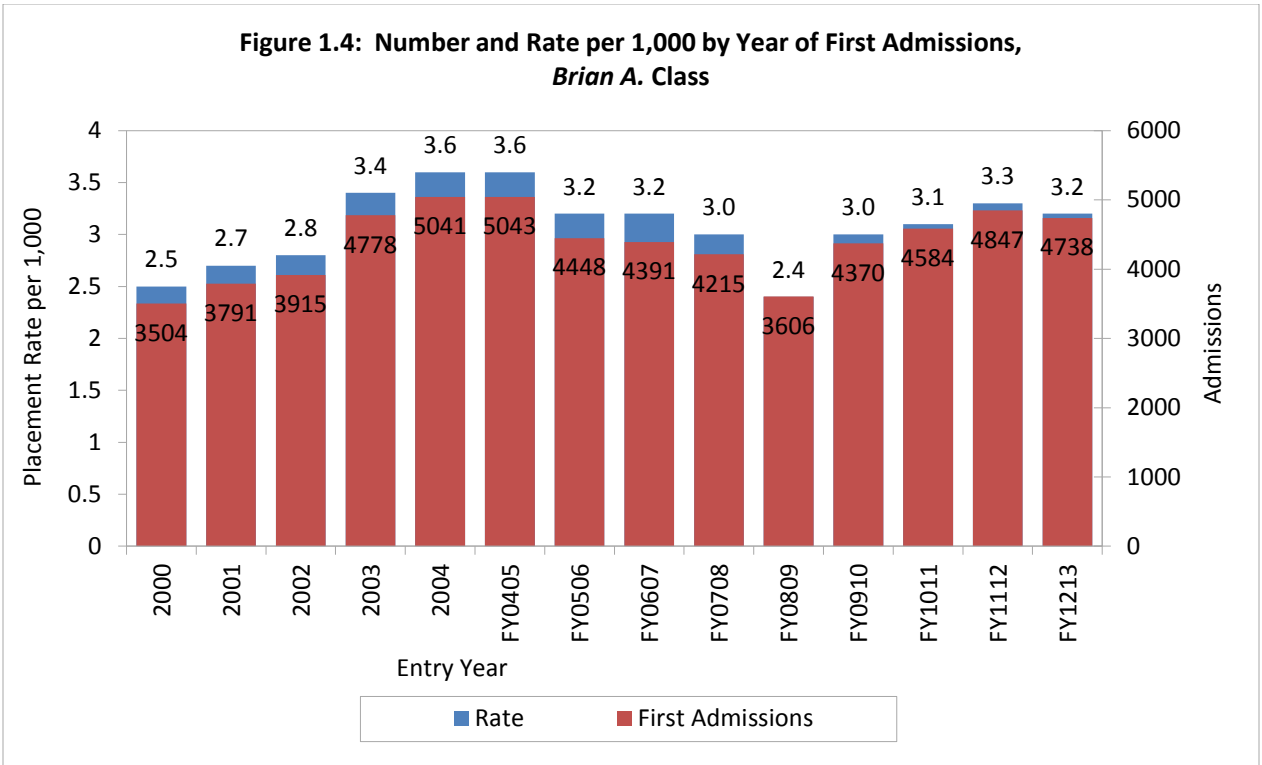
therefore important to look at the "placement rates" of class members (number placed per 1,000 children in the general population) and not just the raw number of placements.[54]

Figure 1.4 shows the patterns in statewide first placement[55] rates and in the number of first placements in Tennessee since 2000.[56] As reported in previous monitoring reports, first placement rates in Tennessee increased significantly between 2000 and 2004, reaching a high of 3.6 in fiscal years 2003-04 and 2004-05. Since that time, placement rates have generally ranged between 3.0 (in fiscal years 2007-08 and 2009-10) and 3.3 (in fiscal year 2010-11), with the exception of fiscal year 2008-09, when the placement rate dropped to 2.4. In fiscal year 2012-13, the first placement rate dropped slightly to 3.2 from 3.3 in fiscal year 2011-12.

[54] When comparing Tennessee's foster care population with that of other states or when comparing placements from Tennessee's separate regions to each other, placement rates identify important differences in the use of placement. All other things being equal, regions with the largest child population would be expected to have a greater number of children committed than regions with smaller populations.

[55] The term "first placement" is used to distinguish a child who enters care for the first time (a new case for the placement system) from a child who reenters care (a further involvement of the placement system after a failure of permanent discharge). In addition, the "first placement" is distinct from "placement in DCS custody." "First placement" means the actual first physical placement of a child and excludes children who are placed in DCS legal custody but who physically remain with their families. This distinction recognizes that children who are removed from their homes (or placed "out-of-home") have a much different experience in the child welfare system than do children who are "placed in DCS legal custody" but remain physically with their families.

[56] The Department began reporting placement rates by fiscal year during 2005. In order to show historical trends, data for calendar years 2002, 2003, and 2004 are also presented. There is a six-month overlap in the data for the calendar year 2004 entry cohort and the fiscal year 2004-05 entry cohort.



Source: 2000, 2001, 2002, 2003, and 2004 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in March 2007. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0607 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2012. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1213 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014. Placement rates were calculated using the Census Estimates produced by Claritas.

Figure 1.5 below displays regional placement rates for fiscal years 2010-11 through 2012-13, and Figure 1.6 compares the number of admissions by region for the same period.[57] In both figures, the regions are ordered according to their placement ***rates*** for 2012-13, with the region with the highest placement rate listed first and the lowest listed last.

East and Smoky Mountain regions (which have traditionally had both high numbers of placements and high placement rates relative to other regions) had the second and third highest placement rates in 2012-13 (5.5 and 5.3, respectively). Upper Cumberland had the highest placement rate (6.7), and Knox, Northwest, and Northeast also had placement rates above the statewide placement rate.

While half of the regions experienced small increases in placement rates between 2011-12 and 2012-13 (Upper Cumberland, East, and Mid-Cumberland experienced the largest increases of 0.4), the remaining six regions experienced decreases in placement rates. The decrease in Knox, Northeast, and Smoky Mountain was significant (1.1, 0.7, and 0.6, respectively), resulting in the overall decrease in placement rates at the statewide level. These three regions were among those

[57] At the beginning of 2014, four counties moved from the Mid-Cumberland region to the Northwest region. These counties are reflected in the Northwest region for all data in this report in which Chapin Hall data is the source and they are reflected in the Mid-Cumberland region through the end of 2013 for all data in this report in which other reporting (TFACTS reports or manual tracking) is the source.

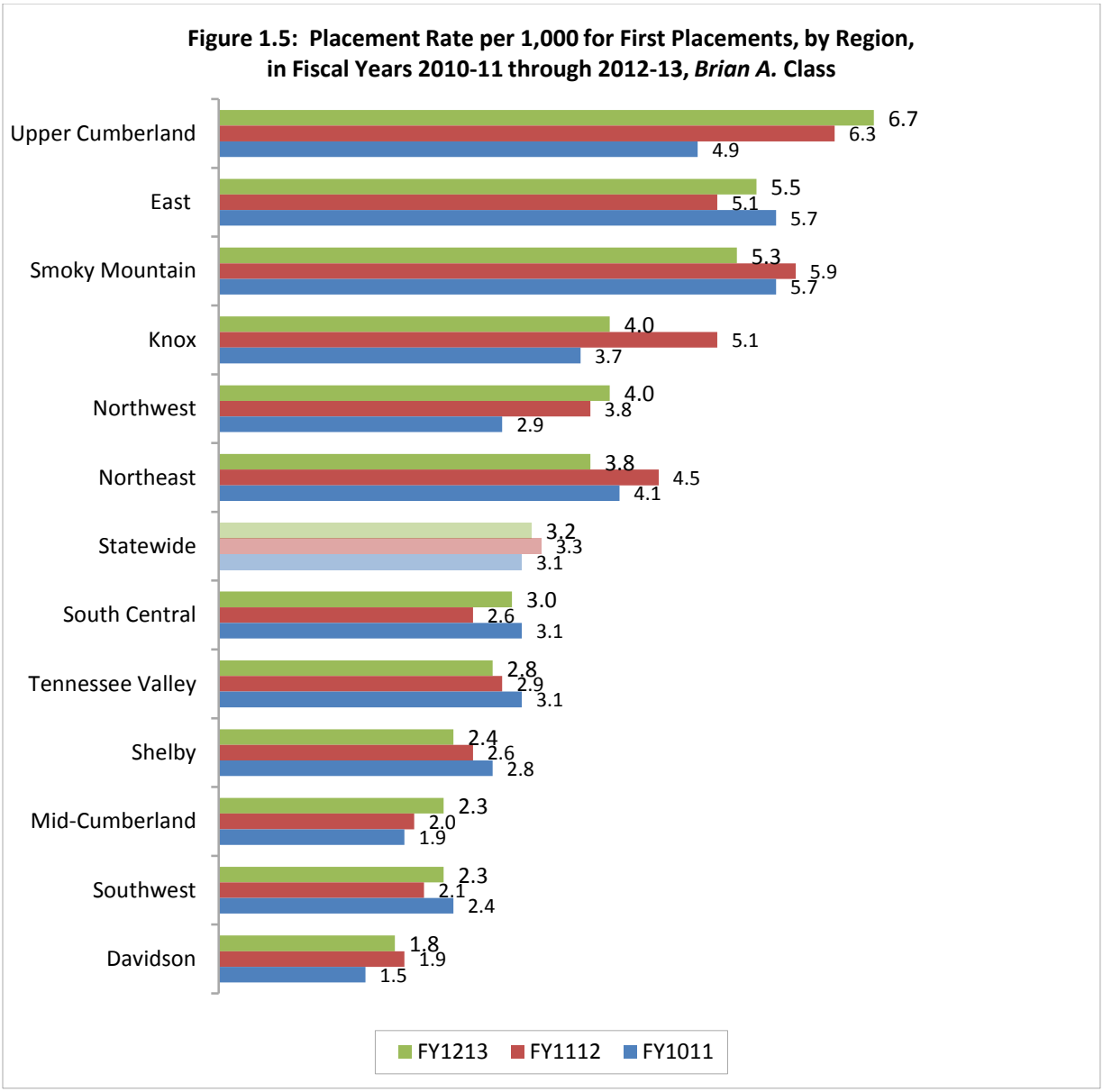
that had experienced the most significant increase in placement rates between fiscal years 2009-10 and 2011-12.[58]

The Shelby region's placement rate had consistently been among the lowest in the state prior to 2008-09 and significantly below the statewide placement rate; however, Shelby's placement rate increased in 2008-09 to 2.3 and remained close to the statewide rate for two years: 3.1 in 2009-10 (when the statewide rate was 3.0) and 2.8 in 2010-11 (when the statewide rate was 3.1). The placement rate in Shelby fell somewhat during 2011-12 to 2.6 and to 2.4 during 2012-13.

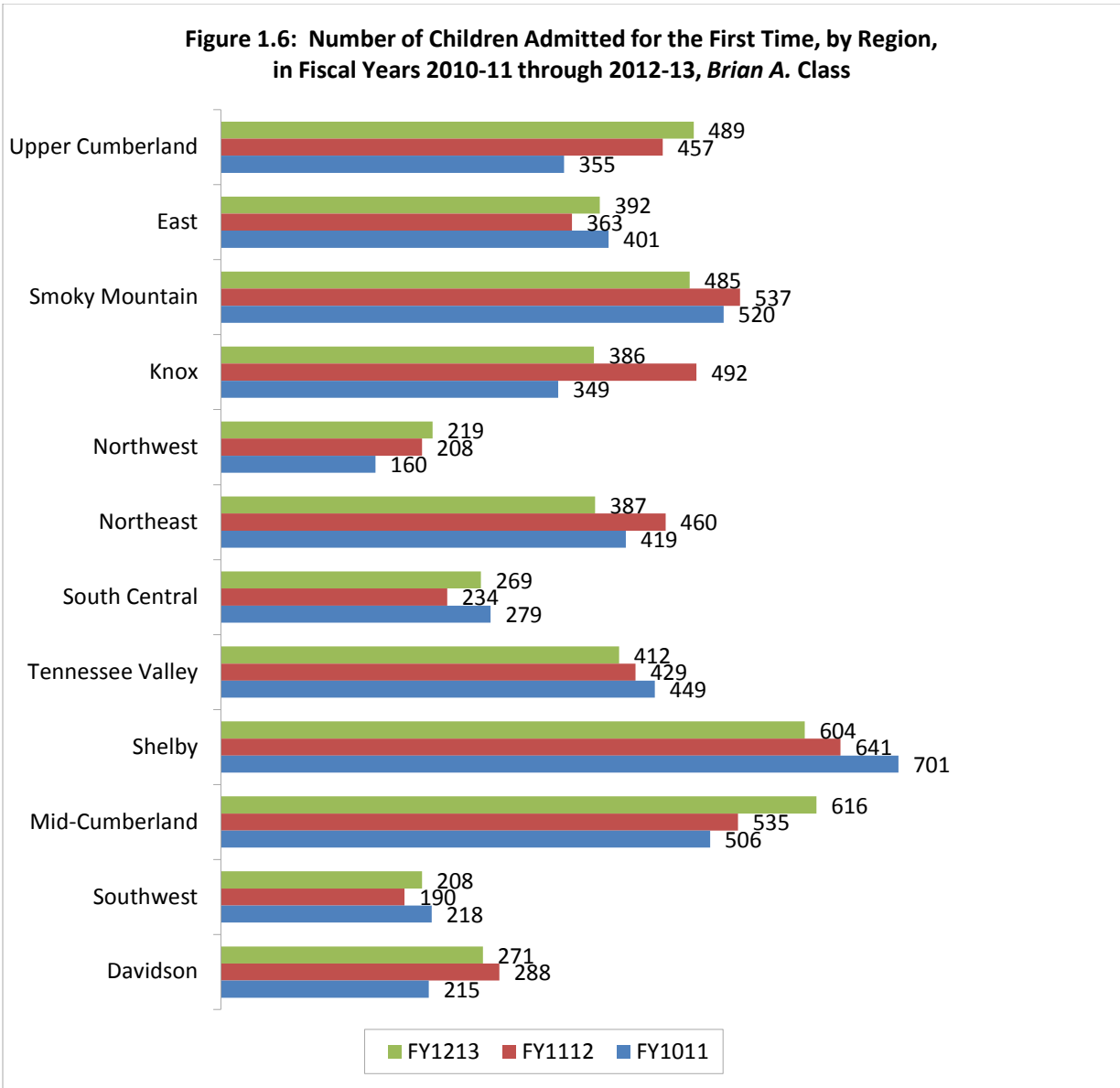
Given the population size of Shelby and the fact that its placement rate has moved closer to the statewide rate, it is not surprising that in fiscal years 2010-11 and 2011-12, Shelby accounted for the largest number of placements. In 2012-13, Mid-Cumberland surpassed Shelby for the highest number of first placements for the first time since 2007-08. After Shelby, the regions with the next highest number of first placements in 2012-13 were Upper Cumberland, Smoky Mountain, and Tennessee Valley.

Davidson, Southwest, and Mid-Cumberland (which had the highest number of first placements in 2012-13) have had the lowest placement rates in the state during the past four fiscal years.

[58] The Department believes that an increase in prescription drug abuse in the eastern part of the state is a contributing factor to the increased placement rates in these regions.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014. Placement rates were calculated using the Census Estimate produced by Claritas.



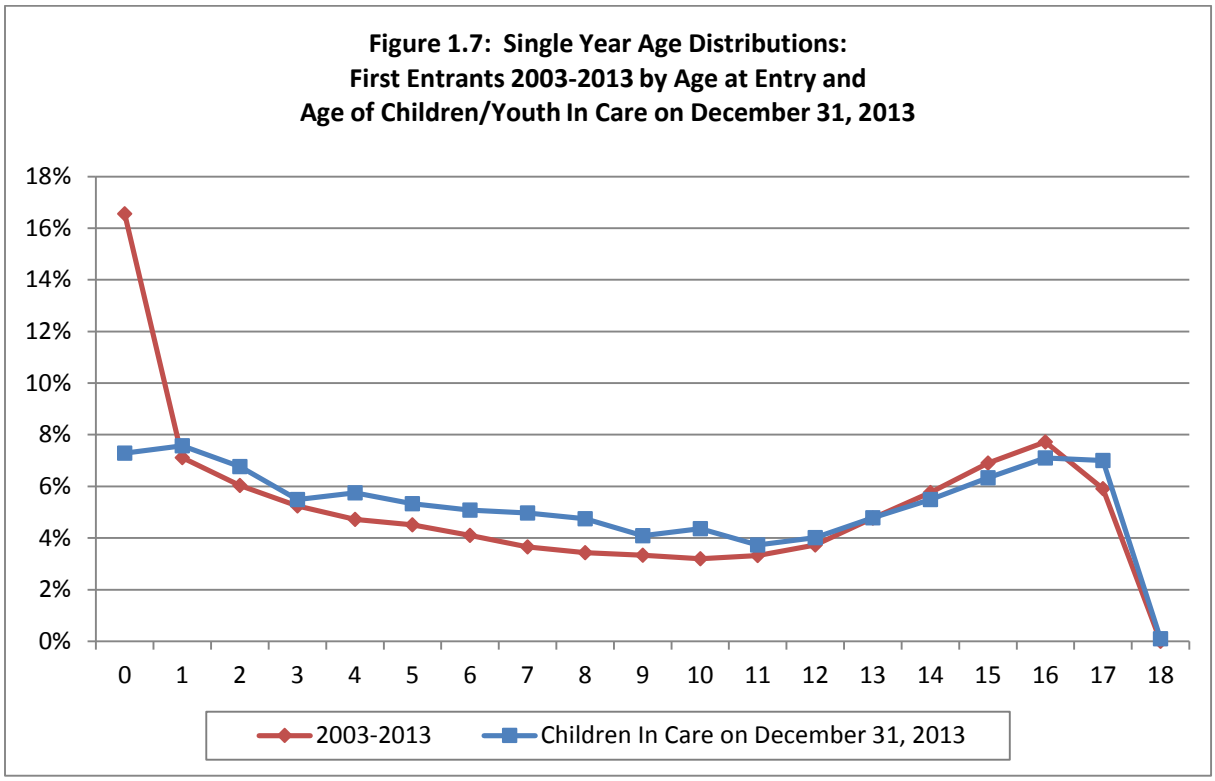
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

3. Placement by Age Group

Whether for planning for the services and placements for the foster care population or for setting goals for improved outcomes for children coming into care, one of the most significant factors to consider is the age of the foster care population. Finding foster and adoptive homes for infants is different than finding foster and adoptive homes for teenagers, and the supports that foster and adoptive parents need vary significantly between the infant and the teen. In addition, the challenges to achieving permanency are different for those very different age groups, and the likely permanency options are different.

Figure 1.7 below shows the age of children in the *Brian A.* class served by Tennessee's child welfare system, using both entry cohort data organized by the age of the child when the child

first entered out-of-home placement (the red line) and point-in-time data showing the age distribution of those children in out-of-home placement on December 31, 2013 (the blue line). Because the age distribution of class members entering out-of-home placement over the last several years has remained relatively constant, data from cohort years 2003 to 2013 are combined.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The largest age group by far entering out-of-home placement is infants; the next largest age group is 16-year-olds, followed by 1-year-olds and 15-year-olds. While infants are the largest age group in any given entry cohort, the point-in-time data reflect that on any given day there are more 1-year-olds in out-of-home placement than any other age group, with the next largest groups being infants, 16-year-olds, and 17-year-olds.

B. How successful is the Department in providing children in foster care with stable, supportive, home like settings that preserve healthy contacts with family, friends, and community?

It is traumatic for children to move from their homes to a completely new environment, even when they have been abused or neglected or are at risk of being abused or neglected in their home environment. A child's home community is the source of a child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life. For this reason, both the *Tennessee Department of Children's Services Standards of Professional Practice for Serving Children and Families: A Model of Practice (*hereafter referred to as the DCS *"Practice Model")* and the Settlement Agreement emphasize placing children with siblings, close to their

home and community, and in the least restrictive placement possible, utilizing resource families drawn from a child's kinship network whenever possible rather than placing a child with strangers.

Family members, relatives, friends, and members of a child's community who already have a connection with and commitment to the child are critical potential resources. They can serve as a support network for the child and the family, including serving as possible kinship placements for a child coming into care. For this reason, the Department in its *Practice Model* and implementation efforts emphasizes identifying, at the earliest stages of DCS involvement with a family, relatives and others with connections and commitment to the child, and aggressively exploring this natural kinship and community support system for potential resource home placements as an alternative to placing children with strangers or in congregate care facilities. By utilizing kinship resource homes,[59] not only can the trauma of removal be minimized for the child, but available resource homes can be saved for children who do not have those kinship options.

In cases in which children coming into custody cannot be placed with kin, children should in most circumstances be placed in a non-relative resource family setting. When siblings come into state custody, they should normally be placed together in the same resource home.

Congregate care placements should only be used when a child's needs cannot be safely met in a resource family setting.

Key findings

- For each year from 2008 to 2010, 88% to 89% of the children entering foster care for the first time in Tennessee were placed in family settings, a significant improvement compared to 2002 (when 81% of first placements were in family settings) and a significant achievement compared to many other child welfare systems.[60] Since 2010 there has been a slight decline in the percentage of children entering foster care who were placed in family settings, to 86% in 2011 and 2012 and 85% in 2013. However, when adjustment is made for those children who are in hospital or other congregate care settings when they first come into care, but within the first five days in custody are moved to a resource home, at least 90% of first placements over each of the past five fiscal years have been in family settings, including 91% for the most recent full fiscal year.

[59] The Department generally uses the term "kinship resource home" to refer to both resource homes headed by relatives (persons with whom a child has a blood relationship) and resource homes headed by "fictive kin" (persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member, or a family friend).
[60] See the June 2012 Monitoring Report for information dating back to 2002.

- Between 2004 and 2010, kinship resource homes accounted for between 15% and 20% of all first placements. This percentage rose to 26% of all first placements in 2011, but then declined to 23% in 2012 and to 20% in 2013.[61]

- In the first quarter of 2014, 90% of children were placed within 75 miles of home.[62]

- Some children in foster care continue to experience a significant number of placement moves; however, placement stability has improved significantly since 2002. Consistent with the past four entry cohorts (2007-08 through 2010-11), 79% of children entering care during fiscal year 2011-12 experienced two or fewer placements during a two-year window of observation,[63] compared to 69% of children entering care during calendar year 2002.[64]

- Performance on parent-child visits reflected in the aggregate data produced from TFACTS has been improving since reporting first became available from TFACTS in April 2011, and by the summer of 2013 had reached the levels reported prior to the transition to TFACTS. According to TFACTS aggregate reporting for the month of December 2013, 34% of children with reunification goals visited with their parents twice during the month and 32% of the remaining children visited with their parents once during the month. Although the aggregate reporting (both under TNKids and TFACTS) has failed to demonstrate the level of parent-child visiting required by the Settlement Agreement, results of two previous targeted case file reviews documented significantly higher levels of parent-child visiting than reflected in the aggregate reporting.[65]

- For siblings placed in foster care, the Department has historically experienced significant success in keeping sibling groups together. During the past nine fiscal years, between 82% and 87% of sibling groups entering out-of-home placement together for the first time were initially placed together.

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[61] Historically, aggregate data related to kinship resource homes only included kinship resource homes headed by blood relatives. The Department released an enhancement during 2008 that permitted the identification of "fictive kin" in the system. As a result of this expanded reporting capacity and subsequent transition to TFACTS, the kinship resource home data for 2012, 2011, 2010, 2009, 2008, 2007, 2006, and at least some of 2005 include "fictive kin" homes.

[62] As discussed in Subsection B.2 below, the Department's 75 mile measure now uses the address of the committing court as the "home address." The TAC has determined that using this address for purposes of aggregate reporting, especially given the relatively small size of Tennessee's 95 counties, is a sensible and appropriate approach that ensures more accurate and complete data for this measure than any other alternative considered by the TAC.

[63] The term "two-year window of observation" is defined and discussed in footnote 91.

[64] See the December 2008 Monitoring Report at page 38.

[65] For a detailed discussion of the findings of those reviews, see Appendix H of the June 2012 Monitoring Report and Appendix D of the April 2011 Monitoring Report. Both the parent-child visit reviews and the sibling visit reviews involve a thorough examination of every possibly reference in case recordings and other TFACTS documentation to ascertain the extent to which visits are taking place and to understand any factors contributing to missed visits. Because these are extremely demanding and time-consuming targeted reviews, the TAC continues to alternate the reviews, conducting the sibling visits review for one monitoring period and conducting the parent-child visits review for the next monitoring period. The results of the 2013 Sibling Review are reported in this monitoring report, and the results of the next review of parent-child visits will be reported in the next monitoring report.

- Performance on visits between siblings who are separated, as reflected in the aggregate data produced from TFACTS, has also improved since TFACTS reporting on sibling visits became available in early 2011. According to TFACTS aggregate reporting for the month of December 2013, 55% of separated siblings visited with at least one sibling from whom they were separated during the month. Although separated siblings do not appear, according to aggregate data (both under TNKids and under TFACTS), to be visiting each other as frequently as the Settlement Agreement contemplates, case file reviews have consistently found that separated siblings are visiting much more frequently than the aggregate tracking data reflect.[66]

1. Serving Class Members in Resource Family Settings rather than Congregate Care Settings

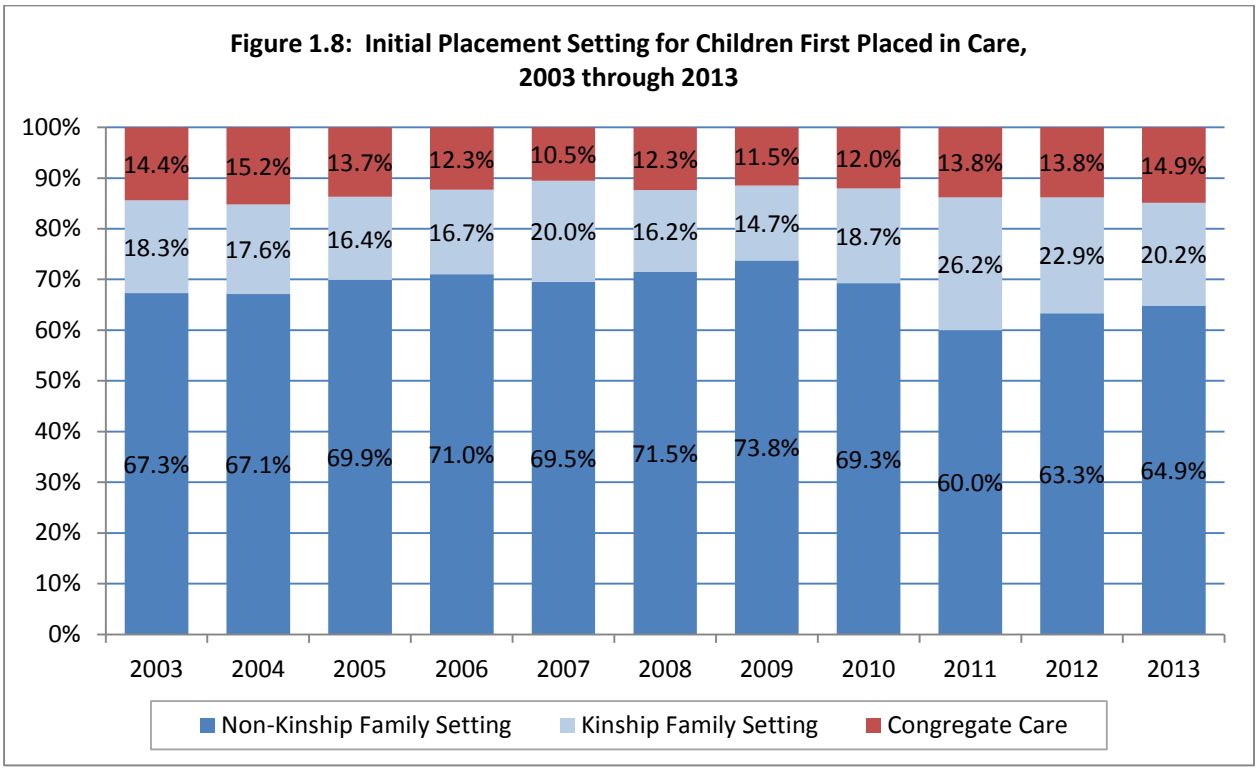
The DCS *Practice Model* and the *Brian A.* Settlement Agreement emphasize the value of serving children in family settings and therefore the importance of reducing the number of children served in congregate care settings whose needs could be appropriately met in family settings.

Figure 1.8 below shows first placements by placement setting for children entering care during each of the past 11 years. The bottom two blue segments of the bar reflect family placements, broken out into non-kinship resource homes (segment shaded dark blue) and kinship resource homes[67] (segment shaded light blue). The top segment of the bar (shaded red) reflects non-family settings. (The terms "non-family settings" and "congregate care settings" are used interchangeably throughout this report). In 2003, 86% of children entering out-of-home placement for the first time were initially placed in family settings. This percentage increased over time, remaining stable at 88% to 89% from 2006 to 2010.

In both 2011 and 2012, 86% of children entering foster care were initially placed in family settings and in 2013, 85%, a slight decline compared to the previous four years. However, while the predominant initial non-family placement settings in 2003 were group home and residential treatment centers, hospitals were the predominant initial non-family placement settings.in 2013.[68] Since 2009, there has been a decline in the percentage of initial non-kin resource home placements that has been somewhat offset by an increase in kinship resource home placements. Notwithstanding the recent decrease in initial family setting placements (and the corresponding

[66] The findings of the TAC's 2013 Sibling Visits Review are discussed later in this subsection. For a detailed discussion of the findings of the TAC's previous reviews, see Appendix I of the June 2012 Monitoring Report and Appendix H of the November 2010 Monitoring Report.
[67] "Fictive kin" are included in the data for years 2006 through 2012 and at least parts of 2005 but are not reflected in the data for earlier years. See footnote 61.
[68] See discussion in Subsection b below about initial placements in non-family settings.

increase in non-family setting placements), Tennessee continues to be able to successfully serve a significant number of children with higher levels of need in resource homes.[69]



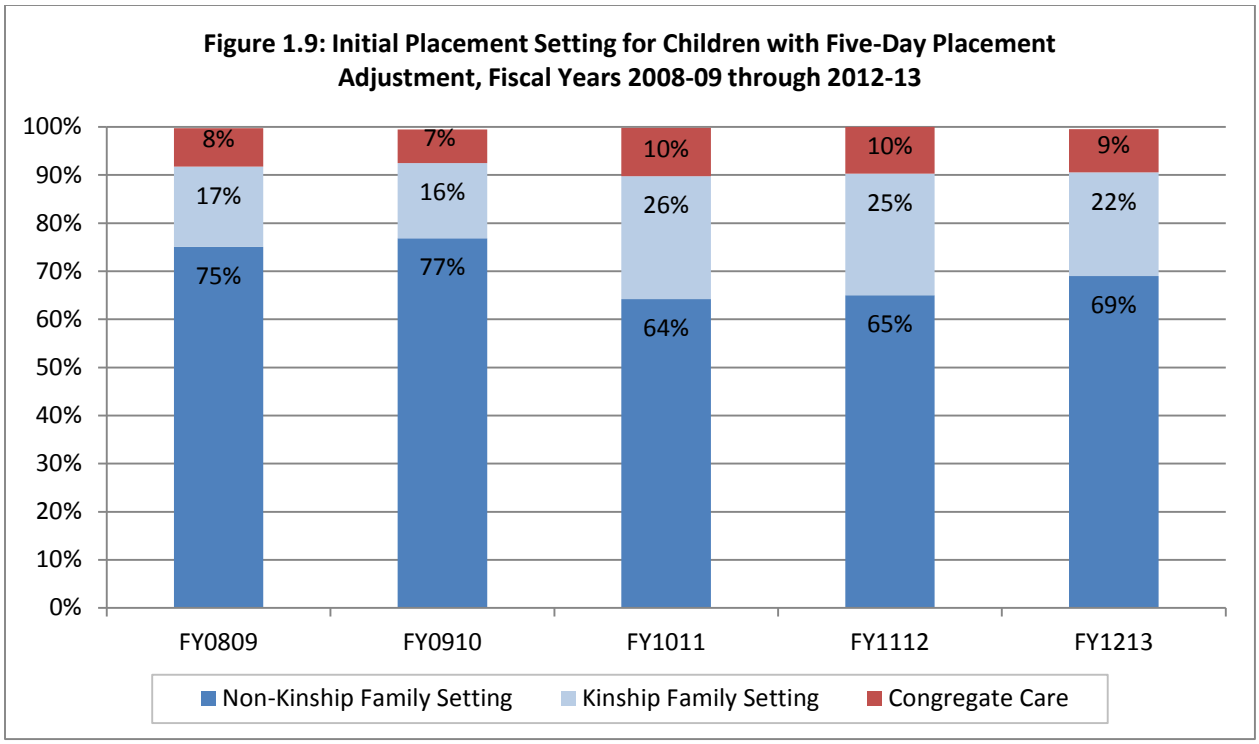
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

Moreover, one hypothesis about some of the increase in initial congregate care placements (and the specific increase in the percentage of hospital placements reflected in Figure 1.12 below) is that it may reflect an increase in infants entering care who are already placed in the hospital

[69] The Department produces a weekly report (the "*Brian A.* Mega Report") that provides information about the "level of care" of *Brian A.* class members in their current placements. (The "level of care" ranges from Level I to Level IV, with the higher level of care reflecting a higher level of service need and a higher per diem rate.) Family settings make up the largest proportion of Level II and Level III placements. For example, as of December 26, 2013, 1,199 (83%) of the 1,462 Level II placements were in resource homes, 103 (7%) were on trial home visits (THVs), and 145 (10%) were in group settings. Of the 807 Level III placements on this date, 390 (48%) were in resource homes, 40 (5%) were on THVs, and 371 (46%) were in group settings. There were 104 Level IV placements on this date; all of these placements were in psychiatric facilities. The fact that one child is of a different level than another child does not preclude them from being placed in the same facility or resource home. For example, many congregate care facilities serve both Level II and Level III children, and as of December 26, 2013, 22 Level III children were being served by particular psychiatric facilities that were otherwise serving Level IV children. Level II and Level III children may require residential treatment (such as Level II Alcohol and Drug treatment) and being one level or the other does not prescribe the setting that would be most appropriate for the youth.

when the Department takes custody and who remain there for a short period of time before being placed in a family setting.[70]

To further explore the extent to which short term initial hospital placements (or other short term congregate care placements) might be affecting the data, the TAC examined a fiscal year data set that tracks initial placements by placement setting for children, but adjusts the first placement designation in cases in which another placement is made within five days of the child coming into care. In reporting generated from this data set, for a child who comes into care while in a hospital, but moves to a resource home within the first five days, the resource home placement, rather than the hospital, would be counted as the initial placement.[71] Figure 1.9 below shows initial placement setting for children entering care during each of the past five fiscal year periods, using the reporting that adjusts for a placement move within the first five days in custody. As reflected in this figure, using that measure, 91% of first placements of children entering custody during the last fiscal year were in resource homes.



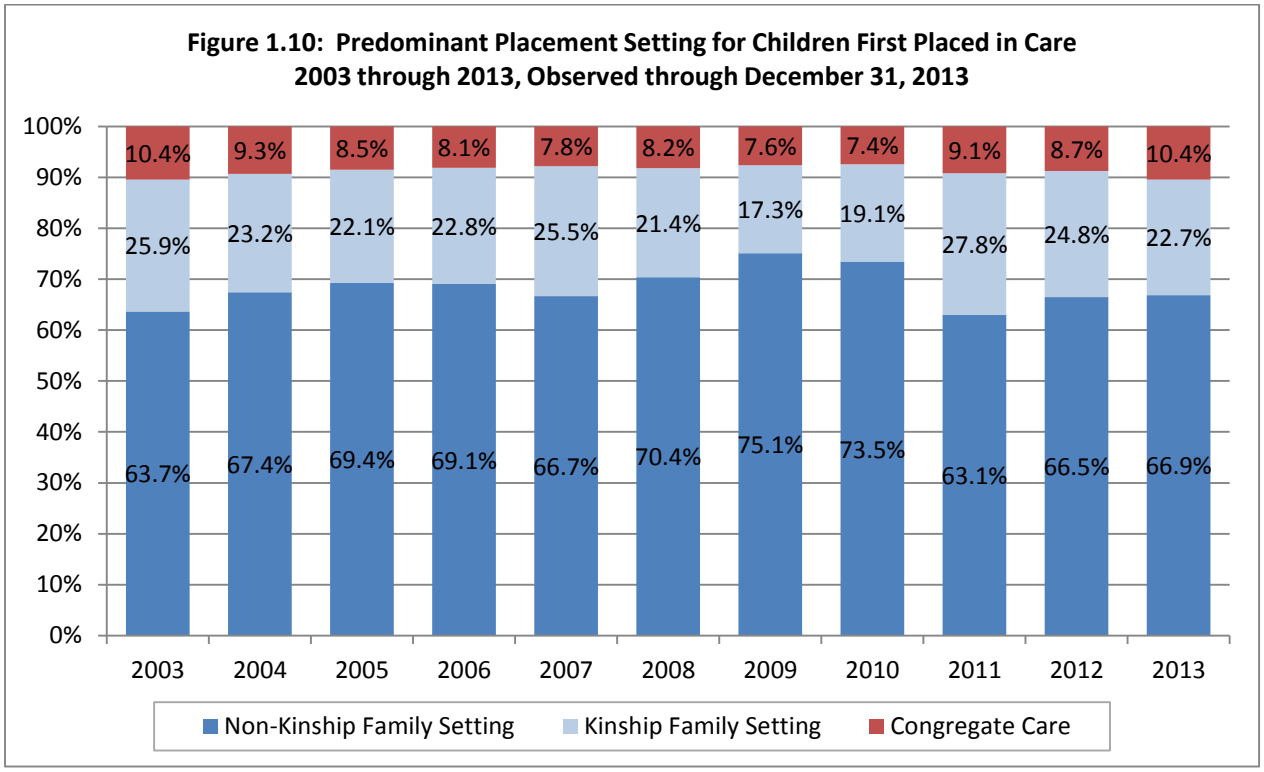
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

Figure 1.10 below shows, for children entering care during each of the past 11 years, the placement setting where they have spent more than 50% of their time in care (predominant placement) observed through December 31, 2013. The bottom two blue segments of the bar

[70] In Knox region, for example, 14% of children entering custody in fiscal year 2008-09 were under the age of one and in fiscal year 2012-13, this increased to 22%; in the East region the increase was from 9% to 12%; in Northeast 8% to 15%, and in Tennessee Valley, 9% to 13%. The Department has reported an increase in infants with Neonatal Abstinence Syndrome entering care in certain eastern regions because the problems that some communities are experiencing with parental substance abuse.

[71] Similarly, a child who is placed in a resource home but is moved to a congregate care setting within the first five days would reflect as a congregate care initial placement.

reflect family placements, broken out into non-kinship resource homes (segment shaded dark blue) and kinship resource homes[72] (segment shaded light blue). The top segment of the bar (shaded red) reflects congregate care settings. This figure shows that a somewhat larger percentage of children (90% for the most recent entry cohort) spend the majority of their time in family settings than are initially placed in family settings (85% for the most recent entry cohort).[73]



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The Department also produces a weekly "point-in-time" report that looks at the placement setting for all children in custody, regardless of whether they are in a "first placement" or a subsequent placement. The Mega Report for December 26, 2013 indicates that 89% of the 6,874 *Brian A.* class members in custody on that date were placed in family settings.[74] This is consistent with historical performance.

a. Special Focus on Kinship Resource Homes

As discussed in previous monitoring reports, the Department made a concerted effort to increase the utilization of kin as placement options for children in custody. The two "pilot" regions for this effort (Northeast and Davidson) succeeded in increasing kinship placements and had the highest percentage of initial kinship placements in the state following their pilot year. The

[72] "Fictive kin" are included in the data for years 2006 through 2012, and at least parts of 2005 but are not reflected in the data for earlier years. See footnote 61.
[73] Because the entry cohorts in this figure are only observed through December 31, 2013, the predominant placement setting for the most recent entry cohorts may still be unfolding and is subject to change.
[74] See footnote 69 for setting by level of care.

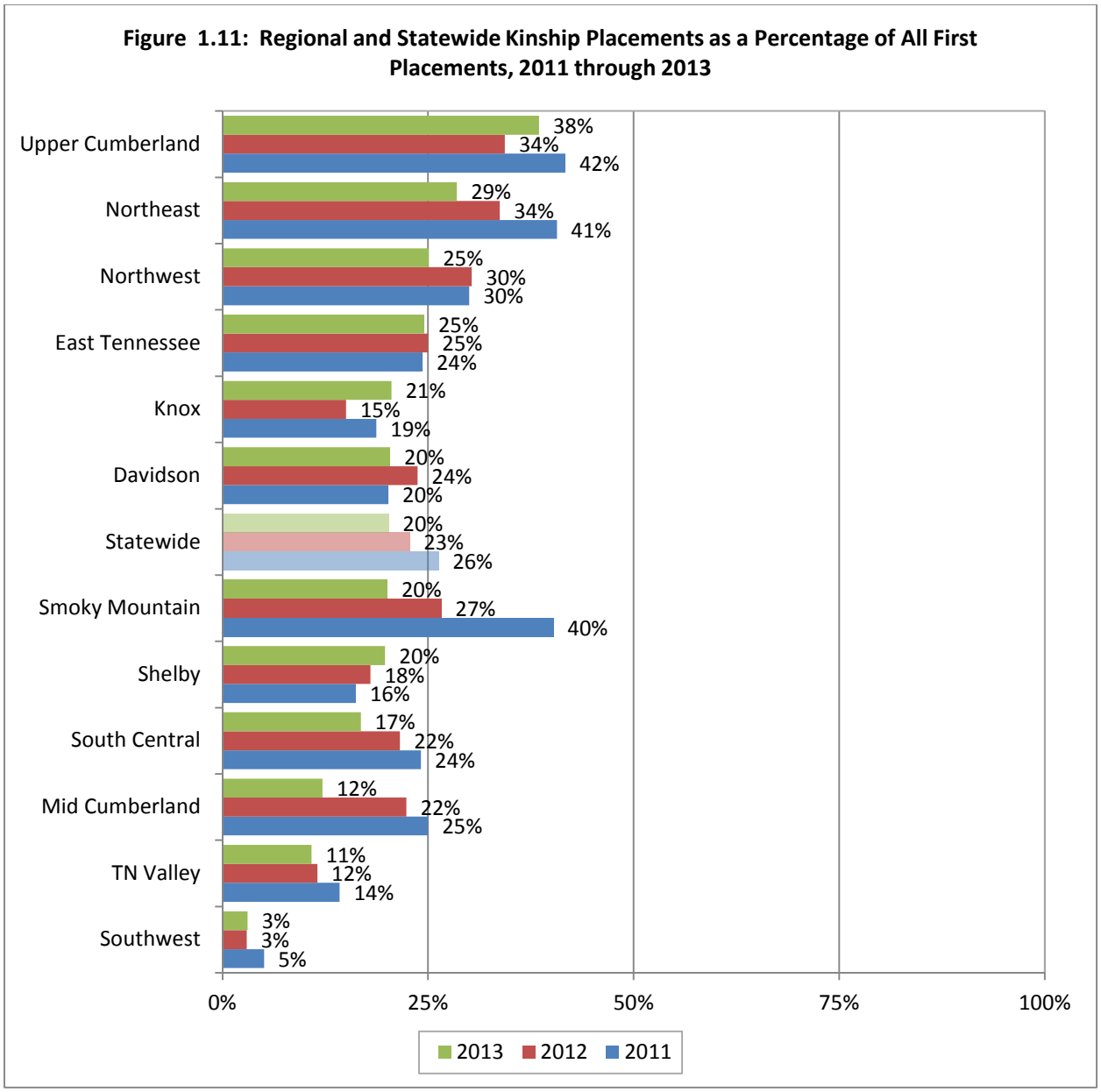
lessons learned by these regions were shared with the other regions. During 2010 and the beginning of 2011, the remaining regions, following the model of the pilot regions, created Kinship Coordinator positions and began providing special training for staff and implementing protocols focused on improving identification and engagement of kinship resources.

The Department's efforts to increase utilization of kinship resource homes appeared to have an impact. Over the period from 2003 to 2009, on average 17% of children were initially placed in kinship homes. Following that, on average 22% of children were initially placed in kinship homes. Statewide in 2011 initial kinship resource home placements accounted for 26% of initial placements and in 2012 accounted for 23%, compared to 15% in 2009. In 2013, these placements accounted for 20% of all first placements. The increased utilization is also apparent when, as shown in Figure 1.9 above, a placement adjustment is made to the data to account for kinship placements made within five days of entering custody: kinship placements accounted for 22% of all first placements during fiscal year 2012-13.

Figure 1.11 below shows initial placements in kinship resource homes as a percentage of all first placements for each region and for the state. As reflected in the figure, some regions have been particularly successful in identifying and utilizing kin resources and have been among the top performing regions for several years. Some of the poorer performing regions report that they are placing children with kin, but that those kin families are opting for taking legal custody of the children, rather than becoming kinship resource parents.[75] It is also possible that data for years prior to 2013 for some regions has been affected by data entry errors and coding defects that occurred during the course of the transition to TFACTS, but that were fixed in 2013.[76]

[75] The Department may want to follow up with these regions, both to ascertain whether this is in fact the case and, if so, what accounts for the significant difference in those regions compared to others.

[76] Those defects, which made it difficult for staff to correctly enter kinship placements in TFACTS, resulted in some underreporting of kinship placements. Both defects were addressed in the spring of 2013. See the June 2012 Monitoring Report for descriptions of the defects.

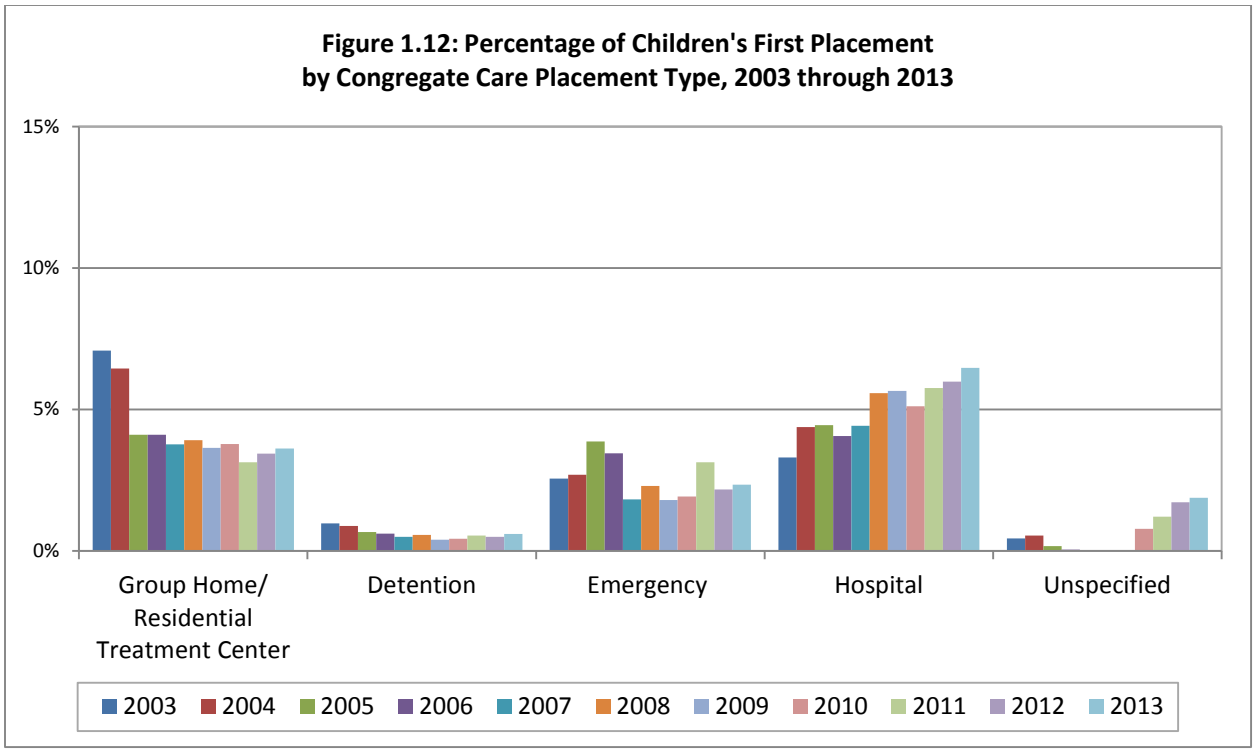


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

b. Congregate care placements

Figures 1.12 and 1.13 below show the different types of congregate care placements for the initial and predominant placements shown in Figures 1.8 and 1.9 above for the years 2003 through 2013.[77] The percentage of children initially placed in group homes/residential treatment centers has decreased from 7.1% to 3.6% during that time period; while hospital placements have increased from 3.3% to 6.5%.

[77] The figure also reflects 35 unspecified initial placements in 2010, 58 in 2011, 80 in 2012, and 88 in 2013. "Unspecified" indicates a data entry error (including failure to enter type of placement).

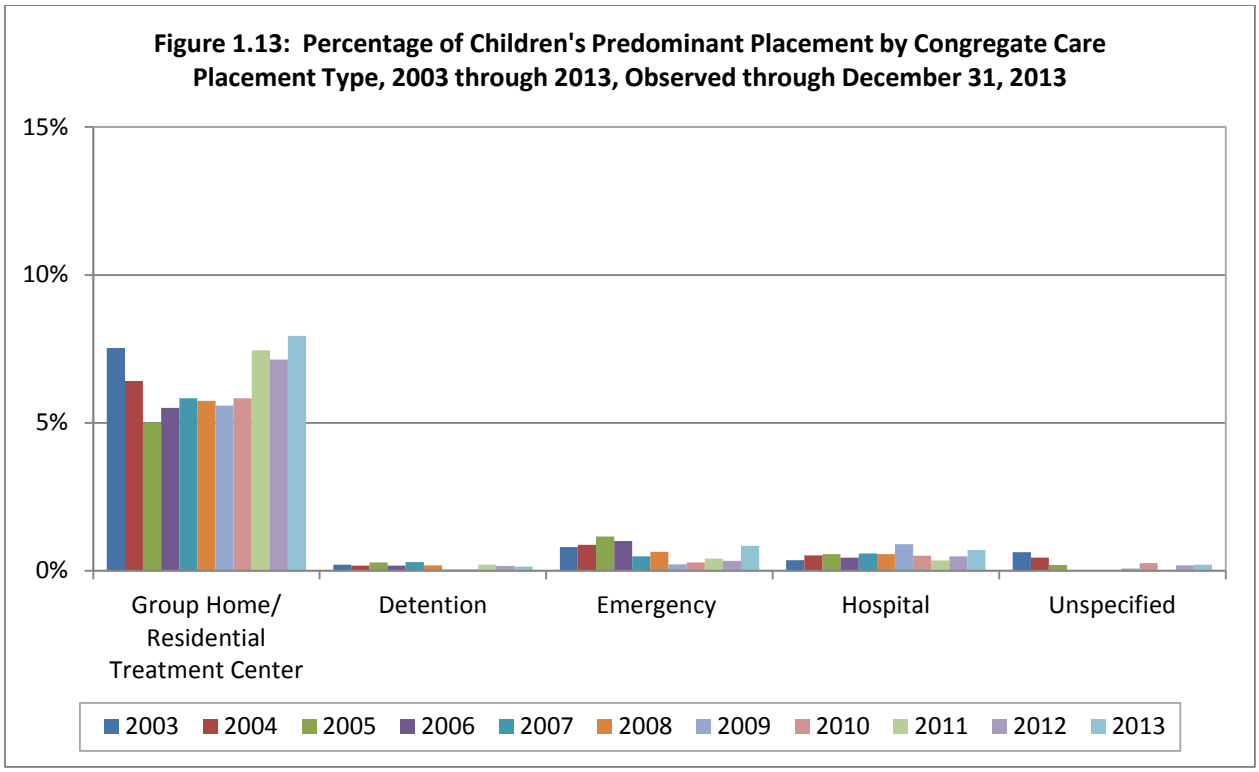


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

While the majority of first placements in congregate care settings are hospital placements, this is not the case for predominant placements, as shown in Figure 1.13 below.[78] The majority of predominant placements in congregate care settings are in group homes/residential treatment centers. The percentage of predominant placements in group homes/residential treatment centers decreased from 7.5% for the 2003 entry cohort, to between 5% and 6% for the 2005 through 2010 entry cohorts. In 2011, the percentage rose to above 7%, and was at 7.9% for the 2013 entry cohort as of December 31, 2013.[79]

[78] Children who have not spent more than 50% of their custody stay in one type are referred to as "Mixed." There were 27 children in 2013 with a "Mixed" placement type who are not included in this figure.

[79] The predominant placement percentages are subject to change since not all of the children in the entry cohorts have exited care yet.

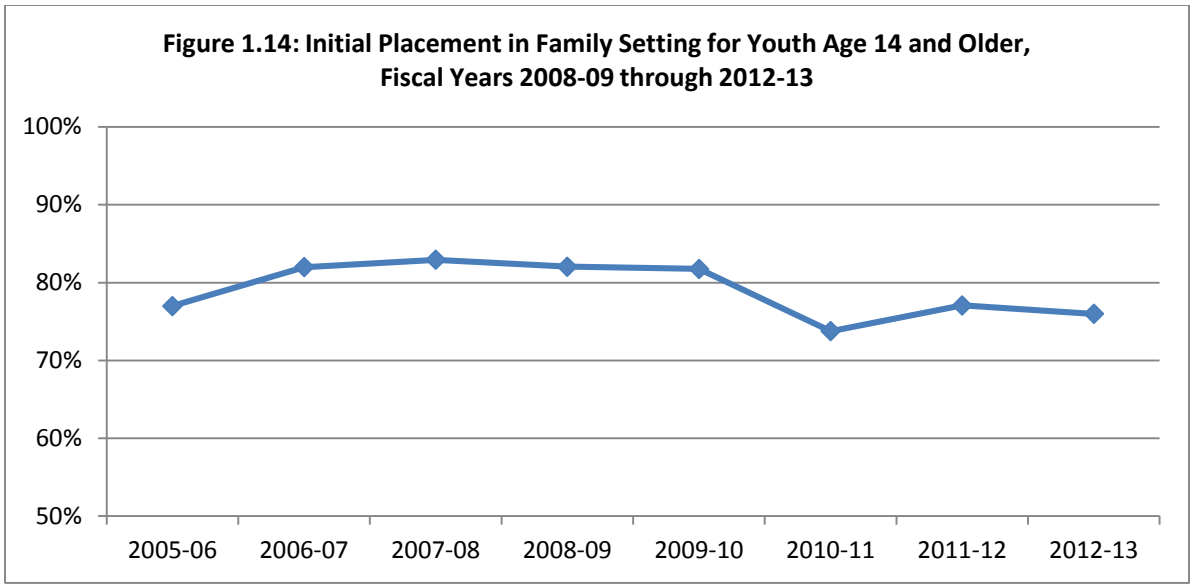


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

c. Placement Setting by Age Group

The Department also tracks first admissions initially placed in family settings by age group. Figure 1.14 below shows the percentage of *Brian A.* youth age 14 and older initially placed in a family setting for each of the most recent five fiscal years.[80] For fiscal years 2008-09 and 2009-10, the percentage remained stable at 82%. In fiscal year 2010-11, the percentage decreased to 74%, but improved in 2011-12 and 2012-13, rising to 77% and 76%, respectively.

[80] Children who were first placed in a congregate care setting for fewer than five days and were subsequently moved to a family setting are counted as initial family setting placements for purposes of the Department's reporting on this measure.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

2. Serving Class Members In or Near Their Home Communities

The DCS *Practice Model* and the *Brian A.* Settlement Agreement emphasize the importance of placing children in their home neighborhoods and communities. Such placement, among other things, makes maintaining positive community and family ties easier and can reduce the trauma that children experience when removed from their families.

The Settlement Agreement requires that "*at least 85% of children in the class shall be placed within the region from which they entered placement or within a 75 mile radius of the home from which the child entered custody.*"[81] (XVI.B.6)

As reflected in previous monitoring reports, the Department has consistently placed more than 85% of class members within a 75-mile radius of their homes. In April 2010, the last month for which TNKids reporting was available, 89% of children in custody were placed within a 75-mile radius of the home from which they entered custody.

As discussed in the June 2013 Monitoring Report, TFACTS reporting on this measure became available in November 2012, however, the way in which the "home from which they entered custody" is determined in TFACTS reporting is somewhat different than the approach taken for TNKids reporting. TNKids considered the "home" to be the actual address of the child at the time the child came into custody. TFACTS does not capture this address consistently,[82] and therefore TFACTS reporting considers the "home" to be the current address of the parent designated as "primary caretaker" (to whom the child may return if return becomes appropriate); so as the parent changes addresses, the calculation of mileage is based on the zip code of the

[81] The TAC has interpreted this to mean that on any given day at least 85% of the children in the class should be placed within the 75-mile limit.
[82] TFACTS captures addresses of persons and can display a designated person's address in the Removal Records; however, it does not capture the address for the home of removal.

current address. This limitation made it difficult to accurately report on this measure using TFACTS reporting developed during 2012.[83]

The Department worked with the TAC and the Vanderbilt Center of Excellence to come up with a better methodology for reporting on this requirement. Beginning in January 2014, reporting for this measure will use the address of the courthouse that committed the child into custody as a proxy address for "the home from which [the child] entered custody." Distance in mileage is calculated between that address and the child's placement address. For the first quarter of 2014, 90% of class members were placed within a 75-mile radius of the home from which they entered custody. This is consistent with the Department's historical performance on this measure.

For its own internal management purposes, the Department utilizes "percent of children placed within their home county"—a more exacting measure than that of the Settlement Agreement—to evaluate the extent to which children are placed in close proximity to their home communities. The Department is committed to increasing the percentage of children placed within their home counties.[84]

The Department's regional goals for in-county placement take into account the differences between large, single-county urban areas and the other primarily rural multi-county regions. Those differences are reflected in Figure 1.15, which displays in-county first placement rates for the three most populous urban counties (Shelby, Davidson, and Knox, each of which also constitutes a single county DCS region) separately from in-county first placement rates for the remaining multi-county non-urban regions.[85] For children first entering out-of-home placement during 2013, 83% of children from urban counties were initially placed in their home counties (compared to 81% during 2012), while 37% of children from multi-county rural regions were initially placed in their home counties (compared to 43% in 2012). These data may reflect some need for additional resource family recruitment to ensure that children can be placed in or close to their home communities.

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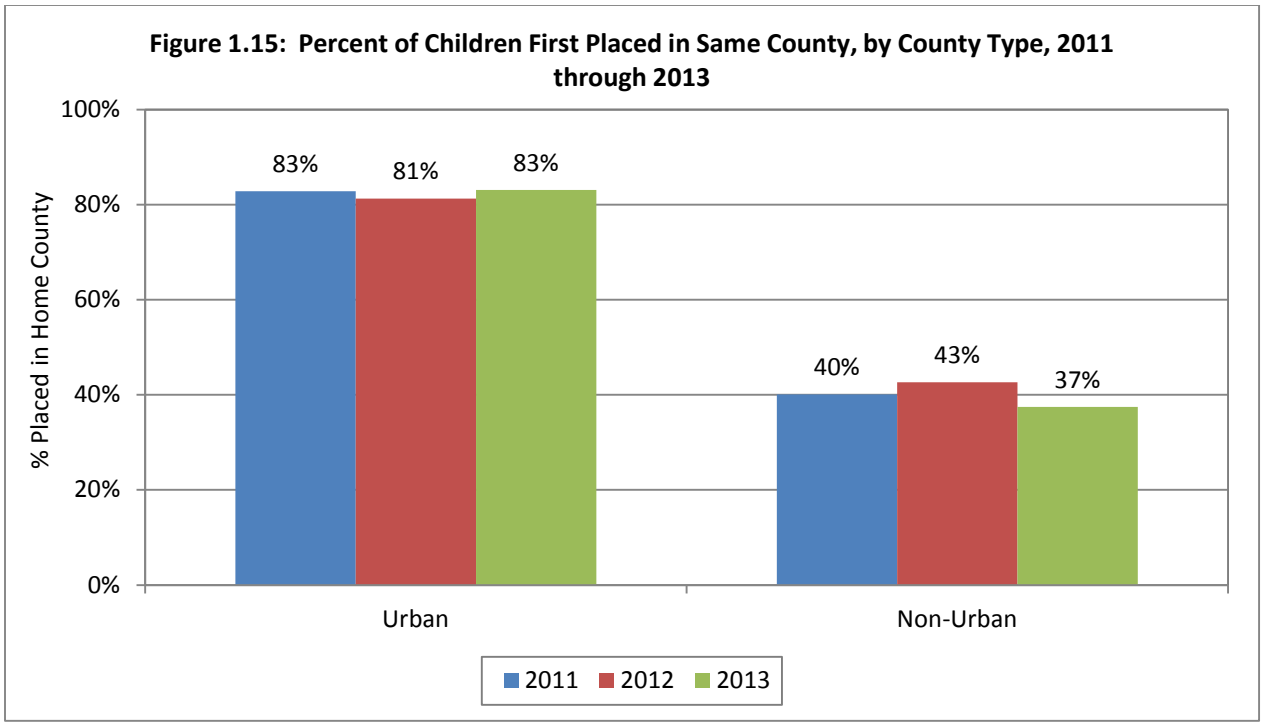
[83] For example, the percentage of children in custody for whom distance from home could not be calculated has been between 6% and 8% of the custodial population since reporting became available in TFACTS.

[84] It certainly makes sense to focus on increasing in-county placements generally and the Department's adoption of a goal that is more stringent than the Settlement measure is admirable. However, the in-county measure is an imperfect measure of the extent to which children are being placed in or near their home communities. On the one hand, for children from large counties, a placement within the county, but in a much different neighborhood, and/or geographically distant from the neighborhood that the child lives in, shares many characteristics with an out-of-county placement. On the other hand, for children whose home community is near a county border, an out-of-county placement may be closer to the child's home community than an in-county placement. In addition, a child may prefer to stay with a relative out-of-county than to live with strangers in his or her home county.

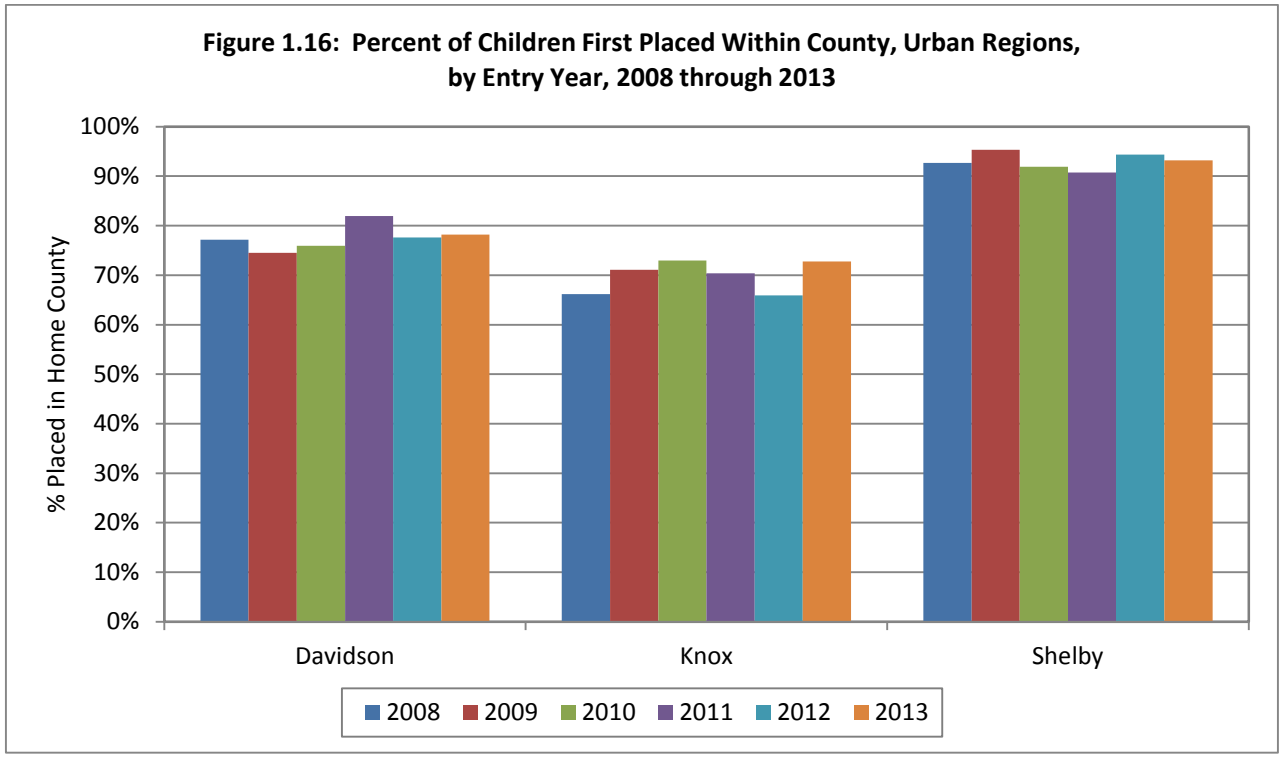
The Settlement Agreement recognizes that a child can appropriately be placed outside of a 75-mile radius of the home if "(a) *the child's needs are so exceptional that they cannot be met by a family or facility within the region, (b) the child needs re-placement and the child's permanency goal is to be returned to his parents who at that time reside out of the region; or (c) the child is to be placed with a relative out of the region.*" (VI.A.1.a)

[85] In the past Hamilton County was also a single county DCS region and was included in the urban regions analysis. The Department combined Hamilton with its surrounding rural counties (formerly the Southeast region) to form one region, Tennessee Valley. This is the first Monitoring Report for which that change is reflected in this analysis.

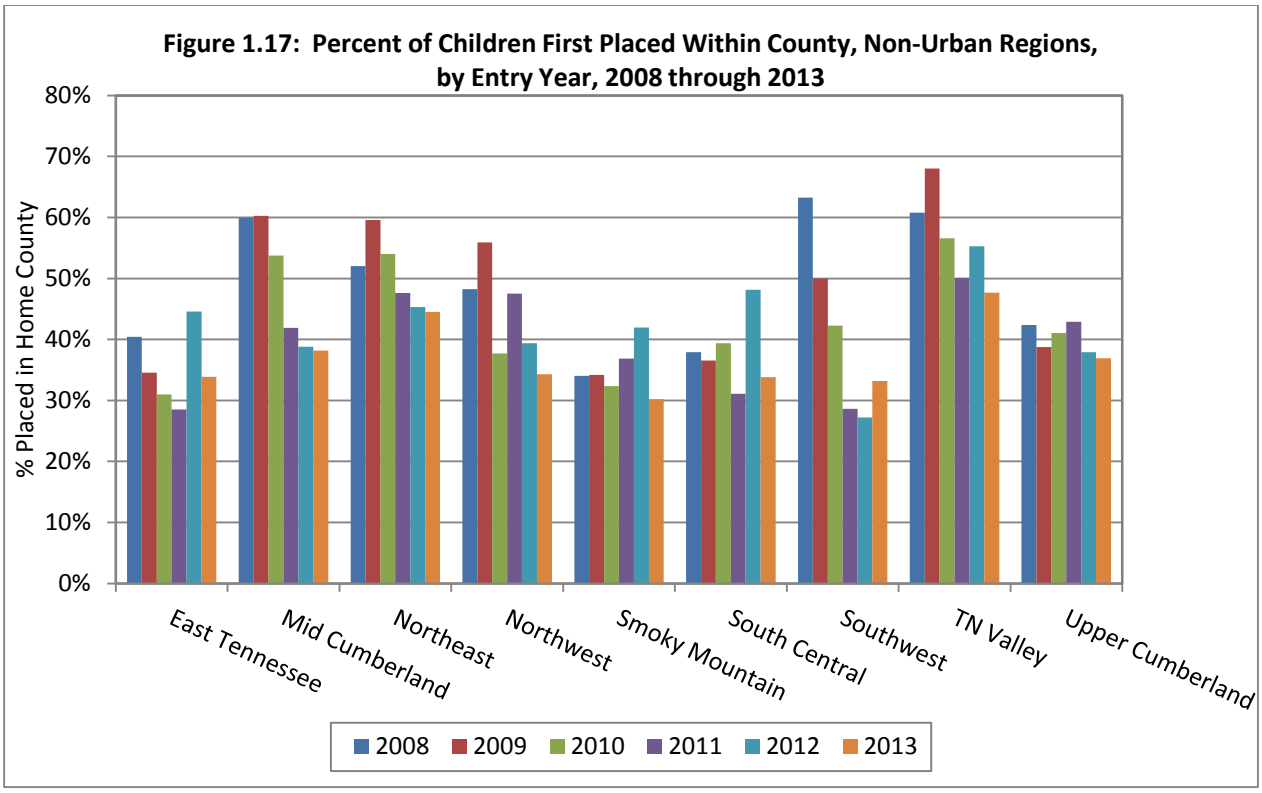


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

Figures 1.16 and 1.17 in combination present the performance of each of the regions with respect to in-county placement rates from 2008 through 2013.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

3. Improving Stability While in Placement

Continuity in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's out-of-home placement impacts the child's ability to build trusting relationships and form attachments.

One of the most damaging experiences for children in foster care is changing placements multiple times while in foster care. Well-functioning child welfare systems find the right first placement whenever possible, and regularly ensure that a child moves no more than once.[86] The goal is to match each child with the right resource family and wrap services around that child and resource family to make that placement work for the child.

The Settlement Agreement establishes the following requirements related to placement stability:

- "*At least 90% of children in care shall have had two or fewer placements within the previous 12 months in custody, not including temporary breaks in placement for children who run away or require emergency hospitalization and return to the same placement;*" and

[86] Improving the placement process requires a focus on better assessment of the child's strengths and needs and a sufficient range of resource homes (and knowledge of those resource homes) to make a good match and ensure services necessary to support the match.

- *"At least 85% of children in care shall have had two or fewer placements within the previous 24 months in custody, not including temporary breaks in placement for children who run away or require emergency hospitalization and return to the same placement*." (XVI.A.3)

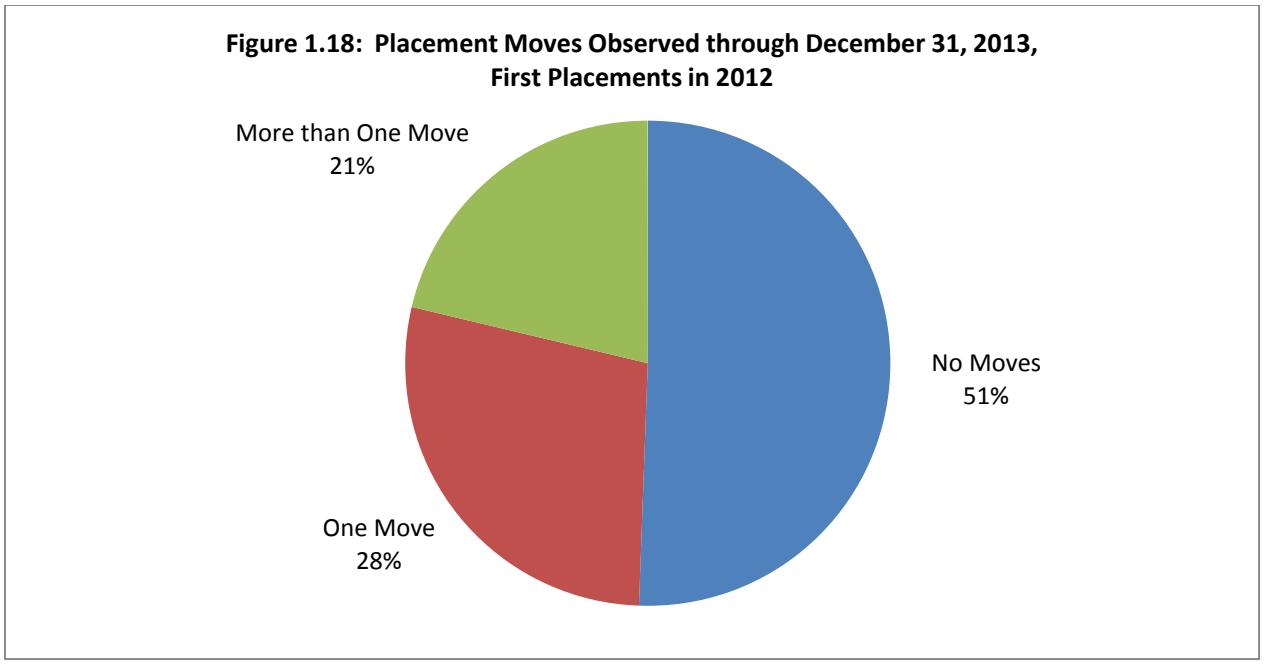
Of the 11,835 children in custody at any time between January 1, 2013 and January 1, 2014, 93% (11,003) had two or fewer placements within the previous 12 months in custody, and 82% (9,683) of those children had two or fewer placements within the previous 24 months in custody. This represents the same performance on the 12-month stability measure as the 2012 calendar year. (Of the 11,734 children in custody at any time between July 1, 2012 and January 1, 2013, 93% had two or fewer placements within the previous 12 months in custody.) This also represents an improvement in performance on the 24-month stability measure. (Of the 11,734 children in custody at any time between January 1, 2012 and January 1, 2013, 76% had two or fewer placements within the previous 24 months in custody.)

While the Department reports regularly on placement stability using the Settlement Agreement measure, the Department uses other placement stability measures as well to track and evaluate its performance.

Figure 1.18 below presents the number of placement moves experienced by children first entering custody in 2012, observing placement stability through December 31, 2013, a "window" for observing placement stability that is a minimum of 12 months (for children entering care during December 2012) and a maximum of 24 months (for children entering in January 2012).

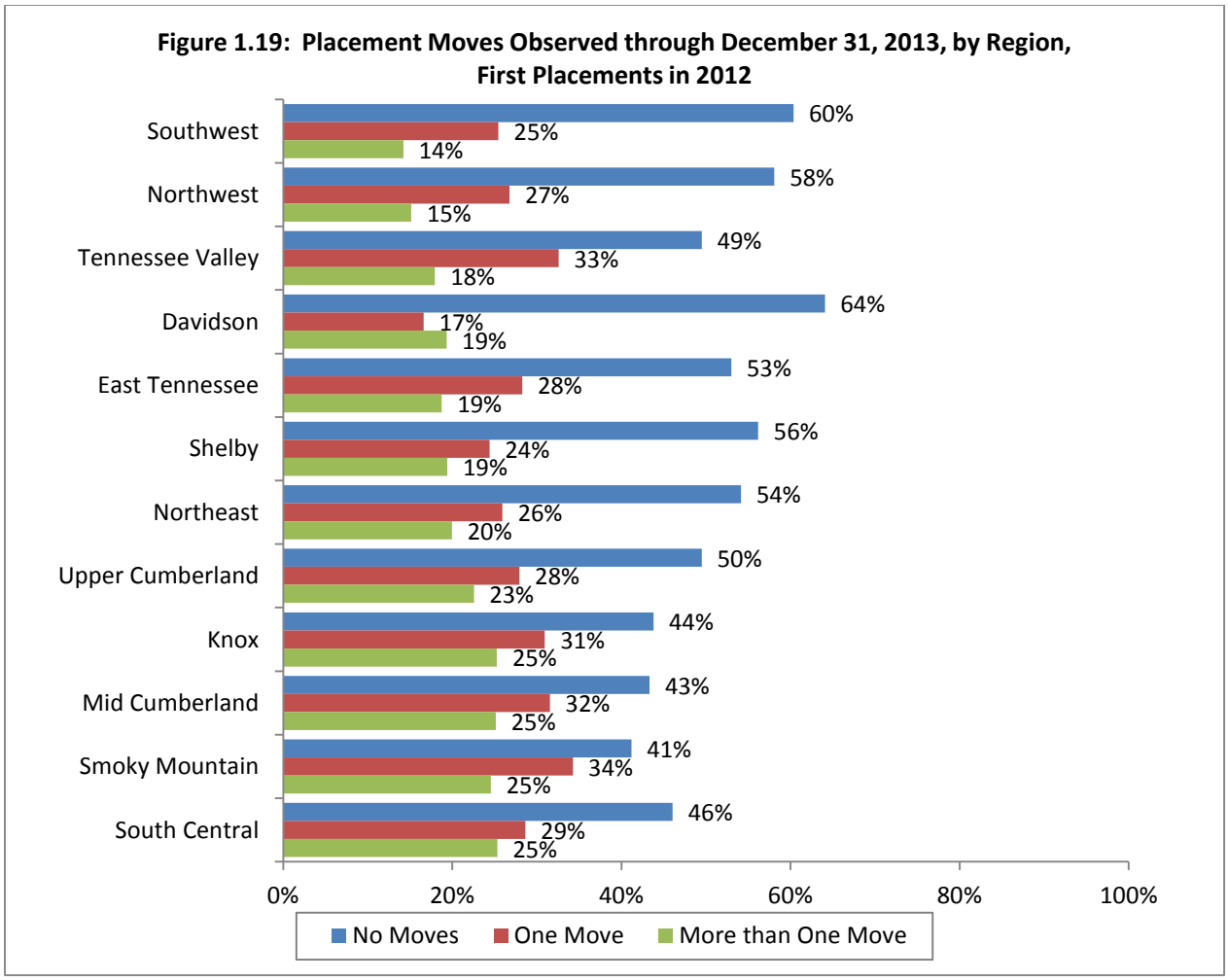
Fifty-one percent of the children entering care during 2012 experienced no placement moves, and 28% moved only once during this window. This is similar to performance for the 2011 entry cohort. Over the same window of observation, 55% of children entering out-of-home care in 2010 experienced no placement moves, 26% experienced one move, and 19% experienced two or more moves.[87]

[87] See Appendix F for a further breakdown of placement moves by number and region.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

Figure 1.19 provides a regional breakdown of these data. The figure organizes the regions by performance, with those regions with the lowest percentage of children moving more than once at the top.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The data presented in Figure 1.20 below reflect placement stability for recent entry cohorts across three different windows of observation.

The blue line shows the percentage of children entering out-of-home care[88] during each fiscal year who experienced two or fewer placements over a six-month window of observation.[89] For example, 87% of children entering care during the first six months of the 2003-04 fiscal year experienced two or fewer placements as of December 31, 2003. This percentage reached 94% (as of December 31, 2010) for children entering care during 2010-11 and has decreased to 88% for the most recent entry cohort.

[88] Unlike other cohort data presented in this report, this placement stability measure includes all children entering out-of-home placement, regardless of whether the children are entering care for the first time or are reentering care.

[89] This "six-month window" for each cohort year observes placement stability from a minimum of one day for children entering care on December 31st of the fiscal year to a maximum of six months for children entering care at the beginning of the fiscal year (on July 1st).

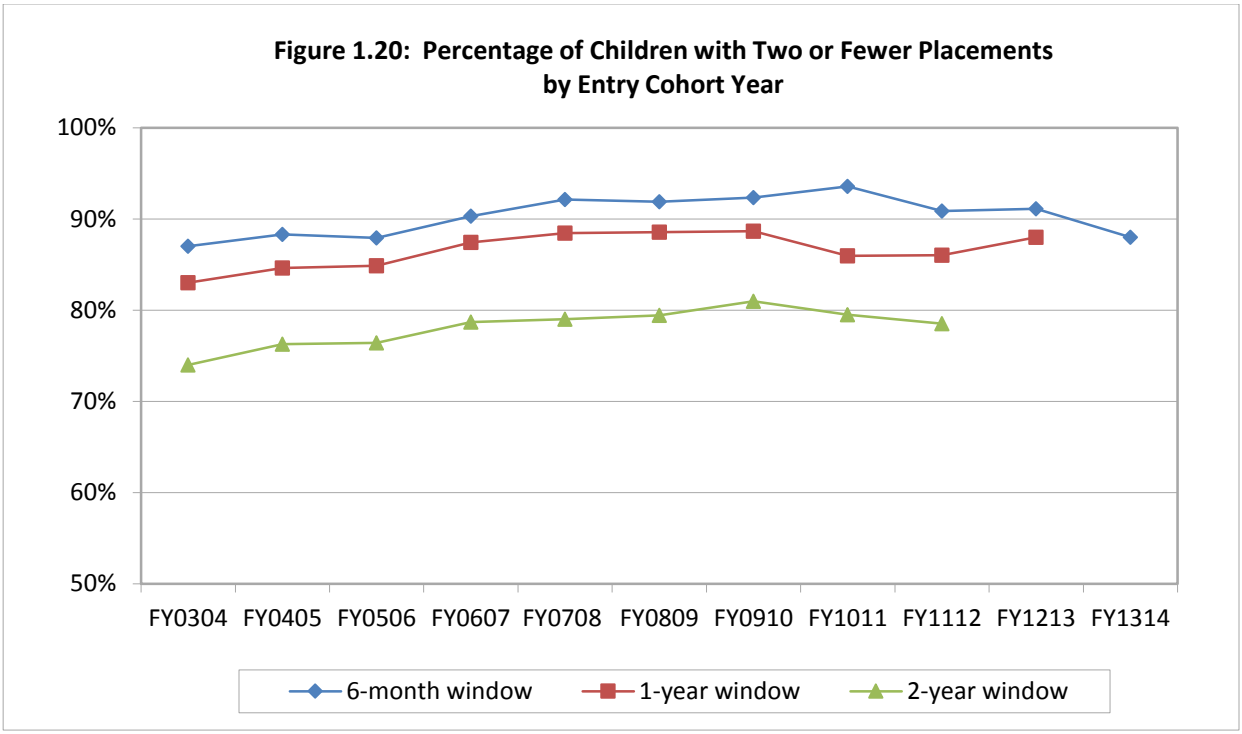
The red line, showing placement stability over a one-year window of observation,[90] shows improvement over time. Eighty-three percent of children entering care during 2003-04 experienced two or fewer placements as of June 30, 2004, while 88% of children entering care during 2012-13 experienced two or fewer placements as of June 30, 2013.

The green line shows performance over a two-year window.[91] Seventy-four percent of children entering care during 2003-04 experienced two or fewer placements as of June 30, 2005, while 79% of children entering care during 2011-12 experienced two or fewer placements as of June 30, 2013.[92]

[90] This "one-year window" for each cohort year observes placement stability from a minimum of one day for children entering care at the end of the fiscal year (on June 30th) to a maximum of 12 months for children entering care at the beginning of the fiscal year (on July 1st).

[91] This "two-year window" for each cohort year observes placement stability from a minimum of 12 months for children entering care at the end of the first fiscal year (during June) to a maximum of 24 months for children entering care at the beginning of the first fiscal year (during July).

[92] The Department also produces a similar measure of placement stability for the children who were already in care at the beginning of each fiscal year (the "in-care population"). The measure observes placement moves for children in care at the beginning of each fiscal year over a two-year window. For example, placement moves for children in care on July 1, 2005 are observed from July 1, 2005 through June 30, 2007. The percentage of children who experienced two or fewer placements during the two-year window applicable to each in-care cohort ranged between 83% and 85% for six years: 83% of the children in care on January 1, 2005, 85% of the children in care on January 1, 2006, 84% of the children in care on January 1, 2007, 84% of the children in care on January 1, 2008, 85% of children in care on January 1, 2009, and 85% of the children in care on January 1, 2010. For the children in care on July 1, 2011, it rose to 87% for this in-care cohort.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0607 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2012. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1314 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The Department engages in additional analysis of its stability data in an effort to develop specific strategies for improving stability.[93] The Department's analysis has resulted in two noteworthy findings that suggest potential improvement strategies.

First, for those children who experience placement moves while in care, most of the placement moves occur in the first six months in care, suggesting the value of a special focus on understanding and addressing the factors that contribute to placement moves in the first six months in care.

Second, children who are placed in kinship resource homes appear to enjoy greater placement stability than children placed in non-kinship resource homes. This is consistent with trends nationally. As of December 31, 2013, 71% (758) of the 1,066 children entering out-of-home placement for the first time in 2012 who were initially placed in kinship resource homes did not experience a placement move, compared to 50% (1,485) of the 2,951 children entering out-of-home placement for the first time in 2011 who were initially placed in non-relative resource homes. The Department has recognized that increased identification and utilization of relatives and fictive kin as resource parents for children might reasonably be expected to improve placement stability. As previously discussed, the Department continues to place special emphasis on improving regional kinship resource home recruitment and retention efforts.

[93] See Appendix F Additional Placement Stability Data.

A more detailed presentation of this additional stability data, including an analysis of placement moves by region, is contained in Appendix I.[94]

4. Maintaining Family Connections for Children in Care: Contact with Parents and Siblings

The DCS *Practice Model* and the Settlement Agreement highlight the importance of preserving non-detrimental family relationships and attachments through meaningful visits between parents and children, by placing sibling groups together in the same resource home, and, when siblings are separated, by ensuring regular and frequent sibling visits.

As discussed in this subsection, the percentage of sibling groups placed together continues to be a significant strength for Tennessee's child welfare system; however, inadequate parent-child contact and inadequate sibling contact (for those siblings not placed together) have been identified in previous monitoring reports as areas of concern. Aggregate reports from TNKids reflected improvement in performance prior to the transition to TFACTS, and aggregate reports from TFACTS, which initially reflected significantly lower performance than under TNKids, have reflected improvement in performance during 2013, reaching levels previously reflected in TNKids reporting. In addition, case file reviews conducted by TAC monitoring staff have consistently found that parent-child visits and separated sibling visits are occurring with significantly greater frequency than aggregate tracking data suggest.[95]

a. Contact with Parents

The Settlement Agreement provides that "*for children in the plaintiff class with a goal of reunification, parent-child visiting shall mean a face-to-face visit with one or both parents and the child which shall take place for no less than one hour each time (unless the visit is shortened to protect the safety or well-being of the child as documented in the child's case record). The visit shall take place in the child's home if possible or in as homelike a setting as possible, or for*

[94] Stability is also measured by the Quality Service Review (QSR). The focus of the QSR is not just on placement stability but also on stability of school settings and stability of relationships. Generally, a case cannot receive an acceptable score for Stability if the child has experienced more than two placements in the 12-month period prior to the review. However, a case in which the child had experienced two or fewer placements might nevertheless be scored unacceptable for Stability if the child experienced disruption in school settings or disruption of important personal, therapeutic, or professional relationships. For the previous two annual QSRs (2011-12 and 2012-13), 74% to 75% of the cases scored "acceptable" for Stability and for 2013-14, 80% of the cases scored acceptable for Stability. Appendix F also presents the percentage of *Brian A.* cases receiving acceptable scores for Stability by region in the past three annual QSRs.

[95] For a detailed discussion of the findings of those reviews, including a discussion of the factors contributing to under-reporting of frequency of visits in aggregate data, see Appendices H and I of the June 2012 Monitoring Report, Appendix D of the April 2011 Monitoring Report, and Appendix H of the November 2010 Monitoring Report. Both the parent-child visit reviews and the sibling visit reviews involve a thorough examination of every possible reference in case recordings and other TFACTS documentation to ascertain the extent to which visits are taking place and to understand any factors contributing to missed visits. Because these are extremely demanding and time-consuming targeted reviews, the TAC continues to alternate the reviews, conducting the sibling visits review for one monitoring period and conducting parent-child visits for the next monitoring period. The results of the 2013 Sibling Review are reported in this monitoring report, and the results of the next review of parent-child visits will be reported in the next monitoring report.

longer as otherwise required by the child's permanency plan and reasonable professional standards."

The Settlement Agreement provides two exceptions:

- *"This standard does not apply to situations in which there is a court order prohibiting visitation or limiting visitation to less frequently than once every month;"* and

- *"The child's case manager may consider the wishes of a child (generally older adolescents) and document in the case file any deviation from usual visitation requirements."*

The Settlement Agreement states that *"at least 50% of all class members with a goal of reunification shall be visited face-to-face by one or both parents at least twice per month for at least one hour in as home-like a setting a possible, unless there is a court order to the contrary or the case manager has considered and documented the wishes of a child to deviate from this requirement.*

For the remaining class members with a goal of reunification who are not visited twice per month, at least 60% shall be visited once a month in keeping with the standards of the preceding paragraph." (XVI.B.1)

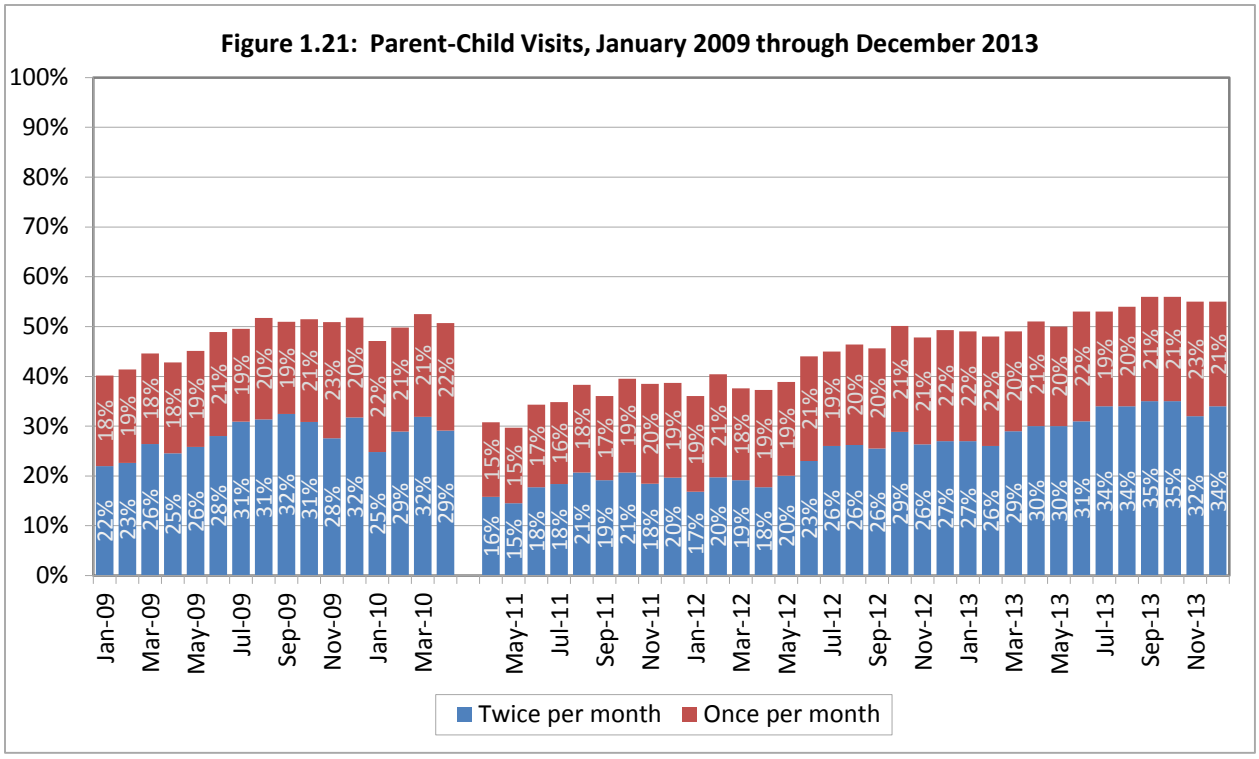
The Department has been producing aggregate reporting on parent-child visits, first from TNKids and now from TFACTS. However, neither TNKids nor TFACTS aggregate reporting is able to identify children whose visits with their parents would be subject to permissible exceptions to the visit requirement. The Department's aggregate reports have therefore applied the standard to all class members with a goal of reunification who are placed away from their parents, excluding only the small number of children who either have run away from care or have a reunification goal but are in full guardianship.[96] For this reason, the aggregate data understate the level of DCS compliance with the Settlement Agreement parent-child visit requirement. TAC monitoring staff conducted a review of parent-child visits in 2011 and found that the aggregate data fail to capture a significant percentage of parent-child visits as a result of ongoing data entry issues with TFACTS.[97] The TFACTS aggregate reporting should therefore be supplemented by a case file review. The TAC will conduct another review of parent-child visits, the results of which will be reported in the next monitoring report.

As shown in Figure 1.21 below, performance on parent-child visits reflected by TFACTS aggregate reporting data during 2011 and the first part of 2012 was considerably lower than performance reflected by TNKids data for the past few years. Performance has been increasing, however, and by April 2013 had reached the level of performance reflected in TNKids reporting

[96] Under DCS policy, until parental rights are terminated, parents and children retain their right to visits and contact with each other. As with any other situation in which the interests of the child require a deviation from the visiting standard, if there is a reason to restrict visits prior to the ruling on a termination petition, that can be accomplished by seeking a court order to that effect. However, because the Settlement Agreement only applies this measure to children with reunification goals, the Department reports on only those children.

[97] For a summary of the findings of the TAC's 2011 Parent-Child Visit Review, readers are referred Appendix H of the June 2012 Monitoring Report.

prior to the transition to TFACTS. Between April 2013 and December 2013, the percentage of children visiting with a parent at least once during the month has ranged between 50% (in May and November) and 56% (in September and October). During December 2013, 34% of children with reunification goals visited with a parent at least twice (compared to 50% required by the Settlement Agreement), and 32% of the remaining children visited with a parent once during the month (compared to 60% required by the Settlement Agreement). Or, stated differently, a total of 55% of children visited with a parent at least once during December 2013. The Settlement Agreement effectively requires 80% visit at least once per month.[98] The percentage of children not visiting with a parent at all during the month was 45%.



Source: January 2009 through April 2010 from TNKids "Parent-Child Visit Compliance Summary" reports (CEN-PRTCHDVT-200); April 2011 through December 2013 from TFACTS "*Brian A.* Parent Child Visit Summary and Detail" reports.

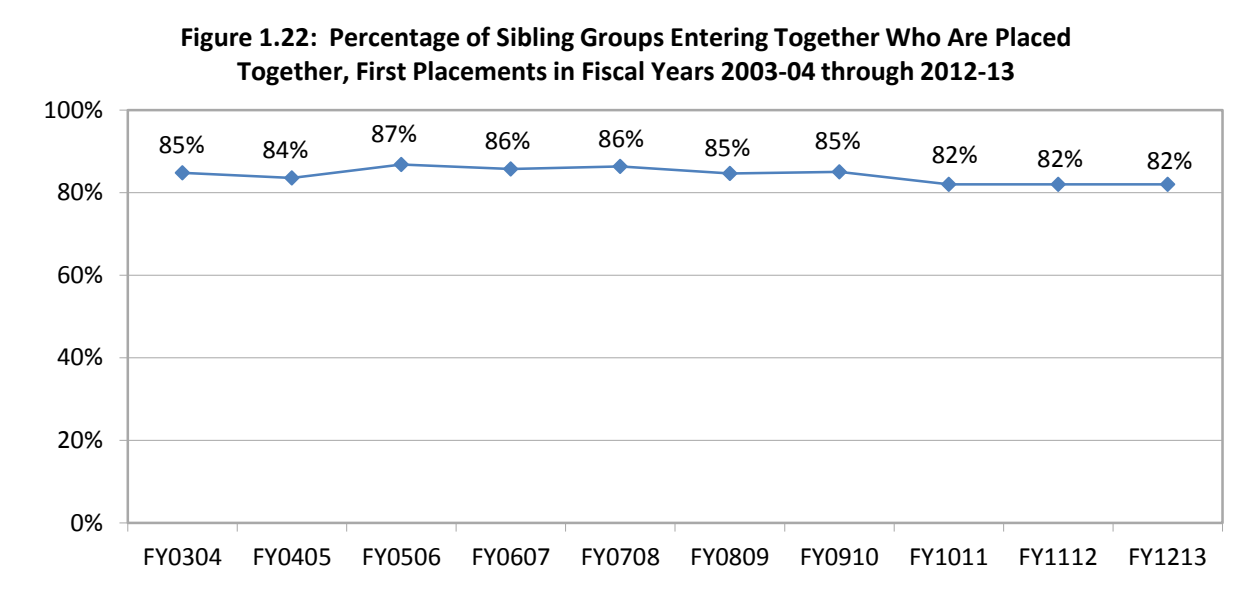
b. Placement with Siblings

The Settlement Agreement requires that "*at least 85% of all siblings who entered placement during the reporting period shall be placed together, unless doing so is harmful to at least one of the siblings; a sibling has exceptional needs requiring placement in a specialized program or facility; or the size of a sibling group makes such placement impracticable despite diligent efforts to place the group together, in which event the case manager shall document immediate efforts to locate a suitable home in which to reunite the siblings.*" (XVI.B.2)

[98] This "effective" Settlement Agreement requirement is calculated by adding the number of cases in which the child visited with a parent at least twice per month to the number of cases in which the child visited with a parent once per month and then dividing by the total number of relevant cases (*i.e.*, all children with a goal of reunification who were placed away from their parents during December 2013, excluding only the small number of children who either had run away from care or have a reunification goal but are in full guardianship).

The Department has been producing aggregate reporting on separated siblings, first from TNKids and now from TFACTS. However, neither TNKids nor TFACTS aggregate reporting is able to identify children whose separation from their siblings fell within one of the exceptions to the general requirement that siblings be placed together. The Department's aggregate reporting in effect presumes that all sibling groups who entered custody within 30 days of one another should be placed together, resulting in some degree of understating of the Department's performance in this area.

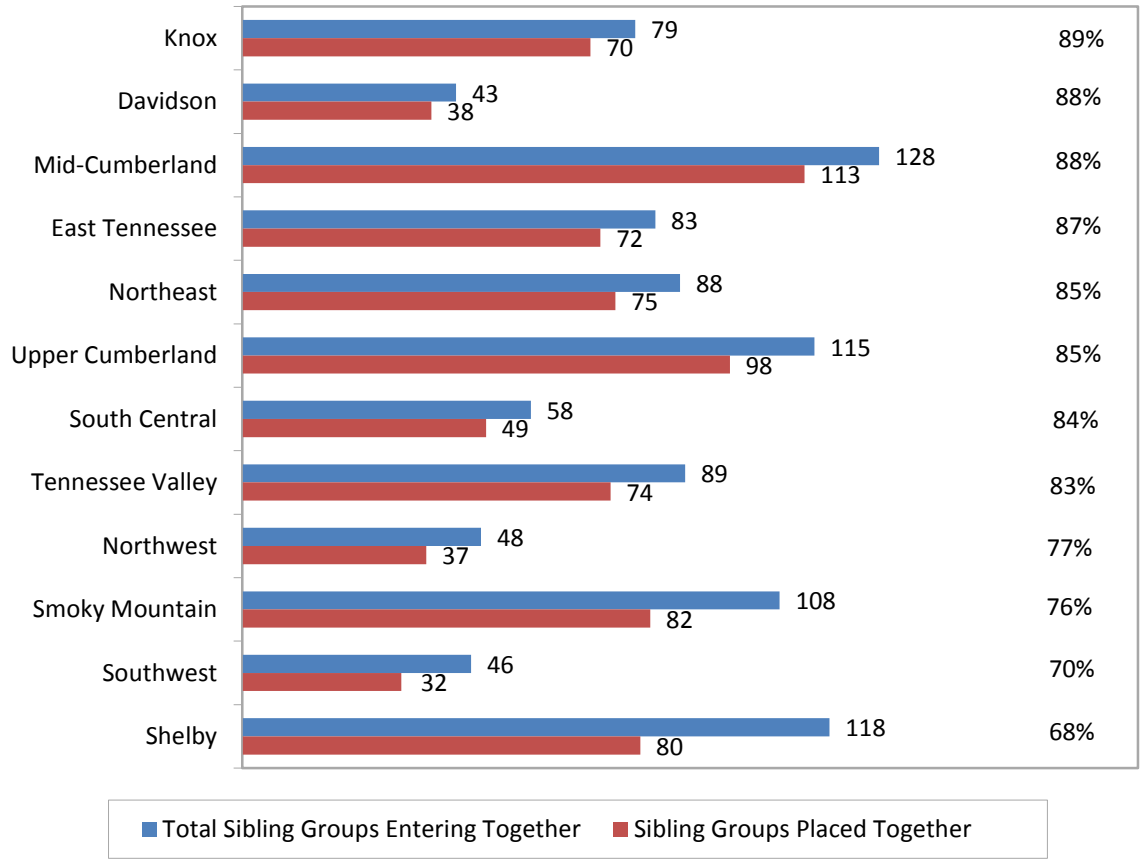
During fiscal year 2012-13, 82% of sibling groups entering out-of-home placement together for the first time were placed together. Figure 1.22 displays performance on this measure for entry cohorts in 2003-04 through 2012-13. Performance has remained between 82% and 87% since 2003-04.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August, 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2011. FY0607 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2012. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1213 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

Figure 1.23 below presents both the total number of sibling groups entering together for the first time in fiscal year 2012-13 and the number of those sibling groups who were placed together initially. The regions are ordered in the figure by the percentage of sibling groups initially placed together, with the region with the highest percentage of sibling groups initially placed together at the top.

Figure 1.23: Sibling Groups Entering Together Who Are Placed Together Initially, by Region, First Placements in Fiscal Year 2012-13



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

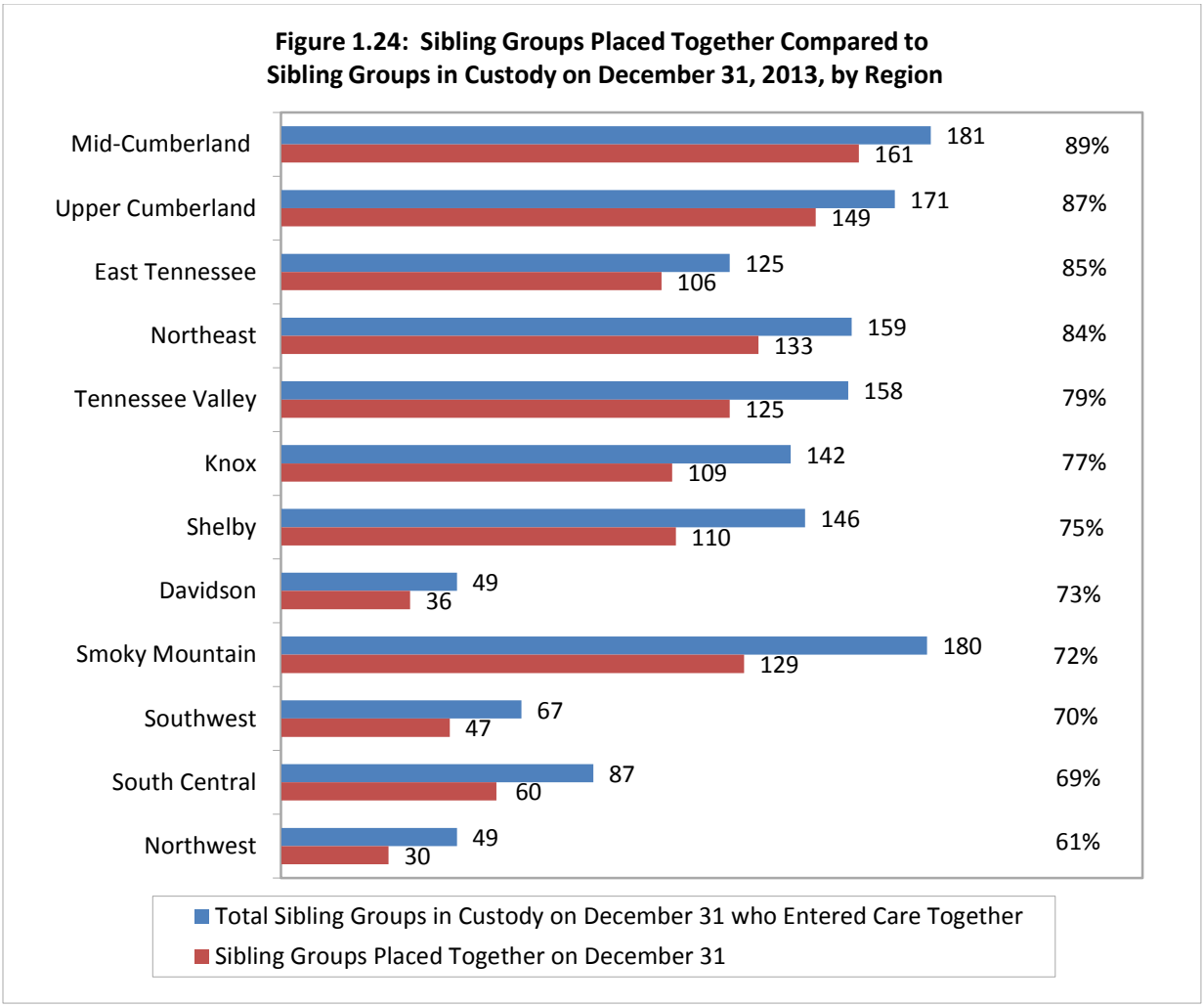
The Department also tracks the placement of all sibling groups in custody each month. Since the Department began producing this report from TFACTS (beginning in April 2011), the percentage of sibling groups who were placed together as of the report date has fluctuated

between 78% (in June through September 2013) and 82% (in December 2012).[99] As of December 31, 2013, 79% (1,195) of the 1,514 sibling groups in custody were placed together.[100]

Figure 1.24 displays regional performance on this measure as of December 31, 2013. As shown in the figure, the placement of sibling groups in custody on December 31, 2013 differs significantly from the initial placement of sibling groups entering out-of-home care during fiscal year 2012-13. There are differences between the two measures for every region, though the differences are more pronounced for some regions than for others.

[99] Because this report takes an extraordinarily long time to run, reports were not run for the months of July, August, October, and November 2012. Because the Department's IT staff were working on other reports that were of higher priority to the Department and the TAC, the TAC was of the opinion that reporting for those four months was not necessary for purposes of this monitoring report.

[100] For purposes of producing this particular measure on sibling placement, the Department defines a "sibling group" as siblings who entered custody within 30 days of one another and excludes any child from the sibling group who is on runaway status on the last day of the reporting period. The Department is currently working to correct an error in the Sibling Group reports that results in a slight under-reporting of the number of separated siblings in custody. TAC monitoring staff conducted a review to validate the Sibling Group Extract from TFACTS (which is the basis for the reporting on sibling placements by both the Department and Chapin Hall) using a random, statistically significant sample of children from the *Brian A.* Mega Report as of January 31, 2013. For five (5%) of the 96 children reviewed, the review child and/or some siblings were not included in the Department's reporting on siblings (for four of these five sibling groups, some siblings entered more than 30 days after other siblings, and the siblings who entered earlier are not being pulled into the report). However, all of the children and siblings were included in the Sibling Group Extract, which Chapin Hall uses for its reporting and analysis.



Source: TFACTS "Sibling Group Summary and Detail Statewide" report for the month of December 2013.

TAC monitoring staff conducted a targeted review of reasons for initial separation for a sample of 80 sibling groups who were separated as of the end of June 2013.[101]

In 58 cases, documentation clearly met one or more of the categories specifically outlined in Section Six of the Settlement Agreement: not entering at or near the same time; being placed together would be harmful to one or more siblings because of physical abuse/aggression or sexual reactivity/perpetration; one or more of the siblings had such exceptional needs that could only be met in a specialized program or facility; or the size (and often special or extraordinary needs of one or more of the children) of the sibling group made such placement impractical.

For an additional 11 sibling groups, the reason for the separation was that one or more of the siblings were placed with kin, often a kin relationship that applied to only some siblings. (For example, for siblings who have the same mother, but different fathers, a child might be placed

[101] This random sample of 80 sibling groups was pulled from the 466 sibling groups who were separated at the end of June 2013 according to a special run of the Department's June 2013 Sibling Report that included all siblings in custody, not just those who entered within 30 days of one another. The sample was stratified by region and represents a 95% confidence level and a plus/minus 10 confidence interval.

with someone who is that child's paternal relative but is not related to the child's siblings). In these cases, faced with two competing preferences, placement of children with kin and keeping siblings together, the Department (and usually a team of people) made the reasoned decision to place with kin.

In seven additional cases, sufficiently challenging behavior issues of one or more of the children resulted in a child being moved out of the home the child shared with his or her siblings, based on a decision (in one case by a juvenile court judge and in others by the Child and Family Team) that while that child could not be maintained in that resource home, it was in the best interest of the remaining siblings not to be disrupted from that home.[102]

In the remaining four cases, reviewers were unable to find sufficient reason documented in the file that would justify a separation under the terms of Settlement Agreement.

c. Contact with Siblings

The Settlement Agreement states that "*For children who are not placed in the same home or facility as their siblings there shall be face to face visits between the child and any of his or her sibling(s) who are in the plaintiff class in the most home-like setting available. The visits shall take place in the parent's home, the foster home in which one of the siblings is living, the home of a relative, or the most home-like setting otherwise available and shall occur as frequently as is necessary and appropriate to facilitate sibling relationships but no less frequently than once each month. The visiting shall take place for no less than one hour each time (unless the visit is shortened to protect the safety or well-being of the child as documented in the child's case record), or more as otherwise required by the child's permanency plan and reasonable professional standards.*"

The Settlement Agreement allows "*reasonable exceptions to the frequency requirement*" for cases in which: "*(1) there is a court order prohibiting visitation or limiting visitation to less frequently than once every month; (2) visits are not in the best interest of one or more of the siblings and the facts supporting that determination are documented in the case file; (3) the case manager for at least one of the siblings has considered the wishes of the sibling (generally older adolescents) and deviates from this standard based on the child's wishes; or (4) a sibling is placed out of state in compliance with the Interstate Compact on the Placement of Children and there is documentation of reasonable efforts by DCS to maintain sibling contact between in-state and out of state siblings, including consideration of placement near border states and efforts to arrange visits and for contact by telephone or other means. All exceptions, and all reasonable steps to be taken to assure that visits take place and contact is maintained, are to be documented in the case file.*"

The Settlement Agreement requires that "*at least 90% of all children in the class in placement who have siblings with whom they are not living shall visit with those siblings at least once a month during the reporting period at issue.*" (XVI.B.3)

[102] In some cases the behaviors were negatively affecting the other siblings. In other cases, the behaviors, irrespective of any impact on the siblings, were too much for the resource parent to manage.

As is the case with reporting on parent-child visits, TFACTS is not able to produce a report on sibling visits that identifies and excludes children for whom there is a permissible exception to the sibling visit requirement. The Department in its reporting applies this standard to all sibling groups who entered custody within 30 days of one another and are in different placement locations during the reporting period,[103] and current reporting is therefore likely to understate performance on the Settlement Agreement requirement to some degree.

Consistent with the TAC's previous sibling visit reviews, the TAC's 2013 Sibling Visit Review (discussed below) found that tracking data fail to capture a significant percentage of sibling visits.[104] For this reason, the aggregate data understate the level of DCS compliance with the Settlement Agreement sibling visit requirement and must be supplemented by a case file review.

i. Sibling Visits Targeted Review

TAC monitoring staff conducted a targeted review of sibling visits occurring between January 1, 2013 and June 30, 2013 in a sample of 80 separated sibling groups.[105] After reviewing TFACTS documentation for all children in the sibling group for the entire review period, TAC monitoring staff conducted follow-up interviews with the team leaders for the cases to get any needed clarification and any additional documentation of or information about visits that was not available in TFACTS.

[103] This measure includes all sibling groups in custody who originally entered custody within 30 days of one another, regardless of the type of entry (first placement or reentry) or placement type (with family or out-of-home). For all siblings placed in different placement locations as of the last day of the reporting month, the report counts the number of visits involving at least two of the separated siblings during that month. It excludes any child from the sibling group who is on runaway status as of the last day of the reporting month. However, the Department is also working to address an error in its reporting on sibling groups that results in a slight under-reporting of the number of separated siblings in custody (see footnote 100).

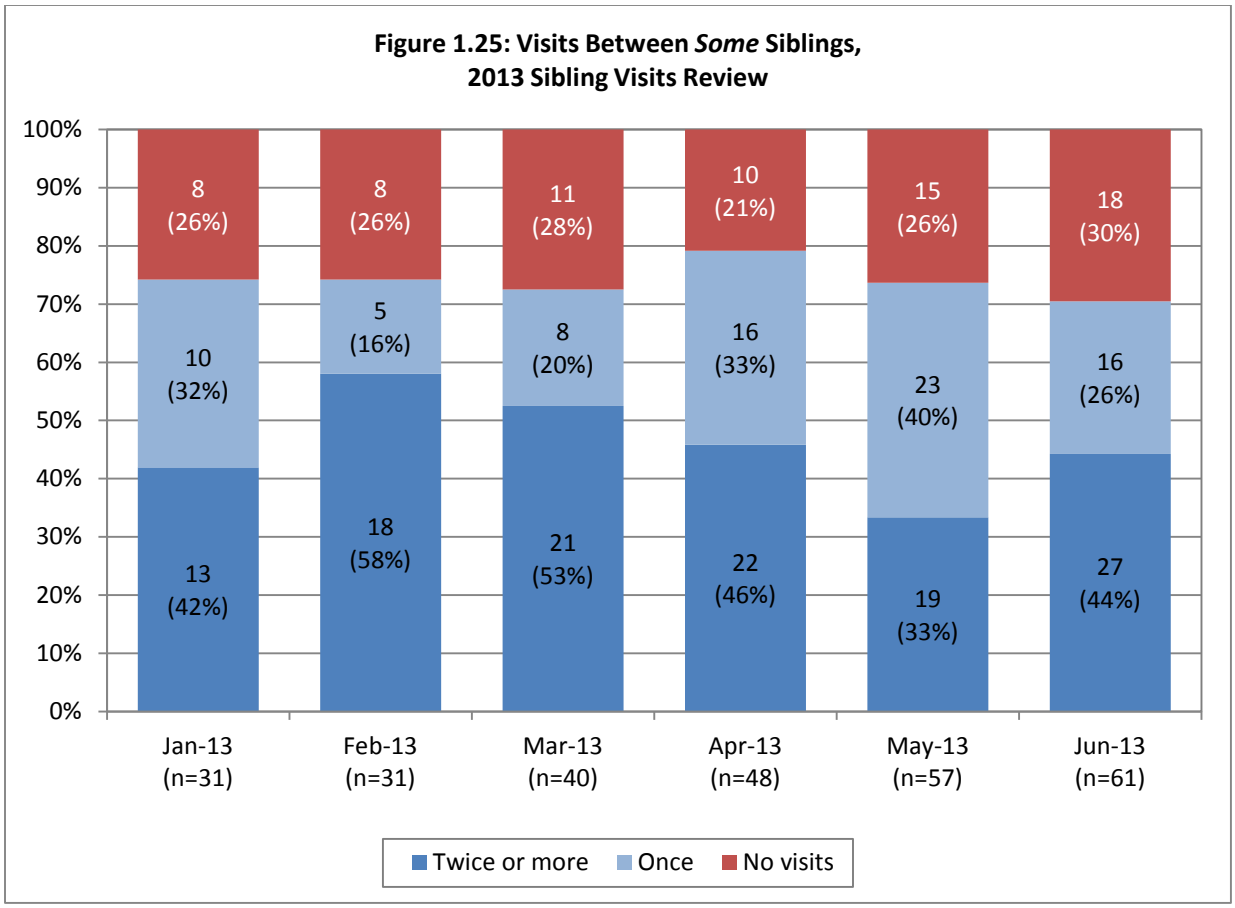
[104] For 57 (71%) of the 80 sibling groups in the sample, both the aggregate data and the review indicated that every sibling visited with another sibling at least once during June 2013. (However, for seven of these siblings groups, there were more visits documented than actually occurred, and for another seven of these sibling groups, more visits occurred than were documented.) For two sibling groups (2.5%), the aggregate report reflected at least one visit involving each sibling during June, but it does not appear that each sibling had at least one visit in June. For the remaining 21 siblings groups (26%), every sibling had at least one visit during June, but the aggregate report reflected zero visits for the siblings.

[105] This random sample of 80 sibling groups was pulled from the 466 sibling groups who were separated at the end of June 2013 according to a special run of the Department's June 2013 Sibling Report that included all siblings in custody, not just those who entered within 30 days of one another.. The sample was stratified by region and represents a 95% confidence level and a plus/minus 10 confidence interval.

Figure 1.25 below shows, for the sibling groups in the sample for whom visits were applicable and appropriate,[106] the frequency of visits involving *some* (at least two) of the separated siblings during each month of the review period. The percentage of sibling groups having at least one visit involving *some* (at least two) siblings during the month ranged between 70% and 79%.[107]

[106] Because the review sample was pulled from the population of sibling groups separated at the end of June 2013, sibling visits were not applicable for some number of sibling groups in each month (except June) because the siblings either were not yet in custody or were not yet separated. There were an additional number of sibling groups during each month (including June) who were in custody and separated but for whom there was a permissible exception to sibling visits as specified in the Settlement Agreement for all of the siblings. In addition to these sibling groups, there were four sibling groups for whom the TAC allowed an exception to visits because the siblings did not have a relationship prior to entry into custody (they entered at different times) and one or more of the siblings were in pre-adoptive placements that did not plan to pursue the development of the sibling relationship after the adoption. Excluding the sibling groups for whom visits were not applicable because the siblings were not in custody or were not separated, the percentage of sibling groups in each month with either a permissible Settlement Agreement exception for visits between all of the siblings or the additional exception allowed by the TAC is as follows: 29% in January, 33% in February, 28% in March, 28% in April, 23% in May, and 24% in June.

[107] The Sibling Visit Review data presented throughout this section includes only those visits that appeared to be consistent with the definition of a visit in DCS policy 16.43, Section D: "1. Siblings who are not placed in the same resource home or agency will be allowed to visit face-to-face in the parents' home or the resource home in which one of the siblings is living, a relative home, or the most home-like setting otherwise available. 2. Visits will take place as frequently as is necessary and appropriate to facilitate sibling relationships but no less frequently than once each month for no less than one hour in duration (unless the visit is shortened to protect the safety or well-being of the child). Visits will be of such duration as to support the on-going relationship and connection of the siblings and may include overnight or weekend visits." Additional contacts between siblings occurring in courtroom lobbies, waiting rooms, etc. were not included in the data analysis.

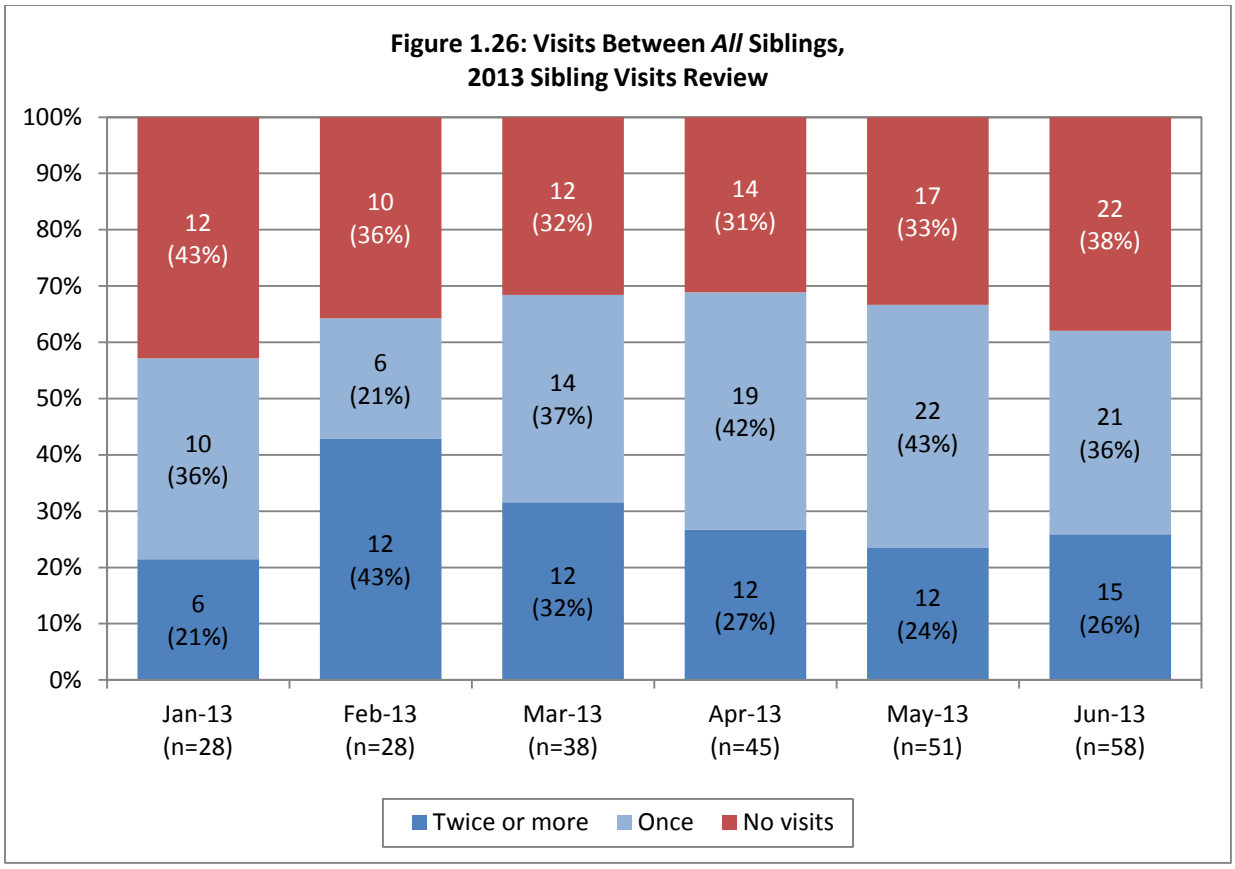


Source: 2013 TAC Sibling Visits Review.

Figure 1.26 below shows, for the sibling groups in the sample for whom visits were applicable and appropriate,[108] the frequency of visits involving *all* of the separated siblings during each month of the review period. The percentage of sibling groups having at least one visit involving *all* siblings during the month ranged between 57% and 69%.[109]

[108] The number of siblings groups each month for whom visits were not applicable because the siblings were not in custody or were not placed together is the same as for the data presented in Figure 1.25 regarding visits between at least *some* siblings. The additional exception allowed by the TAC for the four sibling groups also applied to all siblings in the group. However, a larger number of sibling groups had a permissible Settlement Agreement exception because an exception that applied to only one sibling meant that a visit involving *all* siblings in the group would not be expected. Excluding the sibling groups for whom visits were not applicable because the siblings were not in custody or were not separated, the percentage of sibling groups in each month with either a permissible Settlement Agreement exception for visits for at least one sibling or the additional exception allowed by the TAC is as follows: 36% in January, 39% in February, 32% in March, 32% in April, 31% in May, and 28% in June.

[109] The TAC's previous Sibling Visit Review found that, of separated sibling groups for whom visits were applicable and for whom there was no Settlement Agreement exception, between 84% and 89% had at least one visit involving *some* siblings in each month during the review period (April through September 2010). The review also found that the percentage of these sibling groups having at least one visit involving *all* siblings during the month ranged from 74% to 80%. However, findings from the previous review may not be directly comparable with the findings from the current review because of the difference in sampling methodologies. For the current review, only sibling groups that were not in custody and separated for at least one month during the review period were replaced in the sample, but in the previous review, any sibling group that had not been in custody and separated for at least four months during the review period was replaced in the sample. (For a full discussion of the findings of the 2010 Sibling Review, see Appendix I of the June 2012 Monitoring Report.)



Source: 2013 TAC Sibling Visits Review.

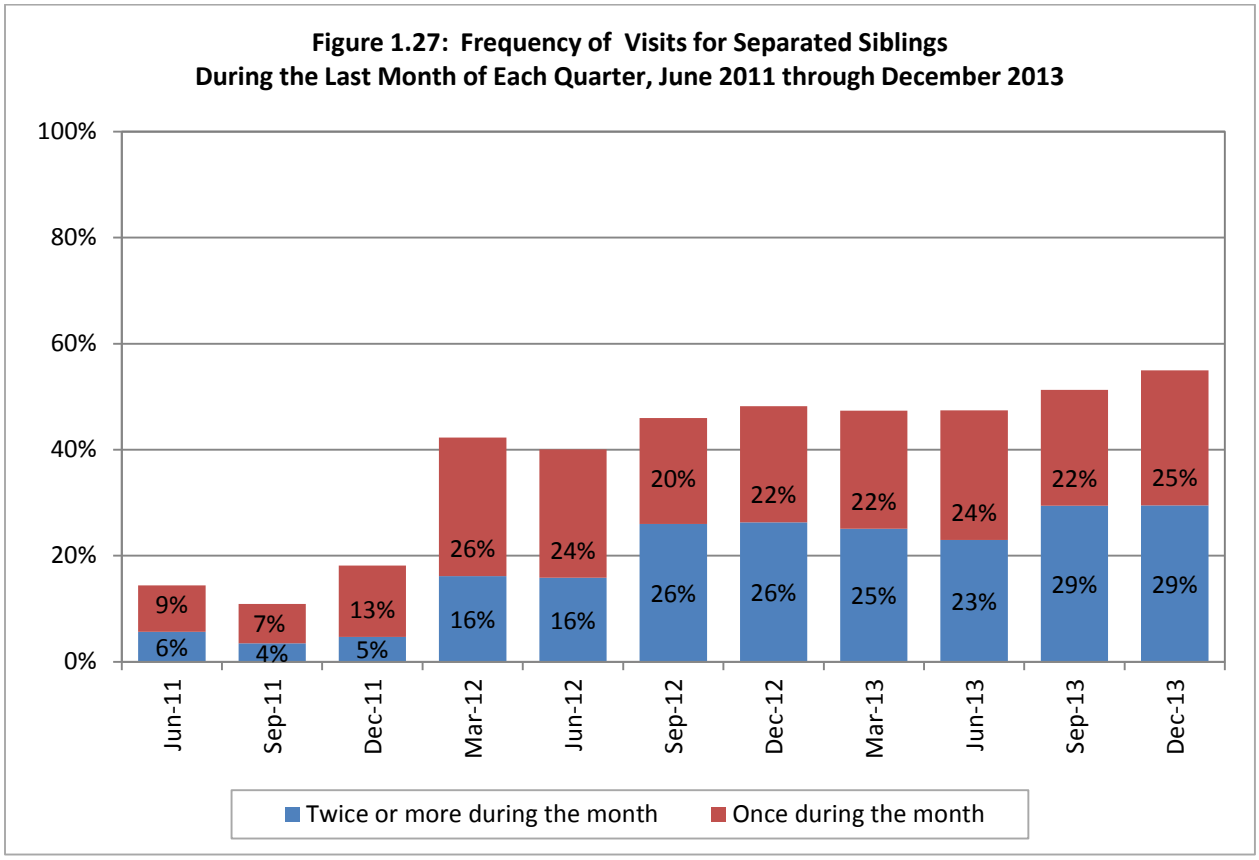
For 11 sibling groups in the sample, it appears that at least two consecutive months may have passed during the review period without a visit involving at least some of the siblings.[110] For two of these sibling groups, there was information indicating that there were more sibling visits during the review period than reviewers were able to confirm, and it is therefore possible that these two sibling groups did not miss two consecutive months of visits. For the remaining nine sibling groups, it does seem that visits were most likely missed for at least two months. In some of these cases, the distance between the siblings' placement was a barrier, and it appears that visit restrictions in some residential programs (at least for the first several weeks of placement) were barriers in some of the cases. The siblings requiring these higher level placements were also in some cases going through periods of significant instability, and efforts to stabilize the child were the primary focus during that time. For some of the cases, however, reviewers were unable to identify any such barriers that made facilitating sibling visits more challenging.

ii. Sibling Visit Aggregate Reporting

Figure 1.27 below presents the percentage of siblings who had visits documented with siblings from whom they were separated during the last month of each quarter from June 2011 through

[110] Some of these sibling groups had additional contacts at court or in waiting rooms that were not counted as visits for purposes of this review because they did not appear to meet the definition of a sibling visit according to DCS policy. See footnote 107 above.

December 2012 according to the Department's aggregate sibling visits reporting.[111] Performance improved significantly during 2012 and 2013. During December 2013, 30% of the 1,051 separated siblings had at least two visits documented with at least one sibling from whom they were separated, and 26% had at least one visit documented. Therefore, of the 1,051 separated siblings, 55% had a visit documented with at least one sibling at least once during the month.



Source: TFACTS "Sibling Group Summary and Detail Statewide" reports for the last month in each quarter, June 2011 through December 2013.

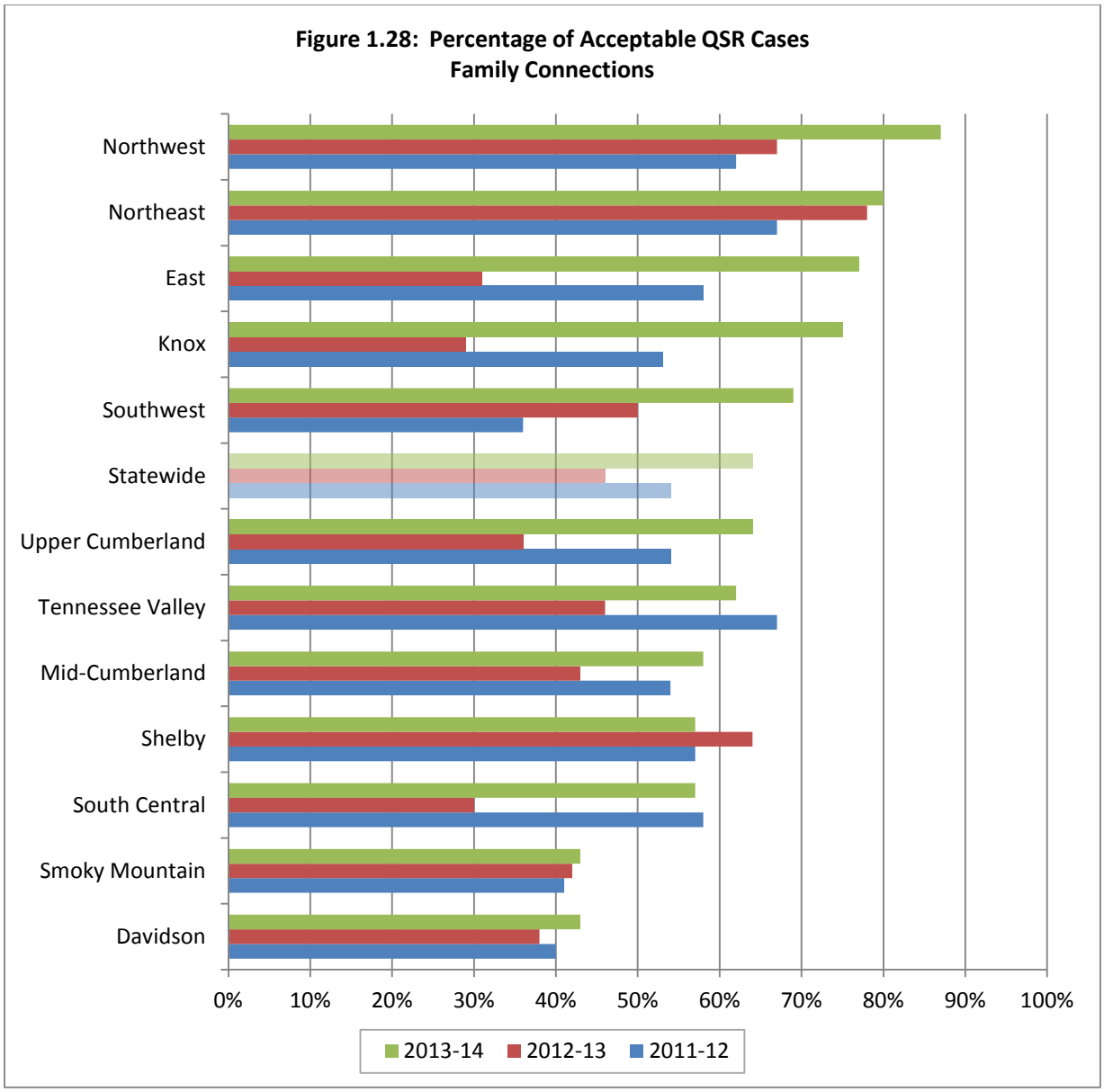
d. Family Connections

The Quality Service Review (QSR) also provides data related to both parent-child and sibling visits. The Family Connections indicator requires that the reviewer examine the degree to which

[111] The summaries the Department has produced of sibling placement and sibling visits data, previously from TNKids and currently from TFACTS, count the number of sibling *groups* placed together and visiting. In the June 2012 Monitoring Report, the TAC reported the data for sibling visits from the Department's summaries. However, the TAC has discovered some errors in the Department's summaries of TFACTS reporting related to the way in which sibling groups are counted. Since the resumption of reporting on sibling visits from TFACTS, the report summary has counted the same sibling group in multiple categories if siblings within the group visited one another at different frequencies (for example, if two siblings visited with one another twice during the month and the third sibling had no visits during the month, the group would be counted in both the "zero visits" and "two visits" categories), resulting in the sum of the sibling groups visiting at each frequency being larger than the number of separated sibling groups. The TAC therefore uses the detail listing of siblings on the report to count the number of *siblings*, not *sibling groups*, visiting at each frequency.

relationships between the child and family members from whom the child is separated (including extended family and "fictive kin") are maintained through appropriate visits and other means. Unless there are compelling reasons for keeping them apart, the reviewer must, among other things, look at the frequency of visits between the child and the child's parents and siblings. To receive a minimally acceptable score on this indicator, the reviewer must find that "the child has periodic (biweekly) visits with all appropriate family members." If visits occur less frequently than bi-weekly, the case generally would not receive an acceptable score for Family Connections. Because the QSR indicator considers connections with all appropriate family members simultaneously, it is a more rigorous standard than that contained in the Settlement Agreement.

Figure 1.28 presents the percentage of *Brian A.* cases receiving acceptable scores for Family Connections by region in the past three annual QSRs. The Family Connections indicator is only scored for cases in which the child was placed in out-of-home care and was living apart from his/her parents or siblings. This indicator is not scored if the child has no family or TPR has occurred and the child and family team has appropriately determined that it is not in the child's best interest to maintain contact with extended family or siblings.



Source: QSR Databases.

C. How successful is the Department in meeting the safety, health, developmental, educational, and emotional needs of children in care?

The Department is responsible for ensuring the well-being of children in its custody. The DCS *Practice Model* and the Settlement Agreement therefore emphasize the importance of providing children in care with timely access to high-quality services to meet their safety, health, developmental, educational, and emotional needs.

Key Findings:

- While there is some regional variation, for the large majority of children in foster care, the Department appears to be doing reasonably well in ensuring that their physical health needs are being met. Children in foster care either appear to be in reasonably good health or, if they suffer from chronic health problems, generally appear to be having documented health needs addressed responsibly.

- For the large majority of children with identified mental health needs, the Department appears to be providing some mental health services in an effort to respond to those needs. However, children in foster care appear to fare significantly less well with respect to their emotional and behavioral well-being than they do with respect to their physical health.

- While a majority of children in foster care appear to be progressing developmentally and educationally, a significant number of children continue to face developmental and educational challenges.

1. Ensuring the Safety of Children in Foster Care

The decision whether to take a child into state custody is, in the first instance, a decision about child safety. Both the Department and the Juvenile Court are charged with the responsibility of ensuring that children are not removed from their families and communities when a less drastic approach can safely address their needs and the needs of their family, but DCS and the Juvenile Court also have the responsibility of ensuring that children are removed when their safety (or the safety of others) requires it.

The Settlement Agreement requires that the Department's Child Protective Services (CPS) system be adequately staffed to ensure receipt, screening, and investigation of alleged abuse and neglect of children in DCS custody within the time frames and in the manner required by law, and the Settlement Agreement has specific provisions related to addressing allegations of children being abused and neglected while in care.

Once a child is brought into state custody, the state takes on a special obligation as the legal custodian to ensure that the child is in a safe placement and protected from harm. The Settlement Agreement has a number of provisions that address processes that the Department must have in place in order to identify and respond to reports of abuse and neglect of children in foster care. However, it does not contain particular numerical goals related to substantiated incidents of abuse or neglect. Nevertheless, there are a number of measures and sources of information that the Department utilizes for purposes of assessing and reporting on child safety for children in foster care. These sources of information include: the Child and Family Service Review (CFSR) Abuse in Care Measure, the Quality Service Review, the Special Investigations Unit (SIU) reports, and the Incident Reporting (IR) system.

a. Child and Family Service Review (CFSR) Abuse in Care Measure

The U.S. Department of Health and Human Services (DHHS) requires that no more than 0.32% of all children in care be victims of substantiated maltreatment by a resource parent or congregate care facility staff member. Under this standard, the term "all children in care" applies to both *Brian A.* class members (children adjudicated dependent and neglected or unruly) and children adjudicated delinquent.

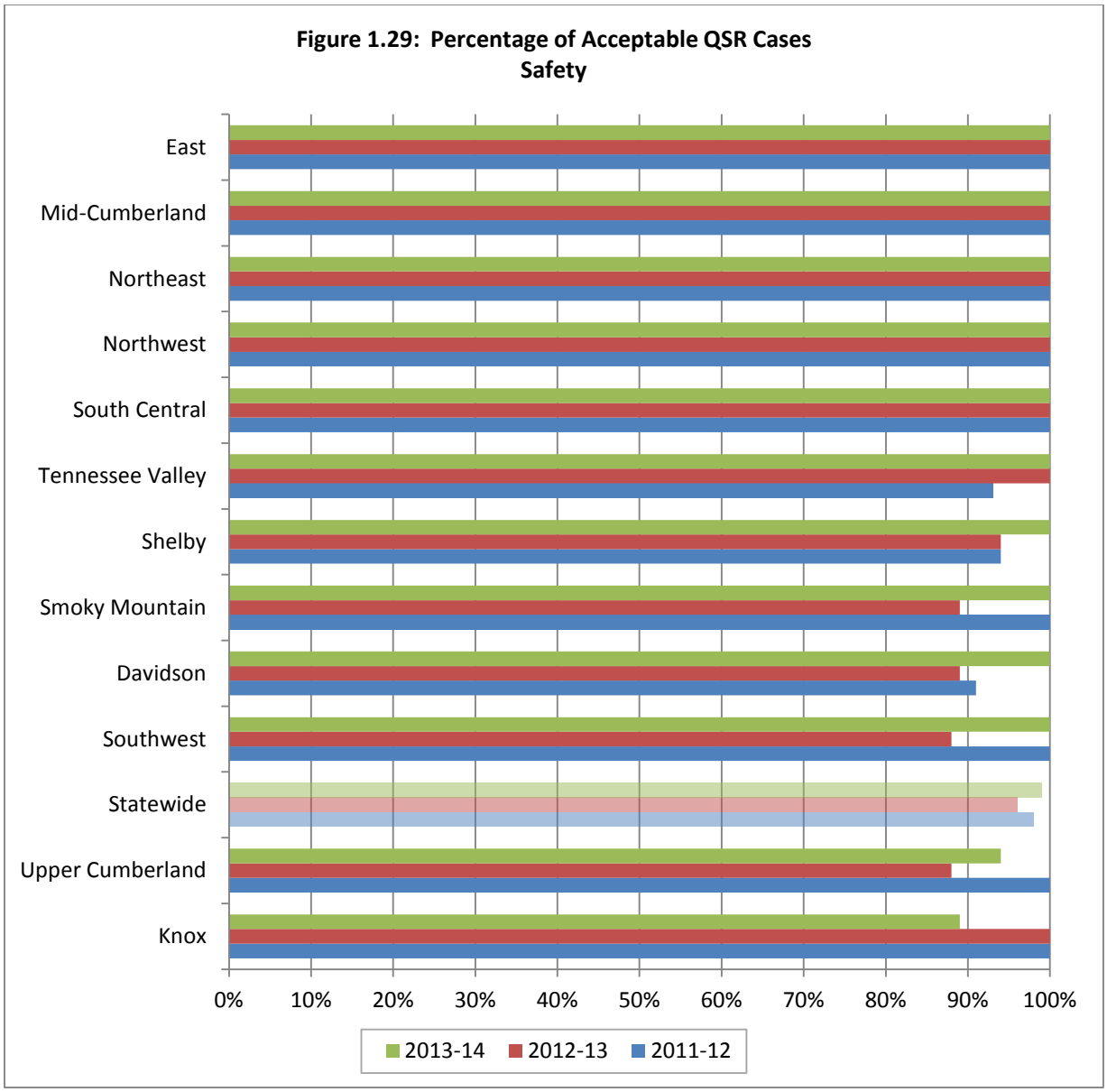
Tennessee reported that, for the 12-month period ending December 31, 2013, 0.51% of *Brian A.* class members who were in out-of-home placement during the year had been the victims of substantiated abuse or neglect by resource parents or congregate care facility staff.[112]

b. Quality Service Review Results

The Quality Service Review assesses whether, at the time of the review, the child is safe from manageable risks of harm from self or others, as well as whether others are safe from manageable risks of harm from the child's behaviors.

Figure 1.29 presents the percentage of *Brian A.* cases receiving acceptable scores for Safety by region in the past three annual QSRs.

[112] As part of its work to support the Department, Chapin Hall produces this version of the federal CFSR measure. The denominator for this measure is the total number of *Brian A.* class members who had at least one day in out-of-home placement between January 1, 2013 and December 31, 2013. The numerator is the total number of these children who had an indicated abuse or neglect investigation conducted by the Department's Special Investigation Unit (see Section Three, pages 106 and 129, for a description of the allocation of responsibility between CPS and SIU for allegations of abuse or neglect of children while in custody) that began after the child was placed and prior to the child's discharge and in which the alleged perpetrator was either identified as a resource parent or a staff person at a treatment facility or whose relationship to the child was left blank. The percentage for calendar year 2012, presented in the June 2013 Monitoring Report, was 0.15%. However, when Chapin Hall recently refreshed the data for calendar year 2012, the percentage increased to 0.36%. Data cleanup resulting in the filling in of many of the "blank" perpetrator relationships (some number of which were relationships other than resource parent or facility staff) appears to be the primary reason for this shift in the data.



Source: QSR Databases.

TAC monitoring staff reviewed the three cases involving *Brian A.* class members which were scored unacceptable for Safety during the 2013–14 QSR to determine both the reason for the unacceptable score and whether TFACTS documentation subsequent to the review reflects actions to address the safety concerns.

One case involved a 6-year-old whose aggressive behavior increased in both the community and the school after the child was removed from the home that intended to adopt him. The child physically attacked and made threats of harm to himself and others. After the QSR, changes were made to behavioral plans and medication, and the child continued in therapy.

A second case involved a 13-year-old who was returned to a resource home in which he had previously been placed. Reviewers were concerned that at the time that the child was returned to

that home, there were two older teens (both 17) in the home whom the reviewers felt posed a safety risk to the younger child. The TAC is working with the Department to better understand the placement decision, since both older youths had "high risk" CANS scores. The older youths have since left that resource home.

The final case that failed for safety involved a 17-year-old who was engaging in self-endangering behaviors. Reviewers were concerned that the youth was talking to and had met up with her step-father who is not allowed to be around her according to a no contact order. After the QSR, the case manager followed up with the youth and determined that the youth had only talked with her step-father and had not met up with him. The FSW also talked with the Department's Legal Division to determine how to enforce the no contact order. The youth continues in therapy to address her self-endangering behaviors.

c. Special Investigations Unit and Child Protective Services Investigations of Reports of Abuse or Neglect of Children while in State Custody

The Special Investigations Unit (SIU) investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is another foster child, a resource parent or resource parent's family member, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional. Child Protective Services (CPS) investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is a member of the child's birth family or family friend.

Prior to the implementation of TFACTS in 2010, the Department had been producing a monthly report (the "*Brian A.* Class Open Investigations Over 60 Days Old Report") of the number and percentage of overdue investigations for *Brian A.* class members only. The report provided data on investigations involving *Brian A.* class members, whether the investigations were conducted by SIU or CPS, and excluded from the data the non-custodial children and children with delinquent adjudications who are included in the other CPS and SIU aggregate data produced by the Department.

As discussed in the June 2013 Monitoring Report, the Department began producing a similar report from TFACTS in February 2012. The report provided data on the percentage of overdue SIU investigations specific to *Brian A.* class members, but unlike the previous report, it did not provide data on the percentage of overdue CPS investigations involving *Brian A.* class members. The June 2013 Monitoring Report also included data from the first aggregate reporting on open investigations conducted by regional CPS (not SIU) involving *Brian A.* class members at the end of November 2012. The production of both of these reports was suspended in December 2012 when the staff person who produced these reports left the Department.

The Department resumed reporting on investigations involving *Brian A.* class members in April 2014, including both investigations (SIU and non-SIU) and assessments involving *Brian A.*

children.[113] As of April 24, 2014, there were 225 open investigations involving *Brian A.* children, of which 30 (13%) had been open more than 60 days. (Eleven, or 8%, of the 137 SIU investigations had been open more than 60 days; 19, or 21%, of the 88 CPS cases had been open more than 60 days.) There were also 21 open assessments involving *Brian A.* children, of which two (10%) had been open more than 120 days.[114]

d. Incident Reports

The term "Incident Reports" (IRs) refers to a variety of types of potentially health endangering events that the Department requires those caring for children in DCS custody to report to the Department. Reporting is required both for incidents involving improper conduct, such as reports of abuse and neglect or inappropriate use of restraint or seclusion, and for incidents involving proper conduct, such as taking a child to an emergency room for appropriate medical treatment, or using restraint or seclusion appropriately.

As discussed in detail in the June 2013 Monitoring Report, in early 2012, the Department formed a workgroup of stakeholders who developed plans for a significant redesign and refinement of the IR system in TFACTS, intended to address the problems with the incident reporting process, discussed in this section and previous monitoring reports, that limited the Department's ability to effectively use the TFACTS data on incident reports for monitoring placements and providers.[115] For reasons discussed in the June 2013 Monitoring Report, the implementation of the redesign had been delayed significantly. The Department now expects the redesign to be implemented in the fall of 2014. The following data presented and process described in connection with that data is the current process—a process which is substantially different than what the redesign envisions.

Incident reports are currently assigned a "severity level" (1 through 4, with 1 being the least severe) based on the nature and circumstances of the incident.[116] The severity level determines

[113] The report includes investigations (SIU or non-SIU) and assessments in which a *Brian A.* class member is an "alleged child victim." At the request of the TAC, in order to identify investigations and assessments concerning incidents that occurred while the child was in custody, investigations and assessments that were opened within the first two days of custody are excluded because these are very likely to be the investigations that brought the children into custody. Moving forward, the Department will produce this report monthly.

[114] All 11 of the overdue SIU investigations had been open less than 90 days. Of the 19 overdue CPS investigations, four had been open between 61 and 90 days, seven had been open between 91 and 120 days, five had been open between 121 and 180 days, and three had been open between 181 and 365 days. One of the overdue assessments had been open 168 days, and the other overdue assessment had been open 247 days.

[115] See the June 2013 Monitoring Report at page 70. Notwithstanding the delay in the TFACTS IR enhancement, the Division of Quality Control has been making some needed adjustments and clarifications (such as updating Policies and sharing revised definitions with those responsible for filing IRs). In addition, the Quality Control Division has been using the data currently available from TFACTS to support the Department's provider oversight and quality work.

[116] As reflected in the data on Incident Reporting presented in the following pages, the numbers of Level 1 and Level 4 incidents reported each quarter are very small. The designation of severity level 4 refers to incidents involving a riot at a facility, the death or near death of a child in DCS custody, and incidents that do not involve death or near death but result in serious permanent injury or disability (*e.g.*, administration of medication that results in permanent paralysis but did not constitute a near death incident). Level 1 incidents currently include some medication errors that are non-injurious, such as a child's refusal to take a Tylenol that had been prescribed. By definition, these are not incidents that pose a serious risk of harm or cause actual harm.

the intensity of review and follow-up required of Departmental staff assigned to monitor and respond to incident reports.[117]

With respect to incidents involving children in private provider placements, private providers utilize the TFACTS Incident Reporting function[118] to report incidents directly into TFACTS. The entry of the report into TFACTS triggers a series of notifications and alerts to DCS staff with responsibility for reviewing and responding to the report.[119] With respect to incidents involving children in DCS placements, the Department had historically not been routinely capturing such incidents in the TFACTS Incident Reporting system. During 2012, the Department developed a process for entering incidents involving children in DCS placements into the TFACTS Incident Reporting function, and the resource parent support staff responsible for managing the DCS resource homes have received training on how to enter incidents into TFACTS. The Department continues to work on communicating the process for reporting incidents to the resource parents, and incidents occurring in DCS resource homes are entered into TFACTS. It is not known if this is happening routinely.[120]

Table 1.1 below displays the number of incidents reported through TFACTS[121] between October 1, 2013 and December 31, 2013 by severity level (Level 1 being the lowest and Level 4 being the highest) and incident type[122] for both *Brian A.* class members and children with delinquent adjudications.

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[117] Each Level 3 and Level 4 incident type is assigned to a particular group within DCS for response, and a "responder lead" has been identified for each group to coordinate the response process. The six responder groups are: Child Abuse Hotline staff, Health Unit Nurses, Regional Psychologists, Regional responders (identified by each region), Network Development, and the Absconder Recovery Unit, although a "lead" for the Regional responder group (assigned to the Assault, Contraband, and Arrest of Child or Youth incident types) has not been identified. It does not appear that all of the assigned responders within their groups are receiving timely notification of the appropriate incidents. Many continue to receive notifications for all incidents and have to search through them to identify the ones that they have responsibility for. However, as discussed in Section VI of this report, those IRs that are most relevant to the Settlement Agreement (physical restraint, seclusion, and emergency use of psychotropic medication) are among those for which the Department has a work around to ensure that responders are made aware of the incidents requiring their response.

[118] This TFACTS reporting function replaced the separate web-based system for Incident Reporting that the Department had been using prior to TFACTS implementation. That web-based system was itself an improvement on the original "hard copy" incident reporting process.

[119] If for some reason the private provider is unable to access the TFACTS Incident Reporting function, the provider is required to contact a designated Central Office staff member by phone or email. This staff member enters the IR into the system. Fortunately, while inability to access the TFACTS IR function was a significant problem during the initial phases of TFACTS implementation, providers rarely have problems with accessibility at this time.

[120] For example, eight incidents were reported in TFACTS as having occurred for children placed in DCS resource homes during the period from October 1, 2013 through December 31, 2013.

[121] There continues to be some inconsistency in the way in which some types of incidents are entered into the system. Previous reviews done by the Department have found inconsistencies in the way in which providers categorize incidents. There is also a lack of clarity among providers regarding the appropriate way to enter an incident involving multiple children and/or consisting of multiple incident types. The Department intends to address all of these problems through the TFACTS enhancement and subsequent trainings and communications that will take place.

[122] A list of definitions for each incident type is included as Appendix G. This list contains the incidents and definitions effective May 2014.

There were a total of 3,146 incidents reported between October 1, 2013 and December 31, 2013, and four incident types made up the vast majority of the reports: physical restraint[123] (1,015); assault[124] (515); emergency medical treatment[125] (350); and runaway[126] (299).[127] There were no Level 4 incidents reported during this quarter.

As reported in the June 2013 Monitoring Report, there were a total of 3,238 incidents reported between October 1, 2012 and December 31, 2012, and these same four incident types made up the vast majority of the reports: physical restraint (755); emergency medical treatment (556); runaway (454); and assault (429). There were no Level 4 incidents reported during this quarter.

[123] Physical restraint is defined as the use of body contact by staff with a child/youth to restrict freedom of movement or normal access to his or her body.
[124] Assault is defined as a willful and malicious attack by a child or youth on another person, not including horse-play.
[125] Emergency medical treatment is defined as a child or youth suffering an injury or illness that requires emergency medical attention.
[126] Runaway is defined as a child or youth who is away from home, residence, or any other residential placement of the child/youth's parent, guardian, or other legal custodian (DCS) without their consent.
[127] "Disruption of service," "placement referral decision," and "rejection of service" are no longer incident types and are therefore no longer included in the table.

Table 1.1: Incident Reports October 1, 2013 through December 31, 2013						
Incident Type	**Severity Level**				**Total Number Of Incidents**	**Percentage of Total Incidents**
	Level 1	Level 2	Level 3	Level 4		
Abduction	0	0	0	0	0	0%
Abuse or neglect	0	0	244	0	244	8%
Arrest of child or youth	0	0	74	0	74	2%
Arrest of parent, surrogate or staff person	0	0	4	0	4	0%
Assault	0	406	109	0	515	16%
Contraband	0	21	159	0	180	6%
Emergency Medical Treatment	0	350	0	0	350	11%
Emergency Use of Psychotropic medication(s)	0	0	0	0	0	0%
Major Event at Agency	0	0	78	0	78	2%
Mechanical Restraint	0	0	10	0	10	0%
Medication Error	148	47	0	0	195	6%
Mental Health Crisis	0	33	110	0	143	5%
Physical Restraint	0	933	82	0	1015	32%
Runaway (off facility property and out of physical sight of staff)	0	0	299	0	299	10%
Seclusion	0	14	25	0	39	1%
Total	**148 (5%)**	**1804 (57%)**	**1194(38%)**	**0**	**3146**	**100%**

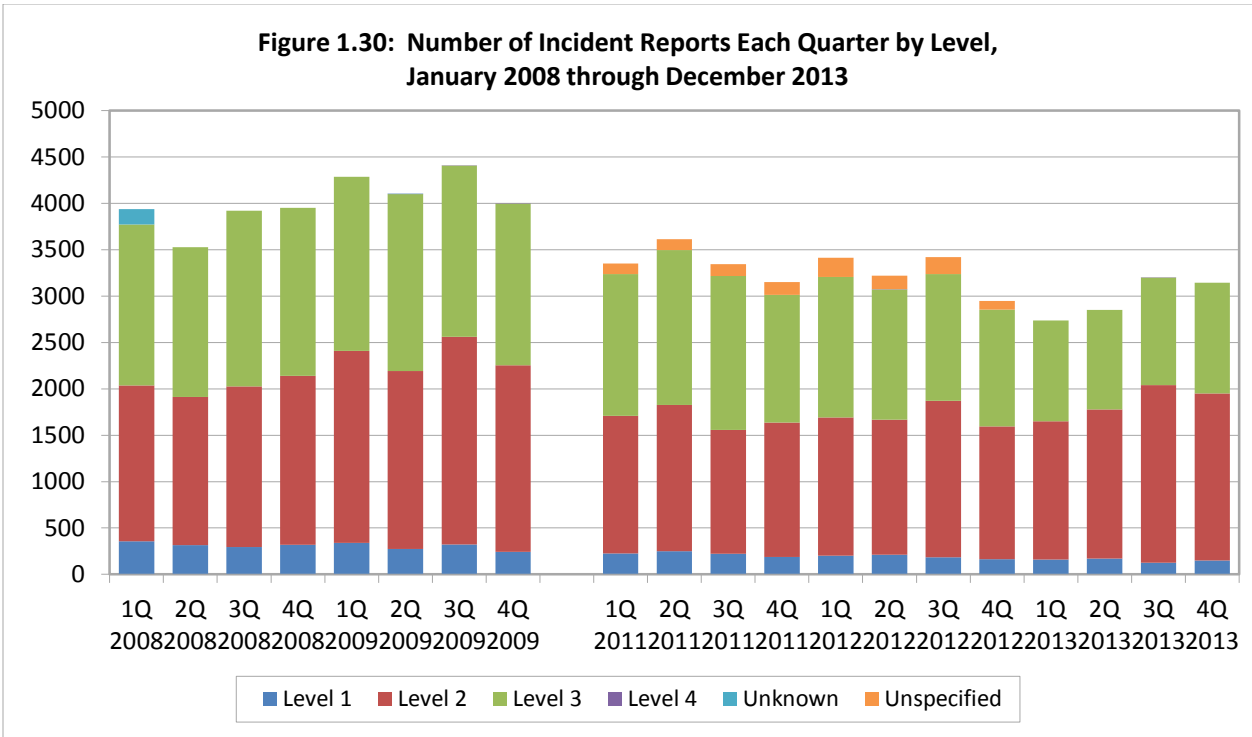
Source: Monthly "Incident Detail" from TFACTS for October, November, and December 2013.

Table 1.2 and Figure 1.30 below present the number of incidents reported through the TFACTS Incident Reporting function each quarter, by severity level, since January 2008. Data for 2010 are unavailable because of the transition to TFACTS; reliable aggregate reports from TFACTS regarding incidents became available beginning in January 2011.

Table 1.2: Number of Incident Reports Each Quarter by Level, January 2008 through December 2013

	Level 1	Level 2	Level 3	Level 4	Unknown	Unspecified	Total
1Q 2008	358	1678	1736	0	166	0	3938
2Q 2008	315	1598	1614	0	0	0	3527
3Q 2008	295	1733	1893	0	0	0	3921
4Q 2008	320	1822	1810	0	0	0	3952
1Q 2009	341	2067	1880	0	0	0	4288
2Q 2009	275	1918	1906	1	1	0	4101
3Q 2009	323	2239	1844	1	0	0	4407
4Q 2009	244	2010	1741	1	0		3996
1Q 2011	224	1485	1527	0	0	117	3353
2Q 2011	249	1579	1669	0	0	118	3615
3Q 2011	222	1337	1659	0	0	128	3346
4Q 2011	189	1449	1375	0	0	140	3153
1Q 2012	203	1489	1513	0	0	210	3415
2Q 2012	211	1455	1407	1	0	147	3221
3Q 2012	184	1689	1365	0	0	184	3422
4Q 2012	165	1431	1260	0	0	93	2949
1Q 2013	159	1492	1087	0	0	0	2738
2Q 2013	170	1607	1075	0	0	0	2852
3Q 2013	127	1913	1160	2	0	0	3202
4Q 2013	148	1804	1194	0	0	0	3146

Source: Incident Report Automated System data for the period January 1, 2008 through April 30, 2010; the TFACTS weekly "SIR Report" for January 8, 2013; and the TFACTS monthly "Incident Detail" for each month in 2013.



Source: Incident Report Automated System data for the period January 1, 2008 through April 30, 2010, the TFACTS weekly "SIR Report" for January 8, 2013, and the TFACTS monthly "Incident Detail" for each month in 2013 .

2. Meeting the Health Needs of Children in Care

The Settlement Agreement requires that children entering foster care receive a health screening within 30 days. Appropriate services are then to be provided to meet any health needs identified. (VI.B)

There are a number of data sources that the Department uses to track and report on the extent to which it is identifying and responding to health care needs of children in its custody, including the Quality Service Review (QSR) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT)[128] data reports.

a. Quality Service Review Results

The QSR indicator for Health and Physical Well-being requires the reviewer to determine both whether the child is in good health and the degree to which the child's health care and health maintenance needs are being met.

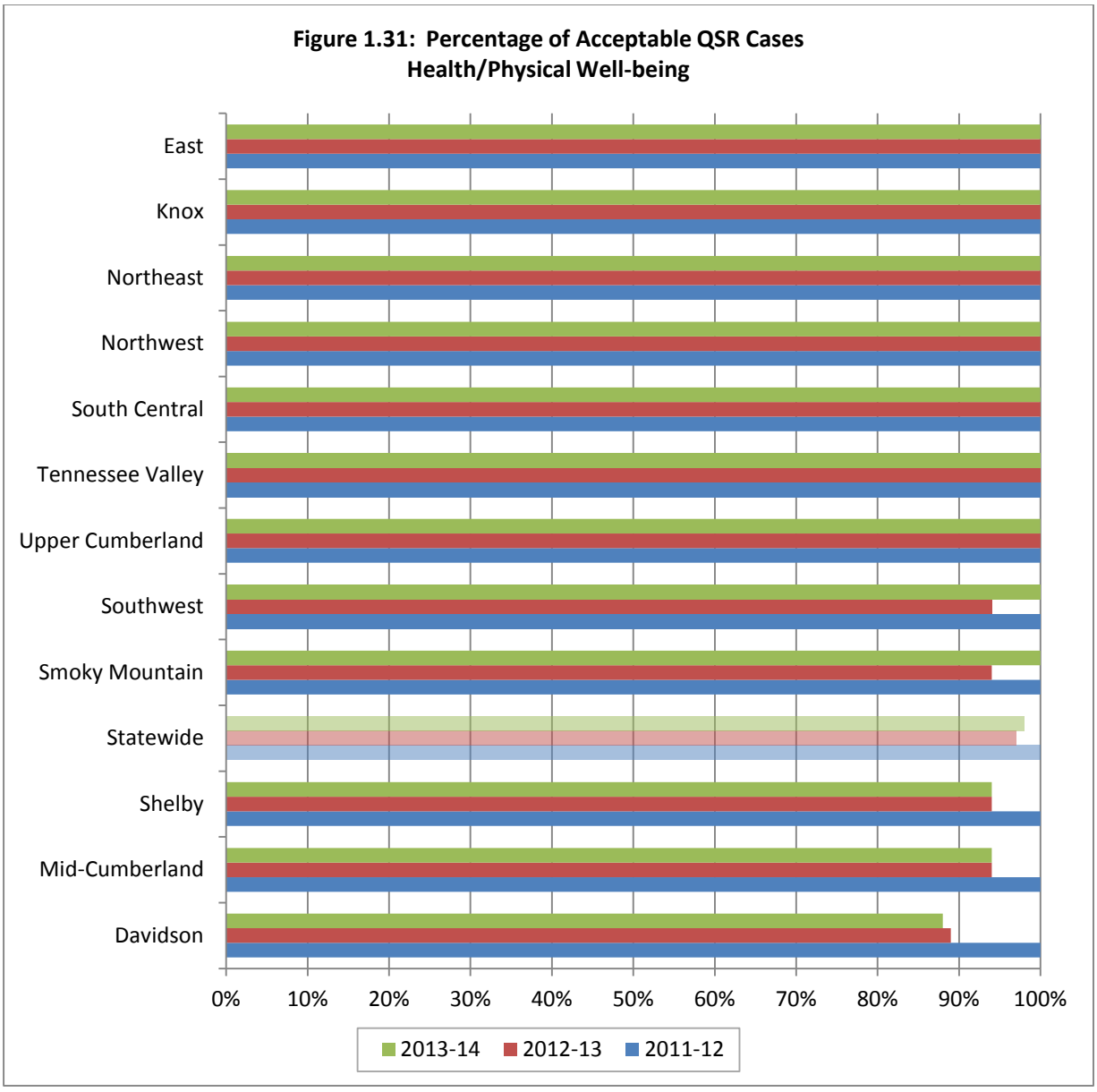
[128] The federally funded EPSDT program requires that Medicaid eligible children receive regular screening services at specified intervals (periodic screenings) and whenever a problem is suspected, and that children receive the treatment needed to correct any physical or mental illnesses or conditions identified through the screenings. The screenings must include a comprehensive health and developmental history; an unclothed physical exam; appropriate immunizations; laboratory tests; health education; and vision, dental, and hearing screenings.

The reviewer must determine whether the child at the time of the review is receiving proper medical and dental care (including appropriate screening, regular preventive care, and immunizations) and whether the child is receiving appropriate treatment for any medical conditions that require treatment.

To receive a minimally acceptable score for this indicator, the child's health status must be good (unless the child has a serious chronic condition, in which case the child must be receiving at least the minimally appropriate treatment and support relative to that condition). The child must have received routine health and dental care and immunizations must be current. Acute or chronic health care must be generally adequate and timely.[129]

Figure 1.31 presents the percentage of *Brian A.* cases receiving acceptable scores for Health and Physical Well-being by region in the past three annual QSRs.

[129] A case can be scored minimally acceptable even if the care or immunizations received were not received on schedule, if some immunizations did not occur, and even if some follow-ups or required treatments had been missed or delayed.



Source: QSR Databases.

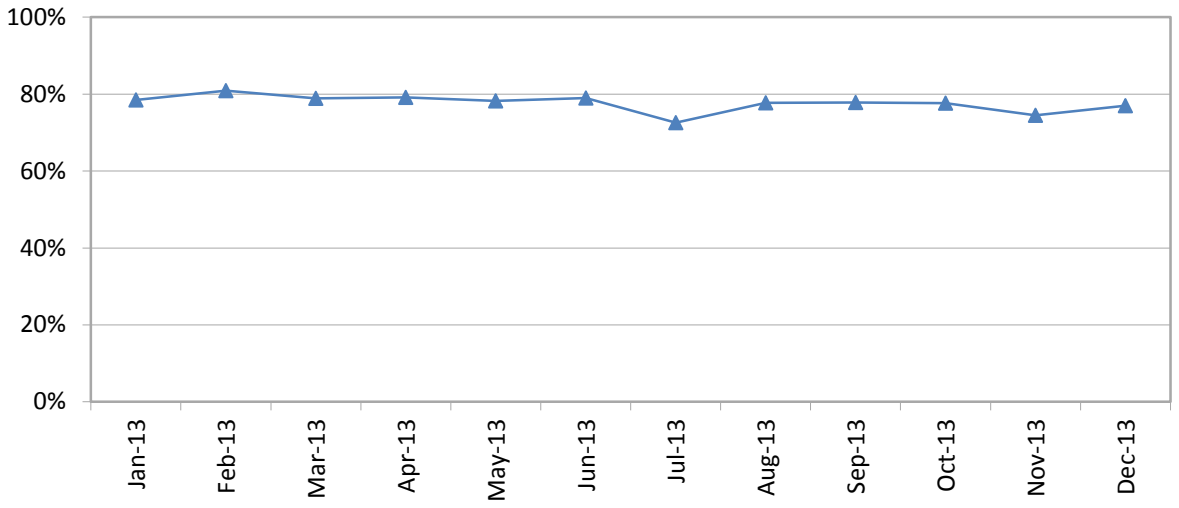
b. EPSDT Assessments

The Department regularly produces three separate TFACTS reports related to EPSDT and dental assessments. Two reports, originally designed to meet the reporting requirements of *John B. v. Goetz* (a class action lawsuit which has been concluded but had focused on Tennessee's implementation of EPSDT, which included as a subclass children in DCS custody), are run weekly and provide data on the extent to which children in DCS custody are receiving annual

EPSDT health assessments and semi-annual dental assessments.[130] The third report is run monthly and provides data on the extent to which *Brian A.* class members entering foster care are receiving an EPSDT health screening within 30 days.[131]

Figure 1.32 below presents data from the Initial EPSDT Report for each month of 2013. As reflected in the figure, the percentage of initial EPSDT assessments completed within 30 days of entering custody during 2013 ranged from 73% to 81%.

Figure 1.32: Percentage of EPSDT Assessments Completed Within 30 Days of Entering Custody, January through December 2013



Source: "TFACTS New Custody EPSDT Medical Visit Completion Rates Summary" reports for the months of January through December 2013.

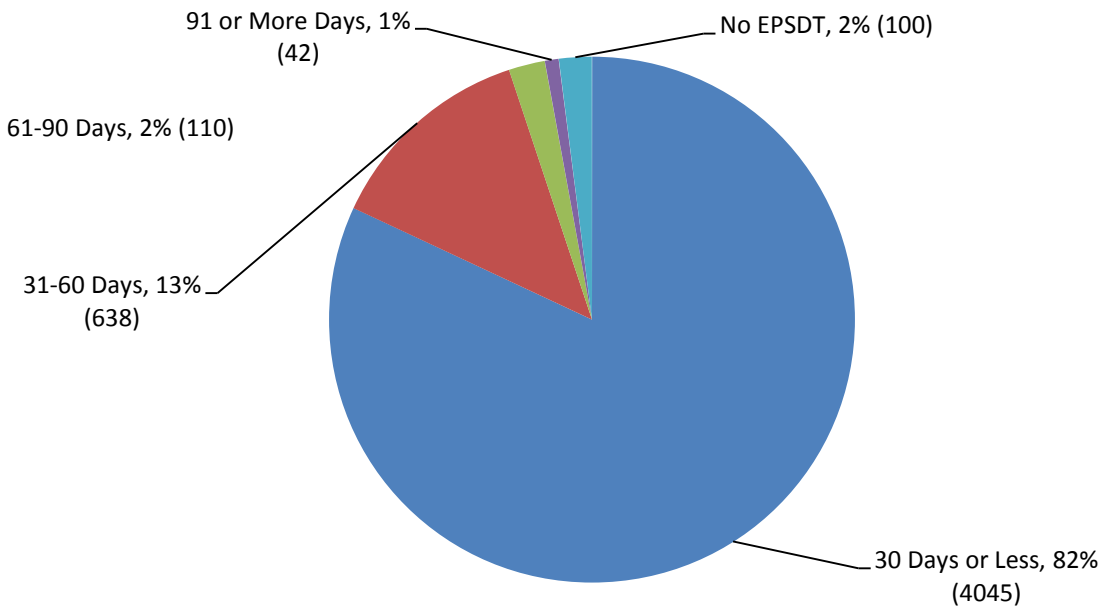
In order to understand the extent of the delays in obtaining EPSDT screens for those children who do not receive their EPSDT within 30 days of entering custody, TAC monitoring staff analyzed a 2013 entry cohort[132] TFACTS extract from which the time from date of entry into care to time of initial EPSDT screening can be calculated and aggregated. As Figure 1.33 reflects, of the 4,935 class members who entered custody in 2013 and had custodial stays of 30 or more days, 82% (4,045) had an EPSDT screening within 30 days, and an additional 13% (638) had an EPSDT within 31 and 60 days.

[130] Because the *John B.* subclass included all children in DCS custody except those placed in the five youth development centers, detention, or jail, these two reports include both *Brian A.* class members and some children with delinquent adjudications. The annual EPSDT report excludes children on runaway from DCS custody, children in custody for fewer than 30 days, and children with a documented "good cause" exception. The semi-annual dental assessment report also excludes children under 12 months old and children in custody for fewer than 30 days. Because insurance will not cover dental assessments until after six months from the date of the previous dental assessment, the report checks for dental assessments within the past seven months.

[131] Because this report is intended to measure performance on the *Brian A.* Settlement Agreement that each class member receive an initial health assessment within 30 days of entering custody, the initial EPSDT report includes all *Brian A.* class children entering custody during the reporting month who remained in custody for at least 30 days.

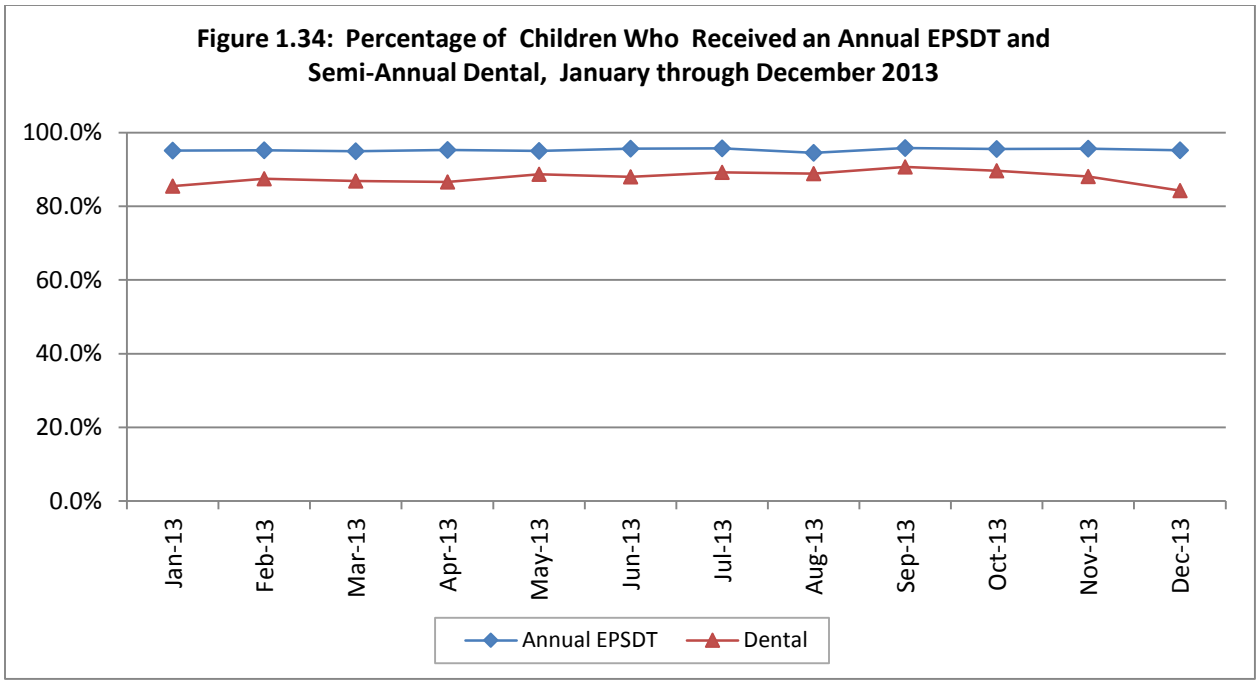
[132] The 2013 entry cohort for this extract included every class member who entered DCS custody in 2013.

Figure 1.33: Time to Initial EPSDT for Children Who Entered Custody in 2013, n=4935



Source: New Custody 2013 EPSDT Cohort Extract.

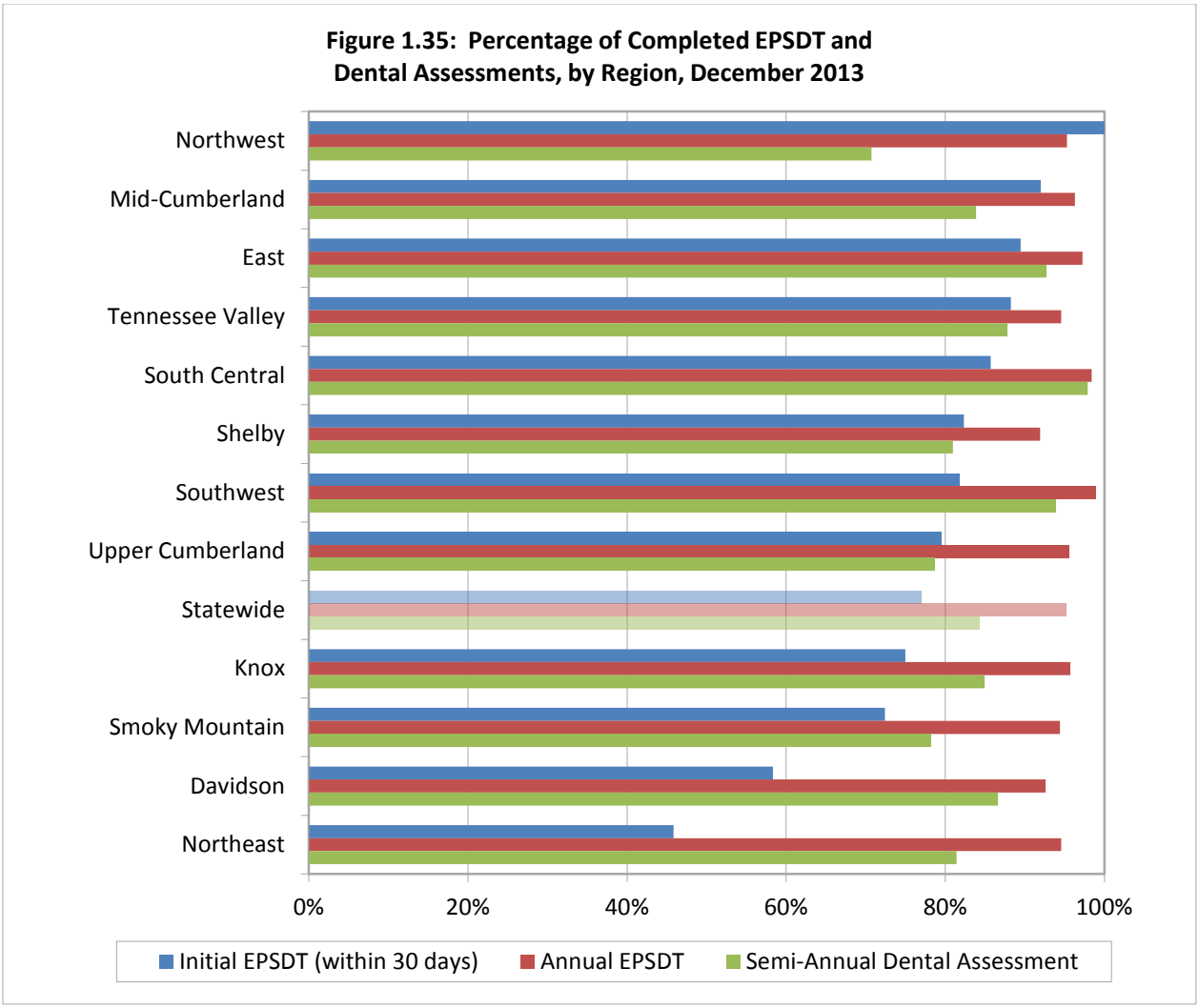
As discussed in previous monitoring reports, the Department has generally done a good job of ensuring that children in its custody receive their annual EPSDT medical assessment and their semi-annual dental check-ups. That continued to be the case in 2013. As reflected in Figure 1.34, during any given month of 2013, between 94% and 96% of the children for whom an annual EPSDT was required had received one, and between 84% and 91% of the children for whom a semi-annual dental check-up was required received one.



Source: "DCS Medical Visit Completion Rates Summary" and "DCS Dental Visit Completion Rates Summary" reports, January 2013 through December 2013.

Figure 1.35 below, using the Initial EPSDT, Annual EPSDT, and Semi-Annual Dental Screening reports for December 2013, presents regional performance on each of the required health screens. (The regions are arranged in descending order based on the percentage of initial EPSDT assessments completed within 30 days of entering custody.[133])

[133] Omitted from the figure are children from each report whose region was designated as "undefined": 7 children on the December 2013 New Custody EPSDT Medical Report were omitted, four of whom had an initial EPSDT assessment within 30 days of entering custody; 34 children on the DCS Medical Visits Completion Summary were omitted, 32 of whom had an annual medical visit in the previous year; and 28 children on the DCS Dental Visit Completion Summary were omitted, 19 of whom had a dental screening in the previous seven months.



Source: "New Custody EPSDT Medical Visit Completion Rates Summary," "DCS Medical Visit Completion Rates Summary," and "DCS Dental Visit Completion Rates Summary" reports for the month of December 2013.

3. Meeting the Mental Health and Emotional Needs of Children in Care

In addition to the medical evaluation required by the Settlement Agreement, the health screening is to include a psychological evaluation "if indicated." Appropriate services are then to be provided to meet any identified mental health needs. (VI.B)

a. Quality Service Review Results

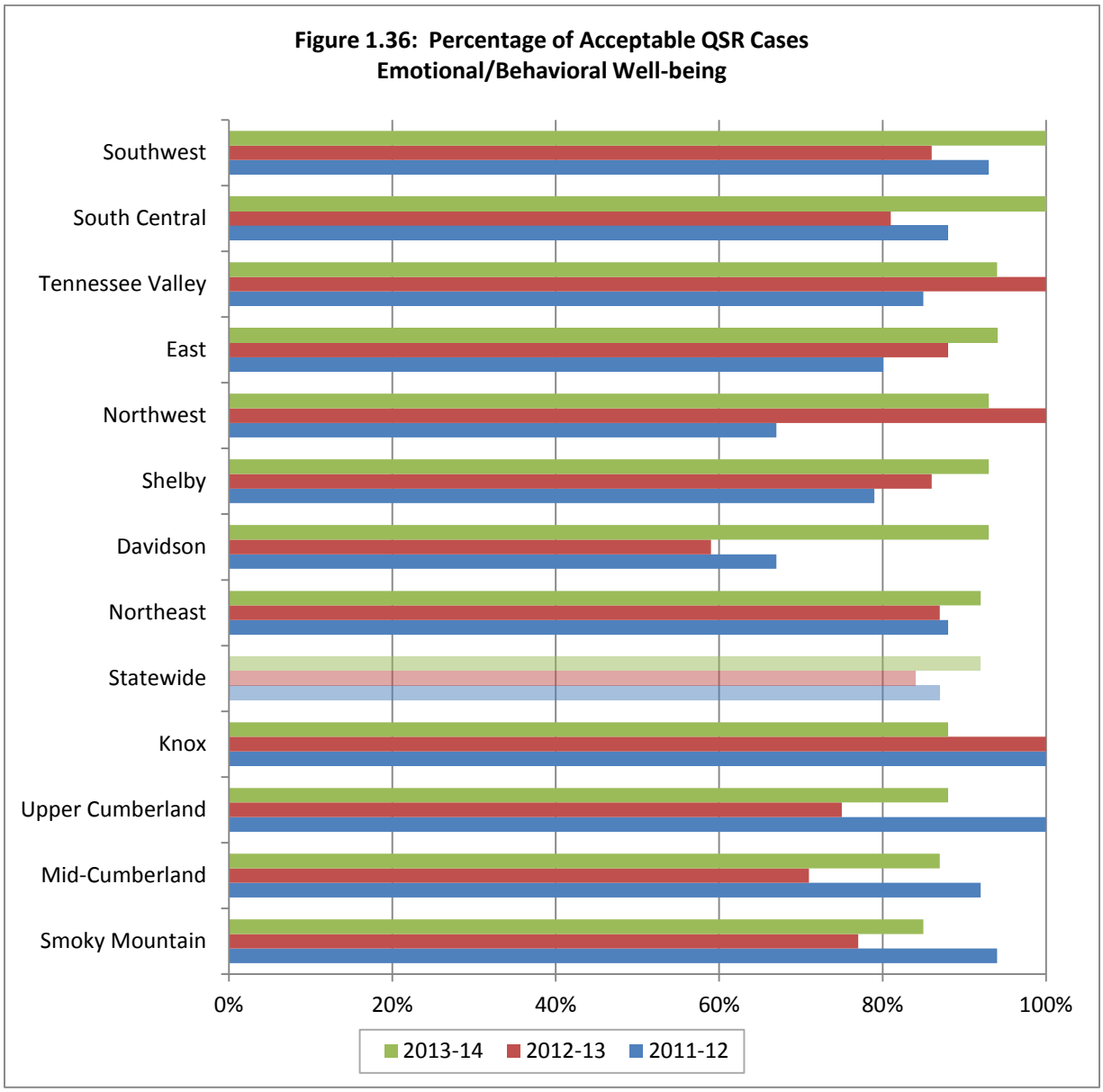
The Quality Service Review provides information about the extent to which the Department is identifying and meeting the mental health needs of children in its care.

The QSR indicator for Emotional/Behavioral Well-being requires that the reviewer examine the emotional and behavioral functioning of the child (2 years and older) in home and school settings, to determine that either:

- The child is doing well or, if not,
- The child (a) is making reasonable progress toward stable and adequate functioning and (b) has supports in place to succeed socially and academically.

In order to rate a case "acceptable" for this indicator, the reviewer must find that the child is doing at least marginally well emotionally and behaviorally for at least the past 30 days, even if the child still has problems functioning consistently and responsibly in home, school, and other daily settings. Special supports and services may be necessary and must be found to be at least minimally adequate.

Figure 1.36 presents the percentage of *Brian A.* cases receiving acceptable scores by region for Emotional/Behavioral Well-being in the past three annual QSRs.



Source: QSR Databases.

b. Psychotropic Medications

An additional data source relevant to assessing both the level of mental health treatment need of the *Brian A.* class members and at least one component of the system's response to that need is the BlueCross BlueShield pharmacy data that the Department uses as part of its tracking and monitoring of the administration of psychotropic medications.

Attached as Appendix H to this monitoring report are the Department's reporting and analysis of the BlueCross BlueShield pharmacy data for calendar year 2013, which includes a breakdown of that data by age and race. The data in those reports are consistent with pharmacy data from prior years, reflecting that in any given year between 25% and 30% of children in DCS custody received one or more psychotropic medications at some point during the year.

During 2013, the number of children receiving medication during a given month ranged from a low of 1,522 to a high of 1,724. A total of 3,219 (28%) of the 11,605 class members who were in DCS custody at some time during 2013 received one or more psychotropic medications at some point during that time.

4. Meeting the Developmental and Educational Needs of Children in Care

The primary source of information on the extent to which educational and developmental needs of children are being met while they are in foster care is the Quality Service Review.[134]

a. Quality Service Review Results

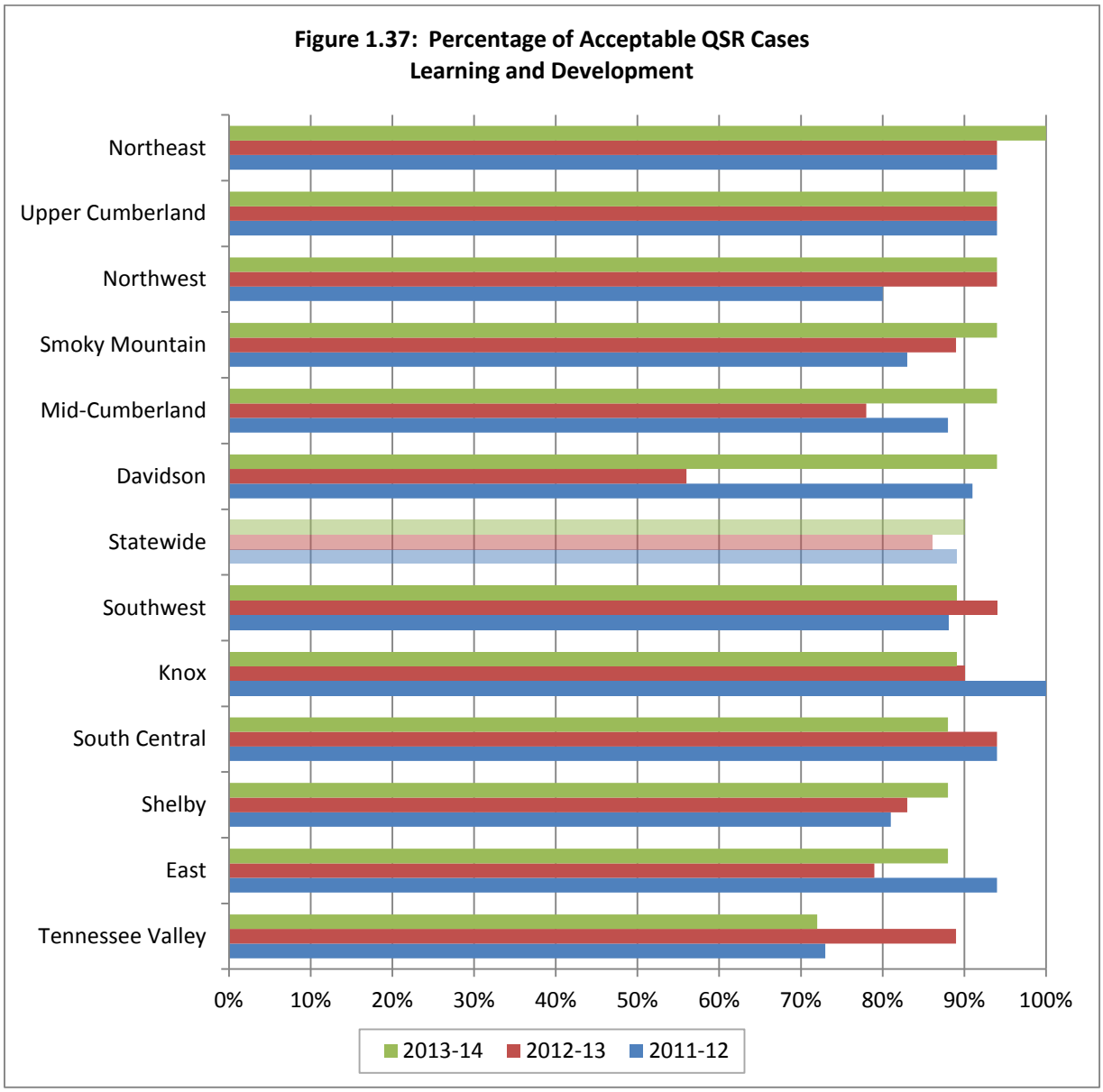
The QSR indicator for Learning and Development requires that the reviewer of a school-age child determine whether a child is regularly attending school, in a grade level consistent with the child's age, actively engaged in instructional activities, reading at grade level or IEP expectation,[135] meeting requirements for annual promotion and course completion, engaged in extracurricular activities, and provided opportunities to assume age-appropriate levels of responsibility and independence. If the child has exceptional education needs, the reviewer is required to determine that there is a current and appropriate IEP and that the child is receiving the exceptional education services appropriate to the child's needs. Older youth are expected to be meeting requirements for transition to post-secondary education or to employment, independent living, and self-sufficiency. Children who are not school-age are expected to reach normal age-appropriate developmental milestones or be receiving appropriate supports or services.

To give a case an acceptable score for this indicator, the reviewer must find that in the past 30 days the child is enrolled in at least a minimally appropriate educational/vocational program, consistent with the child's age and ability, and the child's level of engagement in educational processes is enabling him or her to reach educational requirements or, where applicable, the child's IEP. The child may be minimally meeting core requirements for grade-level promotion

[134] See Section Six C for additional discussion of Settlement Agreement requirements related to education.
[135] IEP refers to the Individualized Education Plan required for exceptional education students.

and experiencing somewhat age-appropriate physical, intellectual, emotional, and social development.

Figure 1.37 presents the percentage of *Brian A.* cases receiving acceptable scores for Learning and Development by region in the past three annual QSRs.



Source: QSR Databases.

5. Preparing Older Youth for Adulthood

The Settlement Agreement establishes specific requirements related to educational and/or vocational achievement or involvement for children who reach the age of majority while in state custody.

The Settlement Agreement states that *"at least 90% of the children who are discharged from foster care because they reached the age of 18 shall have at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school, college, alternative approved educational program for special needs children, vocational training; or be employed full time."* (XVI.A.6)[136]

As discussed in previous monitoring reports, the data source for reporting on achievement measures for youth "aging out of foster care" had been a handful of questions contained in a questionnaire in TFACTS that consisted of more than 150 questions that case managers were supposed to answer for any young person aging out of care. The length of the questionnaire combined with the fact that the Department made little use of the information gathered from the questionnaire contributed to the field placing a low priority on completing the questionnaire. In addition, some of the questions that related to the achievement measures were ambiguously worded so that they could not be relied upon to accurately capture the information relevant to the achievement measure. While the TAC reported the data from the questionnaire in previous reports, the TAC noted the unreliability of the data and indicated that because of the low completion rate and the ambiguity of the questions, the TAC would not be able to use the questionnaire to establish compliance with this measure of the Settlement Agreement.

The Department has recently developed a 31 question Transition Survey that has replaced the previous questionnaire, and the questions related to the achievement measures have been worded more clearly.[137] That new survey has been available in TFACTS since November 2013 and the Department has been generating some preliminary reporting from that survey, beginning with the first quarter of 2014. The Department is still working with the field to ensure that these surveys are being conscientiously filled out. The TAC anticipates having data available from this new survey in time for inclusion in the next monitoring report.

The Department's concerns about outcomes for older youth go beyond the narrow focus of this specific achievement measure. As discussed further in Section Six, the Department has identified significant opportunities for improvement in the areas of permanency and preparation for adulthood for older youth and has made improved delivery of services and supports to older youth a priority area of focus.[138]

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[136] *This measure excludes children on runaway status at the time they reach the age of 18.* (XVI.A.6)
[137] A copy of the Transition Survey is attached as Appendix I.
[138] See Section Six F.

D. How successful is the Department in achieving timely legal permanency for children through safe return to parents or other family members or through adoption?

The ultimate goal of the child welfare system is to ensure that every child has a safe, permanent, nurturing family—preferably the family that the child was born into, but if not, then a new family through adoption or some other option that provides life-long family connections.

Efforts to improve permanency focus not only on increasing the percentage of children in foster care who ultimately achieve permanency, but on reducing the length of time those children spend in non-permanent placements.

There is no single measure that captures all aspects of efforts to improve permanency. The Settlement Agreement establishes seven outcome and performance measures that relate to one or another aspect of permanency:

- time to reunification;
- time to adoption finalization;
- length of time in placement;
- time to filing for termination of parental rights;
- time to placement in an adoptive home;
- rate of reentry into care; and
- percentage of children with permanency goals of Planned Permanent Living Arrangement.

The Department has developed additional data that it uses internally to understand the system dynamics with respect to permanency.

Key findings:

- The large majority of children in foster care are ultimately reunited with parents or placed with relatives.

- The pattern of exits from foster care has not changed very much over the past 11 years, although children who entered care during recent cohort years are exiting more slowly at least during the first two years in custody than did children in previous cohort years. The median length of stay (the time by which 50% of the children who entered care in a given year have exited the system) had consistently been less than nine months, but it has been at or slightly above nine months for recent entry cohorts; more than 70% have exited the system within 18 months, and about 85% have exited by about 24 months.

- The median length of stay increased to 8.9 months for children entering care during 2011 and 9.4 months for children entering care during 2012, longer than it has been for any previous entry cohort.

- There continues to be significant variation in median length of stay among the regions, although the median length of stay for children in the 2011 and 2012 entry cohorts has increased in many regions when compared to recent cohort years. In 2012, the median length of stay ranged from 1.4 months in Davidson to 13.5 months in Knox and 13.2 months in Smoky Mountain.

- The rate of exit to a permanent exit (including reunification with family, discharge to a relative, and adoption) increased for children in entry cohorts from 2004-05 through 2009-10.[139] The rate of exit to permanency for the 2010-11 entry cohort was slower for the first year than previous cohorts; however, the rate increased so that by the time that cohort was in custody for two years, the rate was similar to the rate in previous cohorts. The rate of exit to permanency for the 2011-12 and 2012-13 entry cohorts is slower during the first six to 12 months than that of any previous cohort.

Subsections 1 through 3 below present measures focused on how rapidly children exit custody to a permanent placement. Subsection 4 presents measures focused on how likely children are to remain in a permanent placement rather than reentering care. Subsections 5 and 6 present data on the Settlement Agreement requirements regarding the filing of the petition to terminate parental rights (TPR) and the assignment of goals of Planned Permanent Living Arrangement (PPLA), respectively.

1. Time to Permanency through Reunification and Adoption

For those children who exit to permanency through either reunification or adoption, the Settlement Agreement outcome and performance measures look at the time it took children in each of those groups to achieve permanency.

a. Time to Reunification

The Settlement Agreement requires that "*at least 80% of children entering care who are reunified with their parents or caregivers at the time of discharge from custody shall be reunified within 12 months of the latest removal date.*" The Settlement Agreement further requires that "*of the remaining children, 75% shall be reunified within 24 months of the latest removal date.*" (XVI.A.1)

Of the 3,639 children reunified with their parents or caretakers between January 1, 2013 and January 1, 2014,[140] 69% (2,498) were reunified within 12 months. Of the remaining 1,141

[139] The "rate of exit to permanency" reflects how quickly children are exiting to permanency. An increase in the rate of exit does not necessarily mean that more children are exiting to permanency, but it does indicate that those who do exit to permanency are reaching permanency faster. As discussed on page 95, the data also suggest that the overall percentage of children exiting to permanency increased slightly for children in the 2004-05 through 2006-07 entry cohorts.

[140] The reunification data that have been regularly reported by DCS and used by the TAC in its monitoring reports include both exits to "Reunification with Parents/Caretakers" and exits to "Live with Other Relatives." The TAC has therefore construed the term "Reunification with Parent/Caretakers" as used in Section XVI of the Settlement Agreement to include exits to "Live with Other Relatives."

children, 80% (912) were reunified within 24 months.[141] This represents an improvement over previous performance. Of the 3,748 children reunified with their parents or caretakers between January 1, 2012 and January 1, 2013, 67% (2,518) were reunified within 12 months. Of the remaining 1,230 children, 78% (961) were reunified within 24 months.

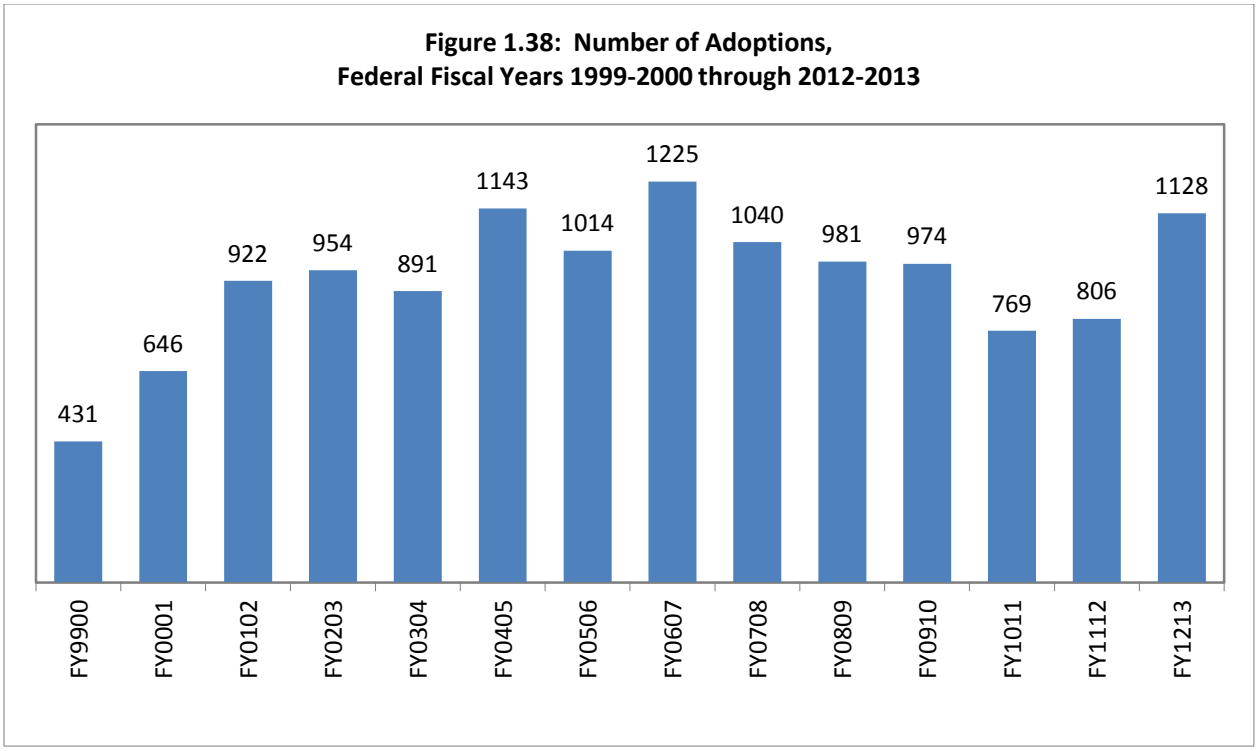
b. Adoption Finalization

The Settlement Agreement requires that *"at least 75% of children in full guardianship shall have their adoption finalized or permanent guardianship transferred within 12 months of full guardianship."* (XVI.A.2)

Of the 1,036 children for whom parental rights were terminated or surrendered between January 1, 2012 and January 1, 2013, 80% (826) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship. This is an improvement over performance from the previous reporting period. Of the 858 children for whom parental rights were terminated or surrendered between January 1, 2011 and January 1, 2012, 74% (631) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship.

As reported in the December 2008 Monitoring Report, the Department was recognized by the U.S. Department of Health and Human Services in 2006 for impressive increases in the number of children for whom it has successfully found adoptive homes. The Department continues to be a national leader in adoption finalizations. Figure 1.38 below displays the annual number of finalized adoptions during each federal fiscal year (October 1 through September 30) since 2000.

[141] The Settlement Agreement requires that 80% of children exit to reunification within 12 months and that an additional 15% (75% of the remaining 20%) exit to reunification within 24 months, for a total of 95% of children exiting to reunification within 24 months. Of children reunified with their parents or caretakers between January 1, 2013 and January 1, 2014, a total of 94% were reunified within 24 months.



Source: AFCARS Adoptions Reports for federal fiscal years 1999-2000 through 2010-2011; federal fiscal year 2011-2012 and 2012-2013 from the *Brian A*. Entries and Exits reports as of September 30 each year.

2. Length of Time in Placement

The time to reunification and time to adoption measures discussed above are only measured for children who exit to permanency. It is also important to understand the length of stay for children in placement, irrespective of whether they exit to permanency, to some non-permanent exit, or remain in care.

The Settlement Agreement states that "*at least 75% of the children in placement who entered after October 1, 1998, shall have been in placement for two years or less.*" (XVI.A.4) The Department's performance continues to surpass the Settlement Agreement standard. Of the 12,004 children in custody between January 1, 2013 and January 1, 2014, 82% (9,867) had been in custody for two years or less.

The Settlement Agreement further provides that "*no more than 17% of the children in placement shall have been in placement for between 2 and 3 years.*" (XVI.A.4) The Department's performance continues to surpass this Settlement Agreement standard. Eleven percent (1,258) of the children in custody between January 1, 2013 and January 1, 2014 had been in custody between two and three years.

Finally, the Settlement Agreement states that "*no more than 8% of the children in placement shall have been placed for more than 3 years.*" (XVI.A.4) The Department's performance continues to meet this Settlement Agreement standard. Seven percent (862) of the children in

custody between January 1, 2013 and January 1, 2014 had been in custody for more than three years.

In addition to reporting on length of stay as required by the Settlement Agreement, the Department tracks length of time in placement in a number of other ways, focusing on entry cohorts (all children entering during a specific year).[142]

Figure 1.39 shows length of stay by duration in months for 11 entry cohorts, 2003 through 2013.[143] Each line shows how many children were still in placement after each monthly interval of time. For example, for the 2003 entry cohort, the figure shows that after 60 months, all but about 2% of children had been discharged from foster care. The pattern of those discharges can be seen by following the path back in time.[144]

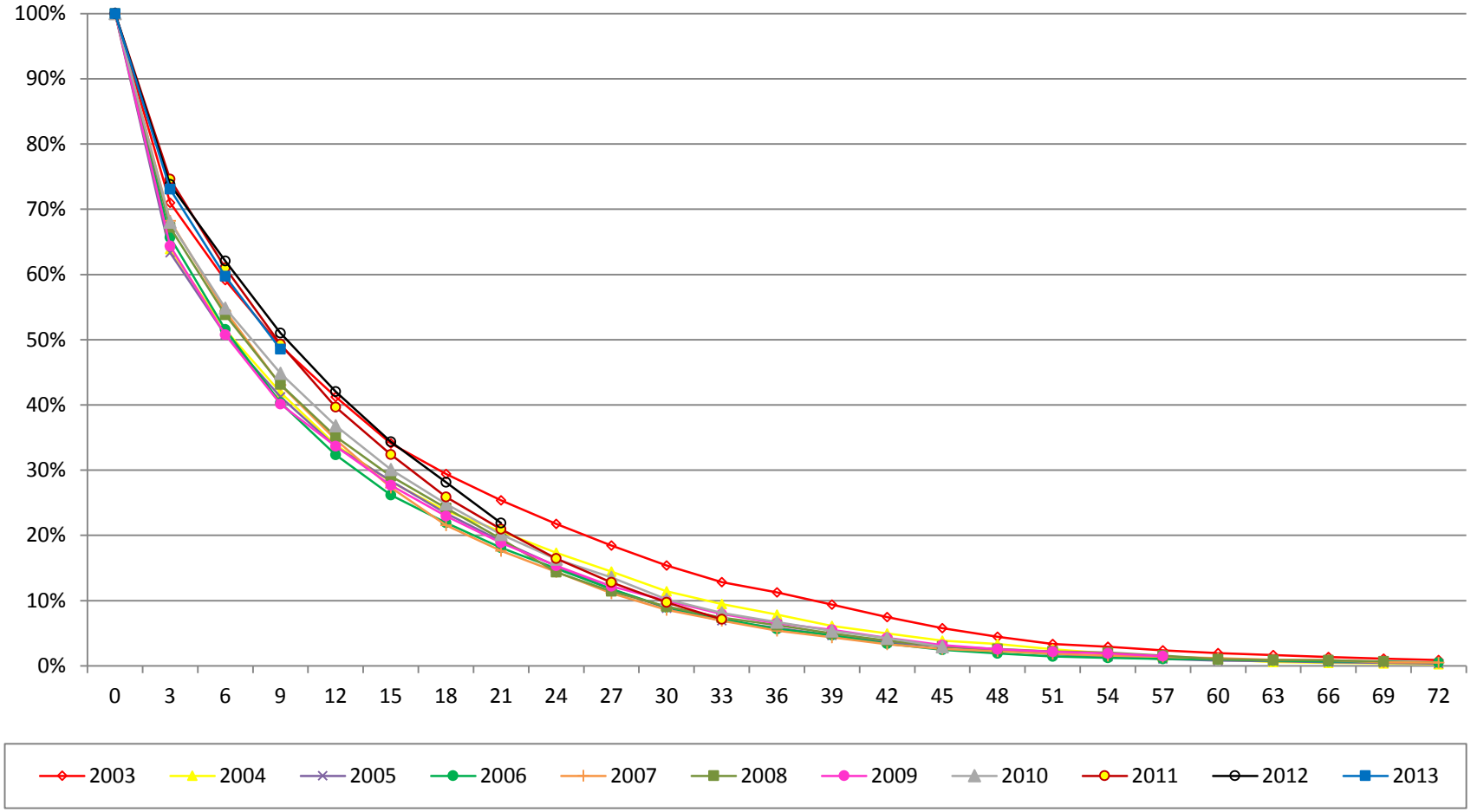
The data in Figure 1.39 show that the speed of exit from foster care in Tennessee increased in 2004 and remained at that level through 2009. The paths traced by each entry cohort during those years are similar. The paths for 2010 through 2012 reflect a decrease in the speed of exit during the first 15 months (each cohort showing a greater decrease in speed than the previous cohort, with children in the 2012 entry cohort exiting more slowly during the first year than any previous cohort), but by 21 months, the speed of all three paths had accelerated to almost match the speed of exit of prior cohort years. Children who entered during 2013 have exited slightly more quickly, at least for the first six months in care, than children in the 2011 and 2012 entry cohorts.

[142] For further discussion on the value of using entry cohort data to supplement the point-in-time data called for by the Settlement Agreement, see Appendix D.

[143] The technical term for this is a "survival curve."

[144] This figure is useful for providing a general sense of the speed at which children from each cohort leave placement—regardless of their exit destination. Length of stay depicted in this way is useful because one can begin to see the shape of the paths or curves—and therefore the speed at which children exit—before all the children have exited from each entry cohort. Steeper curves, which can be observed within the first six months, indicate faster movement out of care. Shallower curves indicate slower exits from foster care. This measure also projects performance for the next three-month interval for each entry cohort based on previous performance for that cohort. Therefore, future updates of this figure may shift somewhat for the most recent three-month interval for each cohort. For example, the figure projects the percentage of children in the 2013 entry cohort who will remain in care for at least nine months (49%), even though this percentage has not yet been observed.

Figure 1.39: Length of Time Pathways by Year of Entry and Duration (Months), Children First Placed in Cohort Years 2003 through 2013



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The Department tracks and reports on median lengths of stay (or median durations)—the number of months that have passed at the point at which 50% of the children entering care in a given cohort year have exited care. While median durations provide less detail than the data in Figure 1.39, they provide a useful summary statistic that can be compared over time and across subgroups in the population.

Table 1.3 shows median durations for entry cohorts in calendar years 2002 through 2012, statewide and by region. Statewide, 50% of children entering care in 2004, 2005, 2006, and 2009 spent less than 6.5 months in out-of-home placement, and 50% of children entering care in 2007 and 2008 spent 6.9 months in care. That number increased to 7.3 months for children entering care in 2010, indicating that it took almost as long for 50% of the children entering care in 2010 to exit as it did for children entering care in 2002, but not as long as it did for children entering care in 2003. The median increased to 8.9 for 2011 and then to 9.4 for 2012, indicating that it took 50% of children entering care in these years longer to exit than in any previous cohort year. The regional medians illustrate that the magnitude of the change differs significantly around the state.[145]

[145] Since 2005, Davidson's median durations have been very low. Some have suggested that one factor contributing to this may be children who are initially brought to the juvenile detention center but are found non-detainable and are placed in DCS custody if a parent cannot be located or otherwise fails to pick the child up. This would normally be a very short term placement. However, even if Davidson's median duration is calculated to exclude all children entering out-of-home placement for the first time during the cohort year who remain in care for less than five days, the median duration for 2012 is 2.7 months, still considerably lower than the median duration in other regions.

Table 1.3: Median Duration in Months by Entry Year and Region, First Placements January 2002 through December 2012											
Region	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Davidson	7.5	7.3	4.4	1.9	2.4	2.8	1.4	1.4	2.1	4.8	1.4
East Tennessee	3.6	6.4	4.5	7.1	4.5	6.6	7.2	6.1	6.6	8.1	7.9
Knox	13.0	10.8	10.4	9.6	8.3	11.0	7.5	11.0	10.4	12.6	13.5
Mid-Cumberland	7.0	7.6	7.3	7.5	6.8	6.1	7.0	7.0	8.3	8.7	8.3
Northeast	7.0	7.9	6.0	5.3	8.0	7.6	6.4	9.6	9.7	10.1	10.6
Northwest	8.9	5.7	5.7	4.4	3.5	4.8	7.7	6.8	6.3	9.0	11.5
Shelby	11.9	11.9	9.2	7.8	7.5	6.5	5.2	2.8	2.5	5.8	6.2
Smoky Mountain	6.2	6.7	5.3	8.1	5.8	7.6	6.2	7.3	8.9	10.2	13.2
South Central	5.6	7.7	6.0	5.8	7.5	11.2	8.0	5.3	8.7	8.6	8.0
Southwest	7.5	7.8	4.9	3.8	4.3	6.7	9.0	6.7	3.9	7.6	7.1
Tennessee Valley	7.5	11.6	6.8	5.5	8.3	8.4	8.1	8.2	7.0	9.0	10.3
Upper Cumberland	8.2	10.6	7.7	8.7	8.1	8.9	11.2	9.9	11.9	11.2	11.9
Statewide	**7.5**	**8.6**	**6.3**	**6.2**	**6.4**	**6.9**	**6.9**	**6.2**	**7.3**	**8.9**	**9.4**

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

3. Improving Exits to Permanency

While the Department tracks and reports on the two separate measures for timely exit to permanency set forth in the Settlement Agreement ("Time to Reunification" for those children who exit to reunification and "Time to Adoption" for those who exit to adoption), the Department also utilizes a different measure that focuses generally on permanent exits of all types.[146]

a. All Permanent Exits

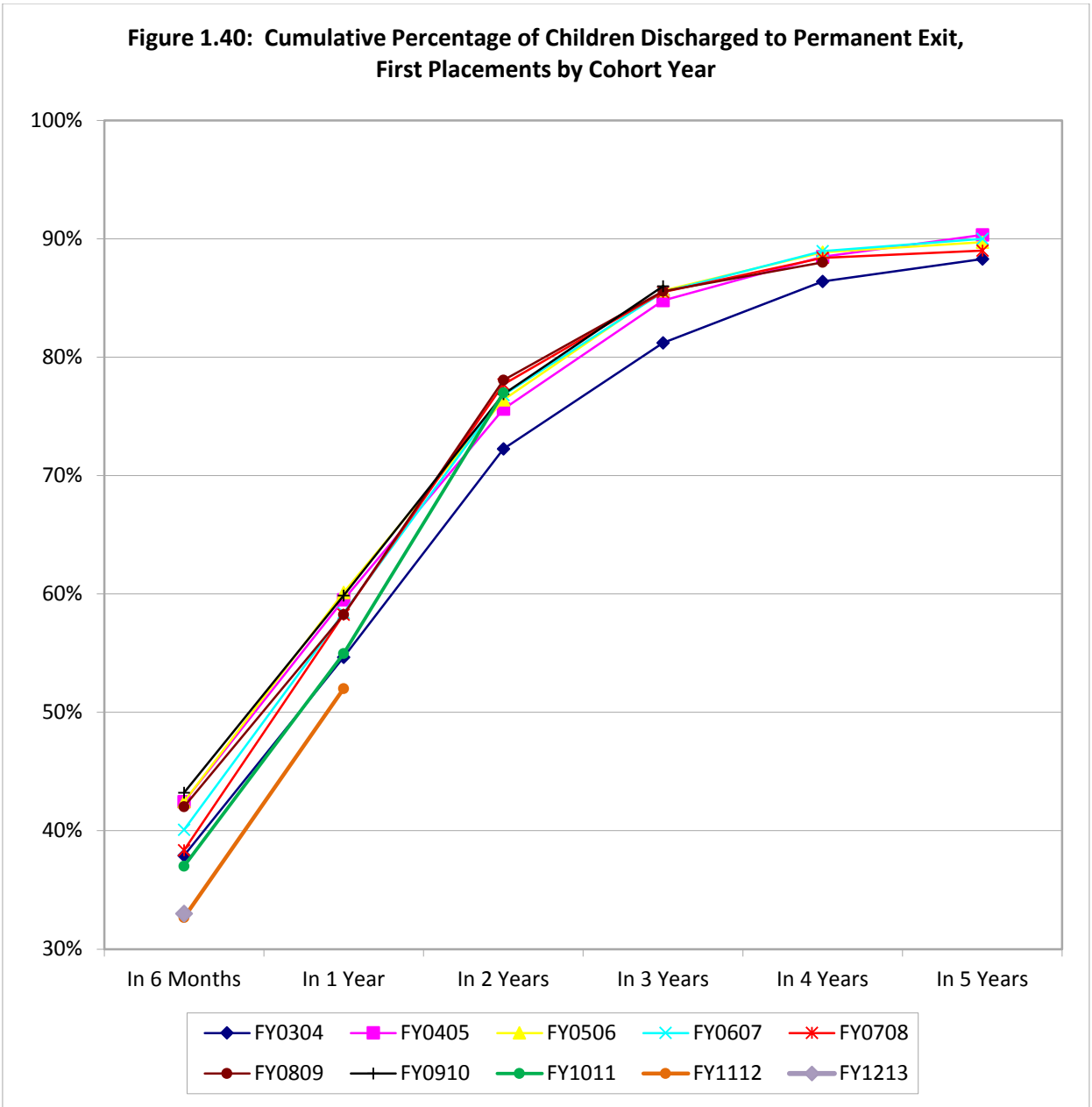
Figure 1.40 shows the percentage of permanent exits[147] for entry cohorts in fiscal years 2003-04 through 2012-13.[148] Each line shows the percentage of children entering out-of-home placement for the first time during each year who were discharged from placement to a permanent exit after

[146] In addition, Appendix J presents supplemental information on exits to permanency by exit type.
[147] Reunification, discharge to a relative, and adoption are the three exit types included in this "permanent exit" category.
[148] This measure includes all children entering out-of-home placement for the first time during the cohort year who remain in care for more than four days.

each interval of time. For example, for the 2003-04 entry cohort, the figure shows that 38% had exited to a permanent exit within six months of entering care, and 55% had exited within one year. The curve becomes less steep as the time intervals become longer, indicating that the rate of discharge to permanency slows as children remain in care longer. The curves for subsequent entry cohorts show the same pattern of decreasing exits to permanency over time.

The increasingly steeper curves for entry cohorts between 2004-05 and 2009-10 indicate that children in those cohort years exited to permanency more quickly than did children in the 2003-04 entry cohort. However, children in the 2010-11 through 2012-13 entry cohorts are exiting to permanency more slowly during the first two years than did children in previous cohort years. For example, while 38% of children entering care in 2003-04 exited to permanency within six months, only 37% of children entering care in 2010-11 and 33% of children entering care in 2011-12 and 2012-13 exited to permanency within six months. By two years, however, exits to permanency in the 2010-11 cohort had caught up with the paths of earlier cohorts.

The data also suggest that the overall percentage of children exiting to permanency within five years of entry into custody increased slightly for children in the entry cohorts for 2004-05 through 2006-07. Within five years, a total of 90% of children in these entry cohorts had exited to permanency compared to 88% of children in the 2003-04 entry cohort. Eighty-nine percent of children in the 2007-08 entry cohort had exited to permanency within five years. More time is needed to observe exits to determine whether this trend will be maintained for later entry cohorts.



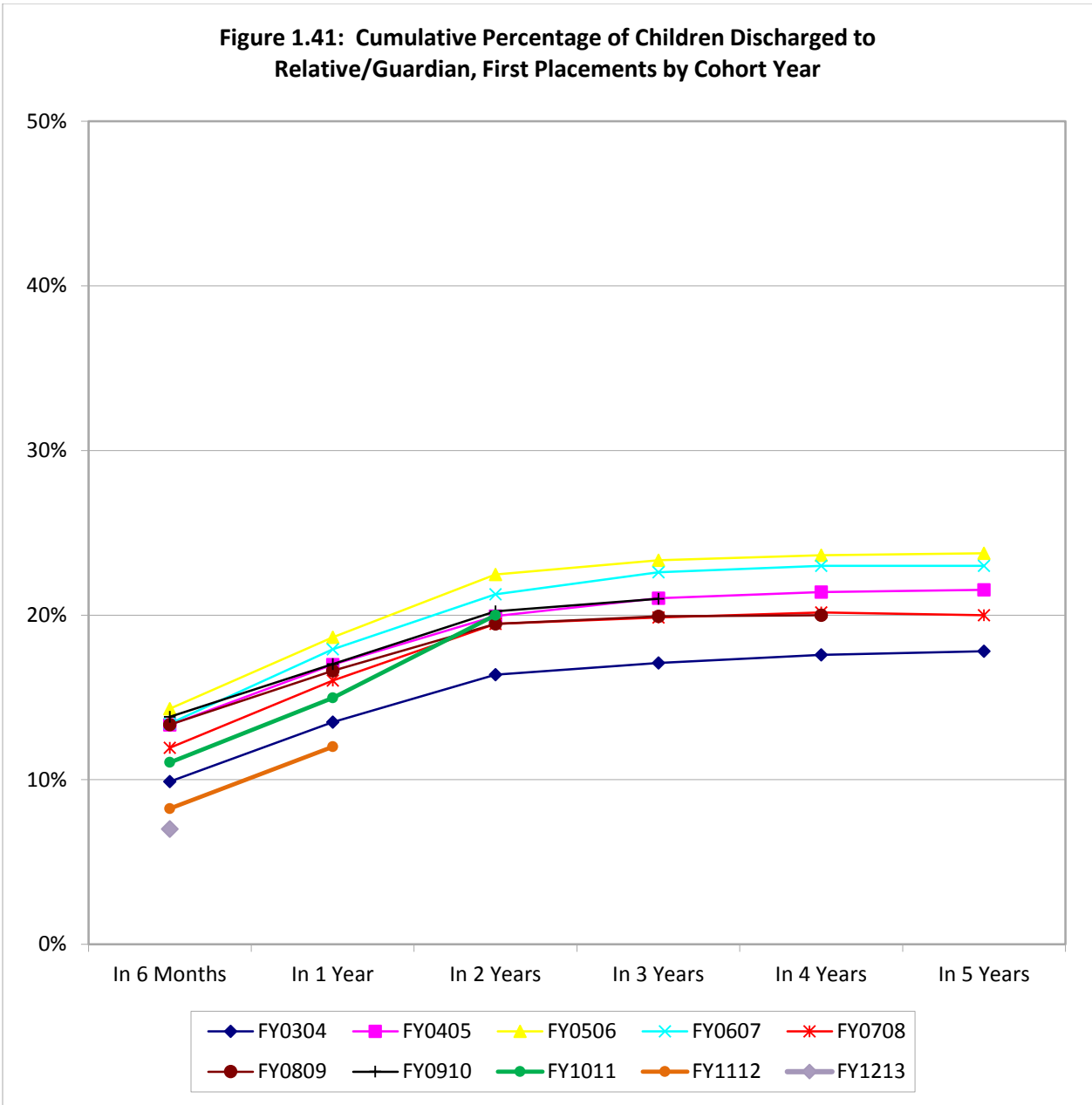
Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1213 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

b. Permanent Exits to Relatives

Similar to Figure 1.40 above, the lines in Figure 1.41 show the percentage of children entering care during each cohort year (fiscal years 2003-04 through 2012-13) who were discharged from placement to relatives after each interval of time.

The rate of exit to relatives has increased for children entering care during fiscal years subsequent to 2003-04, when 16% of children had exited to a relative within two years. For the entry cohorts for fiscal years 2004-05 through 2009-10, the percentage of children exiting to a relative within two years fluctuated between 19% and 22%. The rate of exit to relative slowed somewhat for children in the 2010-11 entry cohort, with only 15% of children having exited to a relative within one year. But by two years, exits to relatives in the 2010-11 cohort had caught up with the paths of earlier cohorts. The rate of exit to relatives for children in the 2011-12 entry cohort has been slower, at least for the first year, than for children in any previous cohort, with only 12% of children having exited to a relative within one year, and the rate of exit to relatives in the 2012-13 entry cohort has been even slower than that for the 2011-12 entry cohort, with only 7% of children having exited to a relative within six months.

The data also suggest that the overall percentage of children exiting to a relative within five years of entry into custody increased for children in the 2004-05 through 2006-07 entry cohorts. Only 18% of children entering care during 2003-04 had exited to a relative within five years of entering care. However, 22% of children in the 2004-05 entry cohort, 24% of children in the 2005-06 entry cohort, and 23% of children in the 2006-07 entry cohort had exited to a relative within five years of entering care. The overall percentage of children exiting to a relative within five years decreased somewhat for the 2007-08 entry cohort, with 20% having exited to a relative within five years.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1213 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

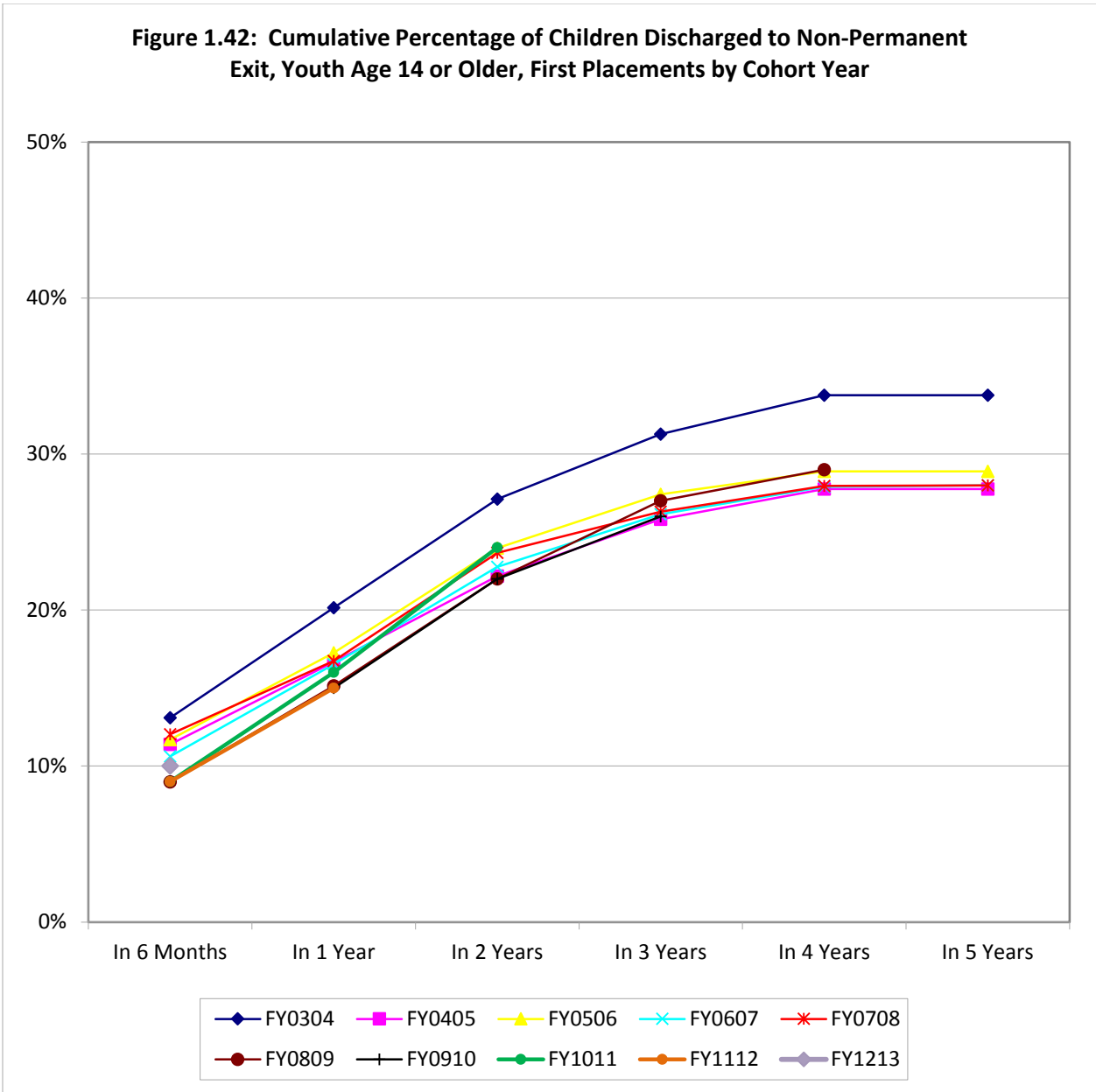
c. Non-Permanent Exits

The rate and percentage of discharges from care to a non-permanent exit[149] has decreased for youth age 14 or older who entered care in the years since fiscal year 2003-04 (the vast majority of discharges to non-permanent exits are among youth age 14 or older). As shown in Figure 1.42

[149] Non-permanent exits include running away, aging out, death, and transfer to the adult correctional system.

below, 20% of youth age 14 or older who entered care during 2003-04 were discharged to a non-permanent exit within one year of entering care. The percentage of youth age 14 or older who were discharged to a non-permanent exit within one year was 17% for the 2004-05 through 2007-08 entry cohorts, 15% for the 2008-09, 2009-10, and 2011-12 entry cohorts, and 16% for the 2010-11 entry cohort. Ten percent of youth age 14 or older in the 2012-13 entry cohort were discharged to a non-permanent exit within six months of entering care.

The data also suggest that the overall percentage of youth "aging out" of care without a permanent family within five years of entry into custody decreased for children in the 2004-05 through 2007-08 entry cohorts. While 34% of youth in the 2003-04 entry cohort were discharged to a non-permanent exit within five years, only 28% of youth in the 2004-05, 2006-07, and 2007-08 entry cohorts and 29% of youth in the 2005-06 entry cohort were discharged to a non-permanent exit within five years. It appears that the overall percentage of youth discharged to a non-permanent exit is increasing for the 2008-09 entry cohort; by four years, 29% of youth in the 2008-09 entry cohort had already been discharged to a non-permanent exit.

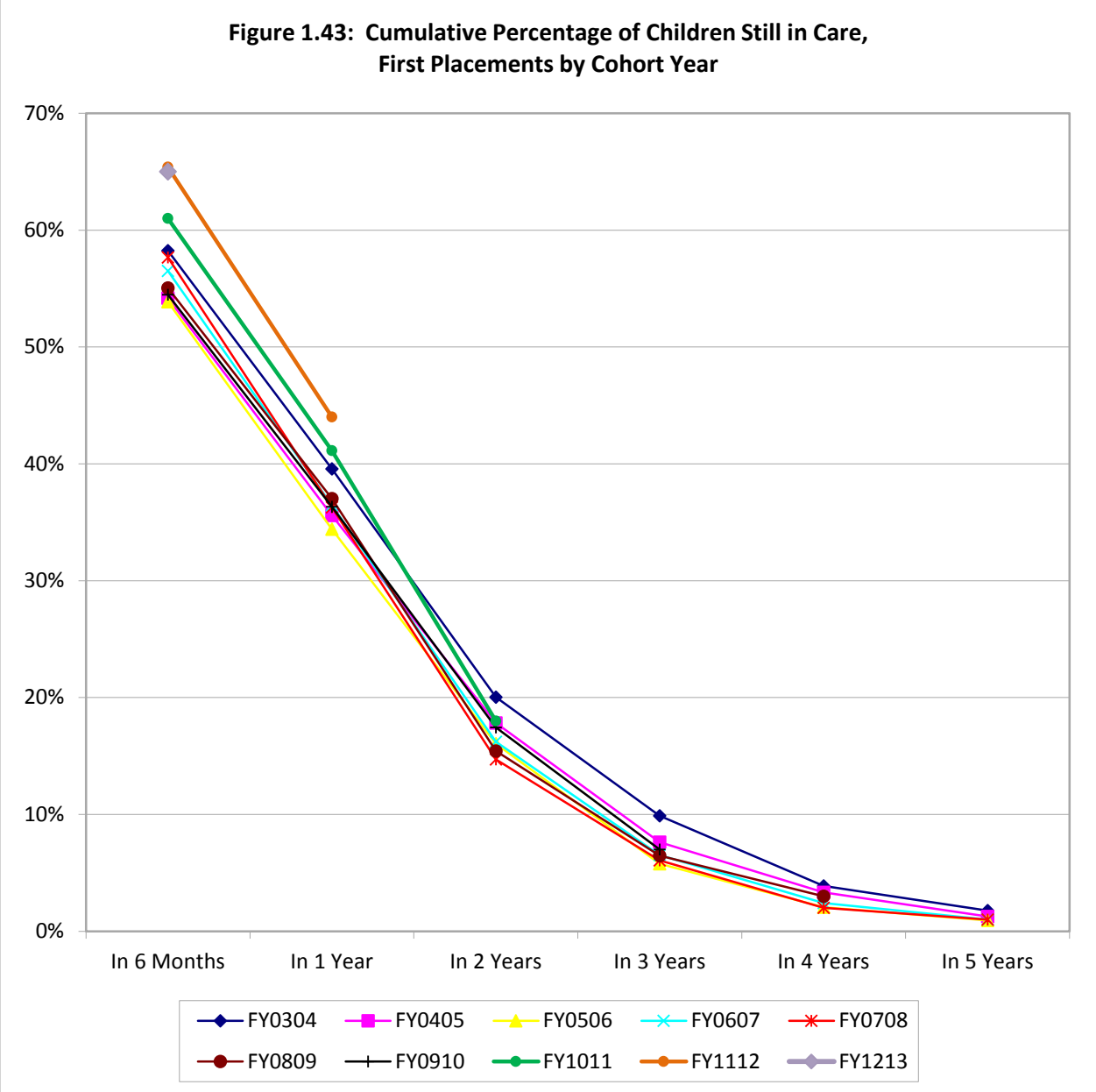


Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1213 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

d. Children Remaining in Care

Figure 1.43 presents data on the percentage of children in each entry cohort who remain in care at each time interval. As shown in the figure, the percentage of children from the 2004-05 through 2009-10 entry cohorts remaining in custody at each time interval has remained consistently lower than the percentage of children in the 2003-04 entry cohort. However, children in the 2010-11 through 2012-13 entry cohorts are remaining in care longer than children in any of the previous cohorts, at least for the six months to year. By two years, however, the

percentage of children remaining in care in the 2009-10 entry cohort had dropped close to the percentage for earlier cohorts.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. FY0809 through FY1213 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

4. Reducing Reentry into Care

Child welfare systems must not only pay attention to children entering the foster care system for the first time, but also to children who had previously spent time in foster care and who, based on a subsequent finding of dependency, neglect, or abuse or an "unruly child" adjudication, have since reentered the foster care system. Reentry rates are an important indicator of the success or failure of child welfare interventions, and particularly important for presenting a complete picture of the extent to which exits to permanency (through reunification, adoption, or some other permanent exit) are in fact permanent.

The Settlement Agreement establishes a maximum reentry rate which the Department is to achieve: "*No more than 5% of children who enter care shall reenter custody within 1 year after a previous discharge*." (XVI.A.5)

The statewide reentry rate for children discharged from foster care between January 1, 2012 and January 1, 2013 was 5.5%—that is, of the 5,194 children who exited care between January 1, 2012 and January 1, 2013,[150] 284 reentered care within 12 months of their discharge date.[151] As reported in the June 2013 Monitoring Report, the statewide reentry rate for children discharged from foster care between January 1, 2011 and January 1, 2012 was also 5.5%.

5. The Termination of Parental Rights Process: Timeliness of Filing of Petitions to Terminate Parental Rights (TPR)

The Settlement Agreement includes a performance measure focused on the timelines of the filing of petitions to terminate parental rights, a key step in the process by which children are freed for adoption and placed in adoptive homes.

The Settlement Agreement provides that "*at least 70% of children in the class with a sole permanency goal of adoption during the reporting period shall have a petition to terminate parental rights filed within three months of the goal change to adoption.*

Regardless of whether the Department meets or exceeds the standard in the preceding paragraph, 85% of all children with a sole permanency goal of adoption during the reporting period shall have a petition to terminate parental rights filed within 6 months of when the goal was changed to adoption." (XVI.B.4)

The TAC worked with the Office of Information and Technology to develop the "TAC Sole Goal of Adoption Cohort Report" identifying all children who had a sole goal of adoption established during calendar years 2012 and 2013.

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[150] This measure observes reentry for children who exited custody during the reporting period to all permanent or non-permanent exits.

[151] Because the measure includes children who age out of custody as part of the group examined for reentry, it is important to note the number of children falling into that category when reviewing the reentry data (since those who age out, by definition, can never reenter). Of the 5,194 children who exited during the reporting period, 463 aged out of custody.

Of the 1,006 children who had a sole goal of adoption established in 2012, 853 (85%) had TPR activity[152] prior to or within three months of the sole goal establish date and 919 (91%) had TPR activity prior to or within six months of the sole goal establish date. In an additional 53 cases, TPR activity occurred more than six months after the sole goal establish date. In 10 cases, TPR activity occurred, but either the type of the TPR activity or the time between the establishment of the sole goal of adoption and the TPR activity was not readily apparent.[153] The following is a breakdown by type of TPR activity:

- Filing of a TPR petition was the TPR activity in 737 cases. TPR petitions were filed prior to the sole goal establish date in 566 cases, within three months of the sole goal establish date in 76 cases, between three and six months in 58 cases, and after six months in 37 cases.

- The execution of surrenders, waivers of interest, or death certificates was the TPR activity in 235 cases. Surrenders, waivers of interest, or death certificates were executed prior to the sole goal establish date in 157 cases, within three months of the sole goal date in 54 cases, between three and six months in eight cases, and after six months in 16 cases.

In the cohort of 1,006 children, there were only 24 children for whom no evidence of TPR activity was found. In seven cases, the permanency goal had been changed and the goal was no longer solely adoption. Seventeen children had exited custody between one and 14 months after the date that adoption was established as the sole goal (four to live with relatives, eight to their parents, and five to emancipation).

Of the 652 children who had a sole goal of adoption established in 2013, 605 (93%) had TPR activity prior to or within three months of the date the sole goal was established, and 626 (96%) had TPR activity prior to or within six months of the date the sole goal was established. In an additional six cases, TPR activity occurred more than six months after the date the sole goal was established. In three cases, TPR activity occurred, but the time between the establishment of the sole goal of adoption and the TPR activity was not readily apparent. The following is a breakdown by type of TPR activity:

- Filing of a TPR petition was the TPR activity in 516 cases. TPR petitions were filed prior to the sole goal establish date in 436 cases, within three months of the sole goal establish date in 57 cases, between three and six months in 15 cases, and after six months in six cases. In two cases, TPR had been filed, but the time between the establishment of the sole goal of adoption and the filing of the TPR petition was not readily apparent.[154]

- The execution of surrenders, waivers of interest, or death certificates was the TPR activity in 119 cases. Surrenders, waivers of interest, or death certificates were executed

[152] The term "TPR activity" refers to either the filing of a TPR petition, the execution of a surrender or waiver of interest, or the execution of a death certificate.
[153] All 10 children have since been adopted. The TAC did not have time to obtain supplemental information about the type of TPR activity and when it was filed for these children but believes it to be a result of the difficulty in entering information in cases after an adoption has been achieved and the file sealed.
[154] Both children were adopted two months after the sole goal of adoption was established.

prior to the sole goal establish date in 86 cases, within three months of the sole goal date in 26 cases, and between three and six months in six cases. In one case, a surrender, waiver of interest, or death certificate had been filed, but the time between the establishment of the sole goal of adoption and the execution of the relevant document was not readily apparent.[155]

In the cohort of 652 children, there were only 17 children for whom no evidence of TPR activity was found. In four cases, the permanency goal had been changed and the goal was no longer solely adoption. Eight children had exited custody between one and nine months after the date that adoption was established as the sole goal (five to live with relatives, two to their parents, and one to emancipation). For each of the five remaining children with sole goals of adoption and no TPR activity, TPR referral packets had been submitted to the DCS Legal Division.

6. Limiting Planned Permanent Living Arrangement as a Permanency Goal

In the vast majority of cases, the preferred permanency options are reunification with family or adoption. While federal law recognizes Planned Permanent Living Arrangement (the designation that Tennessee now uses for what was previously called "permanent foster care" or "long term foster care") as a permissible permanency option, the parties agreed that the circumstances under which such an option would be preferable to adoption or return to family were so unusual and the potential misuse of this option so great that a measure limiting its use would be appropriate.[156]

The Settlement Agreement provides that "*no more than 5% of children in the plaintiff class shall have a goal of Planned Permanent Living Arrangement.*" (XVI.B.5)

As discussed in previous monitoring reports, the Department over the past several years has consistently met the requirements of this provision, with well under 5% of the plaintiff class at any given time having a goal of PPLA.

As of December 26, 2013, less than 1% of the class had a permanency goal of PPLA. The percentage of children in the plaintiff class who had a sole goal of PPLA was 0.19%, with no region exceeding 0.88%. The percentage of class members who had a concurrent PPLA goal was 0.23%, with no region exceeding 0.79%.

[155] The child is in full guardianship of the state because both parents are deceased.

[156] As discussed in Section Seven (at page 258) the Department has established a protocol for regional and Central Office review and approval of any case in which PPLA is to be a permanency goal, has established strict criteria for that review and approval process to ensure that the goal is appropriate, and requires periodic review of any case with a previously approved PPLA goal to ensure that the goal continues to be appropriate. That protocol has been incorporated by reference into the Settlement Agreement. (VII.G.)

SECTION TWO: STRUCTURE OF THE AGENCY

The Settlement Agreement (II.A) requires the Department to establish child welfare policy and determine statewide standards and to take all reasonable steps to ensure that statewide policies, standards and practices are implemented and maintained in each region of the state. The Settlement Agreement requires that the Department ensure that each region uses uniform forms, data collection, and reporting, although regions retain the right to develop and use forms and data instruments to address issues of local concern.

As discussed in prior monitoring reports, the "reasonable steps" that the Department has taken and continues to take consistent with the requirements of this provision include: adopting the *Tennessee Department of Children's Services Standards of Professional Practice for Serving Children and Families: A Model of Practice (DCS Practice Model)*; reviewing and revising DCS statewide policies to conform to the *Standards*; developing, implementing and refining a pre-service curriculum based on the *Standards*; implementing a statewide Quality Service Review process that evaluates child status and system performance using indicators that focus on the core provisions of the *Standards*; creating a system for data collection and reporting that includes standardized reports for statewide and regional reporting; and adopting a family conferencing model, the Child and Family Team Process, as the statewide approach for individual case planning and placement decision making.

The Department's policy, practice standards, training, and evaluation process send the consistent and clear message that the expectations for quality practice with families and children are the same irrespective of which of the 95 counties a child and family happen to live in.[157]

[157] The parties agreed that the Department's actions were sufficient to warrant a "maintenance" designation, notwithstanding the fact that there continues to be variation among regions in the extent to which the Department's *Practice Model* has been effectively implemented.

SECTION THREE: REPORTING OF CHILD ABUSE AND NEGLECT

The Settlement Agreement requires that the Department's *"system for receiving, screening and investigating reports of child abuse or neglect for foster children in state custody"* be adequately staffed to ensure that all reports are investigated within the time frames and in the manner required by law. (III.A) It further requires that the Department have in place an effective quality assurance process to determine patterns of abuse or neglect by resource parents and congregate care facility staff and to take necessary individual and systemic follow-up actions to assure the safety of children in its custody. (III.B)

Reports of abuse and neglect of children in state custody, just like any other reports of abuse and neglect, must be made to the Child Protective Services (CPS) Child Abuse Hotline.[158] As discussed in more detail in Subsection B below, based on the allegations and the information gathered by the Hotline, some categories of cases are assigned to the Special Investigations Unit (SIU) for investigation and other categories of cases are investigated by regional CPS case managers as part of the general Child Protective Services/Multiple Response System (CPS/MRS) caseload.[159]

This section provides updated information on both the Child Protective Services/Multiple Response System (CPS/MRS) investigative process and the Special Investigations Unit (SIU) investigative process from that presented in the June 2013 Monitoring Report as both processes were affected by the DCS reorganization announced by the Commissioner on April 15, 2013.

Under the reorganization (some parts of which took effect immediately and some parts of which, including those related to changing the supervisory structure for CPS/MRS, have been implemented over time),[160] the responsibilities for responding to abuse and neglect reports have been separated into two primary functions: investigation and service provision. The investigation function includes: operation of the Hotline Center; investigation of all cases assigned by the Hotline Center staff to the "investigation track;" and operation of SIU which retains responsibility for investigation of allegations that a child was abused or neglected while in DCS custody. These functions fall under the responsibility of the Deputy Commissioner of

[158] The Child Abuse Hotline is the new name for what was referred to in previous monitoring reports as "Central Intake." In keeping with that new designation, the terms "Child Abuse Hotline," "Child Abuse Hotline Center," or the abbreviated versions "Hotline" and "Hotline Center" are used in this report.

[159] Regional CPS also conducts the vast majority of the investigations of reports of abuse or neglect involving children not in DCS custody. As discussed in Subsection B below, SIU also conducts investigations concerning children not in custody when the alleged perpetrator is a member of the broader community (*e.g.*, daycare workers, teachers, coaches, bus drivers, or doctors). These "third-party" investigations make up a considerable portion of the SIU workload. SIU investigations are subject to all of the protocols and processes applicable to CPS cases in general.

[160] The transition of the supervisory structure for investigations from the regions to the Central Office (discussed below) began with the first regions in July 2013, and the last regions completed the transition in March 2014. However, implementation of the new 3-week CPS Investigator Training Academy will take longer. The first group of investigators began the training in November 2013, and the last group of current CPS investigators (excluding new hires) is scheduled to complete the Academy before the end of fiscal year 2015-2016. These academies have also included five assessment workers in each session. Beginning in fiscal year 2014-2015, the Department will implement a specialized Assessment Academy for workers handling assessment cases.

the Office of Child Safety. The CPS investigation function is now managed directly from the Central Office, rather than having responsibility flow through the regional administrators. The CPS investigators continue to operate out of the regional offices and are expected to work closely with other regional staff, to be an integral part of the regional presence, and to maintain the familiarity with the communities they serve that is so important; however, the reporting and accountability structure and the responsibility for recruiting, hiring, training (foundational, specialty, and ongoing), coaching, mentoring, and supervision of CPS investigators are now separate from the regional supervisory structure.

The Deputy Commissioner of the Office of Child Safety has established a quality assurance unit within that division with responsibility for using aggregate data and regular case reviews to ensure that CPS investigators meet case practice expectations, that caseloads are being managed and supervised appropriately, and that, in the case of reports of abuse and neglect of children while in custody, the SIU process is generating and providing to the Department's separate Quality Control Division (QC Division) the information that Division needs to carry out its oversight responsibilities (discussed below) with respect to those cases.

The service provision function includes responsibility for all cases assigned by the Hotline Center staff to the "assessment track" as well as "resource linkage" cases.[161] This function falls under the Deputy Commissioner of the Office of Child Programs, whose portfolio includes both in-home and out-of-home services, and who is responsible for supervising the regional administrators. The case managers handling assessment cases continue to operate within the regional structure, with supervisory responsibility running to and through the regional administrator.

The Deputy Commissioner of the Office of Child Programs and the Deputy Commissioner of the Office of Child Safety have worked closely together in an effort to ensure that, notwithstanding the separate supervisory structures, the assessment and investigative functions are integrated and coordinated and that each of those functions is benefiting from improvements in staffing and training. The Deputy Commissioners have worked and continue to work collaboratively on policy development, practice improvement and resource allocation, with a focus on the overall functioning of the CPS/MRS process.

The Department has also established a revised Child Death Review process, described in documents filed with the Court and discussed at the Status Conferences of April 29, 2013 and September 17, 2013. Under the reorganization, oversight of that process is the responsibility of the Deputy Commissioner of the Office of Child Health. That process is well designed and has been conscientiously implemented to ensure appropriate review and response to child deaths and near deaths in cases in which the Department has had relevant contact.

[161] The Hotline Center staff assign a case to the resource linkage track when there is no immediate or current safety risk but there is a need for help that is available to the family in the family's local community, whether through government programs, non-profit organizations or counseling services. Resource linkage case managers are responsible for referring these cases to the needed community resources.

The following discussion focuses on DCS performance during 2013, and, unless otherwise indicated, uses language that conforms to the April 15, 2013 restructuring of the CPS/MRS, SIU, and Quality Assurance functions.

A. CPS/MRS Process Performance

1. Timeliness of CPS/MRS Process

The Department focuses on three key indicators of the timeliness of its CPS/MRS process: Child Abuse Hotline Center response time; investigation and assessment priority response time; and time to assessment/investigation completion.

a. Child Abuse Hotline Center Response

The first key indicator is the responsiveness of the Child Abuse Hotline Center staff to phone calls alleging child abuse or neglect. The Department utilizes the automated tracking and reporting capacity of the Hotline Center's telephone system to look at "abandoned" or "dropped" calls (the number of calls that are terminated as the result of someone hanging up before they connect to a Hotline Center case manager); "wait times" (the time a person calling in to the system waits before being connected to a Hotline Center case manager who takes down the information regarding the allegations); and "talk time" (the amount of time a Hotline Center case manager spends on the phone with the person making the report).[162]

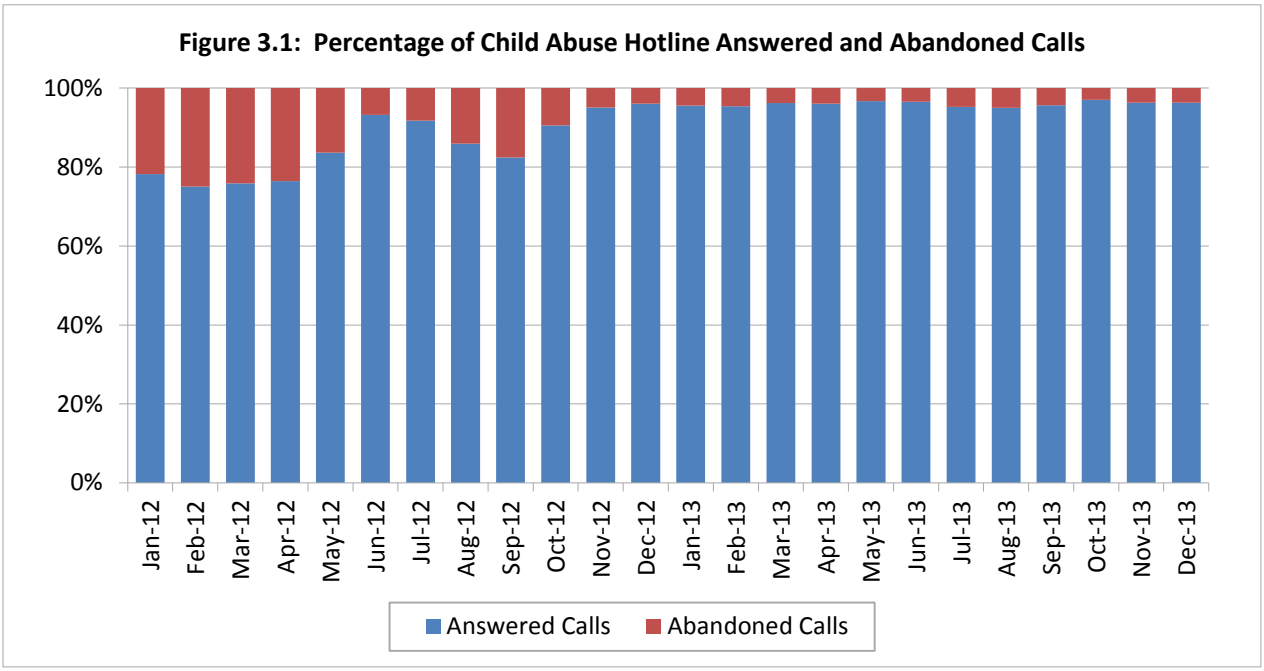
As discussed in detail in the June 2013 Monitoring Report, the Department has invested considerable time and energy into improving the Hotline Center operations, including: updating and upgrading the technology; enhancing the recruitment, training, support, supervision and coaching of Hotline Center staff; designing staffing patterns to match call volume; and implementing more efficient processes. The Department has continued to invest in improvements during the past year, including the addition of a "business analyst" to the Hotline

[162] In October 2012, the Department deployed a new phone system, Cisco, which has the capability to generate aggregate reports for the entire Child Abuse Hotline Center, for teams within the Hotline Center, and for individual Hotline Center case managers. The automated system tracks all incoming calls. Web referrals are submitted and tracked through a proxy email box in Outlook. At least one person during each shift is assigned to monitor the email box and distribute incoming web referrals to available Hotline Center case managers for entry into TFACTS, screening, and assignment to the field. The Department is currently developing a technological solution that will populate the information from the web referrals directly into TFACTS.

The Hotline also receives a small number of referrals by fax, email, letter, or hand delivery. The State Comptroller's January 2014 Performance Audit found a small number of discrepancies between the tracking log the Hotline maintains for faxed referrals and the documentation in TFACTS. In response to the audit findings, the Hotline Center has taken several steps to strengthen the process for maintaining this log, including having one supervisor per shift assigned to maintain the log (previously it had been shared responsibility between all supervisors) and adding fields to the log to capture the supervisor who logged the referral, the case manager to whom the referral was assigned, and the number automatically assigned to the referral by TFACTS when it is entered into the system. In the month of March 2014, 478 referrals were made to the Hotline by fax, email, letter, or hand delivery. During a recent site visit to the Hotline, the TAC reviewed the process, spoke with and observed staff handling these referrals, and examined the log.

Center who has been instrumental in increasing the ability of the Hotline leadership to use its rich data to understand and improve its performance.

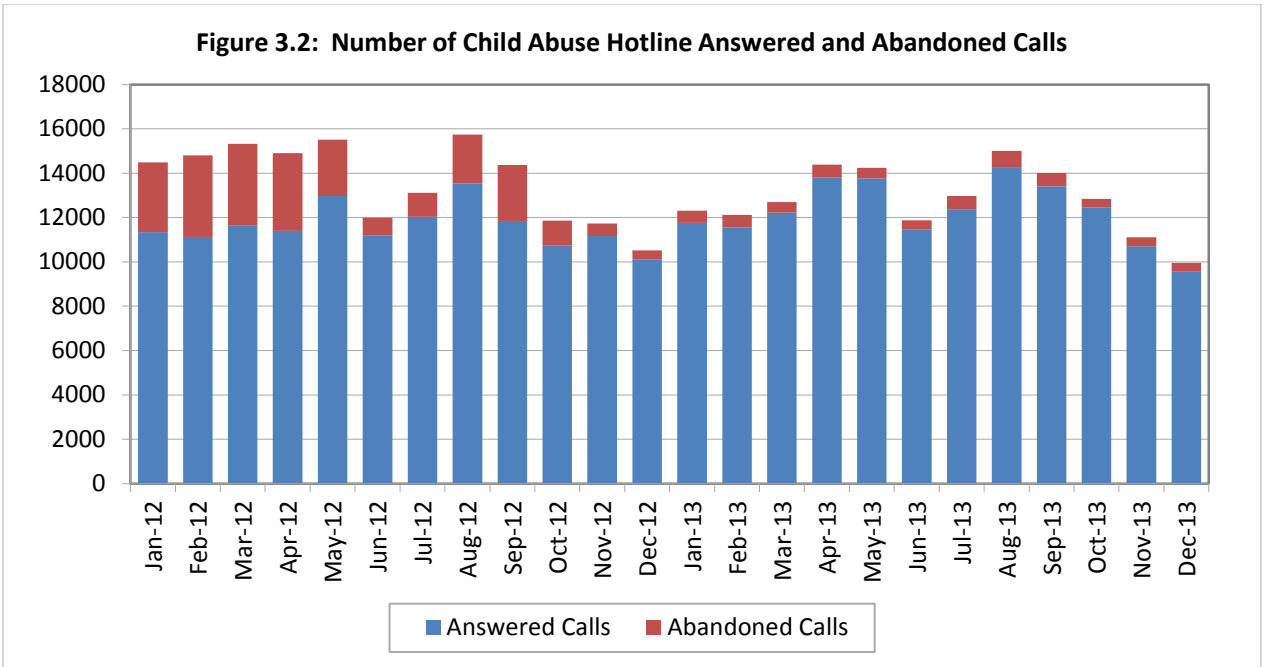
Figure 3.1 below shows the percentage of answered and abandoned calls to the Hotline each month for the period between January 2012 and December 2013 and Figure 3.2 shows the number of both answered and abandoned calls making up the total call volume for each month.[163] Since the transition to the new phone system in October 2012 (accompanied by the furnishing of new computers), the percentage of abandoned calls has remained at or below 5% each month. Of the 9,956 calls to the Child Abuse Hotline during December 2013, 373 (3.8%) were abandoned.[164]



Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2012 through October 2012; Cisco Unified CCX Historical Reports: Contact Service Queue Activity Reports for November 2012 through December 2013.

[163] Data for years prior to 2012 are presented in previous monitoring reports.

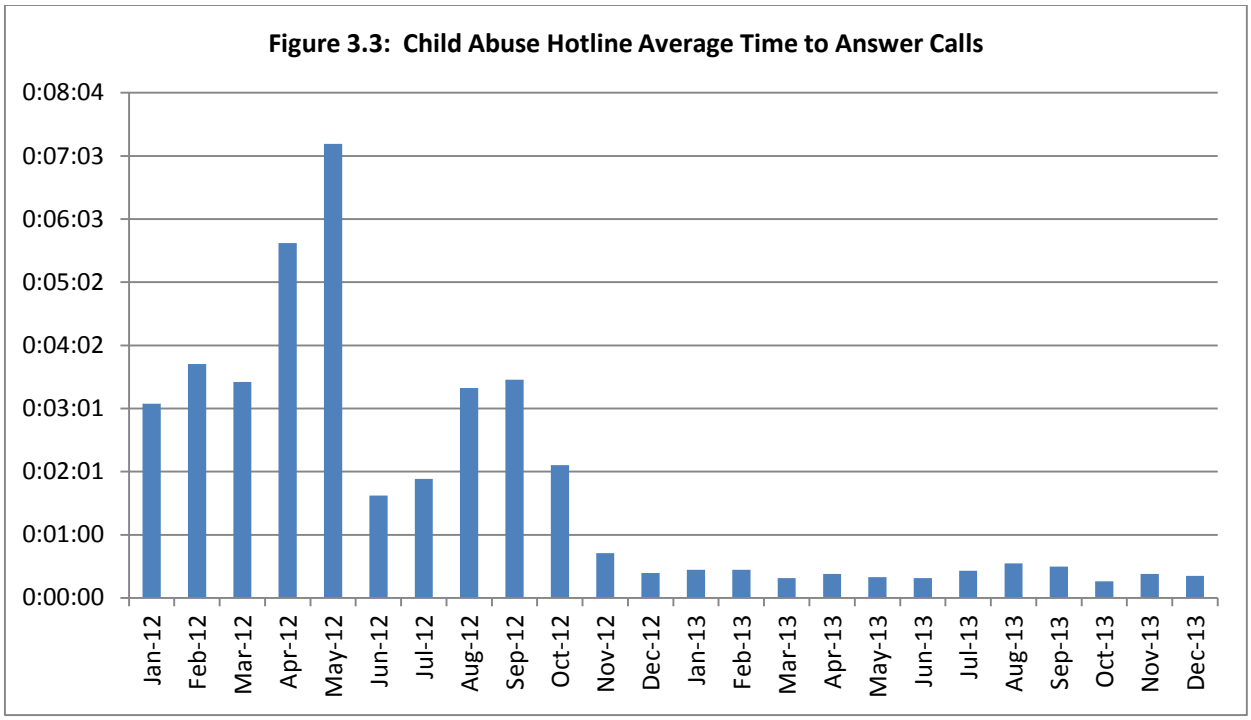
[164] As reported in the June 2012 Monitoring Report, one of the most significant factors contributing to the decline in performance during 2011 and 2012 appeared to be technical difficulties with an aging phone system, which were compounded by the age of the Hotline Center's computers.



Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2012 through October 2012; Cisco Unified CCX Historical Reports: Contact Service Queue Activity Reports for November 2012 through December 2013.

The Child Abuse Hotline Center also tracks the percentage of calls that are abandoned after 20 seconds, on the supposition that calls abandoned within 20 seconds were likely misdialed. Of the 153,870 calls to the Hotline during 2013, 6,244 (4.04%) were abandoned, but only 3,724 (2.42%) were abandoned after 20 seconds.

Figure 3.3 shows the average time to answer a call during each month between January 2012 and December 2013. Data on average time to answer calls show a pattern similar to that for the data on answered and abandoned calls shown in Figures 3.1 and 3.2 above.



Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2012 through October 2012; Cisco Unified CCX Historical Reports: Contact Service Queue Activity Reports for November 2012 through December 2013.

The average time Hotline Center case managers spent gathering information from each call has increased since the transition to the new phone system.[165] Prior to November 2012, the average talk time had never gone above 11 minutes and 54 seconds. Between November 2012 and December 2013, the average talk time has ranged from a low of 14 minutes and 19 seconds in July 2013 to a high of 16 minutes and 24 seconds in December 2013.

A second significant factor contributing to the improvement in Hotline Center performance since 2012 is a more proactive response to the challenge of staff turnover and vacancies. To address staffing issues, the Hotline Center has been using its automated call data to assess staffing needs so that it can ensure that overall staffing is sufficient and deploy additional staff at peak call times. Hotline Center leadership has also worked to minimize the time required to fill vacant positions through close coordination with the Department's Office of Human Resource Development and to minimize the impact of temporary leave and absences through tighter management of overtime scheduling. The effectiveness of the Hotline Center's strategies to address the ongoing challenges of staff turnover and vacancies is evident in the data presented above. As of April 10, 2014, the Hotline Center had three case manager vacancies and one team leader vacancy.[166]

Hotline Center leaders also continue working to improve work quality at the Hotline Center. The Director of the Hotline Center has designated one particularly strong supervisor to be the "floor

[165] The Director of the Hotline Center attributes the longer call time to increased attentiveness of staff to gathering more complete information and asking important follow-up questions of the caller.
[166] Throughout this report, unless otherwise noted, vacant positions have not been frozen and the Department is actively working to fill them.

manager," with responsibility to ensure that completed referrals are sent to the field offices for assignment as quickly as possible through regular checks on the status of referrals.[167] Leadership is currently implementing refinements to the internal quality reviews of calls by supervisors. These refinements are intended to reduce bias in the reviews and allow quicker aggregation of review results for use in performance briefings. The Department is also working on revisions to the Structured Decision Making (SDM) tool to improve consistency in screening decisions and is implementing an online referral tracking system to provide people who report allegations of abuse and neglect with the ability to track the status of their reports online.

b. Investigation and Assessment Priority Response

The second key DCS indicator of the timeliness of the CPS/MRS process is the time from the assignment of a report of abuse or neglect to the investigator or assessor and the investigator's/assessor's first contact with the alleged victim. The Child Abuse Hotline Center worker uses the Structured Decision Making Response Priority Decision Tree to determine the response priority assignment (P-1, P-2, or P-3) based on critical safety and risk factors involved.

Reports are assigned a Response Priority 1 (P-1) when the child may be in imminent danger. Investigators responding to a P-1 report must initiate the investigation through face-to-face contact with the alleged victim(s) "immediately but no later than twenty-four (24) hours."

Reports assigned a Response Priority 2 (P-2) "allege injuries or risk of injuries that are not imminent, life-threatening or do not require medical care where a two business day delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child." Investigators or assessors responding to a P-2 report must initiate the investigation or assessment through face-to-face contact with the alleged victim(s) within two business days.

Reports assigned a Response Priority 3 (P-3) "allege situations/incidents considered to pose low risk of harm to the child where three (3) business days will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child." Investigators or assessors responding to a P-3 report must initiate the investigation or assessment through face-to-face contact with the alleged victim(s) within three business days.

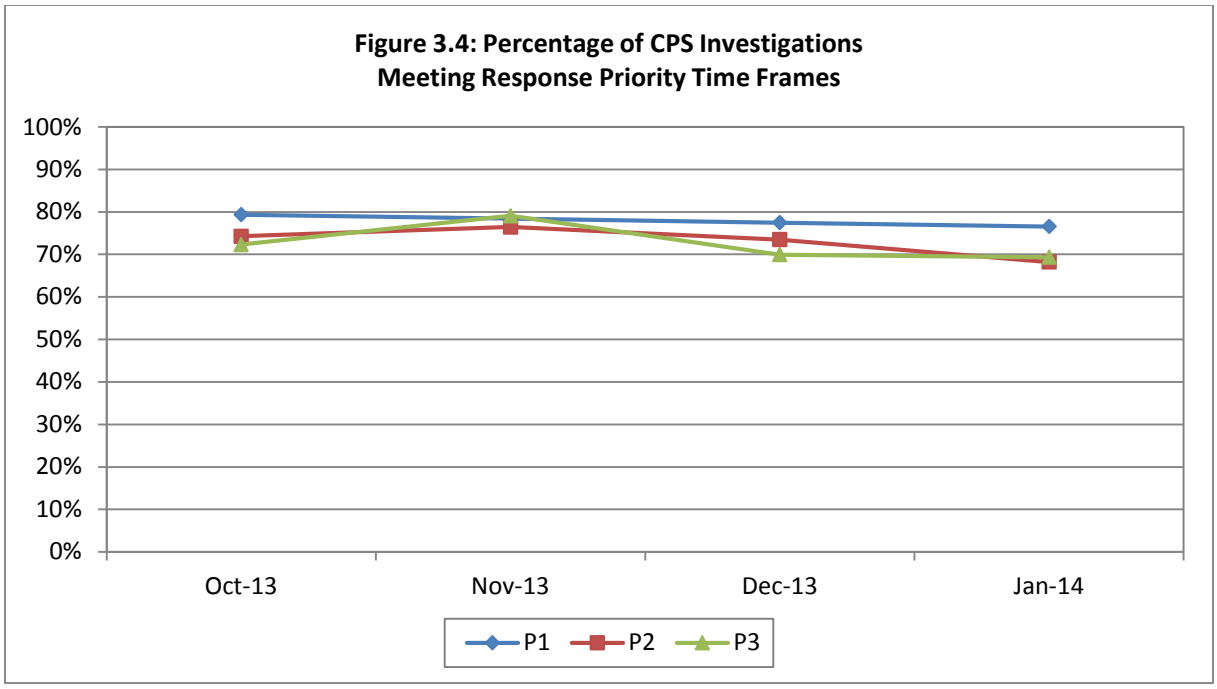
As discussed in the June 2013 Monitoring Report, TFACTS reporting on response priority, which became available in April 2012, requires workers to enter a case recording that documents the face-to-face response along with the date and time that the response was made. The TFACTS priority response report then checks the date and time of the "face-to-face contact" case recording to see whether it met the applicable response priority time frame. If the worker is unable to locate the child, the worker must document "good faith efforts" (defined as three attempts to contact the child) in the "Diligent Search/Good Faith Efforts" module in TFACTS.

When the Department discovered in August 2013 that the response priority reports were not functioning properly, the Department discontinued production until the problems had been

[167] The floor manager works the 9:00 am to 5:30 pm shift, which covers the busiest times of day. After 4:30 PM, the Hotline Center focus is on P-1s, which are paged to the regions using the MIR3 system. P-2s and P-3s are less urgent after business hours because field staff do not look at them to assign until the next business day.

resolved. Although the new reporting, available beginning October 2013, generally uses the same requirements as the previous TFACTS reporting, there are a few changes: there is an additional requirement that all "alleged child victims" in the case are seen within the applicable response priority time frame in order to be counted as compliant; negative response times are counted as compliant;[168] and performance for investigations and assessments is now reported separately.

Figure 3.4 below shows the statewide percentage of investigations opened each month from October 2013 through January 2014, by priority, in which there was a response meeting the applicable time frame that was timely and correctly documented in TFACTS.[169] Figure 3.5 presents these data for assessments. Performance for P-1 investigations remained close to 80% during these months and was slightly lower for P-2 and P-3 investigations. Performance for P-1 assessments ranged between 84% and 88%,[170] and performance for P-2 and P-3 assessments ranged between 67% and 78%.[171]



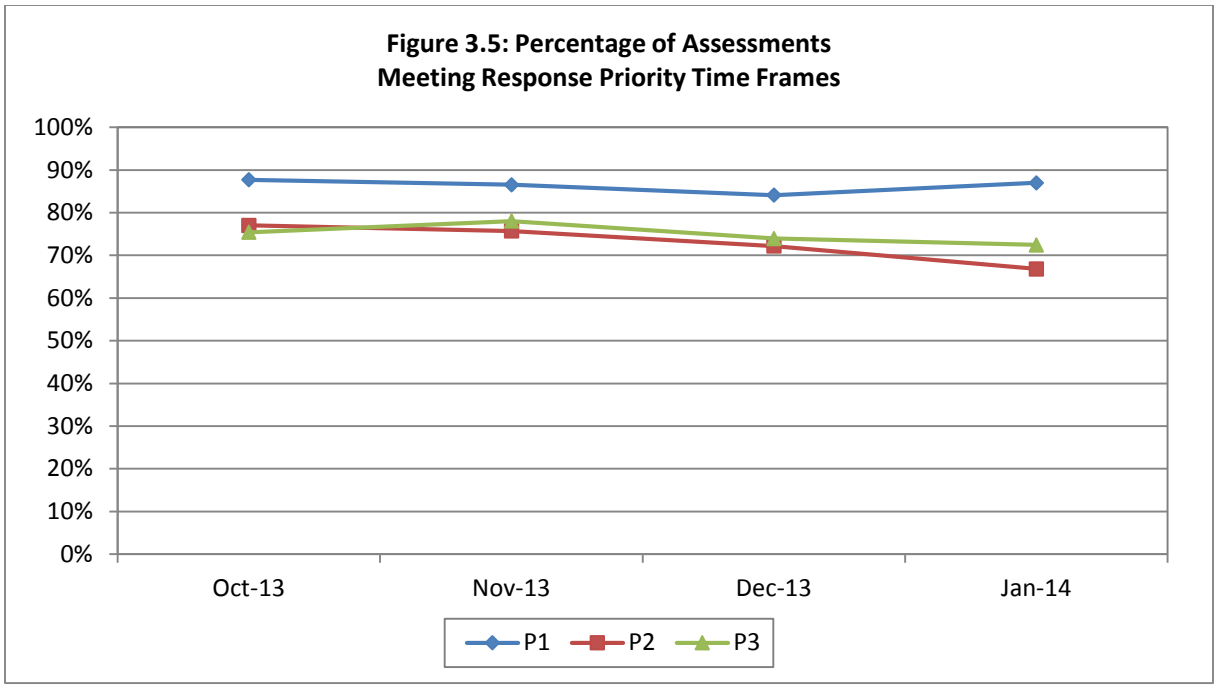
Source: TFACTS "CPS Referral Response by Priority, Investigation" reports for October 2013 through January 2014.

[168] As discussed previous monitoring reports, a certain "convention" was used in the production of previous Response Priority reporting that resulted in the erroneous designation of some investigations as "overdue" when, in fact, they had been completed within the appropriate timelines. Negative response times indicated that the investigator or assessment worker responded to a call from law enforcement requesting immediate assistance and made face-to-face contact with the alleged victim prior to the referral being called into the Child Abuse Hotline.

[169] The data in Figure 3.4 also include performance on priority response for SIU investigations.

[170] Examples of P-1 assessment cases include: A child whose parents were hospitalized who is with unrelated family friends at the time of the referral, and it is uncertain whether the child could remain with those friends throughout the parents' hospitalization; a 3-year-old in a police precinct lobby for whom a caretaker could not be found; and a mother who left three of her children with an in-home services worker to take the fourth child to the hospital for a medical condition unrelated to abuse or neglect, and the in-home services worker could not remain with the children and could not get a family member to come stay with them.

[171] It appears that the response times for all priorities are relatively stable, and the appearance of a slight decline for more recent months reflects a delay in documentation.



Source: TFACTS "CPS Referral Response by Priority, Assessment" reports for October 2013 through January 2014.

c. Time to Investigation/Assessment Completion

The third key DCS indicator of the timeliness of the CPS/MRS process is the time to completion of the investigation or assessment.

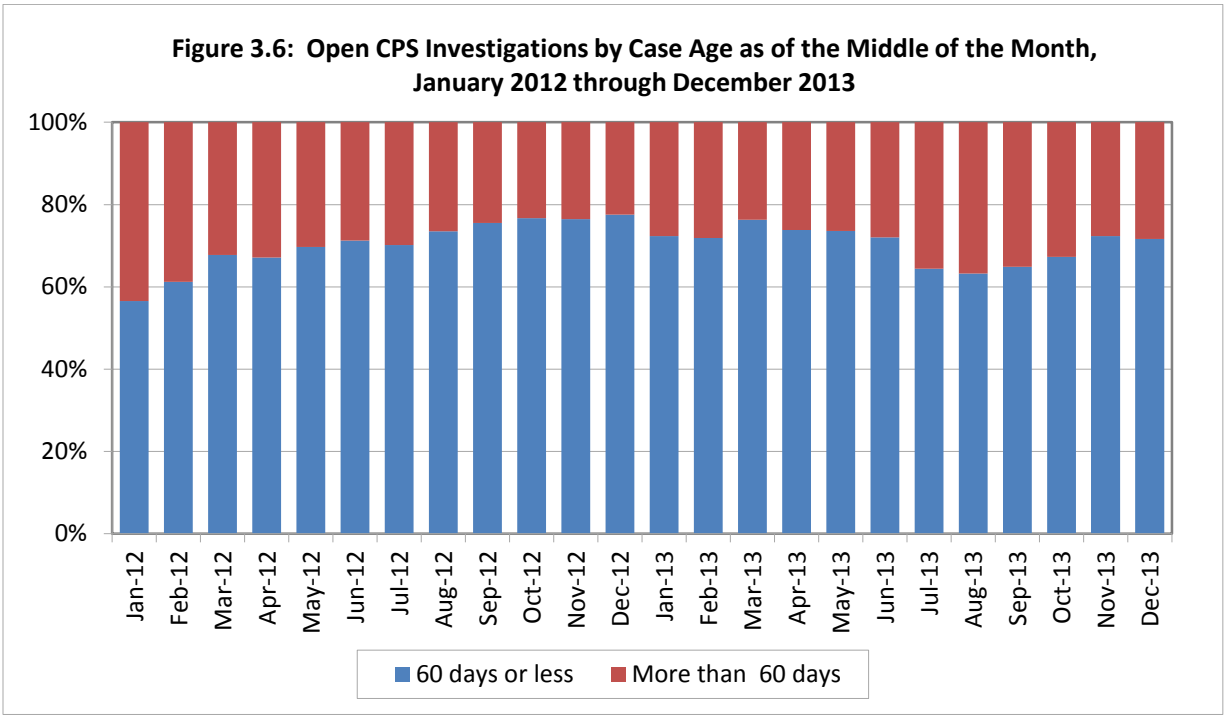
Under Tennessee law, investigations are expected to be completed within 60 days;[172] however, the Department recognizes and good practice dictates that in some cases, a full, multi-disciplinary investigation will require additional time to complete. Based on their experience, including extensive administrative reviews of CPS/MRS cases, the Department expects that at any given time as many as 20% of investigations might require more time to complete and therefore remain "open" for more than 60 days.

Figure 3.6 below shows the percentage of "overdue" CPS investigations (investigations that take longer than 60 days to complete) as of the middle of each month for the period from January 2012 through December 2013.[173]

The percentage of overdue investigations began to decrease during 2012, reaching 23% in December 2012, close to meeting the Department's expectation that no more than 20% of investigations remain open more than 60 days. During 2013, however, the percentage of overdue investigations showed an increasing trend, particularly between July and October 2013.[174] Of the 5,232 investigations that were open on December 15, 2013, a total of 1,483

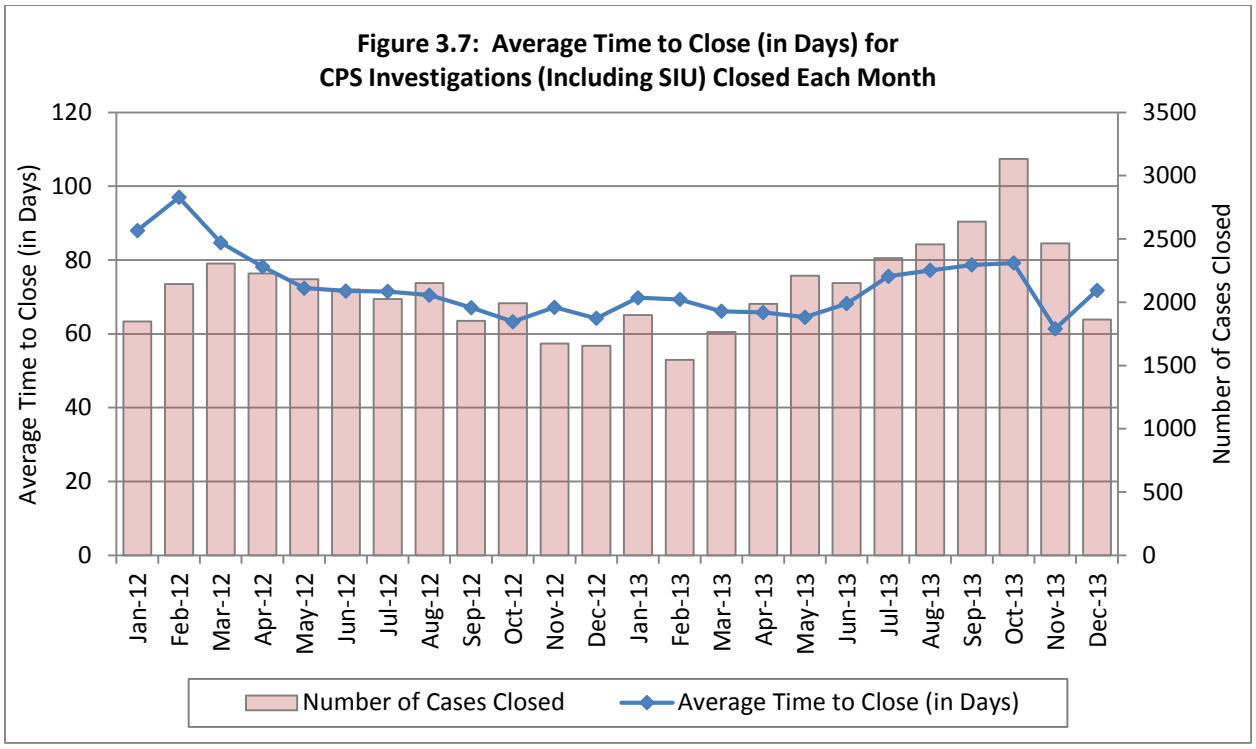
[172] Tennessee Code Annotated 37-1-406(i).
[173] In Figures 3.6, 3.7, and 3.10, open SIU investigations are included in the number of investigations and assessments for each month.
[174] This coincides with the first months of the transition to the new CPS structure.

(28%) had been open more than 60 days (847, or 16%, had been open between 61 and 90 days, and 636, or 12%, had been open more than 90 days).



Source: TFACTS "CPS Open Investigations by Case Age" reports as of the middle of each month from January 2012 through December 2013.

The Department also produces regular aggregate reporting on the average number of days between the time that investigations were opened and the time they were closed. In Figure 3.7 below, the pink bars represent the number of investigations closed during each month (on the right axis) from January 2012 through December 2013, and the blue line represents the average number of days (on the left axis) it took to complete those investigations. The data support the trends described above regarding overdue CPS investigations, and the average time to close investigations has not gone below 60 days for the past few years. Investigations closed during December 2013 took an average of 71.8 days to complete.



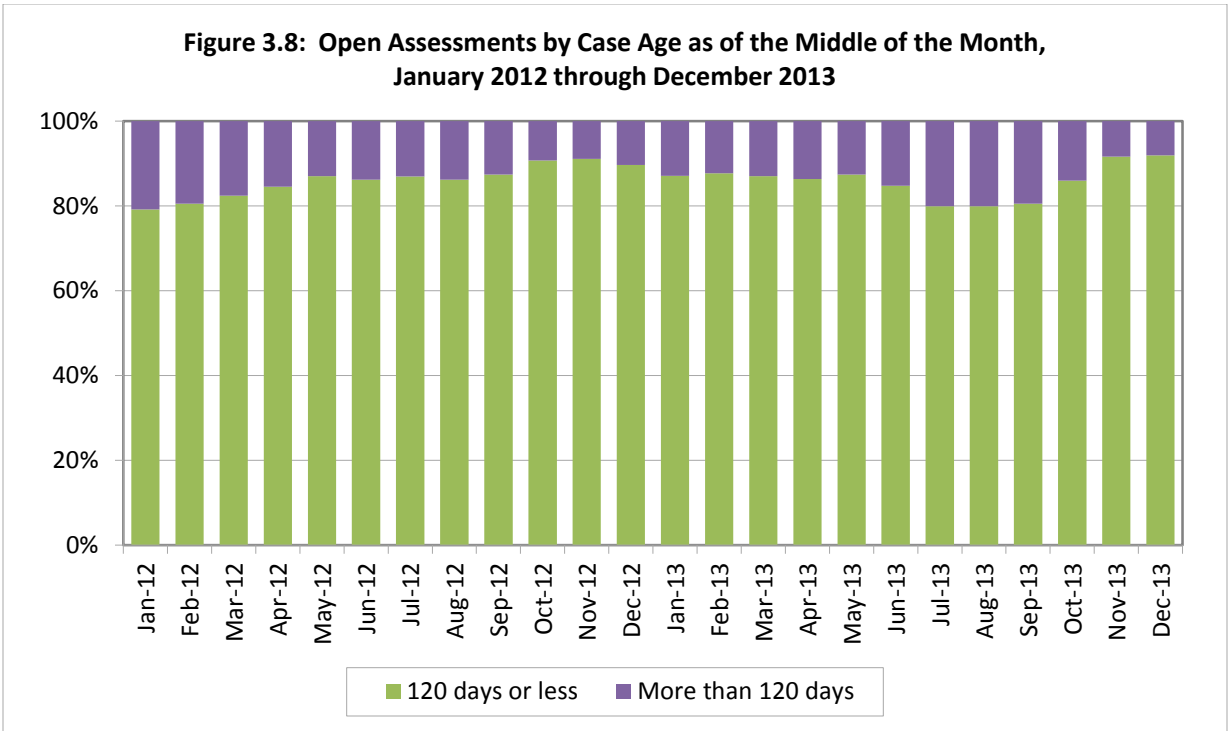
Source: TFACTS "Closed CPS Investigations" reports from January 2012 through December 2013.

Cases assigned to the assessment track are expected to be completed within 120 days.[175] Figure 3.8 shows the percentage of overdue assessment cases (cases that are open more than 120 days) during the period from January 2012 to December 2013. As discussed in the June 2013 Monitoring Report, the percentage of assessment cases open more than 120 days had remained close to 10% prior to 2010, but during 2011, the percentage of overdue assessment cases ranged between 14% and 22%. As with CPS investigations, the percentage of overdue assessments began to decrease during 2012, reaching 9% in October and November 2012. During 2013, the percentage of overdue assessments increased somewhat, particularly between July and October 2013,[176] but dropped back below 10% again by November 2013. Of the 7,604 open assessments on December 15, 2013, 6,989 (92%) had been open 120 days or less, 604 (8%) had been open between 121 and 365 days,[177] and 11 (0.1%) had been open more than 365 days.

[175] In some cases, the case would be closed when a tangible service, such as rent or utility payment, has been provided; in other cases, the case would be closed after a referral for services has been made, the family has connected with the service provider, and the service appears to be addressing the family's needs. If the service does not appear to be addressing the family's needs and it appears the family will need help beyond 120 days, the case can be transferred to a non-custody Family Support Services (FSS) worker.

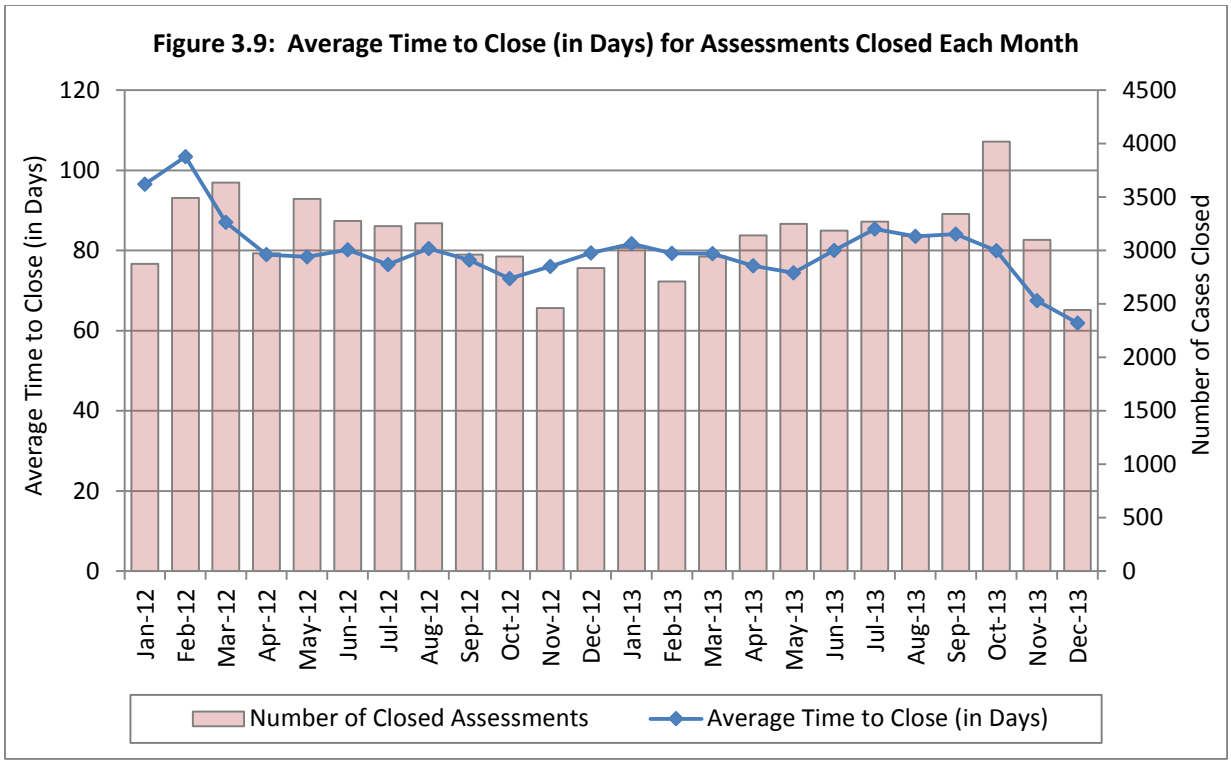
[176] This coincides with the first months of the transition to the new CPS structure.

[177] Of the 604 cases open between 121 and 365 days, 438 had been open between 121 and 180 days, 123 had been open between 181 and 270 days, and 43 had been open between 271 and 365 days.



Source: TFACTS "CPS Open Assessments by Age" reports as of the middle of each month from January 2012 through December 2013.

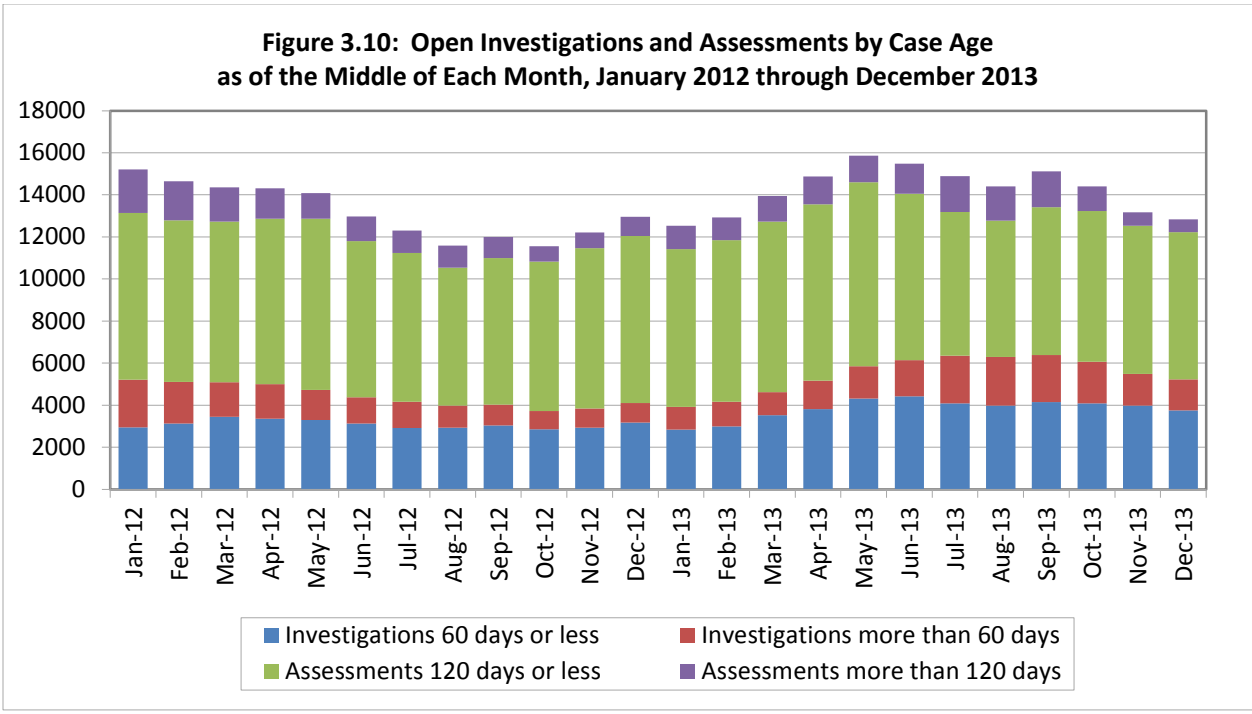
The Department also produces regular aggregate reporting on the average number of days between the time that assessments were opened and the time they were closed. In Figure 3.9 below, the pink bars represent the number of assessments closed during each month (on the right axis) from January 2012 through December 2013, and the blue line represents the average number of days (on the left axis) it took to close those assessments. For most of 2012 and 2013, the average time to close assessments hovered around 80 days, an improvement over performance in 2011, which was generally between 85 and 100 days. During November and December 2013, the average time to close assessment dropped below 70 days for the first time since 2010, with the average time to close assessment cases at 68 days in November 2013 and at 62 days in December 2013.



Source: TFACTS "Closed CPS Assessments" reports from January 2012 through December 2013.

Figure 3.10 below shows the number of open investigations and assessment cases as of the middle of each month for the period from January 2012 through December 2013. The figure reflects the same trends discussed previously for CPS investigations and assessments—significantly increased caseloads and overdue cases during 2011 that decreased throughout 2012, increased somewhat during the first half of 2013, and then decreased again during the second half of 2013. On December 15, 2013, there were a total of 12,836 open CPS investigations and assessments.

Figure 3.10 also reflects the proportion of open cases on any given day assigned to the assessment track instead of the investigative track during the period from January 2012 to December 2013. Historically, assessment cases have generally made up between 60% and 70% of open cases. Between July 2013 and December 2013, however, the proportion of cases assigned to the assessment track has decreased slightly, ranging between 57% and 59% during that period.



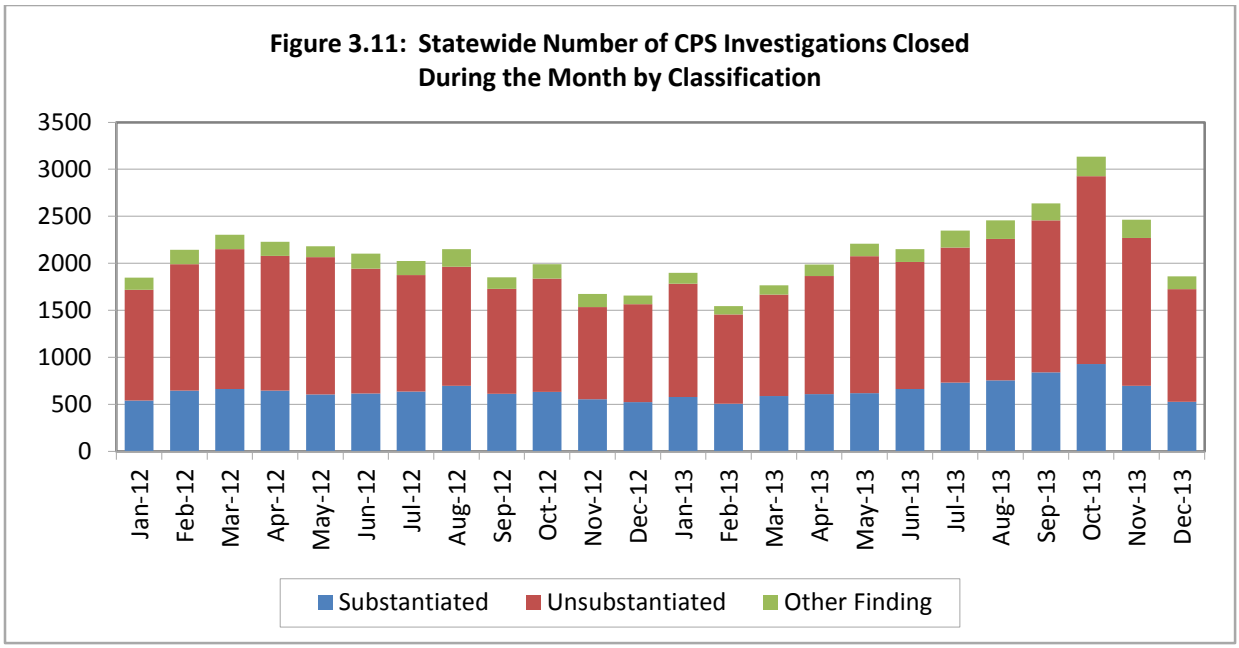
Source: TFACTS "CPS Open Investigations by Age" and "CPS Open Assessments by Age" reports as of the middle of each month from January 2012 through December 2013.

2. Classification of Investigations and Assessments

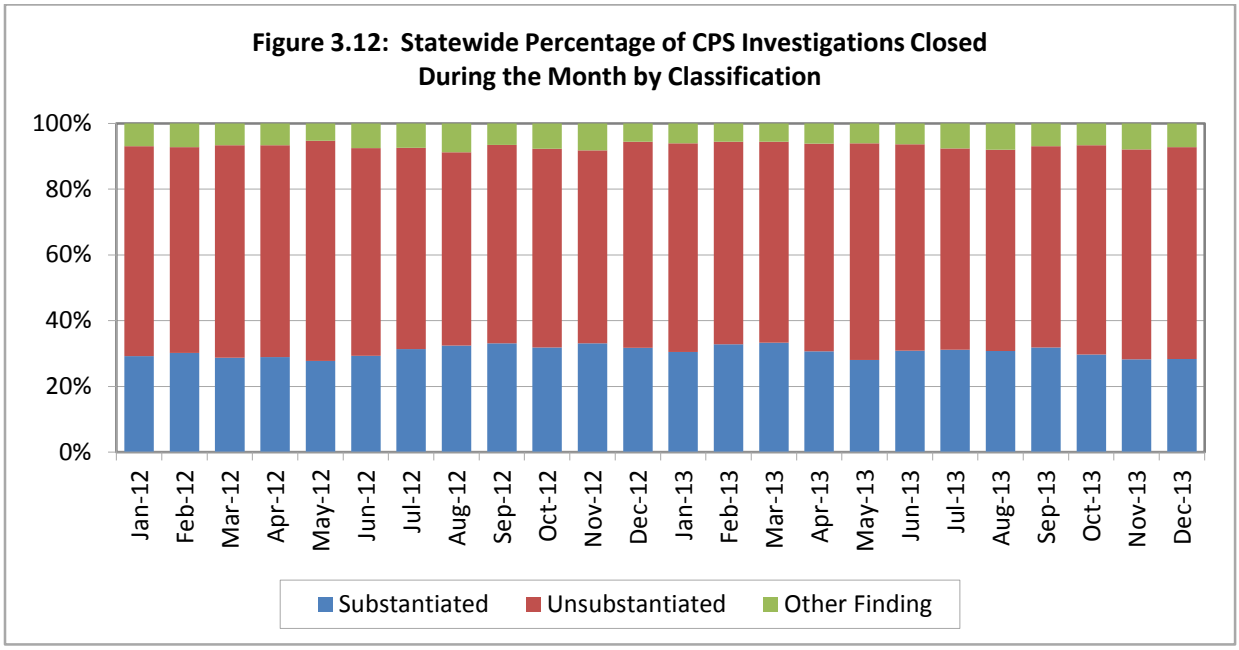
In addition to tracking timeliness of investigations/assessments, the Department tracks and reports classifications of investigations and assessments closed during each month.

Figure 3.11 below presents the number of investigations closed during each month from January 2012 through December 2013 according to classification, and Figure 3.12 presents the percentage of investigations classified in each category.[178] The percentage of substantiated investigations each month has shown little variation. On average, 31% of investigations were substantiated during 2013.

[178] The "Other Finding" category includes the following classifications: Administrative Closure, Unable to Complete, Anonymous Abandonment of an Infant, Child with Sexual Behavior Problems, and Tribal Counsel Assumed Responsibility.



Source: TFACTS "Closed CPS Investigations" reports from January 2012 through December 2013.

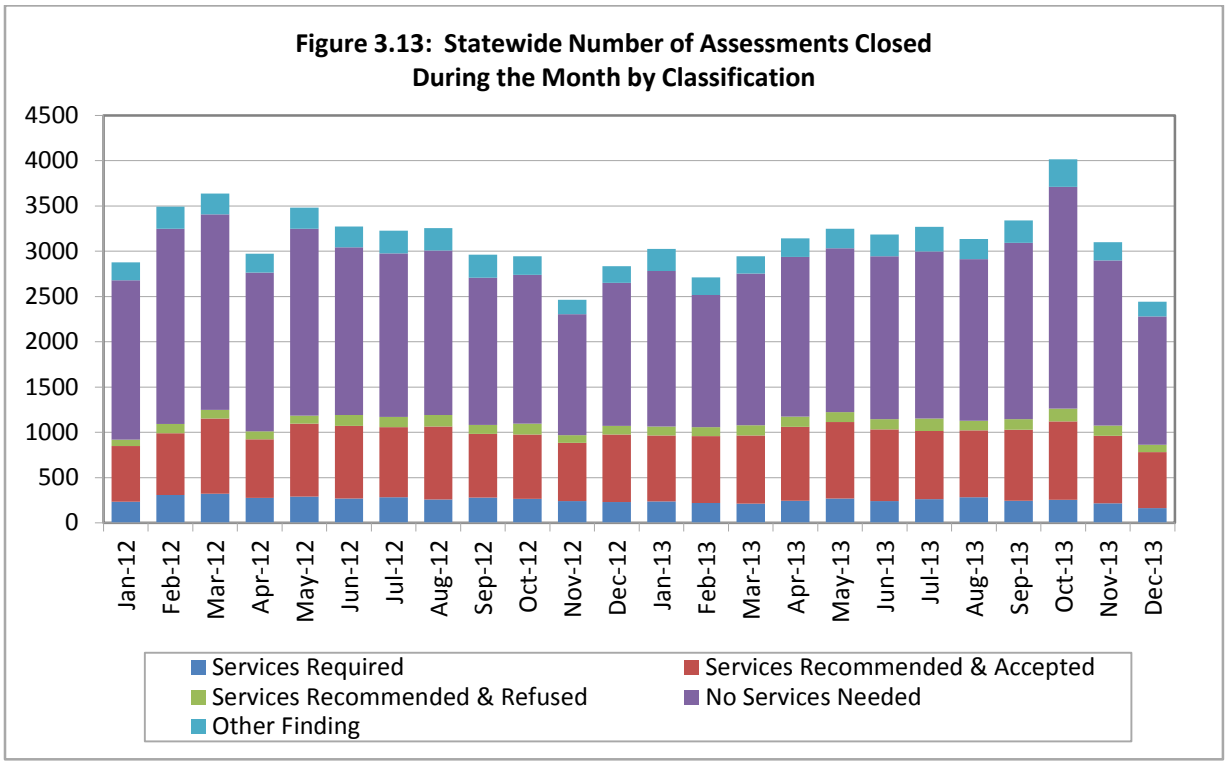


Source: TFACTS "Closed CPS Investigations" reports from January 2012 through December 2013.

Figure 3.13 below presents the number of assessments closed according to classification during each month from January 2012 through December 2013, and Figure 3.14 presents the percentage of assessments classified in each category.[179] The percentage of assessments classified in each category over that period remained relatively stable. On average, 9% of assessments in 2012 and

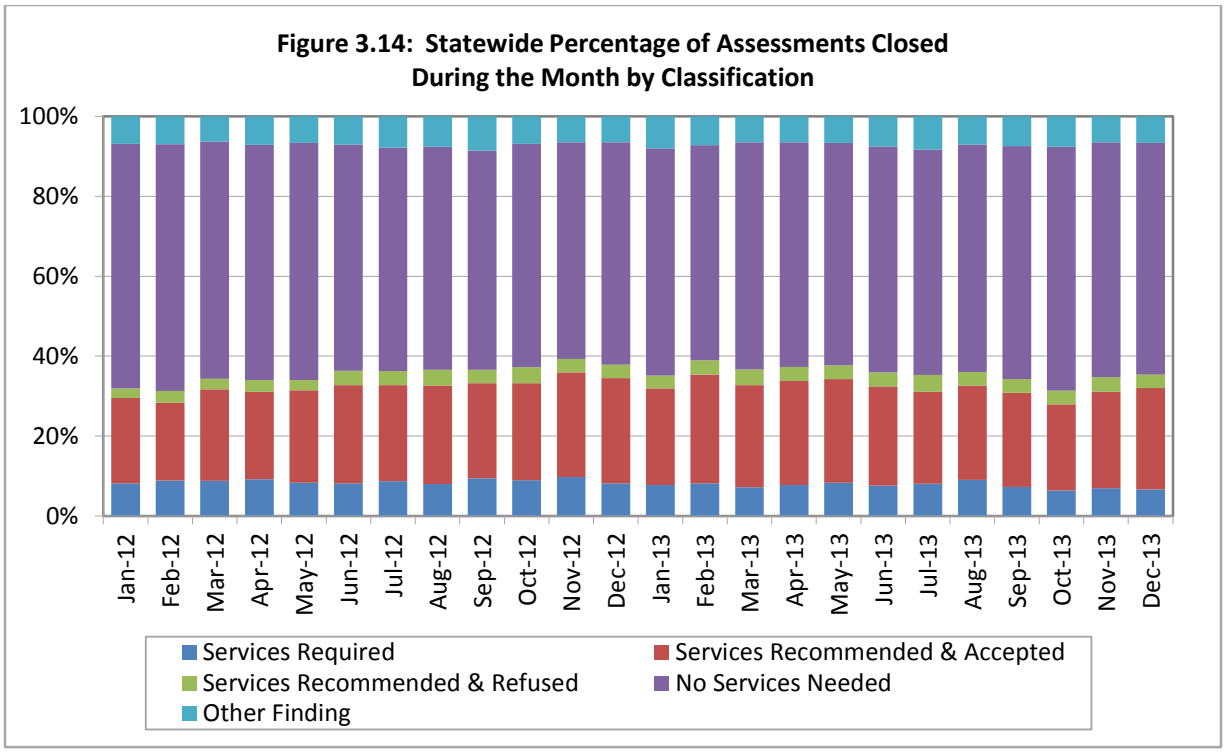
[179] See footnote 178 for the list of classifications included in the "Other Finding" category.

8% of assessments in 2013 were classified as "Services required," and 57% were classified as "No services needed" during both 2012 and 2013.[180]



Source: TFACTS "CPS Closed Assessments by Classification" reports for the period from January 2012 through December 2013.

[180] As the Department moves forward in its efforts to improve its CPS/MRS functions, it will be important to examine those assessment cases for which services are required. On one hand, it may be a very good sign that 10% of the assessment cases present sufficient risk for the Department to require services: it could show that the assessment workers are taking risk seriously and are not afraid to approach the case as one would an investigation case when necessary. On the other hand, it could suggest that the Child Abuse Hotline Center staff send relatively high-risk cases to assessment more often than they should. And, of course, it would be even more concerning if in fact more than 10% of the cases being assigned to the assessment track are of high risk, and therefore some high risk cases are not being required to receive services when in fact they should. In order to improve the accuracy of the initial risk assessment and ensure that referrals received by the Hotline are consistently assigned to the appropriate track, the Department is working with the Children's Resource Center (CRC) to refine the Structured Decision Making tool the Hotline Center uses for screening referrals, assigning them to the investigation, assessment, or resource linkage track, and assigning the required response time.

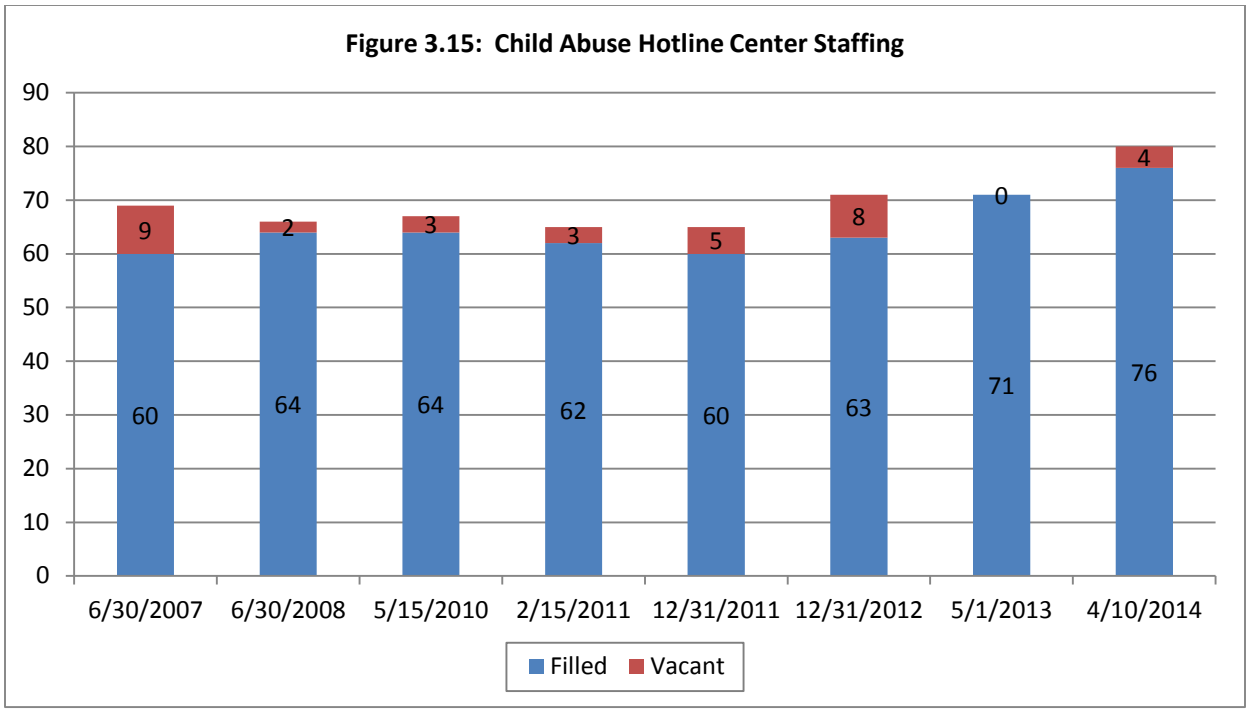


Source: TFACTS "CPS Closed Assessments by Classification" reports for the period from January 2012 through December 2013.

3. Adequacy of CPS/MRS Staffing

While the Child Abuse Hotline Center response times and the investigation completion times provide some indication of the adequacy of CPS/MRS staffing, as part of its effort to ensure sufficient staffing of basic CPS/MRS functions, the Department also tracks staffing at the Hotline Center and the number of open investigations on the caseload of each CPS/MRS worker.

Figure 3.15 presents staffing data for the Hotline Center. As of April 10, 2014**,** 76 (95%) of the 80 positions allocated to the Hotline Center were filled.

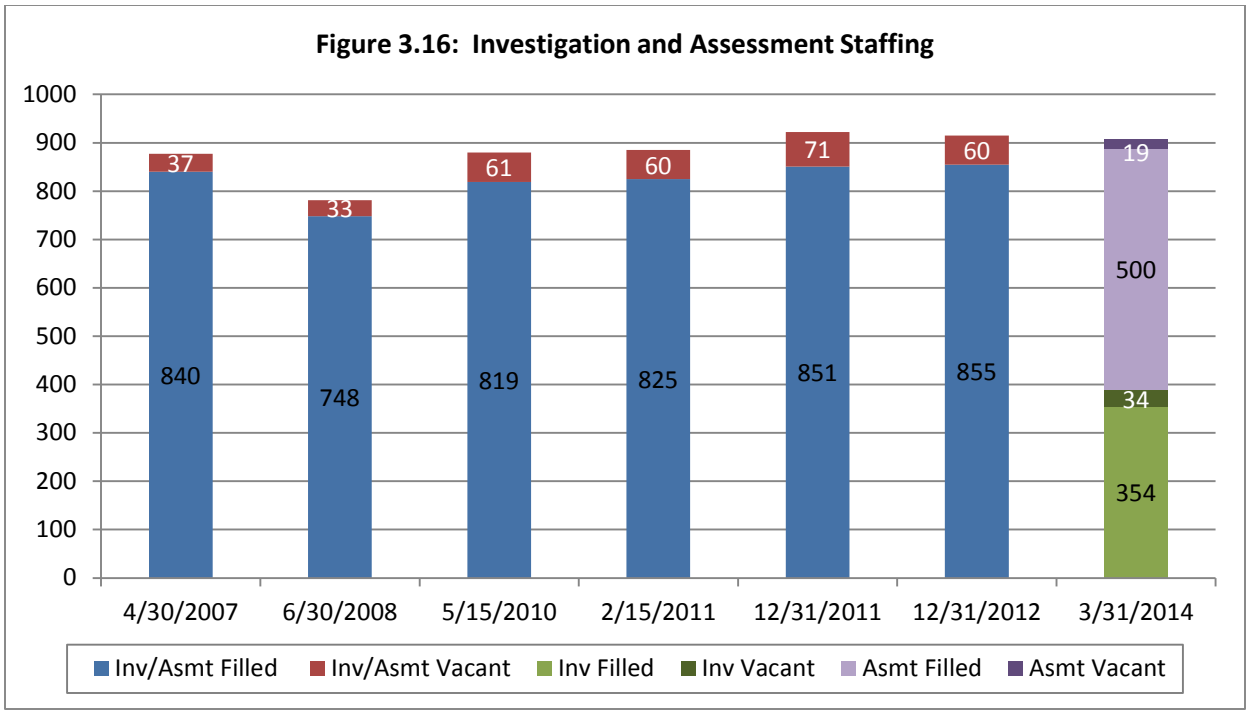


Source: Periodic Child Abuse Hotline Center staffing data provided by the Department.

Figure 3.16 below presents staffing data for investigations and assessments. The recent reorganization of the CPS structure discussed on page 106 above is reflected in the staffing data for March 31, 2014.

As of March 31, 2014, there were a total of 388 positions assigned to investigations. Of those, 320 were investigator positions (of which 287, or 90%, were filled) and the remaining 67 were supervisor positions (all of which were filled). There are an additional five investigator positions, (not included in the figure) that leadership are holding in reserve for deployment as needed.

There were also 519 positions assigned to assessments on this date. Of those, 442 were assessment worker positions (of which 423, or 96%, were filled) and the remaining 77 were supervisor positions (all of which were filled).



Source: Periodic CPS staffing data provided by the Department.

Every six months, the Deputy Commissioner of the Office of Child Safety and the Deputy Commissioner of the Office of Child Programs analyze staffing data (including a projection of future staffing needs based on staffing and caseload data for the previous six months) to determine whether positions need to be reallocated or additional positions should be added to effectively manage the workload. They will conduct the next analysis of CPS staffing levels in July 2014.

The Department has adopted as its caseload guideline that a CPS worker receive no more than 12 new cases for investigation or assessment each month.[181] Given that investigations are expected to be completed within 60 days, the TAC uses as a proxy measure of maximum caseloads that a CPS case manager should have no more than 24 open cases at any time. CPS assessments, however, are expected to be completed within 120 days, and the Department expects that an assessment worker should have no more than 34 open cases at any time.

The Department's manual caseload tracking process requires the regions to enter into a spreadsheet the number of cases on each case manager's caseload by type (CPS, *Brian A.* custody, Juvenile Justice custody, non-custody) as of the end of the month.[182] The regions enter the number of custody *children* and the number of non-custody *cases* for each caseload-carrying

[181] This is consistent with Council on Accreditation (COA) and Child Welfare League of America (CWLA) standards. The Comptroller's Audit referenced an "unwritten protocol" that workers should receive no more than 11 new cases each month. The Department considers this an aspirational goal.

[182] As discussed in detail in the June 2014 TFACTS Evaluation Status Update, the change to a "family case" in TFACTS adds a level of complexity to designing an aggregate report on caseloads. While the Department continues to improve its aggregate reporting on caseloads, for purposes of this monitoring report, the TAC relies on data gathered from the regions' manual caseload spreadsheets.

case manager. TAC monitoring staff have added a column into the regional spreadsheets to capture the total number of cases on each case manager's caseload.[183]

Figure 3.17 below presents, for case managers who had at least one investigation or at least one assessment on their caseloads (including non-caseload-carrying case managers, such as facilitators, who might on occasion carry an overflow case), the total number of cases on their caseloads[184] on the last day of the first month in each quarter (excluding October 2013)[185] according to the Department's manual caseload tracking process. Figure 3.18 presents the percentage of case managers whose total caseload size fell within each category (0-12 cases, 13-24 cases, 25-34 cases, and 35 or more cases).[186]

Statewide, the number and percentage of CPS case managers carrying at least one CPS investigation or assessment case who had more than 24 cases on their caseloads was higher during 2013 than it had been during 2012. In April 2013, 26% of CPS case managers had between 25 and 34 cases on their caseloads. Seventeen percent of CPS case managers had 35 or more cases on their caseloads, which is a higher caseload than desired whether made up of investigation or assessment cases. In January 2014, 33% of CPS case managers had caseloads between 25 and 34 cases, and 12% had caseloads of 35 or more cases.[187] In each month during this period there were a small number of caseloads that exceeded 60 open cases.[188]

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[183] See Appendix K for a description of the manual caseload tracking process. Since the production of the June 2013 Monitoring Report, the Department has clarified that the caseload count is as of the last day of the month, not the first day of the following month. TAC monitoring staff have updated the language and dates in this monitoring report accordingly. For example, what was reported as the "March 2013" monthly caseload count in the June 2013 Monitoring Report is referenced as the "February 2013" monthly caseload count in this monitoring report because the count was as of February 28, 2013.

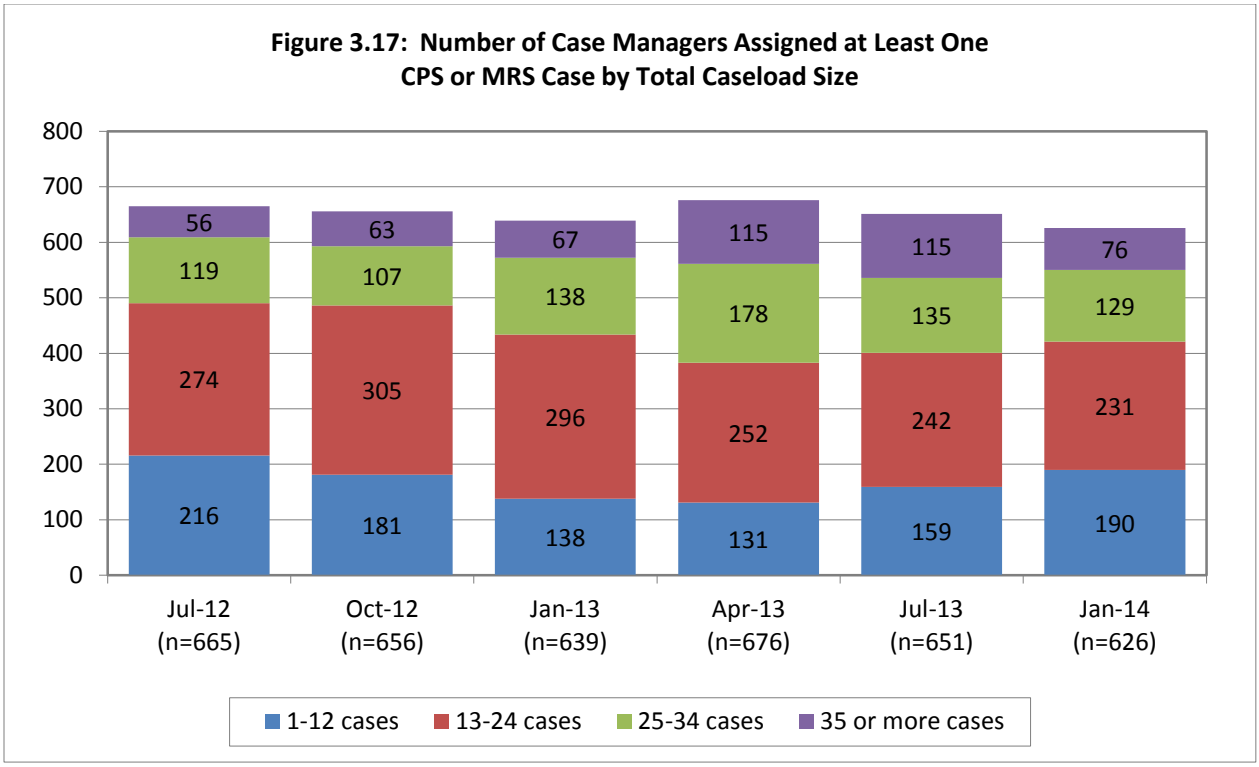
[184] In addition to the CPS investigations and/or assessments on the case manager's caseload, this total count includes any *Brian A.* custody, Juvenile Justice custody, or other types of non-custody cases on the case manager's caseload (as discussed in the June 2013 Monitoring Report, there are some inconsistencies in the regions' reporting of non-custody cases). SIU cases are not included in the regions' manual caseload spreadsheets; they are tracked separately by SIU (see Subsection B below).

[185] TAC monitoring staff did not analyze the report for October 2013 because it would have been extremely time-consuming to do so and the value of this additional data point did not warrant that expenditure of monitoring staff and Department staff resources.

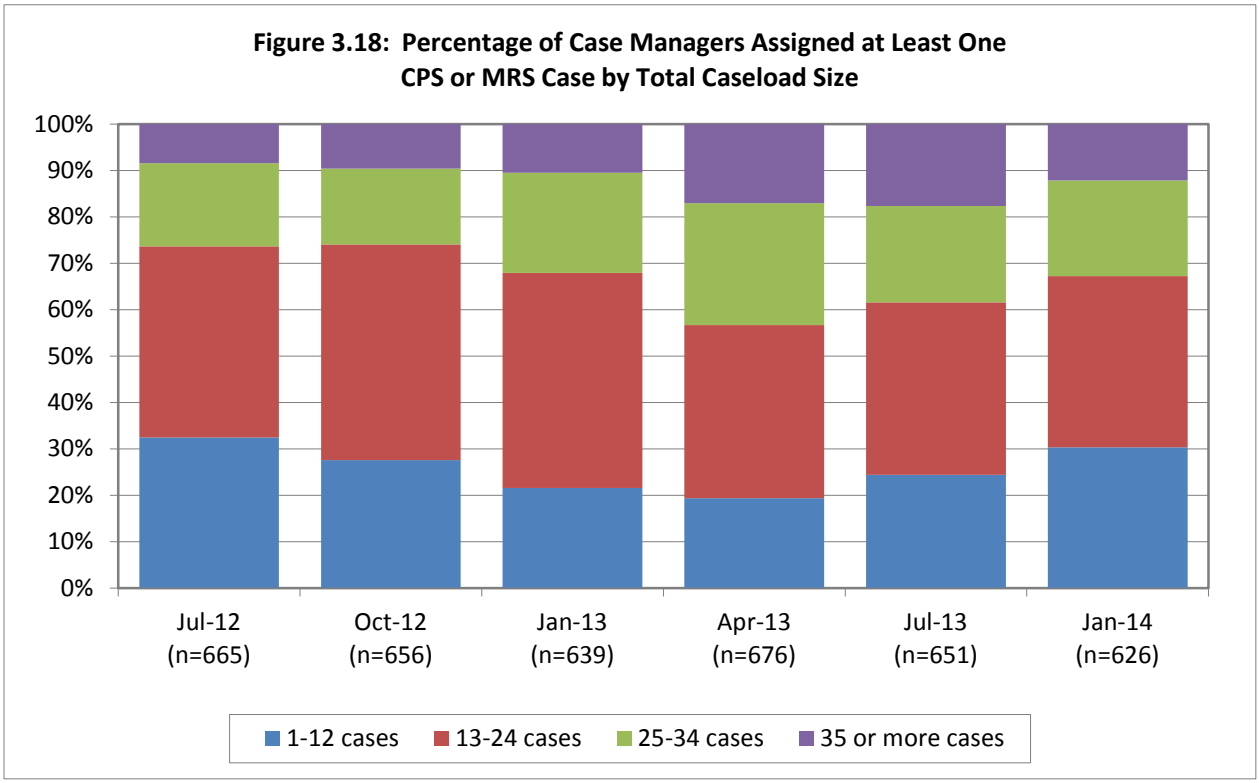
[186] The analysis of CPS caseloads presented in this monitoring report parallels the expected caseloads for investigations and assessments described above. However, an exact measure of investigation and assessment caseloads is not possible at this time because the Department's manual caseload tracking does not distinguish between investigation and assessment cases on a CPS case manager's caseload. To the extent that the caseloads within the "25-34" cases are made up of mostly investigations, these caseloads would be higher than desired. However, caseloads in this range that are made up of mostly assessments would be within the desired caseload size for assessment workers.

[187] The July 31, 2013 and January 31, 2014 manual caseload tracking spreadsheets are the first of the caseload spreadsheets analyzed by the TAC to be impacted by the rollout of the new CPS organizational structure, which was completed for Davidson on July 15, 2013 and for all regions except Mid-Cumberland and Tennessee Valley by January 31, 2014. It appears that, especially for the January 31, 2014 report, there was some confusion about whether the new CPS investigation teams (which were moved under the supervision of Central Office during the rollout) should be counted in the regions' manual caseload tracking spreadsheets. At least some CPS teams are missing from the January 31, 2014 manual caseload tracking spreadsheet, which is reflected in the lower total number of case managers carrying at least one CPS case appearing on that spreadsheet.

[188] In April 2013 there was a case manager listed as having 118 open cases; in January 2014, the highest caseload was 66 cases.



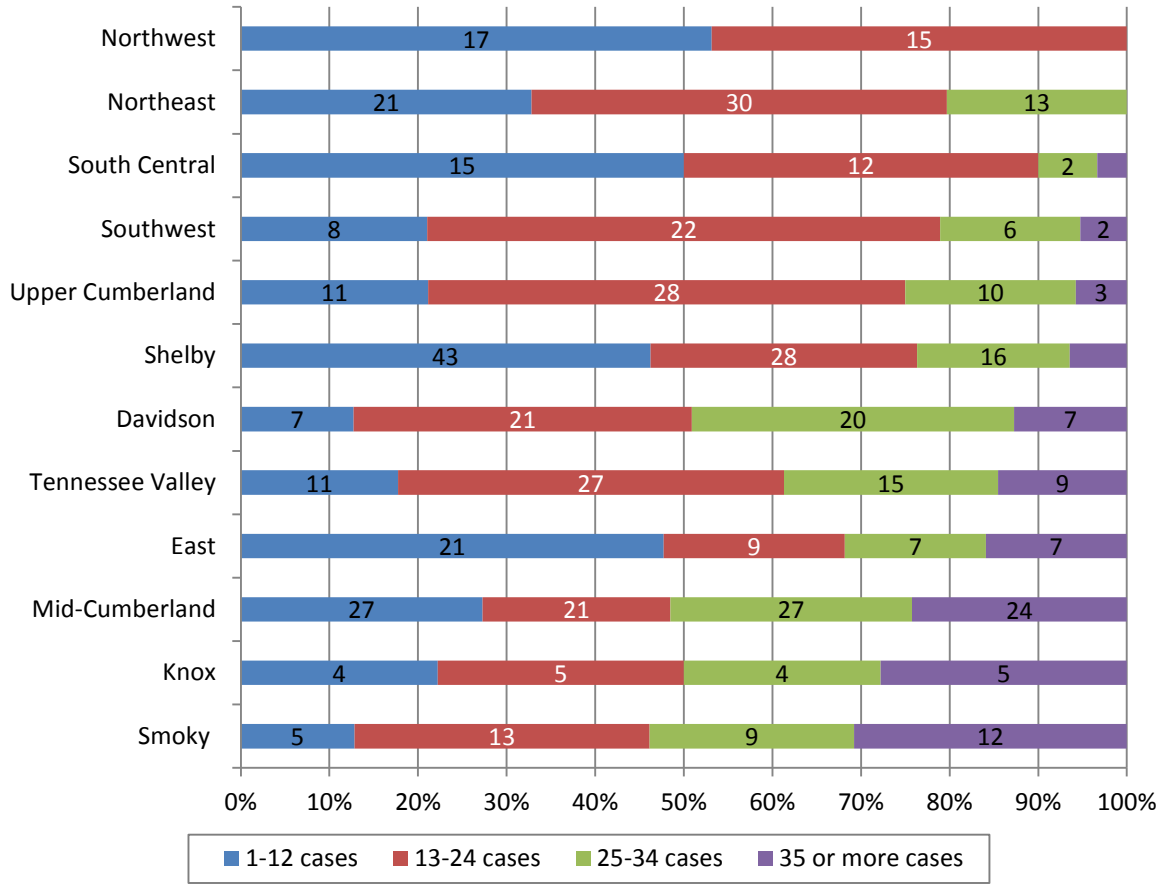
Source: DCS Manual Caseload Tracking Spreadsheets for July 29, 2012, October 28, 2012, January 31, 2013, April 30, 2013, July 31, 2013, and January 31, 2014.



Source: DCS Manual Caseload Tracking Spreadsheets for July 29, 2012, October 28, 2012, January 31, 2013, April 30, 2013, July 31, 2013, and January 31, 2014.

Figure 3.19 shows these data by region as of January 31, 2014, with the region with the smallest percentage of caseloads of 35 or more cases at the top and the region with the largest percentage of caseloads of 35 or more cases at the bottom. The data show wide regional variation and that some regions struggle with high CPS caseloads more than others.[189]

Figure 3.19: Percentage of Case Managers in Each Region Assigned at Least One CPS or MRS Case by Total Caseload Size, January 2014



Source: DCS Manual Caseload Tracking Spreadsheet for January 31, 2014.

[189] As discussed in footnote 178 above, some CPS teams were left out of the January 31, 2014 report during the rollout of the new CPS organizational structure in some regions, impacting the accuracy of the data in those regions. For this reason, firm conclusions about differences in regional CPS caseloads based on the data presented in Figure 3.19 should be avoided.

4. Evaluation of the Multiple Response System for Child Protective Services

The enabling legislation that established MRS included a requirement for external evaluation and reporting of the impact of MRS during the process of implementation.[190] Once MRS had been "implemented in all areas of the state," no further evaluation or reporting was required by the legislation. MRS has been implemented statewide since August 2009.[191] Notwithstanding the absence of a legislative requirement for ongoing evaluation, the Department is engaged in a number of activities designed to ensure that MRS is functioning appropriately.

The *In Home Tennessee* initiative, discussed in greater detail in Section Four, is focused on improving casework in non-custodial cases and on ensuring that regions are developing a range of community services and supports for families and are appropriately utilizing those services and supports in non-custodial cases. *In Home Tennessee* has generated data relevant to evaluating the quality and effectiveness of practice in "assessment cases."

As discussed in Section Four, the Department released a report in September 2013 on the findings of the completed *In Home Tennessee* regional non-custodial needs assessments in all 12 regions. Stakeholders who participated in the needs assessments rated the "core practices" of Family/Caregiver Engagement, Family Assessments, Needs-Based Planning, Child and Family Team Meetings, and Child Welfare Leaders as Practice Change Agents (Supervision) as "sometimes good" (between 3.0 and 3.3) on a scale from one to five.[192]

The Department is also working with Chapin Hall to "mine" the aggregate data available from TFACTS, including data on repeat referrals and subsequent maltreatment findings to better understand CPS/MRS practice and identify opportunities for improvement. Chapin Hall has most recently been working with the Department to provide analysis of non-custody cases, including CPS investigations and assessments, to shape and support the work on Tennessee's IV-E waiver. This analysis involved integrating county-level data on admission rates, duration of custody, and level of care (broken down by age category) with data on investigation and assessment history to identify counties in which, despite the Department's provision of preventative services, children are more likely to enter care, to remain in care longer, and to be placed at a higher level of care.

Finally, the Department's "absence of repeat maltreatment rate," one measure of the effectiveness of the CPS process, is well within the U.S. Department of Health and Human

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[190] Among the areas that the legislation designated for evaluation and reporting during implementation were: the numbers of cases handled (including a breakdown by type and risk); a breakdown of the "dispositions" of those assessments; some analysis of services provided; and some examination of "repeat maltreatment" risk in assessment cases. (Tennessee Code Annotated 37-5-605)

[191] The Children's Justice Task Force, a statutorily mandated multidisciplinary entity that had been involved with the Department during the implementation of MRS, served an oversight function with respect to MRS until implementation was completed in 2009. While the task force no longer provides oversight to the implementation, the Department continues to report on activities at the quarterly task force meetings.

[192] Although qualitative data from the needs assessments in the pilot regions, Davidson and Upper Cumberland, was included in the Department's report, the method for collecting quantitative data during the needs assessments had not yet been developed. Davidson and Upper Cumberland's needs assessments are therefore not reflected in the quantitative data presented here.

Services standard, which allows for no more than 5.4% repeat maltreatment within a six-month period. Data for the most recent reporting period (ending June 30, 2013) reflect repeat maltreatment of 3.1% of the applicable cases.

B. Reporting and Investigation of Allegations of Children Being Subject to Abuse and Neglect While in Foster Care Placement

The Settlement Agreement (III.A) requires that the Department's system for receiving, screening and investigating reports of child abuse and neglect for foster children in state custody be adequately staffed and that all reports of abuse or neglect of class members be investigated in the manner and within the time frame provided by law.

As discussed in previous monitoring reports, reports of abuse and neglect of children in state custody are referred to the Child Protective Services (CPS) Child Abuse Hotline, processed as discussed in Subsection A above, and assigned either to the Special Investigations Unit (SIU) (if the alleged perpetrator is another foster child, a resource parent or a member of a resource parent's household, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional responsible for caring for children), or to the regional CPS/MRS staff (if the abuse or neglect is alleged to have occurred during the course of a home visit, during a runaway episode, or prior to custody).

For those reports of abuse and neglect that are investigated by CPS/MRS staff as part of the general caseload, the discussion in Subsection A regarding the CPS/MRS process provides relevant data on timeliness of investigations and adequacy of staffing.

The discussion in Subsection B.1 below is therefore focused on the adequacy of SIU staffing and timeliness of SIU investigations. As discussed in footnote 159, "third-party" investigations (concerning allegations of abuse or neglect of a child not in DCS custody for which a community member is the alleged perpetrator) make up a substantial portion of SIU's workloads, and those cases are also included in the SIU data presented in this section. The data also include a number of regional CPS cases being managed by six SIU staff dedicated to CPS overflow cases (see the discussion of SIU staffing on page 131).

Subsection B.2 presents data on the timeliness of investigations involving *Brian A.* class members, whether the investigations were conducted by SIU or CPS.

1. Special Investigations Unit

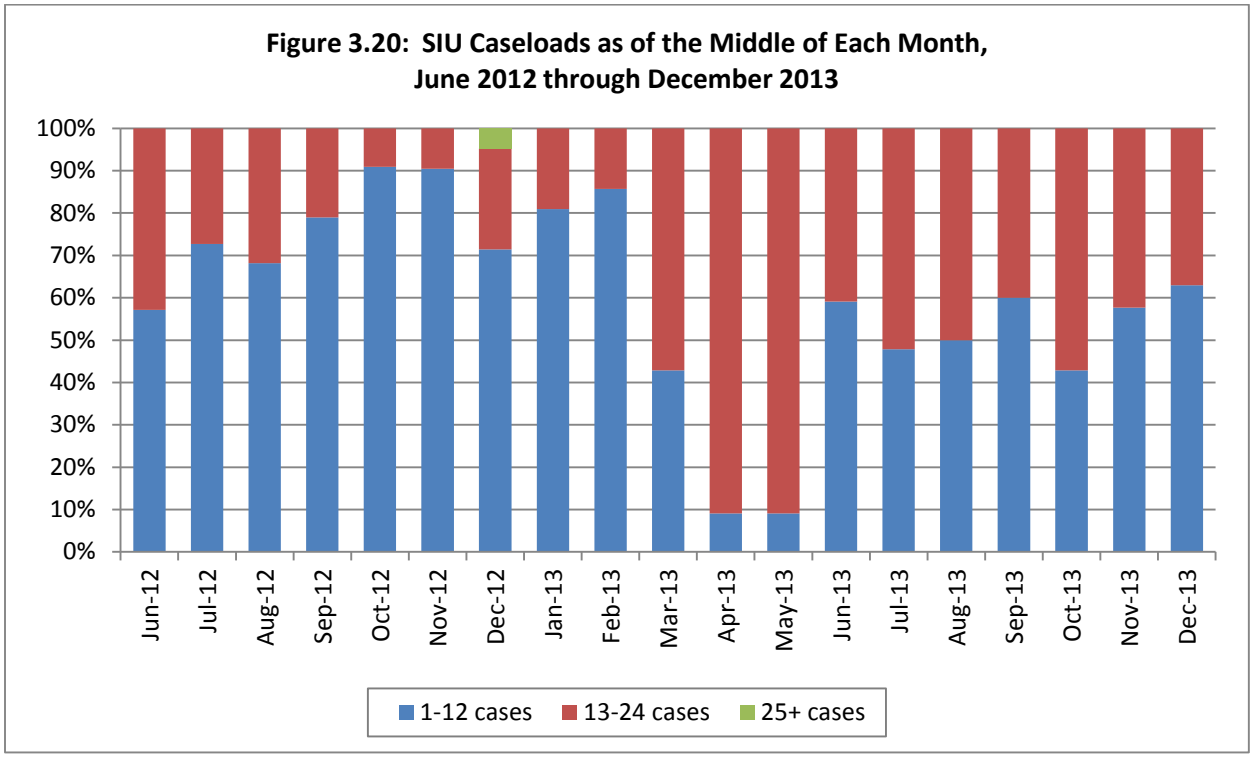
a. Adequacy of SIU Staffing

The TAC interprets the "adequate staffing" provision to require both that there is a sufficient number of staff to cover the SIU caseloads and that those filling SIU positions have adequate training and skills to conduct high quality investigations.

i. Caseloads

SIU leadership considers a manageable caseload to be no more than 24 open cases at any time; a workload of 25 or more cases is considered too high to support timely, quality investigations.

SIU leadership monitors the investigators' caseloads through weekly meetings, which include a review with each supervisor of the number of open cases on each investigator's caseload, the number of overdue cases, and the tasks remaining to be completed in order to close the overdue cases.[193] Figure 3.20 presents SIU caseloads according to SIU's manual compilation of caseloads as of the middle of each month from June 2012 (when SIU leadership first began regularly sharing the manual tracking data with the TAC) through December 2013.[194] SIU caseloads were lower during the second half of 2012 than they were during 2013, with a greater percentage of investigators carrying between 13 and 24 cases during 2013, but the instance of an SIU investigator carrying cases in excess of what is considered to be a manageable caseload (no more than 24 open cases at any time) has been rare. On December 13, 2012, one SIU investigator was carrying 25 investigations.

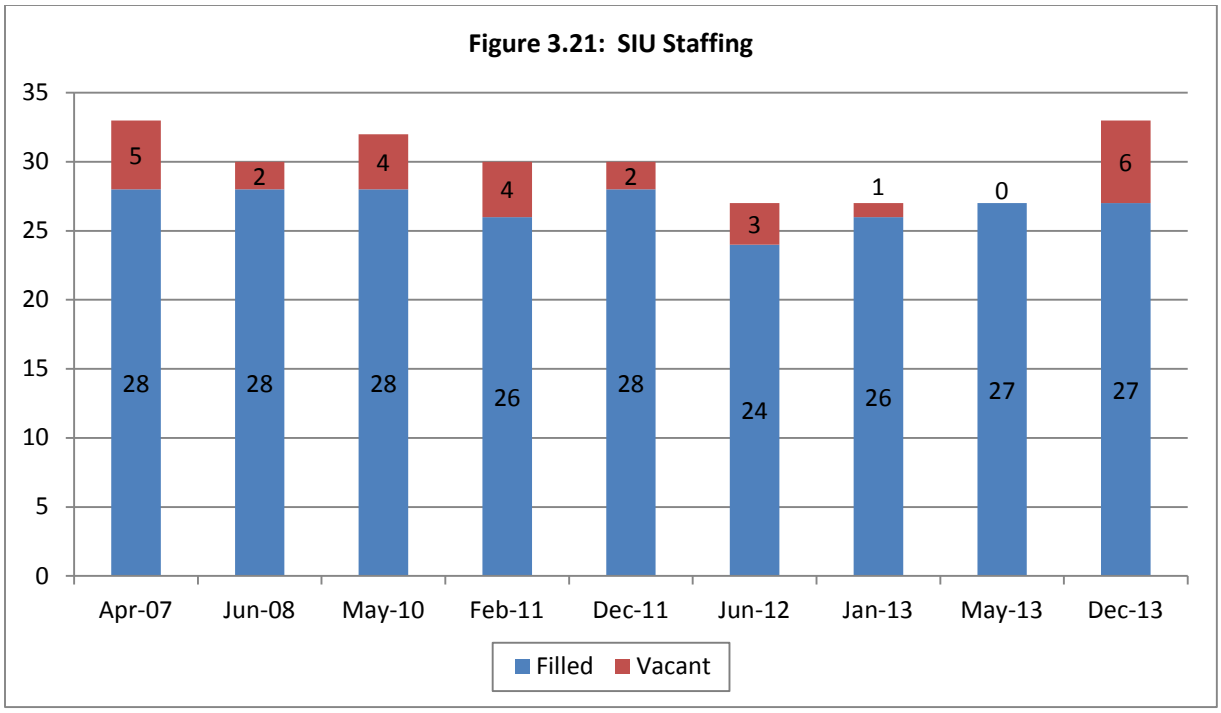


Source: SIU's manual caseload tracking from June 2012 through December 2013.

Figure 3.21 below presents staffing data for SIU.

[193] As discussed in detail in the June 2014 TFACTS Evaluation Status Update, the change to a "family case" in TFACTS adds a level of complexity to designing an aggregate report on caseloads. While the Department continues to improve its aggregate reporting on caseloads, for purposes of this monitoring report, the TAC relies on data gathered from the SIU manual caseload tracking process.

[194] SIU did not produce manual counts for the middle of September. For this reason, data as of the first week of September is shown in the figure.



Source: Periodic SIU staffing data provided by the Department.

The positions are allocated to four teams located across the state. Based on an analysis of the average number of referrals, caseload numbers, and vacancies, and based on considerations related to the travel challenges associated with responding to investigations in rural areas, the Department has continued working to utilize its staff most efficiently by reallocating staff positions and reassigning staff to geographic hubs.

In addition, SIU was allocated six new positions in July 2013 that were strategically placed across the state to supplement the SIU and regional investigation teams. Shelby County received two positions, Davidson received two positions, and TN Valley and Knoxville each received one position. These staff work in their assigned regions or "float" among the counties in rural regions when additional staffing is necessary to meet the demands of the case assignments. Although they are assigned to investigate SIU cases, they serve as the CPS/MRS overflow staff when regional needs arise.

ii. Quality of Case Investigations

As discussed in the June 2013 Monitoring Report, the quality of SIU case investigations has been a focus of SIU leadership. Expectations for supervisory reviews remain, and coaching and mentoring of supervisory and front-line staff continue.

The Deputy Commissioner of the Office of Child Safety has appropriately recognized the importance of implementing a process external to SIU that regularly examines the quality of SIU investigations and the recent reorganization establishes a quality assurance unit within the Office of Child Safety for that purpose. The Office of Child Safety Quality Assurance Unit is currently developing a process for supervisory case review to provide both quantitative and qualitative data about SIU practice, similar to the tool developed for the Child Abuse Hotline and discussed

earlier in this section. In the interim, the Case Process Review tool, which is a tool for reviewing the timely completion of case documentation used by the Department in other program areas, has been adapted for use with SIU cases; however, as of April 21, 2014, the Department had not yet begun conducting any reviews using this tool.

In addition, the Department's Division of Quality Control has initiated a review of SIU cases in which either the alleged child victim or the alleged perpetrator has a total of three or more SIU investigations (see Subsection C.2 below). These reviews also gather information about the quality of SIU practice. To date, the Division of Quality Control has issued reports on the results of three reviews: the first on cases meeting the review criteria closed during the third quarter of 2012, the second on cases meeting the review criteria closed during the fourth quarter of 2012, and the third on cases meeting the review criteria closed during the first quarter of 2013. In the third review, all historical SIU investigations involving the alleged child victim or the alleged perpetrator were also reviewed.

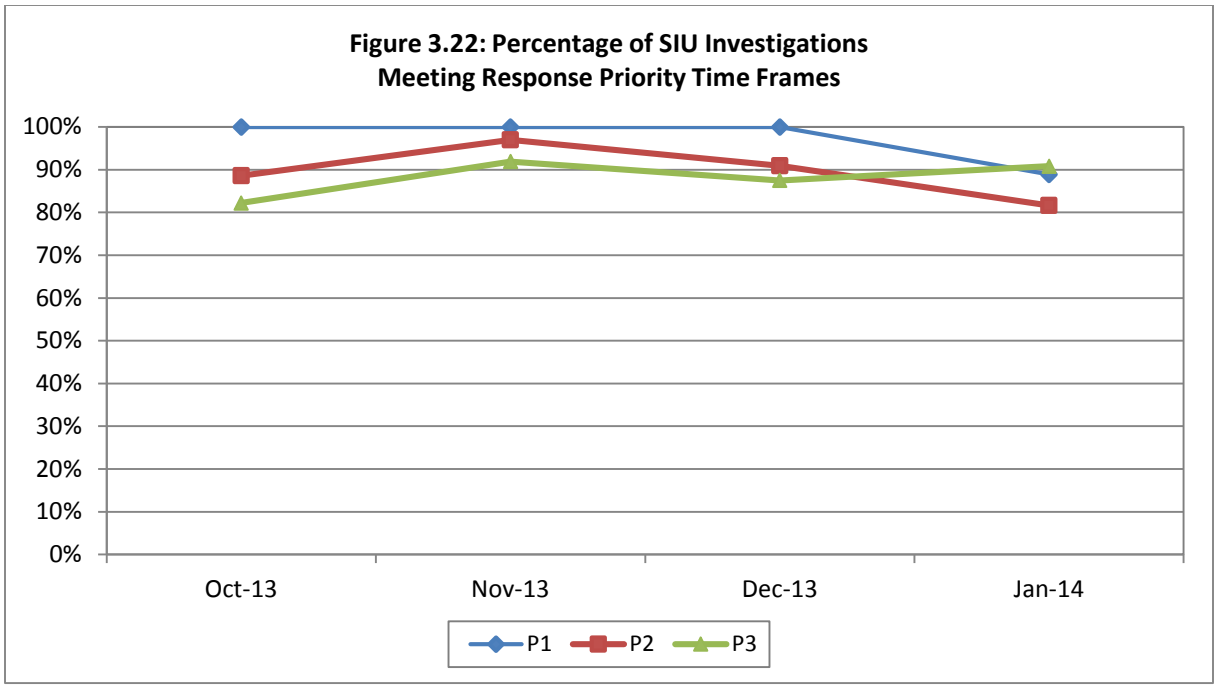
All three reviews noted the completion of private face-to-face interviews with the alleged child victims within the required response times as a strength in case practice. The first two reviews also noted additional strengths, including completion of collateral contacts, conducting private interviews with alleged perpetrators (including separate interviews with resource parents); visiting the child's placement, interviewing more than one staff member at facilities, and completing cases within the 60-day time frame. However, the third review identified opportunities for improvement in the completion of separate interviews for resource parents (when they are alleged perpetrators) and the completion of interviews with other children in the placement.

Other opportunities for improvement noted in these reviews included, among others: documenting interviews with the Family Service Worker (FSW) of the alleged child victim and the FSWs of other children in the placement, documenting a thorough review of CPS history for the alleged child victim and alleged perpetrator, and documenting facts to support safety and risk assessment scores and classification of allegations. Several other opportunities identified relate to communication during and after the investigation with DCS and private provider staff who work with the child, the placement, or oversight of placements and providers.

b. Timeliness of SIU Investigations

As discussed earlier in this section, the Department suspended production of TFACTS reporting on response priority in August 2013 when problems were identified with the functioning of the report. New reporting is available for the months of October 2013 through January 2014, and the changes in report methodology are discussed in Subsection A.1.b above. Figure 3.22 below shows performance on response priority for SIU (including, but not limited to, *Brian A.* class members) according to the new TFACTS reporting.[195]

[195] As discussed previously in Subsection A., it appears that the response times for all priorities are relatively stable, and the appearance of a slight decline for more recent months reflects a delay in documentation.



Source: TFACTS "CPS Referral Response by Priority, Investigations" reports for October 2013 through January 2014.

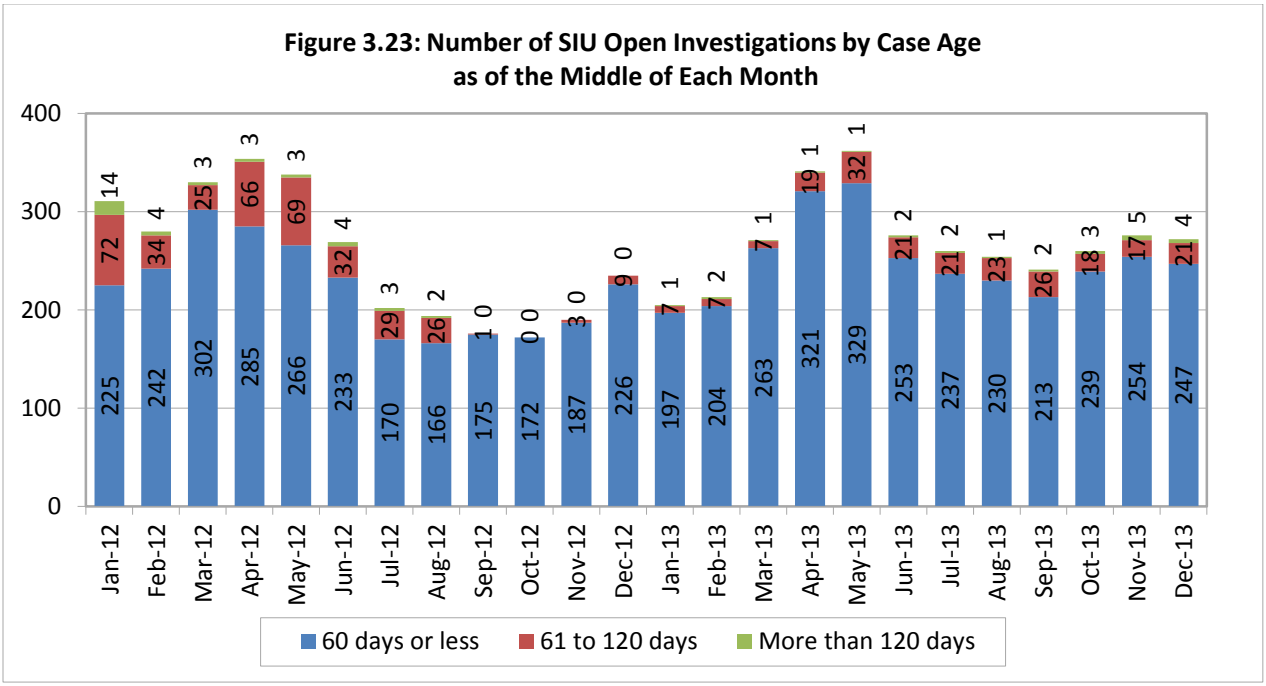
The Department has been producing monthly reports that capture both the volume of open SIU investigations (including, but not limited to, *Brian A.* class members)[196] during the month and the number of those investigations not completed within the 60 days required by law (or "overdue" investigations).[197] Figures 3.23 and 3.24 below show the number and percentage, respectively, of SIU open investigations (including, but not limited to, *Brian A.* class members) by case age as of the middle of each month for the period January 2012 through December 2013.

As discussed in the June 2013 Monitoring Report, both the total number of open SIU investigations and the number of overdue SIU investigations had been decreasing during the second half of 2011 and throughout 2012, from a high point of 542 open investigations (138 of which were overdue) in May 2011. Between September 2012 and March 2013, the number of open investigations generally remained at or below 200, and the number of overdue investigations each month remained under 10. As discussed in the June 2013 Monitoring Report, SIU caseloads and the number of overdue cases during the second half of 2012 suggest that SIU staffing was adequate during the second half of 2012 for the volume of investigations assigned to SIU during those months.

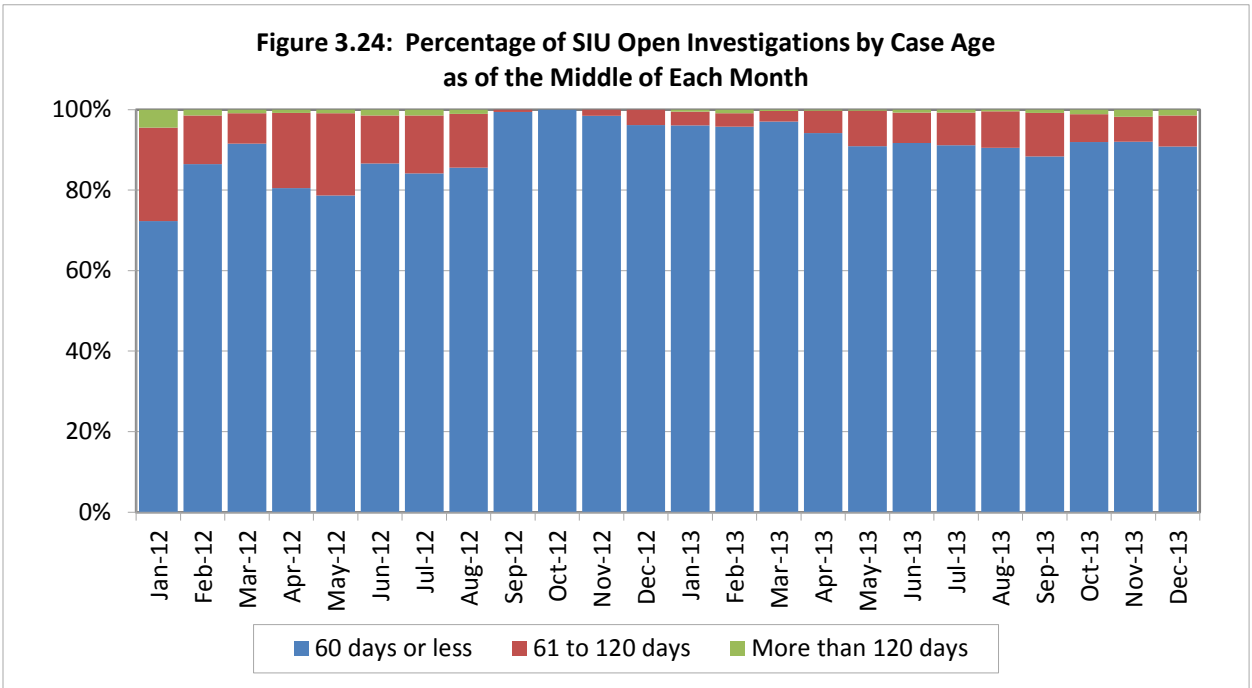
[196] See page 129 for a discussion of the scope of abuse and neglect allegations investigated by the Special Investigations Unit.

[197] The Department has continued to provide the TAC with the counts of overdue cases maintained manually by SIU staff. The TAC included data from SIU manual counts of overdue cases in the June 2013 Monitoring Report as validation of the accuracy of TFACTS aggregate reporting on the number of open SIU cases by case age. Throughout the time that the Department has made the SIU manual counts available to the TAC (beginning in June 2012), the manual counts of open SIU cases each month have closely matched the counts of open SIU cases reflected in TFACTS reporting. For this reason, the TAC has a high level of confidence in the accuracy of the TFACTS aggregate reporting on open SIU cases.

Since April 2013, however, each month there has been a greater number of both open investigations and investigations remaining open longer than 60 days. On December 15, 2013, there were 272 open investigations; 247 (91%) had been open 60 days or less, 21 (8%) had been open between 61 and 120 days, and four (1%) had been open more than 120 days.

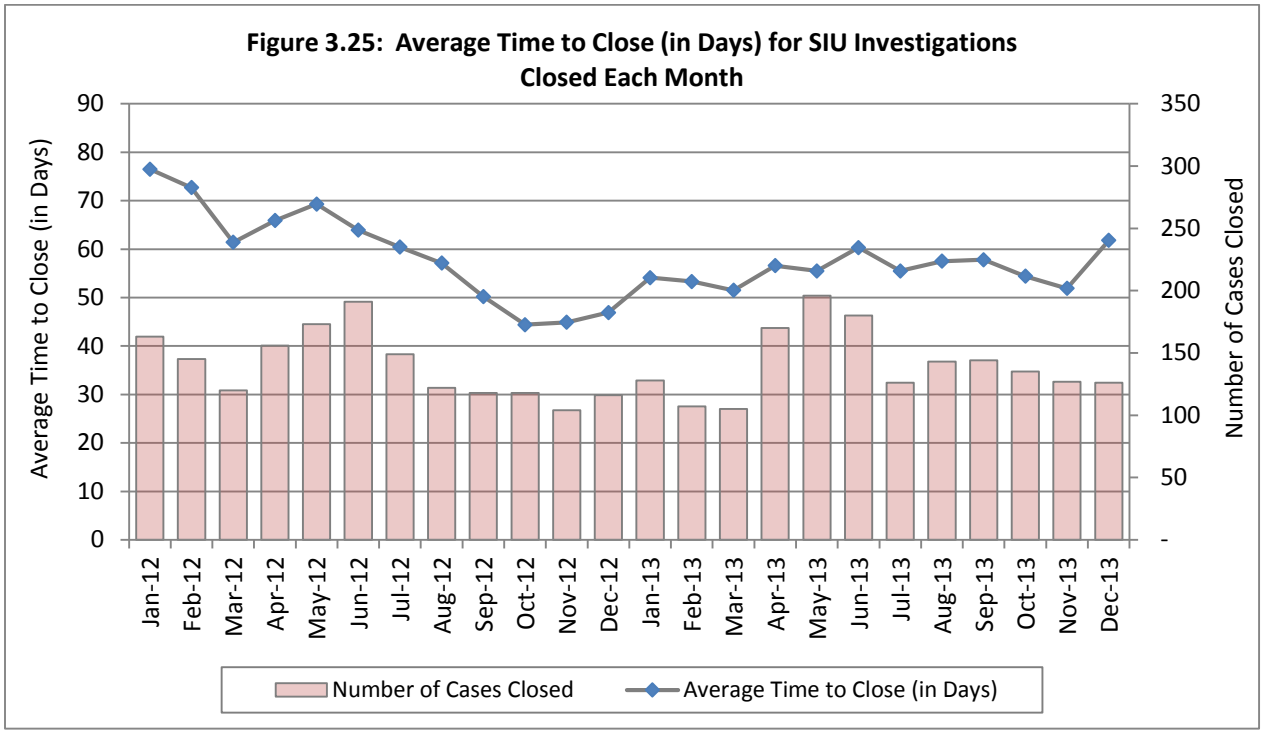


Source: TFACTS "CPS Open Investigations by Case Age" reports as of the middle of each month from January 2012 through December 2013.



Source: TFACTS "CPS Open Investigations by Case Age" reports as of the middle of each month from January 2012 through December 2013.

The Department also produces regular TFACTS reporting on the average number of days between the time that SIU investigations were opened and the time they were closed. In Figure 3.25 below, the pink bars represent the number of SIU investigations closed during each month (on the right axis) from January 2012 through December 2013, and the blue line represents the average number of days (on the left axis) it took to close those investigations. As discussed in the June 2013 Monitoring Report, during 2011, the average time to close remained significantly higher than in previous years and fluctuated a great deal, ranging between 69 and 115 days. The average time to close SIU investigations decreased during 2012, finally dropping below 60 days in August 2012 and remaining at or under 60 days through November 2013. SIU investigations took an average of 61.8 days to close during December 2013.

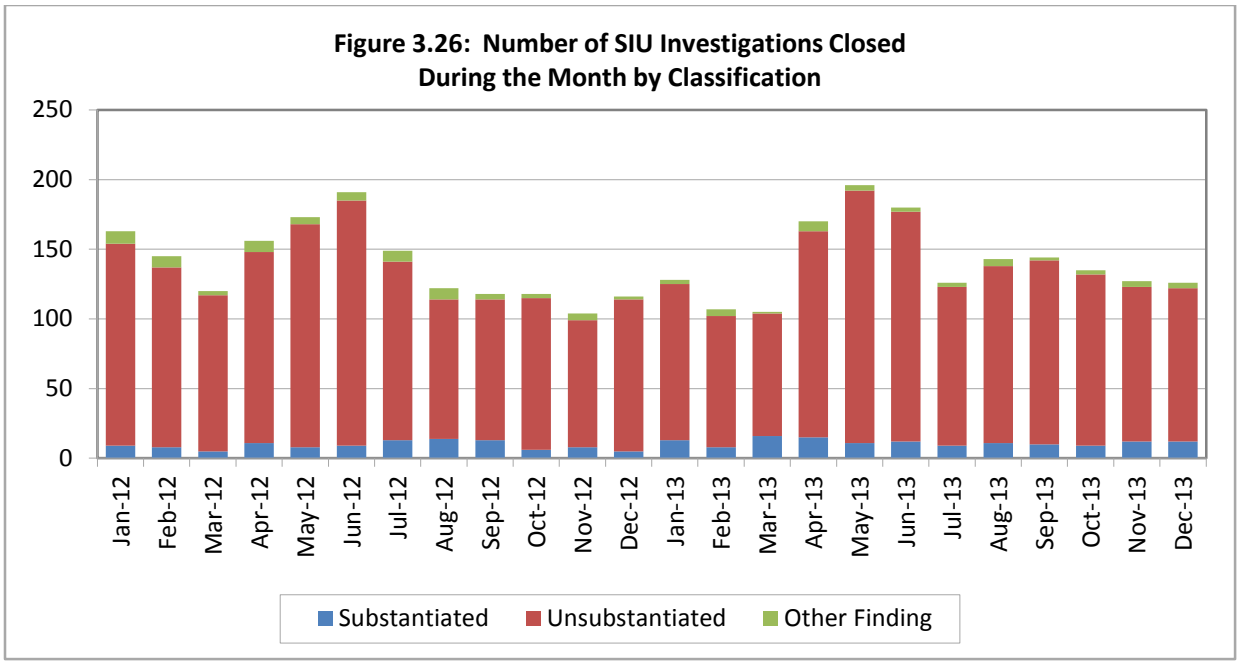


Source: TFACTS "Closed CPS Investigations" reports from January 2012 through December 2013.

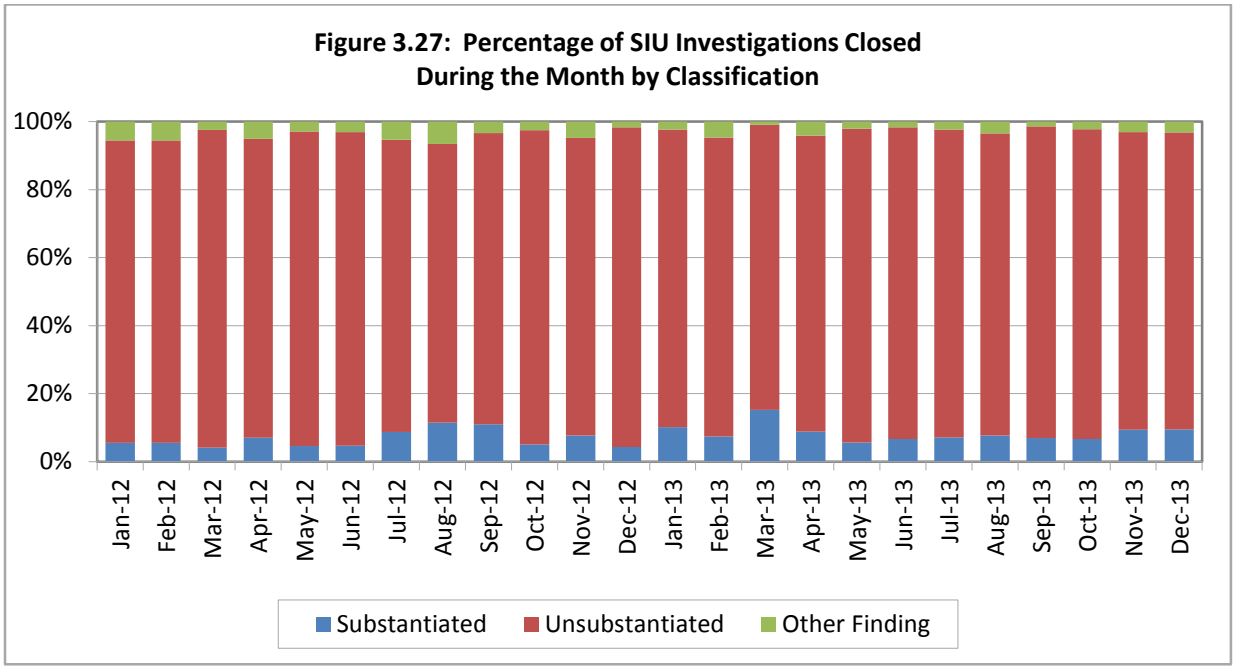
c. Classification of Special Investigations

Figure 3.26 below presents the number of special investigations closed during each month from January 2012 through December 2013 according to classification, and Figure 3.27 presents the percentage of investigations classified in each category.[198] The percentage of substantiated special investigations each month during that period has shown little variation. On average, 7% of SIU investigations were substantiated during 2012 and 8% of investigations were substantiated during 2013.

[198] See footnote 178 above for the list of classifications included in the "Other Finding" category.



Source: TFACTS "Closed CPS Investigations" reports from January 2012 through December 2013.



Source: TFACTS "Closed CPS Investigations" reports from January 2012 through December 2013.

2. Investigations Involving Brian A. Class Members

Prior to the implementation of TFACTS in 2010, the Department had been producing a monthly report (the "*Brian A.* Class Open Investigations Over 60 Days Old Report") of the number and percentage of overdue investigations for *Brian A.* class members only. The report provided data on investigations involving *Brian A.* class members, whether the investigations were conducted

by SIU or CPS, and excluded from the data the non-custodial children and children with delinquent adjudications who are included in the other CPS and SIU aggregate data produced by the Department.[199]

As discussed in the June 2013 Monitoring Report, the Department began producing a similar report from TFACTS in February 2012. The report provided data on the percentage of overdue SIU investigations specific to *Brian A.* class members, but unlike the previous report, it did not provide data on the percentage of overdue CPS investigations involving *Brian A.* class members. The June 2013 Monitoring Report also included data from the first aggregate reporting on open investigations conducted by regional CPS (not SIU) involving *Brian A.* class members at the end of November 2012. The production of both of these reports was suspended in December 2012 when the staff person who produced these reports left the Department.

The Department resumed reporting on investigations involving *Brian A.* class members in April 2014, including both investigations (SIU and non-SIU) and assessments involving *Brian A.* children.[200] As of April 24, 2014, there were 225 open investigations involving *Brian A.* children, of which 30 (13%) had been open more than 60 days. (Eleven, or 8%, of the 137 SIU investigations had been open more than 60 days; 19, or 21%, of the 88 CPS cases had been open more than 60 days.) There were also 21 open assessments involving *Brian A.* children, of which two (10%) had been open more than 120 days.[201]

C. Review of SIU Cases by Quality Assurance and Provider Oversight Units

The Settlement Agreement (III.B) requires that all reports of abuse or neglect of foster children occurring in DCS and private provider placements (whether congregate care or resource home) must also be referred to and reviewed by the relevant DCS unit or units responsible for quality assurance and placement and provider oversight, with such referral and review completed within 90 days. These units are responsible for: (a) ensuring that appropriate corrective action is taken with respect to the placement and/or private provider (including, if appropriate, closing of the placement and/or contract termination) and (b) determining whether a pattern of abuse or neglect exists within the placement or the private provider's array of placements that contributed to the abuse and neglect. The results of these required reviews are to be incorporated into the performance based contracting provided by DCS.

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[199] See pages 106 and 129 for a description of the allocation of responsibility between CPS and SIU for allegations of abuse or neglect of children while in custody.

[200] The report includes investigations (SIU or non-SIU) and assessments in which a *Brian A.* class member is an "alleged child victim." At the request of the TAC, in order to identify investigations and assessments concerning incidents that occurred while the child was in custody, investigations and assessments that were opened within the first two days of custody are excluded because these are very likely to be the investigations that brought the children into custody. Moving forward, the Department will produce this report monthly.

[201] All 11 of the overdue SIU investigations had been open less than 90 days. Of the 19 overdue CPS investigations, four had been open between 61 and 90 days, seven had been open between 91 and 120 days, five had been open between 121 and 180 days, and three had been open between 181 and 365 days. One of the overdue assessments had been open 168 days, and the other overdue assessment had been open 247 days.

The Settlement Agreement (III.C) also requires that the quality assurance division ensure that a tracking and reporting process is in place to identify any case in which there have been three or more reports of abuse or neglect concerning a particular caregiver for a particular class member and that all such cases are subject to special administrative reviews.

As described in more detail in previous monitoring reports, prior to 2011 the Department had instituted a number of processes designed to meet these oversight responsibilities. Designated quality assurance staff were assigned to review SIU referrals and case closing summaries, to track and analyze SIU data to identify repeat reports or patterns of abuse, and to conduct periodic case file reviews of SIU cases focused on the quality of SIU investigations. The Department established Placement Quality Teams, composed of representatives from the various Central Office units with responsibility for private provider and placement oversight, with responsibility to review any placement about which the SIU investigation had raised a significant concern and ensure that appropriate corrective action was taken. The Department involved the TAC and its staff in the design and implementation of these processes and by 2011 was in the process of making some refinements to comply with all of the specific requirements of the Settlement Agreement.

The change in administrations in 2011 was accompanied by a reorganization that adversely affected some aspects of placement oversight, including the SIU related quality assurance functions. The Resource Home Quality Team (formerly the Resource Home PQT) continued to operate as it had; however, no progress was made (and some ground was lost) in developing a comparable process for reviews of SIU investigations involving congregate care and in integrating SIU data into the broader placement and private provider oversight processes.

In 2013, the current administration re-examined the Department's approach to placement and private provider oversight generally. The Department is now devoting considerable time and effort to redesigning this oversight process. While that work is on-going, a Provider Quality Team has been reconstituted with some responsibility for reviewing and responding to concerns about provider placements, including concerns raised by SIU investigations. The following subsections provide an update on oversight related to SIU investigations.

1. Incorporating SIU Information into Placement Oversight

a. Resource Home Quality Team

The Resource Home Quality Team (RHQT), which has functioned without interruption since 2008, maintains responsibility for reviewing the closing notification (a document that summarizes the results of the SIU investigation) for any SIU investigation involving a resource home placement in which the allegations were unsubstantiated but the investigator noted

concerns.[202] The team includes Quality Control and other Central Office staff (representatives from Network Development, Foster Care and Adoption, and Resource Parent Training), SIU staff, and regional staff. Because of the pressure on placement staff in the regions to maintain a pool of resource homes large enough to meet the needs of children in custody in the region, the Resource Home Quality Team provides an important third-party perspective (from staff who do not know the resource parents personally and are not under pressure to keep resource homes open) on the quality of care children receive in resource homes.

All closing notifications involving private provider resource homes are reviewed by staff in the Network Development Unit. All closing notifications involving DCS resource homes are reviewed by staff in the Foster Care and Adoption (FC&A) Division. Network Development staff ensure that all closing notifications for investigations that are "unsubstantiated with concerns" (for both private provider and DCS resource homes) are added to the agenda for the Resource Home Quality Team.

The Resource Home Quality Team makes recommendations (including recommendations to develop safety and corrective action plans) for ensuring the safety of the children involved and for addressing concerns regarding the resource homes involved. The Resource Home Quality Team also monitors the implementation of those recommendations. If, during the process of reviewing a case, the Resource Home Quality Team identifies a broader, more systemic issue involving a provider agency, the team may address the issue directly with the provider or refer the issue to the Provider Quality Team.

Network Development staff maintain a log for tracking both DCS and private provider resource homes discussed by the Resource Home Quality Team. In addition to a listing of resource homes discussed by the team, the log provides information on the persons responsible for completing action steps; the status of the action steps; whether a corrective action plan or a safety plan was requested; whether the decision was made to close the resource home by the region, private provider, or the Resource Home Quality Team, and if so, whether the resource home was closed in TFACTS with a narrative describing the team members' concerns; and whether the Resource Home Quality Team review resulted in removal of the children placed in the resource home.

b. Review of Congregate Care SIU Investigations and Trending of SIU Congregate Care Data

The TAC anticipates being able to provide a more detailed discussion of this and other relevant aspects of the redesigned placement and provider oversight process in the next monitoring report.

[202] Resource parents who have been substantiated as perpetrators of abuse or neglect cannot continue to serve as resource parents. In the past, the RHQT also reviewed SIU investigations in which the allegations involving the resource home placement were substantiated as part of the process for closing the resource home. Because of concerns about maintaining confidentiality on cases that have not been through a full administrative review, the DCS Legal Division directed the Resource Home Quality Team to stop reviewing substantiated SIU investigations prior to the conclusion of administrative proceedings. The Department has put safeguards in place to ensure that any resource home for which a substantiated allegation of abuse or neglect is subsequently overturned during the administrative review process is reviewed by the Resource Home Quality Team in the event that the resource parents wish to keep their home open or to reopen their home at a later time.

c. Ongoing Aggregation and Tracking of SIU Data

As discussed in previous monitoring reports, SIU data containing the level of detail necessary for placement and provider monitoring has not been available from TFACTS. For this reason, SIU manually compiles a report each month from the notifications for each SIU opened (the initial notification) or closed (the closing notification) during the month.[203] Prior to 2011, the QA Unit had produced analysis of this SIU data on a regular basis that was designed to identify patterns associated with individual youth, individual perpetrators, individual resource homes, congregate care facilities, and/or provider agencies. This analysis was reviewed during regular meetings of a team composed of QA staff and shared with other Department staff with responsibility for provider oversight as appropriate.

The Department has resumed regular analysis of the SIU data, and the TAC understands that the Department intends to incorporate this work into the restructured placement and private provider oversight process.

2. Multiple Investigations Involving a Particular Caregiver for a Particular Class Member

The Settlement Agreement requires that the Department's "*quality assurance division shall ensure that a tracking and reporting process is in place to identify any case in which there have been three or more reports of neglect or abuse concerning a particular caregiver for a particular class member and that all such cases are subject to special administrative reviews.*" (III.C)

The Department's Division of Quality Control has implemented a case review process for SIU cases in which either the alleged child victim or the alleged perpetrator has a total of three or more total SIU investigations. To date, the Division of Quality Control has issued reports on the results of three reviews: the first on cases meeting the review criteria closed during the third quarter of 2012, the second on cases meeting the review criteria closed during the fourth quarter of 2012, and the third on cases meeting the review criteria closed during the first quarter of 2013. As discussed in the June 2013 Monitoring Report, the TAC initially had concerns that the approach to the review was rushed and not fully thought out. However, as the Division of Quality Control has moved forward with these reviews, the review team has demonstrated a very thoughtful approach to these reviews, recognizing the shortcomings of the initial review of cases from the third quarter of 2012 and conducting the necessary follow-up or re-reviewing files as necessary to produce an analysis that is as accurate and as responsive to the Department's questions about SIU practice as possible.

For the second and third reviews, the review team spent time gathering input from various stakeholders about the pieces of information that would be important to collect during the review. Based on that feedback, the team decided to focus the third review on the dissemination

[203] The manual creation of these tracking reports necessarily introduces increased opportunity for data entry error, but the Department is confident in the conscientiousness of the staff responsible for this manual tracking. The Department has at points acknowledged the need to develop more detailed TFACTS aggregate reporting regarding SIU; however, this work has not yet been scheduled.

of the information gained from the investigation into the provider monitoring processes. The review team pulled the review samples from the SIU manual reports, but for the third review, the team also worked with the Department's Information Technology staff to pull a list from TFACTS of historical SIU investigations involving the alleged child victims and alleged perpetrators in the sample.

In addition to the findings from these reviews discussed in Subsection B.1.a.ii above, the third review also found opportunities for improvement in the process for sharing information from SIU investigations with the other divisions and units within the Department responsible for placement and provider oversight. Specifically, the review found that investigations in which the SIU investigator identified and addressed concerns about a placement during the course of the investigation were not consistently classified as "unsubstantiated with concerns" if the investigator felt that the concern had already been adequately addressed. The placement and provider monitoring processes described earlier in this subsection, however, presume that all concerns identified during the course of SIU investigations are being flagged for inclusion in their reviews. Also, because of a lack of consistency in documentation of the sending of closing notifications to the relevant parties, the review was unable to confirm that the findings of SIU investigations are consistently being shared with those Department staff with responsibility for some aspect of placement and provider monitoring.

The Division of Quality Control is currently evaluating the information that should be collected from the next review, collaborating with the Office of Child Safety's internal quality assurance staff to ensure that the reviews conducted by both groups are complementary and not redundant or duplicative.

In addition to the Division of Quality Control's reviews, there are several activities, conducted by staff in various divisions within the Department, through which any cases falling into this category are likely to be identified. Those activities are as follows:

1) The Child Abuse Hotline Center staff check prior CPS history on perpetrators and victims when receiving and screening referrals of abuse or neglect.

2) SIU investigators look at both the perpetrators' and the victims' prior investigation history as part of the investigative process and note the number of previous investigations on the initial and closing notifications as well as in their monthly reports. In addition, SIU leadership watches for trends in multiple investigations involving the same perpetrator or the same victim during their review of each investigation prior to closure. If SIU has concerns about the history of multiple investigations for a particular resource parent, SIU will classify the investigation as "unsubstantiated with concerns" in order to ensure the home is discussed at the Resource Home Quality Team.

3) Network Development staff review all SIU initial notifications regarding private provider resource homes in order to place the resource homes on freeze while under investigation. Network Development staff also review all closing notifications as part of the process of lifting freezes for unsubstantiated investigations and as part of

preparation for the RHQT meetings. While reviewing the notifications, they are expected to look for multiple investigations involving the same perpetrator. Any instances of multiple investigations that they feel warrant further review are added to the RHQT agenda. FC&A staff follow this same process for DCS resource homes.

4) Network Development staff review their tracking log for homes (both DCS and private provider) discussed at the RHQT. If they identify a resource home with multiple investigations that they feel needs further review, they add the resource home to the RHQT agenda.

D. Child Deaths and Near Deaths

1. Implementation of the Child Death Review (CDR) Process

As described in documents that the Department has filed with the Court and as discussed during previous status conferences, the Department has implemented a revised Child Death Review process, overseen by the Deputy Commissioner of the Office of Child Health. That process is well-designed to ensure appropriate review and response to child deaths and near deaths in cases in which review is required by statute or DCS policy.

The process was fully implemented on August 29, 2013. All child death and near death cases[204] that have arisen since that time are subject to the full process. Those child death and near death cases which arose prior to August 29, 2013 are subject to a modified review process. The TAC has reviewed the CDR process, both as it was being designed and as it has been implemented, through discussions with Department leaders, review of CDR policies and protocols and staffing, observation by TAC staff at several CDR reviews,[205] and review of the website and on-line posting of information about child deaths. The CDR process currently ensures that child death and near death cases are being responsibly reviewed; and the Department, through a combination of the posting of individual death and near death case files on the website and a clear articulation of the review process itself (described in the recently issued Child Death Review Annual Report), has provided a level of transparency that should be reassuring to both the Court and the public.

[204] Tennessee law (TCA § 37-5-107) defines a near-death as any child in the state of Tennessee who has a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse. The Department has elected to exceed the statutory definition to include more situations as near deaths and records a near death if the allegation of abuse or neglect is substantiated and a physician reviews the case and determines the child was in a serious or critical medical condition. Because physicians rarely record in the medical record that a child was in serious or critical medical condition as a result of abuse or neglect, DCS developed a process for specialist physician review to make that determination after the investigation has closed and the abuse or neglect allegation has been substantiated. For this reason, some cases that the Department preliminarily identifies as near deaths through substantiation of the abuse or neglect allegation may subsequently be determined not to meet the definition of near death upon physician review.

[205] The TAC and TAC monitoring staff receive notice of every Child Death Review Team meeting, receive and review materials related to those meetings, and will continue to periodically attend and review meetings.

There were 13 in-custody deaths during 2013 (discussed further in Subsection 3 below), two of which arose on or after August 29, 2013 and are therefore subject to the full review process, and 11 arose prior to that date and are therefore subject to the modified review process. There were also 232 non-custody deaths that met the initial criteria to be screened for review by the Child Death Review Team (72 subject to the full review process and 160 subject to the modified review process), although some of these deaths (for example cases in which the death was not a result of abuse or neglect and the Department had not had any prior contact with the family) will ultimately not qualify for review under the established and agreed upon criteria.

As of March 1, 2014, there were 16 cases in 2013 which the Department has confirmed as near deaths.[206] One of those cases was an in-custody near death and the remainder were non-custody near deaths.

2. Child Deaths and Near Deaths Included in the Child Death Review Annual Report for 2013

The recently published Child Death Review Annual Report for 2013 includes information on 15 child deaths which arose on or after August 29, 2013 and for which the review process was completed as of December 31, 2013. All 15 were non-custody child deaths.

Given the time required to determine whether non-custody deaths will meet the criteria for review, and given the time to complete a thorough review under the CDR process, many of the death cases arising on or after August 29, 2013 did not have their reviews completed on or before December 31, 2013 and are therefore not included in the Annual Child Death Review Report for 2013. Two of the 13 custody deaths in 2013 fall into this category. Some number of the remaining 57 non-custody deaths (from the 72 non-custody deaths arising on or after August 29, 2013 that met the initial criteria to be screened for review) will also fall into this category.[207] The results of the reviews of these cases will be included in the next Child Death Review Report.

The 2013 Child Death Review Annual Report also includes the results of the completed modified reviews conducted on 94 of the death and near death cases that arose between January 1 and August 28, 2013. Of these:

- 60 were non-custody deaths
- 9 were custody deaths;
- 24 were non-custody near deaths; and
- 1 was a custody near death.[208]

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[206] As discussed in the following subsection, for the period from January 1 through June 30, 2013, the Department has completed the screening of all but four of the potential near death cases. For the period from July 1through December 31, 2013, there are 18 preliminary non-custody near deaths pending physician review.

[207] As of March 28, 2014, 33 of the 57 had been determined to meet the criteria for review, the determination for 8 was still pending, and the remainder had been determined not to meet the criteria for review.

[208] Three of the non-custody death cases reviewed and included in the Child Death Review Annual Report were later determined not to meet criteria for review because the allegations of abuse and neglect were subsequently unsubstantiated in the CPS investigation. In addition, the custody near-death and 11 of the non-custody near deaths reviewed and included in the Child Death Review Annual Report were later determined by physician review not to meet criteria for the Child Death Review process.

Modified reviews have not yet been completed for two of the custody deaths that arose between January 1 and August 28, 2013. Modified reviews also remain to be completed for some number of the remaining 100 non-custody deaths (from the 160 non-custody deaths arising between January 1 and August 28, 2013 that met the initial criteria to be screened for review).[209] Of the near death cases that arose between January 1 and June 30, 2013, there remain three (two non-custody and one custody) for which modified reviews have not yet been completed.[210] The results of those modified reviews will be included in an addendum to the 2013 Child Death Review Annual Report.[211]

3. Child Deaths and Near Deaths of Children While in DCS Custody

Because of the heightened responsibility that the state assumes for children in its custody, the Department is particularly concerned that any case involving the death or near death of a child while in DCS custody is subject to a prompt and thorough investigation, irrespective of whether there is any allegation that the death or near death was a result of abuse or neglect. The Department has therefore implemented a set of processes to ensure that the Department's leadership is promptly made aware of such cases, and that those cases are promptly and thoroughly investigated by the Special Investigations Unit, with special oversight from the Central Office.

Those cases are also subject to the Child Death Review process that provides an additional layer of review, although the Department expects any appropriate immediate corrective actions identified by the SIU investigation will be implemented without regard to the CDR process.

Thirteen children died in custody in 2013. Ten of those children were medically fragile at the time they came into state care; one child died of underlying medical conditions; one child absconded across state lines and subsequently died outside the state; and one child died as a result of injuries sustained in a car accident that occurred in 2012. None of those children died as a result of abuse and neglect while in care. The Child Death Review Team has completed its review of nine of those cases and CDRs will be completed on the remaining four.

There was one near death of a custody child in 2013 that qualified for the Child Death Review process, because the allegation of abuse was substantiated and the physician review determined that it fell within the definition of near death. The Child Death Review Team has not completed

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[209] As of March 28, 2014, 36 of the 100 had been determined to meet the criteria for review, the determination for 7 was still pending, and the remainder had been determined not to meet the criteria for review.

[210] There are four additional non-custody near death cases that arose between January 1 and June 30, 2013 and are still awaiting physician review to determine whether the child was in serious or critical medical condition in order to qualify for the Child Death Review process (these cases have already been substantiated for abuse or neglect by the Department). If the case of any child who was reviewed as a near death passes away after case closure and after the completion of the Child Death Review, that case would receive a second review as a child death.

[211] There were two additional custody child deaths between January 1, 2013 and August 28, 2013 that were not included in the first Child Death Review Annual Report because the modified reviews had not been completed by December 31, 2013. Those two cases will also be included in the addendum to the 2013 Child Death Review Annual Report.

its review of that case, which involved injuries sustained while the child was on a trial home visit.[212]

[212] There was an additional incident involving a custody child that was reviewed by the Child Death Review team as a near death prior to the classification of the abuse or neglect allegations in the CPS investigation. Because the allegations were unsubstantiated in the CPS investigation, the case did not ultimately meet the definition of a near death for the Child Death Review process.

SECTION FOUR: REGIONAL SERVICES

The Settlement Agreement (IV.A) requires that "*each region have available a full range of community-based services to support and preserve families of foster children in state custody, and to enable children to be reunified with their families safely and as quickly as possible.*" The Settlement Agreement (IV.B) identifies three groups for whom these community-based family services are intended:

- *foster families for whom children have established a significant, beneficial emotional bond and which provide the possibility of long-term stability and permanence, but which are in danger of disrupting without intensive home-based crisis intervention services;*

- *families to whom children in foster care could be returned safely with the availability of intensive family services for a transition period;* and

- *adoptive families in danger of disrupting without intensive home-based crisis intervention services.*

Strategies for addressing each of the service array requirements of the Settlement Agreement are discussed below. As discussed in previous monitoring reports, the Department has taken a number of steps to ensure the rational allocation of funds to support community-based services and to ensure that each region has a range of quality services available. As a result of these actions, the Department addressed the gross inequities in resource distribution that were identified early on in its reform effort and regional resource allocations are now guided by the relative size and needs of the applicable population served by the regions.

The Department's strategy for ensuring that each region has a full range of community-based services is to develop a robust process for continual reassessment of service needs on a regional level, using both qualitative and quantitative data that is dynamic enough to adjust focus in response to the changing needs of a community and the fluctuation of available resources. This strategy is reflected in the design and implementation of the *In Home Tennessee* initiative discussed below.

A. *In Home Tennessee*

1. Service Array Assessment and Planning Process

In order to ensure that each region has the range, quantity, and quality of community-based services needed to serve its families, the Department has developed *In Home Tennessee* (IHT), an initiative focused on improving practice in non-custodial cases that includes a process for each region to conduct its own regional needs assessment. In 2009 and 2010, the Department, with technical assistance from the Atlantic Coast Child Welfare Implementation Center

(ACCWIC)[213] and the National Child Welfare Resource Center for Organization Improvement (NRCOI), created a regional structure for assessing quantity and quality of community services and supports, and developing regional service arrays in response to the regional assessments.

The regional approach to assessing the quantity and quality of community services and supports has relied heavily on feedback from focus groups whose participants represented a broad array of community partners and stakeholders. The Department identified 14 services and five core practice areas to be assessed by the focus groups in each region in this first needs assessment.[214] Based on this work, the Department has identified the following five service categories that encompass the core range of services that the Department believes should be available in some form in each region, depending on the needs of each community:

- Parenting education;[215]
- Mental health and therapeutic services;[216]
- Services to support parent-child and sibling visits;
- Alcohol and drug treatment;[217] and
- Housing support.[218]

Using the qualitative data generated from the focus groups on the quality and availability of community services in this first needs assessment, each region strategically selected two to three core service areas on which to initially focus their improvement plans. (Detailed information about each region's goals and progress is included in Appendix L.) Because very little data regarding community services have been available historically, the wealth of qualitative data produced from these focus groups has proved very valuable to the DCS and provider staff in the

[213] The Department's partnership with ACCWIC ended in September 2013 because federal funding for ACCWIC was cut. The Department and ACCWIC developed a sustainability plan for *In Home Tennessee* to support continued implementation with fidelity to the *In Home Tennessee* model after the partnership ended.

[214] The 14 core service areas were: crisis stabilization services; domestic violence services; family visitation services, centers, and locations for kinship care; absent parental figure involvement services; intensive family preservation; life skills training and household management; mentoring for parents and adults; "One-Stop shop" for community services; outpatient substance abuse services; outpatient mental health services; parent education or parenting classes; placement prevention flexible funds; respite care for parents; and school-based resource workers. The five core child welfare practice areas were: Child and Family Team, child welfare leadership as practice change agents, comprehensive family assessment, family/caregiver engagement, and need-based service planning.

[215] Depending on the particular needs of the community, this category could include a broad range of services, from general parenting education (such as parenting classes, possibly targeted to children and families with specific needs) to more individualized parenting education provided in home.

[216] Depending on the particular needs of the community, services within this broad category could include, among other things, in-home family or marital therapy, individual counseling for children or parents, and psychiatric treatment.

[217] Depending on the particular needs of the community, services within this broad category could include various treatment modalities (from intensive inpatient treatment to 12-step support groups) targeted to parents and/or children and possibly specific types of substances.

[218] This category includes the DCS flex funds available to assist families with housing, which can be used for such things as paying rent for a family, paying for critical home repairs, or paying utility bills. In addition to these funds, the Department works collaboratively with local housing authorities to connect families to available public or subsidized housing.

field in identifying opportunities to improve the quality and availability of services in specific communities.[219]

As of May 2014, all regions have completed the focus groups, analyzed the information gathered, completed a structured planning process, and are implementing those plans. Those regions that have completed the practice training (see discussion below) have moved into a sustainability phase and are completing the second part of the evaluation process, consisting of case file reviews designed to assess the quality of case practice (as evidenced by thorough and accurate assessments and strong case plans and implementation) as well as the degree to which quality services were available to address the family's identified needs. The Department continues to refine the fidelity review process to most accurately capture this type of qualitative information from reviews of case documentation.

The Department is now planning its second round of regional needs assessments, to begin with the regions that were the first to implement *In Home Tennessee*. In preparation for that reassessment, staff have reviewed the initial needs assessment process in an effort to incorporate feedback from the first round. Service areas that received very little interest from regions or were found to require little enhancement in most communities will be replaced by new areas identified throughout administration of the original assessment tool. The five core areas identified above will remain on the list of needs assessed, and special attention will be called to any deviation from acceptable scores in those areas.

In addition to *In Home Tennessee*, the Department is also working to strengthen and expand the regional service array through: 1) promotion of prevention services available through Children's Bureau Child Abuse Prevention (CBCAP) funds, which include sexual abuse prevention training and a program designed to build nurturing parenting skills, and 2) the delivery of grant-writing workshops to community partners to build their capacity to successfully apply for grants to develop new services.

2. Additional Funding to Support In Home Tennessee through the IV-E Waiver

In recognition of the thoughtful approach that the Department has been taking to improve community services, the Department of Health and Human Services has granted the Department a IV-E waiver, allowing it to use Title IV-E funding to support services that allow children to

[219] For example, Davidson region chose "parenting education and classes" as one of the services to be the focus of improvement planning. The work evolved into a collaborative effort between several parenting education providers and the Department to analyze the type of parenting services being offered. Using data provided by the Department on the number of custody entries by zip code, the workgroup was able to identify a particular zip code in which higher numbers of youth with unruly and delinquent (juvenile justice) adjudications were entering care. Further analysis revealed that none of the providers were offering parenting education focused on parenting older youth and teens and that there was a need for that service in languages other than English. Two agencies have now begun offering parenting classes targeted to parents of teenagers and in languages other than English.

In South Central region, the needs assessment data identified a need for visitation centers in a specific community where most visits between parents and children were occurring at fast food restaurants. The Department is partnering with a local faith-based organization and a provider agency to provide supervised visits in a more home-like setting.

remain safely at home rather than come into state custody. The Title IV-E waiver program is designed to allow states to redirect federal matching funds that would otherwise be limited to placements and administrative costs for children in placement to offer services with federal funding to children and families in their own homes, either to prevent entry into foster care or to support more timely and successful reunification efforts. This waiver will allow the Department to expand available services and increase prevention and reunification efforts by providing additional funds to develop services in response to the thoughtful analysis of needs, assessments, and outcomes that is also part of the waiver process. Because ongoing analysis and evaluation takes place throughout the waiver implementation, the Department will be able to redirect resources and adjust to changing needs on an ongoing basis.[220]

Over the five-year implementation of the federal waiver, the Department is required to track services and report outcomes resulting from services funded by IV-E dollars diverted to non-custodial children and families through *In Home Tennessee*. Working with Chapin Hall, the Department is developing an approach to data gathering and analysis that will not only satisfy the evaluation requirement of the IV-E waiver, but will provide additional data sources for identifying service gaps and understanding and evaluating the impact of certain services on child and family outcomes. In July, the Department will be submitting to the federal Department of Health and Human Services a plan containing the specific measurements and analysis that will be included as part of this evaluation.[221]

3. Quality of Case Practice

The second component of *In Home Tennessee* focuses on improving the quality of non-custodial case practice through strengthening the skills of workers in the key practice areas of engagement, assessment, planning, and implementation. The Department has required that all staff (not just those carrying non-custodial cases) complete portions of this training; all case-carrying case managers and supervisors were required to attend all trainings. The implementation of these training offerings has also focused on improving the skills of supervisors to support quality practice: a version of each training was designed specifically for supervisors to strengthen their skills in supporting that particular practice skill, and coaching training was provided to all supervisors to help them better support each supervisee's professional development (see discussion in Section Five of this report). As of May 2014, six regions have completed the practice trainings.

4. Contracting, Approval, and Monitoring Processes for Community Services

Through *In Home Tennessee*, the Department identified problems in the contracting, approval, and monitoring processes for community services that limit the Department's ability to ensure

[220] Casey Family Programs has also expressed an interest in supporting this work.

[221] The Department has elected to initially focus the work through the IV-E waiver on services to address substance abuse issues in the eastern part of the state because this was identified as a significant need in the *In Home Tennessee* regional needs assessments.

the quality of the services being provided. The Department is revising the processes to address these concerns, as discussed below.

The Department enters into multi-year contracts for "family preservation" services[222] with a small number of providers who are awarded contracts through the "request for proposal" process to provide these services statewide. The Department is currently working to address several deficiencies in the process for contracting these services that contributed to concerns about service quality.

The Department revised the family preservation contracts effective July 1, 2014 to: 1) more clearly articulate service expectations; 2) include requirements for tracking and reporting performance outcomes;[223] and 3) shorten the contracting time frame from five years to three years in order to allow for more frequent adjustments. One *In Home Tennessee* staff person in Central Office has been designated the liaison to the family preservation providers so that the contracts can be more effectively managed. The family preservation liaison will also work closely with the Program Accountability Review (PAR) team, which also monitors contracts for custodial services (see detailed discussion in Sections Five and Twelve of this monitoring report), to ensure that providers adhere to the terms of their contracts.[224]

The Department is also examining the re-approval process for continuation of services, which requires that case managers submit a new request for services every 30 days. This requirement sometimes results in interruption of services if a new request is not submitted timely. The Department is currently exploring an option that would allow case managers to submit one request for 90-day approval for services that are typically needed beyond 30 days, such as counseling.

B. In-Home Services for Resource, Birth and Adoptive Families

1. Intensive Home-Based Crisis Intervention Services for Resource Families for Whom Children Have Established a Significant, Beneficial Emotional Bond and Which Provide the Possibility of Long-Term Stability and Permanence, but Which Are in Danger of Disrupting without Intensive Home-Based Crisis Intervention Services

The Quality Service Review results in recent years related to caregiver supports and caregiver engagement suggest that a significant majority of resource families are receiving adequate and

[222] The three types of services covered by these contracts are family violence intervention services, family visitation services, and family support services.

[223] The new contracts require that the provider tracks and reports, among other things, pre- and post-scores for the child and family on the Department's standardized assessment tools; the number of children who enter care, reenter care after reunification, or have subsequent Child Protective Services (CPS) involvement while receiving services; and the number of children who remain unified with their families for one, two, and three years after receiving services.

[224] The Department contracts for other services families need that are not covered by the family preservation contracts through individual purchase orders called "delegated purchasing authority contracts." The Department has not yet focused attention on these contracts in the way that it has for the family preservation contracts.

appropriate supports.[225] In addition, as discussed in previous monitoring reports, historically well over 80% of adoptions have been by the resource parents that the child had already been placed with,[226] suggesting that the Department is working to support the development of long-term relationships with resource parents that can lead to permanency.

The Department is recognized as a national leader in timeliness to adoption. In federal fiscal year (October 1 through September 30) 2012-13, 1,128 adoptions were finalized. This suggests that the Department is working effectively to support these relationships.

Children with higher levels of need or possibly more difficult behaviors (or often siblings of such children) are likely to be served by private providers.[227] For those children served in provider resource homes, the broad language and clear expectations of the contracts are that the providers ensure that their resource families receive the range of supports required by Section IV of the Settlement Agreement.

When resource families have made their intention for adoption known by signing an Intent to Adopt (described further in Section Eight of this report), they are eligible for services through the Adoption Support and Preservation (ASAP) program. Periodically, these services are also made available to families who are considering adoption and may benefit from ASAP services as well. ASAP provides pre-adoption counseling to adopting parents and children that includes help with parenting skills, self-awareness of emotional triggers, and other aspects of being an adoptive parent. ASAP services are described in more detail in Subsection 3 below, as well as in Section Eight of this report.

With respect to children in full guardianship or in care for over 15 months, the FOCUS (Finding Our Children Unconditional Supports) Process and the 15-month reviews described in Section Eight, are intended to ensure that a family that is a potential permanent home for a child is receiving appropriate supports and services, including any crisis intervention services.

The Youth Villages Intercept Program, described below for its use with birth families during the time of reunification, is sometimes used for DCS resource families and the children placed with them when needed. For example, as of May 2014, 14 children in DCS resource homes have been served during state fiscal year 2013-14 by this program in order to preserve the resource home placement.

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[225] The QSR scores for the Caregiver Supports indicator have remained in the low to mid-90%s for the past several QSR years. The revised 2013-14 QSR protocol includes both Engagement (85%) and Voice and Choice for the Child and Family (88%) indicators specifically for caregivers. See Appendix B for QSR scores by region for the past five QSR years.

[226] The last in-depth analysis of these data, conducted for the 527 adoptions finalized between January 1 and July 25, 2007, found that 87% of those adoptions were by the resource parents with whom the children had been living prior to being freed for adoption.

[227] At any given time during 2013, approximately 40% of *Brian A.* class members were placed with private providers.

2. Intensive Family Services to Support Reunification

The Department uses length of stay and reentry data as indicators of the success of its efforts to remove obstacles to and ensure supports for successful reunification.[228]

For children in private provider placements, the primary mechanism by which services are provided to families during children's transition back into the home is the continuum service model. Continuum providers are required to provide in-home services following a child's return home. These services are generally in place for 90 days post-placement, but the time period may be adjusted to meet the individual needs of each family. During the transition period, the continuum provider serves as a family case manager and is responsible for identifying and coordinating services that will support the family in achieving stability. The provider is responsible for linking the family with relevant community services and ensuring that those services are being delivered. Services are tailored to address unique issues that may endanger a family's prospects for long-term success, and providers connect families with community based resources that may be beneficial after continuum services have ended. It is also important to note that families in this category will also benefit from the ongoing enhancement of community based resources through IHT, described above. In fiscal year 2012-13, the Department spent $13,328,074 for in-home continuum services for 1,455 children (including both *Brian A.* children and children with delinquent adjudications).

For children who are not placed with continuum providers, services are provided to families during children's transition back into the home through the Youth Villages Intercept program, which provides in-home services to families in need of special assistance to maintain stability. Treatment provided through this program is family-centered and includes strength-based interventions, including family therapy, mental health treatment for caregivers, parenting skills education, educational interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long term, ongoing support. Intercept family intervention specialists provide services to the family, rather than just to the youth, meeting with families at least three times weekly and remaining on-call around the clock. The program tailors services to meet each family's needs, while measuring treatment progress through ongoing assessment and review. Specialists collaborate with other providers, case workers and courts to formulate a collaborative treatment plan. Small caseloads of four to six families allow family intervention specialists to focus on the individual needs of each child and family.

As of May 15, 2014, the Department had spent $1,365,375 on the Intercept program during fiscal year 2013-14 to serve 430 DCS-involved children, 169 of whom were transitioning from DCS resource homes back into the care of their families of origin.[229]

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[228] Data regarding exits to reunification and reentry into custody are presented in Section One of this monitoring report.

[229] Youth Villages served 261 of the 430 children in the Intercept program in their family homes in order to prevent entry into custody and 14 children in their DCS resource homes in order to prevent disruption.

3. Intensive Home-Based Services for Adoptive Families in Danger of Disruption

The Adoption Support and Preservation (ASAP) program, described more fully in Section Eight of this report, offers a continuum of services, including: adoption preparation training; crisis intervention; counseling; support groups; relief team development; and parenting education, designed to support and preserve adoptive families. These services are available to Tennessee families who have either made their intent to adopt known or who already have finalized adoptions through the Department. Since 2004, ASAP has served approximately 3,690 children.

Once a case is assigned to ASAP, services are provided in the family's home by a Master's degree social worker. All ASAP provider staff are trained in Trauma Focused Cognitive Behavioral Therapy, Trust Based Relational Intervention, and other clinical treatment models. Families are assisted by one family counselor, working to help identify barriers to success, develop a plan of care to address each family's needs, and to help coordinate any additional supports that may be necessary to build and maintain a healthy, happy family life.

As discussed in Section Eight of this report, DCS has allocated $2.9 million for the contract that includes ASAP for the current fiscal year. Actual expenditures for the period from July 1, 2013 through March 31, 2014 were $1,272,661. During that time, ASAP served 474 clients.

The Department is working with the National Resource Center for Adoption (NRCA) to complete an evaluation of ASAP service delivery, service quality, and appropriateness of services provided to adoptive families, and to identify strategies to shorten wait times and expand the range of services available to families.[230] One of the goals of this project is to increase awareness of available services, including involving ASAP provider staff in conversations with more families prior to adoption.

C. Funding for Section IV Related Services

The Department funds the range of services described in Section IV through a variety of contracts and through the use of "flex funds" not tied to any particular contract.[231] Appendix M provides that budget information.

1. Regional Contracts for Community-Based Services and Statewide Contracts for Special Birth Family, Resource Family and Adoptive Family Supports

As discussed in previous monitoring reports, each region now has a single contract with a provider to provide a range of community-based services to support birth families. In addition to the individual regional contracts, the Department has statewide contracts with a number of providers providing additional community-based support services for families.

[230] The Department expects the evaluation to be completed in the spring of 2015.

[231] The services can appear on budget documents within a number of categories, depending on the funding source and type of service. Among the relevant categories are: behavioral services, independent living support services, in-home support services, relative caregiver services, and support services.

2. Flex Funds Available for Supplemental Supports for Families

In addition to the regional and statewide contracts available to meet the requirements of Section IV of the Settlement Agreement, regions are allocated "flex funds" which can be used for targeted services and supports not otherwise accessible. Flex funds can be used for a range of expenditures necessary to support reunification and placement stability, from household purchases or repairs to specialized professional services or supports.

SECTION FIVE: STAFF QUALIFICATIONS, TRAINING, CASELOADS, AND SUPERVISION

Effective intervention with children and families in the child welfare system requires a committed, well-trained, and supportively supervised workforce with manageable caseloads.

Section V of the Settlement Agreement is focused on the recruitment, training, and retention of a well-qualified workforce. It includes a range of provisions related to qualifications for hiring and promotion, pre-service and in-service training, salary ranges, caseload limits, and supervision of case managers and others working directly with children and families.

The Section V requirements have been both incorporated into DCS personnel policies and procedures and included as private provider contract requirements through contract language and specific provisions in the *Private Provider Manual* (PPM).

Most of the Section V requirements apply not only to DCS case managers, supervisors, and direct care staff, but also to private provider staff with comparable responsibilities.

This section of the monitoring report is presented in two parts. Part one addresses the Section V workforce requirements related to DCS staff. Part two addresses those Section V requirements related to private provider staff.

Part One: DCS Staff Workforce Related Requirements

A. Requirement of Background Checks for DCS Staff

Section V.A of the Settlement Agreement requires all persons applying for positions with DCS or a private provider agency, which involve any contact with children, to submit to a criminal records check and a DCS abuse and neglect records screening (hereafter referred to as "background checks") before beginning training or employment, and DCS administrative policy 4.1 Employee Background Checks, sets out the specific checks required and offenses that disqualify a person from employment.[232]

Department policy is consistent with this requirement, and the Department has implemented procedures designed to ensure that the terms for hiring and retention related to this requirement are being met.[233]

[232] The Settlement Agreement also provides that DCS staff are subject to DCS administrative policy on employee disciplinary actions related to allegations or convictions of criminal acts.

[233] Tennessee Code Annotated 37-5-511 (2) also requires that all persons working with children supply fingerprint samples and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.

1. Background Checks on DCS Employees

As discussed in previous monitoring reports, the Department has established clear protocols designed to ensure that required background checks are completed on DCS employees and appropriate documentation placed in the employee personnel file.[234] The Department's revised annual personnel file audit process has been effective at clarifying expectations and ensuring that background checks are being completed according to policy and documented in the personnel file as required.[235]

The most recent round of annual personnel file audits conducted under this revised audit process between April 2013 and September 2013 has been completed for all 12 regions. Each regional review included an audit of the personnel file of all newly hired employees[236] and a randomized review of 25% of all other current employees. The reviewers examined each file for the broad range of documentation required by law and policy, including documentation of required background checks (both initial and annual).

All 12 regions had 100% compliance with criminal background check requirements in the most recent round of annual personnel file audits, a significant improvement over the previous two audits.

As discussed in previous monitoring reports, problems with obtaining local background checks through local law enforcement agencies and local courts contributed to some of the incomplete documentation in previous audits. The results of the most recent audit indicate that the Department now has the cooperation of the handful of local officials who had in the past been resistant to providing local background checks, and the Department continues to work with local officials in some counties to improve the efficiency of the process.

B. Education and Experience Requirements for Case Managers and Case Manager Supervisors (V.B)

The Settlement Agreement establishes the following education requirements for persons employed as DCS case managers and case manager supervisors with responsibilities for class members:

- for case managers 1 and 2, a bachelor's degree, with preference for a bachelor's degree in social work or related behavioral science;

- for a case manager 3, a bachelor's degree, with preference for a bachelor's degree in social work or related behavioral science and two years' experience in providing child

[234] A detailed description of the current process is provided in Appendix N.
[235] The audit (which looks at a wide range of personnel file documentation and not simply background check information) includes all files of "new hires" (those hired since the first round of reviews was completed in each region) as well as a 25% sample of all other personnel files. There is a checklist that is filled out for each file reviewed that includes all of the required background checks.
[236] The term "newly hired employees" refers to those employees hired since the region's last personnel file audit.

welfare services (with a master's degree in social work or a related behavioral science permitted to substitute for one year of experience); and

- for all case manager supervisors (including team leaders and team coordinators) a minimum of a master's degree in social work or a related behavioral field with a child and family focus (excluding criminal justice) and at least three years' experience as a child welfare case worker (with an additional two years of providing child welfare services permitted to substitute for a master's degree).

As discussed in previous monitoring reports, the Tennessee Department of Human Resources job specifications for each of the case manager positions reflect all of the education and experience requirements set forth in the Settlement Agreement

The paperwork required for the Department's Office of Human Resource Development to process the hiring of a new employee or the promotion of an existing employee ensures that Department staff meet these educational and experience requirements. In addition, the Department's annual personnel file audit process includes a review of documentation of educational and experience requirements. The most recent round of annual personnel file audits discussed in Subsection A. above found 100% compliance with the educational and experience requirements in all 12 regions.

C. Requirements for Retention, Promotion, and Assumption of Case Responsibilities

The Settlement Agreement (V.C) provides that:

- no case manager assume any responsibility for a case, except as part of a training caseload, until after completing pre-service training and passing a skills-based competency test;

- no case manager be promoted until completing a job performance evaluation that includes evaluation of performance of the case management requirements of the Settlement Agreement;[237] and

[237] Failure to receive a satisfactory job performance evaluation is to result in "*progressive disciplinary action, up to termination if necessary*." (V.C.2) This "progressive disciplinary action" requirement is specific to DCS positions which are governed by civil service rules.

- each case manager supervisor complete basic supervisor training and pass a skills-based competency assessment geared specifically to child welfare supervision.[238]

1. Competency Evaluation of New DCS Case Managers Prior to Assuming Caseload

The Department requires that new case managers, other than those who graduated from the Bachelor of Social Work Child Welfare Certification Program (BSW Certification Program), complete pre-service training and receive a competency evaluation that includes both knowledge and skills assessments prior to assuming regular caseload responsibilities. The BSW Certification Program requires successful completion of coursework and performance requirements that far exceed what is required for successful completion of the pre-service training.

Under the current pre-service training structure, the first four weeks of training include a combination of computer and classroom-based training.[239] Prior to participating in on-the-job training (OJT), new case managers must successfully demonstrate basic competencies in critical skill areas including developing a professional helping relationship with children and families; conducting family-centered assessments; developing and implementing family-centered planning; and completing accurate documentation that reflects the values of strengths-based, family-centered, culturally competent casework. Evaluation of these skills and practices is accomplished through a panel assessment designed around case scenarios to simulate case experiences and gauge case manager competency to appropriately respond, problem-solve, and address challenges.

As part of the OJT training component, each new case manager is assigned a training caseload of up to five cases. Each case manager has an individual learning plan that identifies the activities that they are to engage in and skills that they are expected to practice/demonstrate during the OJT weeks. It is intended that each new case manager handling a training caseload has a team leader (or other case manager supervisor) providing casework supervision and support, a peer mentor, and an OJT coach. Both the supervisor and the coach are responsible for documenting the relevant case practice experiences that the employee has during the OJT weeks and evaluating the skills demonstrated in their handling of their training caseload responsibilities. The OJT coach and team leader are to document and summarize all activity on the OJT Activity Supervisor Debriefing Form. This form is used to confirm OJT hours that are entered into Edison (the state's personnel data management system).

During OJT, the new case manager is expected to participate in activities outlined in his or her individual learning plan, including shadowing experienced workers or supervisors, co-leading various case-related activities, and eventually taking lead on activities, under the observation and

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[238] Such training is to begin within two weeks of the supervisor assuming supervisory responsibility and be completed within six months.

[239] A CD of the "online" material, including the quizzes and surveys for the training, is now distributed to every new case manager trainee at the first meeting, to provide the trainees with a better ability to pace themselves in completing the online portions of the training that must be successfully completed during this initial four weeks of training.

supervision of the team leader, peer mentor or OJT coach. An evaluation of the new case manager's application of the basic competencies noted above during OJT occurs through the certification assessment. The final competency evaluation and certification rely heavily on the evaluation of the new case manager's performance handling the training caseload, and the final panel assessment includes discussion of and reflection on the training caseload experience. The Program Director for Pre-Service Training issues a letter of certification following submission of the certification summary document and Professional Development Plan. The Office of Learning and Development maintains a database that records information from each assessment as well as the date of certification.

The structure of the pre-service training certification process and the inclusion of training caseloads in the current manual caseload and supervisory workload tracking and reporting process help ensure that no case manager is assigned more than a "training caseload" prior to certification.[240]

Regional administrators receive a monthly report notifying them of overdue or missing information needed for certification. This information is extracted from the pre-service database and includes the name of the new case manager, the OJT coach's name, the assigned pre-service group number, the beginning date of pre-service training, the case manager's identified specialty area, the initial panel assessment score, and the final certification assessment date of completion. The report also indicates which employees are "overdue" for certification based on the start of their pre-service training. This report is separated regionally and distributed via email. The Pre-Service Program Director also maintains a copy of the report.

Between June 1, 2012 (the date that the DCS Training Unit assumed full responsibility for all new case manager training) and March 1, 2014, 630 new case manager trainees began the pre-service training. Of those 630, 445 ultimately were certified. Of the 445 certified, 58 separated after certification, leaving 387. Of the 185 (out of 630) trainees who were not yet certified, 118 were terminated or resigned, and as of March 3, 2014, the remaining 67 had certification pending.

The Program Director for Pre-Service Training creates a yearly statewide pre-service calendar with scheduled pre-service groups offered in the grand regions. Each group requires new hire nominations from the training coordinators and Office of Safety. This nomination process generates a pre-service roster for each pre-service group. During delivery of the training, each new hire is required to document their attendance on a pre-service sign-in sheet which is later utilized to enter training credit hours into Edison. During specialty week, during which training is focused on specific practice areas (permanency, CPS, juvenile justice, etc.), a certificate of attendance is issued.

There were 21 cycles of pre-service training delivered during fiscal year 2012-13. As of February 21, 2014, 17 cycles had been completed or initiated in fiscal year 2013-14.

[240] Phone surveys of case managers conducted as part of the TAC monitoring (the most recent of which was a survey of 87 case managers conducted during the first quarter of 2013), as well as a variety of informal contacts with DCS staff, have not identified any instances of non-compliance with this provision.

2. Requirement of Job Performance Evaluation Prior to DCS Case Manager Promotion

Under DCS policy, in order to be promoted, a case manager must have received an acceptable score on a recent performance evaluation. Documentation of a recent performance evaluation must be submitted to the DCS Office of Human Resource Development in order for a promotion of a case manager to be processed. The Department requires that copies of the front page and signature page of the recent performance evaluation (to verify that the performance evaluation was properly reviewed by the reviewer, supervisor, and employee) be placed in the personnel file.

During the first quarter of 2014, 108 DCS staff were promoted into case manager positions in the regions.[241] TAC monitoring staff reviewed the performance evaluations for a statistically significant sample of these 108 case managers (with a confidence level of 95% and a confidence interval of plus/minus 10) to see whether the performance evaluation had been completed prior to the promotion. Of the 31 case managers in the sample, 30 (97%) had a performance evaluation completed prior to promotion.[242]

The Department does not require a performance evaluation for newly hired employees who have completed their probationary year as a "case manager 1." Technically, there is no case manager 1 job classification; instead there is a "training" designation that remains with these employees until they have successfully completed one year of service as a case manager, at which time that designation is automatically removed. During their probationary year, newly hired employees participate in the same performance management process as other employees (which requires a job plan, two interim reviews, an annual performance evaluation, and monthly performance briefings—see discussion in Subsection G below). The probationary status automatically terminates at the end of the first year and is not technically viewed as a promotion; however, it is still expected that an annual performance evaluation is conducted (all employees are required to have a performance evaluation annually, irrespective of whether they are being promoted). The DCS Office of Human Resource Development monitors the performance evaluation process and addresses any failure to meet the annual performance evaluation requirement. In addition, the State Department of Human Resources will not approve the increase in pay upon completion of the probationary year until a performance evaluation has been completed.

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[241] Four of these staff worked at the Child Abuse Hotline, and one worked in Continuous Quality Improvement. In addition to these 108 staff, 26 staff were promoted into case manager 3 and team coordinator positions in Central Office Child Protective Services (CPS) as part of the reorganization of the CPS function (discussed in detail in Section Three of this monitoring report). These staff were excluded from the population for this review because the Department did not require completion of a performance evaluation prior to the promotion of staff into the new Central Office CPS positions as part of this reorganization.

[242] In this one case, a lapse in attentiveness of regional staff preparing the promotion checklist coincided with a lapse in attentiveness of Central Office staff in reviewing the materials furnished by the region. This situation prompted specific training for regional and Central Office human resources staff to reinforce the expectations for both preparing and reviewing the required documentation for promotion.

3. Requirement of Supervisory Training and Competency Assessment for DCS Case Manager Supervisors

At the time that the TAC issued its June 2013 Monitoring Report, the Department had just completed a revision of its supervisory training and competency assessment process.[243]

That revised supervisory training consists of:

- 26 hours of course instruction accomplished through a combination of self-paced individual work delivered through an eLearning CD curriculum, along with guided discussion of the material led by a Master Trainer.[244]

- 10 hours of coaching provided by the candidate's direct supervisor (or assigned coach in the rare event the direct supervisor is in an inactive capacity). The coaching supports the learning as the supervisor candidate progresses through the certification process. The supervisor and candidate are able to build a professional relationship, and the direct supervisor is able to assess the candidate's skills as they progress through the process and continue the candidate's professional development after certification. This coaching allows the direct supervisor to model the coaching process so that the candidate will be able to transfer this skill to coach their team members.

- A four-hour panel assessment process during which the candidate is presented with a case scenario and must respond to panel questions regarding the case. An assessment rubric based on core supervisor competencies is used to score the candidate's responses.[245]

Between May 1, 2013 and March 1, 2014, a total of 24 supervisors of *Brian A.* cases were enrolled in the supervisor certification program.[246] As of March 1, 2014, of those who enrolled, five had completed the training and been certified, and 19 were in the midst of the training and not yet eligible for the panel assessment. Of the five supervisors who successfully completed the certification process, four did so within the specified time frame of six months or less, and one completed the process within seven months.

Between July 1, 2012 and April 30, 2013 a total of 43 supervisors of *Brian A.* cases were identified to complete the supervisor certification process. This includes 19 supervisors of *Brian*

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[243] The revision was led by the Deputy Commissioner for Child Programs and the current DCS Program Manager for Supervisor Training who was previously a TCCW Professional Development Specialist involved in the Supervisor Certification process at TCCW and was one of the consortium field coaches for the Supervisory Certification process. She is certified as a Master Coach through the Atlantic Coast Child Welfare Implementation Center (ACCWIC) by a certified International Coaching Federation coach.

[244] Each regional cluster has a Master Trainer/Training Officer 2 who has more experience or related education than, and is responsible for supervising, the two Training Officer 1s. All three trainers provide training.

[245] The most significant change in the supervisor certification process is the assessment component. The process now includes a panel assessment, which mirrors the process used in the new case manager certification process. The panel consists of the candidate's immediate supervisor in addition to regionally designated panelists. If the candidate does not pass the initial panel assessment there is an opportunity to participate in a second panel after a Professional Development Plan is developed and completed. Those who are unable to pass a second panel will be removed from a supervisory role.

[246] This data includes all supervisors of *Brian A.* cases.

A. cases who were in the process prior to the program transition date of July 1, 2012. All 43 supervisors were enrolled in the current process May 1, 2013. As of March 1, 2014, of those who enrolled:

- 27 have completed the training and been certified,
- three have completed the "course work" and are pending panel assessment and certification,
- four are in the midst of the training and not yet eligible for the panel assessment,
- two transferred to non-*Brian A.* positions,
- three resigned,
- one failed the first panel assessment and is currently repeating the process, and
- three failed to meet the expectations of the panel assessment and are not eligible to supervise *Brian A.* caseloads.

As a part of the TAC's 2013 Sibling Visit Review (discussed in detail in Section One B.4.c.), TAC monitoring staff conducted follow-up interviews with the team leaders and used this as an opportunity to ask questions about their training experience and hours. TAC monitoring staff interviewed 12 team leaders who assumed supervisory responsibilities on or after January 1, 2010[247] to ask if they had completed the 40 hours of required initial in-service training, a child welfare supervision competency assessment within time frames required by the Settlement Agreement.

- Ten had completed their 40 hours, and two were still in the process of completing their training and had not yet been in a supervisory role for six months.
- Seven had begun their training within two weeks of assuming supervisory responsibilities, three were not sure or could not remember, and two had not.[248]
- Four had completed their training in six months, one was not sure or could not remember, two were still in the process of completing the training and had not yet been a supervisor for six months, and five had not.[249]
- Six of the 12 had passed the competency assessment, three had not yet had had their assessment, and three could not remember a competency assessment or believe they were certified before the competency assessment was added to the supervisory training process.

Each supervisor candidates' progress is tracked in a database maintained by the Office of Learning and Development. Supervisors provide a copy of the coaching summary form as the

[247] The review used January 1, 2010 to capture both supervisors who were subject to the prior supervisor training (provided by TCCW) and competency assessment process as well as those who were subject to the revised supervisor training and competency assessment developed by the Department.

[248] Of the two team leaders who did not begin their training hours within two weeks of being hired, one explained that her training did begin within the first few months, and she was in the first group they have done in this region. The other team leader explained that she did complete her training in the year that she was hired, and had some TNKids training right way, but probably did not have much else within two weeks.

[249] Of those team leaders who had not completed their 40 hours in the required six months: one missed some classes so took longer to complete the hours, one moved to a different county, one was completing her training (working closely with a TCCW trainer) when the Department moved training in-house so it was delayed by the transition, one explained that there was a lot of turnover and transition in her office, and the other could not remember.

candidate completes each section of the work. Training rosters are submitted to the Office of Learning and Development for each facilitated discussion. Regional administrators receive monthly status reports that reflect candidates' progress in the certification process.

Supervisory coaching capacity continues to be built through training developed and delivered as part of the *In Home Tennessee* initiative.[250] That training, developed with support from the Atlantic Coast Child Welfare Implementation Center (ACCWIC), has a substantial coaching component designed to reinforce skills learned through the training process. As part of the *In Home Tennessee* initiative, all supervisory staff are now required to attend a two-day training in leadership coaching. As of January 1, 2014 all case managers serving in a supervisory role (with the exception of those in the certification process) participated in the two-day ACCWIC "Leadership Coaching" training to gain knowledge and skills around coaching. The training focuses on developing leadership, supporting practice, and strengthening supervision.

As a result of a separate, statewide training initiative, DCS supervisors are now required to receive training in a coaching model required of supervisors throughout state government. The "Leadership Coaching" training mentioned above has therefore undergone a name change (effective February 26, 2014), and curricula will be added to strengthen and support the parallel process of coaching staff and families utilizing child welfare best practice principles. "Child Welfare Supervision in Action" is now the title of the former "Leadership Coaching".

Once supervisor candidates have been certified, they will participate in "Child Welfare Supervision in Action." The training is offered on a quarterly basis in each grand region.

The Leadership Academy for Supervisors offered by the National Child Welfare Workforce Institute (NCWWI) is still available for additional training but is no longer required.

D. Training Requirements for DCS Case Managers (V.D)

The Settlement Agreement includes specific requirements for pre-service and in-service training of case managers and supervisors. The Settlement Agreement (V.D.1, 2) requires that case managers receive:

- 160 hours pre-service, including instructional training and supervised field training; and
- 40 hours in-service annually.

For case managers with supervisory responsibility, the Settlement Agreement (V.D.3, 4) requires:

- 40 hours of training specific to supervision of child welfare caseworkers; and
- 24 hours of in-service annually.

The Department has implemented processes to ensure that DCS case managers and supervisors are in fact receiving this required training.

[250] For further discussion of *In Home Tennessee*, see Section Four A.

1. Pre-service Training for New DCS Case Managers

The current pre-service training, discussed in Subsection C.1 above, continues to meet the requirements of the Settlement Agreement. A Continuous Quality Improvement (CQI) Professional Development Team was established to review and make recommendations about the current pre-service curriculum. A Central Office Training CQI group was also established to, among other things, revise pre-service training policy. Training staff also participate in the statewide Policy & Practice Workgroup, which is a CQI process designed to address all areas of practice, policy, and training, as needed.

The BSW Certification Program has not changed and continues to require successful completion of coursework and performance requirements that far exceed the requirements for pre-service certification.

2. In-service Training for DCS Case Managers

The Department continues to provide a wide range of in-service training opportunities for case managers. The Enterprise Learning Management System (ELM) component of Edison (the state's personnel data management system) provides automated tracking and reporting of annual in-service training requirements.

Annual in-service training hour requirements are based on the fiscal year. The regional training coordinators (RTCs), using regular aggregate reporting on training hours, monitor progress on completion of in-service training hours and assist those case managers who are falling behind in their in-service training hours to complete the required 40 hours within the fiscal year. The Department runs a report quarterly to identify any case managers who are deficient in their required in-service hours and to ensure that appropriate steps are being taken by the case manager and his or her supervisor to address any shortfall in training hours.

According to a final report on in-service training hours completed by non-supervisory case managers for the fiscal year 2012-13, 90% completed all of their required training hours for the fiscal year. Another 5% completed at least 35 of the required 40 hours, 2% completed at least 30 of the required 40 hours, and 3% completed less than 30 hours of training. Quarterly reports on training completion are distributed to the regions approximately two weeks following the end of the quarter. Each regional team is responsible for disseminating the report and tracking training information for regional staff. Supervisors who have staff that are not on target to complete the mandatory training hours develop a plan to complete those hours by the end of the fiscal year. Disciplinary action may be taken when staff do not complete required training hours.

According to an interim report on in-service training hours for the first three quarters of fiscal year 2013-14, 58% of the CM2s and non-supervising CM3s had completed 40 hours of training.

Another 29% were within 10 hours of completing their mandatory 40 hours, and the remaining 13% had more than 10 hours to complete by the end of the fiscal year.[251]

3. In-Service Training for DCS Supervisors

The Department now offers an expanded number of in-service training opportunities designed with specific supervisory content.

Since the last monitoring report was issued, the Department has updated coding for supervisory training courses, which allows the statewide personnel data tracking system to produce reports on the number of supervisor-specific training hours that supervisors have accumulated. In addition to improving reporting for the number of supervisory hours completed, the Department has also improved the ability to distinguish between case managers (1-4) who carry *Brian A.* cases from those who do not. The Department can also now differentiate between supervising CM3s and non-supervising CM3s. These significant improvements in reporting provide increased ability to track and ensure compliance with training requirements.

In fiscal year 2012-13, all but one supervisor completed at least 24 hours of in-service training, and that one supervisor had completed 23 hours of training.

During the first three quarters of fiscal year 2013-14, 89% of supervisors who supervise *Brian A.* cases, including supervising CM3s, CM4s, and team coordinators, had completed 24 or more hours of supervisory training. Another 3% had less than six hours to complete before the end of the fiscal year, and the remaining 8% of *Brian A.* supervisors had more than six hours yet to complete. These data do not include a major training event for supervisors that took place in January 2014.[252]

As a part of the TAC's 2013 Sibling Visit Review (discussed in detail in Section One B.4.c.), TAC monitoring staff conducted follow-up interviews with the team leaders and used this as an opportunity to ask questions about their training experience and hours. TAC monitoring staff asked the team leaders about their annual in-service requirements. Notwithstanding the fact that most of these interviews were completed by the end of January, forty-five of the 51 team leaders

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[251] Quarterly reports include only staff who are active at the time of the report. They do not include staff who have separated from the Department. Staff who are hired in the last quarter of the year are exempt from the hourly requirement for that year.

Newly hired case managers are not included in the in-service training hours summary above because their training requirements differ from those who have been with the Department for more than one year. New hires will complete well over the 160 pre-service training hours required in the first year. Similarly, graduates of the Department's BSW Tuition Assistance Program will have well more than the required 40 hours of in-service training and are therefore excluded from the quarterly summary.

The third quarterly training report was released in mid-April 2014.

[252] The Department contracted with Tim Nolan, a nationally renowned expert in supervision in the human services field, to provide a full day of training for supervisors on handling conflict, providing feedback, and engaging difficult staff. Fifteen sessions were offered across the state. Mr. Nolan is providing additional training sessions based on his book, *The Essential Handbook for Human Service Leaders.*

interviewed reported to have already completed their 24 hours of annual in-service training for the 2013-14 fiscal year.[253]

E. Requirements for Training Infrastructure (V. E)

The Settlement Agreement requires the Department to have a full-time qualified director of training and maintain sufficient staffing, budget funds, and other resources to provide comprehensive child welfare training.[254]

As discussed in the June 2013 Monitoring Report, for many years the bulk of the Department's training had been provided through a partnership with the Tennessee Social Work Education Consortium (consisting of 14 public and private universities that offer accredited undergraduate degrees in social work) and its administrative hub, the Tennessee Center for Child Welfare (TCCW).

In July 2012, the Department terminated its contract with TCCW and the Consortium and assumed the bulk of the training responsibilities internally, through a combination of hiring additional "in-house" trainers and contracting for specific training needs. In bringing training in-house, the Department created four Central Office units (Planning and Logistics, Training, Resource Parent Training, and Workforce Development) which functioned under the supervision of the Director of the Department's Human Resources Division.

Absorbing the training functions into the Human Resources Division was seen at the time as an efficient way of facilitating the transition of the training functions from TCCW to DCS. Toward the end of 2013, the current Commissioner determined that the training functions warranted a separate division headed by a Director reporting directly to the Commissioner.

The Department's current training function and the process of creating the new division established by the current Commissioner is being led by a new **Director of Training** whose background, experience, organizational skill, and management style appear to be particularly well-suited to the task she has been assigned. The Director of Training directly supervises the Director of Resource Parent Development, the Director of Curriculum Development and Training, the Program Manager of Employee Tuition Assistance, and the Master Trainers from each regional cluster.

The previous structure placed the supervision of regional trainers under a Director of Workforce Development, with the support of three regional HR directors. This design created some barriers to the communication between Central Office training directors, responsible for the delivery and quality of training, and the regional trainers, supervised by the Master Trainers. The Director of Training has assumed direct supervision of the Master Trainers. This reporting structure

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[253] Of the remaining five team leaders, three were case management contract supervisors (see Subsection H.1. above for an explanation of this role), one was on sick leave but has been catching up on training hours upon her return to work, one was in the process of completing the hours, and one was not asked, by the reviewer, about training hours.

[254] The child welfare training is "*to ensure that all persons responsible for children in the plaintiff class will have sufficient training to permit them to comply with the relevant mandates of this agreement, DCS policy, and reasonable professional standards.*" (V.E)

facilitates a stronger partnership with Central Office directors and enables the Director to assess the skills and capacity of the regional training clusters. The regional trainers are divided into seven groups: Shelby, Southwest/Northwest, Davidson/South Central, Mid-Cumberland, Upper-Cumberland/Tennessee Valley, Knox/East and Smoky Mountain/Northeast. Each group includes a Master Trainer and two regional trainers.

In addition to the Director of Training, there are currently 14 staff positions housed in the Central Office and 34 staff positions in the field currently assigned significant training functions. There are also seven regional training coordinators who are in the process of transferring into the training division. The following units and staff are responsible for ensuring delivery and completion of comprehensive child welfare training.

The Director of Training directly supervises:

The **Director of Resource Parent Development**, whose unit is responsible for curriculum development and oversight of the contracts and private providers that deliver Parents as Tender Healers (PATH) training, as well as curriculum development and training delivery for in-service resource parent training. This unit also provides training to all DCS and private provider staff and supervisors that write and approve resource parent home studies. In addition, this unit is responsible for providing elective courses on specialized topics and training for trainers for all pre-service and in-service courses delivered to resource parents. This unit has provided "train the trainer" sessions for 494 provider agency trainers since July 2012. The unit is responsible for planning and coordination of the annual resource parent conference, which trains approximately 800 resource parents over a two-day period. In addition to the director, this unit includes seven staff positions (four in the regions and three in Central Office), all of which were filled as of May 23, 2013.[255]

The **Program Manager of Employee Tuition Assistance**, who administers the BSW and MSW Tuition Assistance Programs discussed in Subsection F below.

The Director of Curriculum Development and Training, who oversees staff training and reporting. There are five program directors and one manager under her in Central Office with distinct areas of responsibility. She also provides direct supervision of three TFACTS trainers, one in each grand region. She shares this responsibility with the DCS Office of Information Technology (OIT) Manager of the TFACTS Customer Care Center. Because the TFACTS Customer Care Center is directly involved in addressing problems TFACTS users have every day and developing solutions for those issues, this allows training staff to be involved at the earliest possible point in addressing training needs and addressing real life issues as quickly as possible through training. In addition, this structure also provides a direct line of communication from the TFACTS Customer Care Center to TFACTS trainers so that they are informed continuously about ongoing issues and updates

The Director of Curriculum Development and Training supervises:

[255] See Section Nine for further discussion of resource parent training.

The **Director of Pre-Service Training**, who is responsible for ensuring pre-service training is regularly offered, with additional cycles as needed; curricula revisions; trainer preparation; and training delivery when needed. The three pre-service specialty weeks (CPS, Permanency, and Juvenile Justice) have been recently updated and revised. This program director had the lead responsibility for revisions to CPS Specialty week.

The **Director of In-service and Reporting**, who oversees statewide personnel tracking system support (data entry, course establishment and enrollment, documentation, reporting, technical assistance, etc.), training file documentation, technical support (coordinating and moderating webinars, deploying e-learning content, etc.), as well as acting as the liaison with OIT. This director supervises four staff positions (two in the regions and two in Central Office), all of which were filled as of May 23, 2013.

The **Director of Permanency Training**, who is responsible for pre-service Permanency specialty week and in-service training related to custodial work with *Brian A*. children. She has led revisions to permanency specialty week and conducted train-the-trainer sessions with regional trainers. She has developed in-service training on concurrent planning and foster care review boards and is in the process of developing additional curricula on reasonable efforts and relational permanency for youth. She is also responsible for monitoring private providers' pre-service curricula. In addition to these duties, she manages special projects with outside providers as assigned. One of these is to equip a contract agency who is taking on case management contracted services for the Department to deliver the Permanency specialty week training themselves. She will provide train-the-trainer sessions for them and ongoing support to ensure their training is consistent with that provided to DCS staff.

The **Director of Supervisory Training**, who is responsible for overseeing the training and certification of supervisors and the development of additional supervisory training. She develops regular reports on the certification of supervisors and provides technical assistance for regional staff on the panel process for supervisors. She is responsible for coordination of the ongoing training provided by Tim Nolan, as described in footnote 252 above. She continues to develop the Department's efforts to establish coaching as a regular supervisory practice at all levels. In addition, she has recently taken over the Commissioner's initiative for job shadowing for all staff.

The **Director of Juvenile Justice Training**, who is responsible for ensuring that regional juvenile justice (JJ) staff and Youth Development Center (YDC) staff are adequately trained with respect to pre-service (JJ Specialty week), in-service, and the legally-mandated Evidence-Based Practices—Aggression Replacement Training (ART) and Youth Level of Services/Case Manager Inventory trainings. This director is also responsible for curriculum revisions and development, trainer development, and training delivery as needed. She supervises three regional trainers who ensure ART training and in-service training is provided to YDC staff in addition to offering in-service and specialty week training to JJ regional staff. As of July 31, 2013, the Tennessee Correctional Academy discontinued all in-service training for JJ staff, so an additional training position was added to meet this need. This position is in the process of being filled. The Director has also developed new training on grant writing and managed the delivery of poverty simulation training. She oversaw the JJ Specialty update, the rollout of mental health curriculum

for Juvenile Justice, and the delivery of suicide prevention curriculum. She is also working with community partners to improve training on federally mandated juvenile justice compliance topics.

The **Manager of Shipping, Printing, and Logistics,** who was brought on in April 2013 to ensure training materials are produced, formatted, and shipped timely across the state. An additional position has already been added since that time to respond to the high volume of training materials and demand for quick response to needs across the state. The Department continues to explore means to leverage existing state government resources and practices, as well as additional opportunities, to develop the efficiency of this function.

The Department's internal training capacity is supplemented by a number of contracts for training or training related services. These include:

The Vanderbilt Center of Excellence (COE) is beginning a project in Davidson County (in July 2014) to bring Screening, Brief Intervention and Referral to Treatment (SBIRT)/Motivational Interviewing training to assessment staff with a focus on parental substance abuse. This will be delivered over a 15-month period in a learning collaborative model, with hands-on support provided monthly between training sessions. The goal is to develop internal capacity, including trainers, team leaders, and Child and Adolescent Needs and Strengths (CANS) assessment consultants, to sustain the application of these skills after the project is concluded. This project has a budget of $183,789 and it will provide the foundation for the CPS Assessment Academy.

The Department of Mental Health and Substance Abuse Services has a federal grant to provide SBIRT/Motivational Interviewing training to DCS staff. This will be a train-the-trainer model initiated in three regions, and the Department hopes to involve some regional program staff in this project to build internal capacity. The target audience for this project will be custodial staff and include using the SBIRT with youth to identify substance abuse issues.

The Training Division is working with the Vanderbilt COE to develop training around the Family Advocacy and Support Tool (FAST) and CANS assessments. They have developed video clips for supervisors to help them incorporate assessment results in supervision and will be working with them to develop training activities and material around their videos. The COE has also offered the use of their video technology and faculty to provide one-hour in-service presentations that can be broadcast across the state.

There are several different ongoing projects related to developing a trauma-informed child welfare system. The Memphis Center of Excellence (COE) has obtained a grant to provide the Trauma Toolkit training to providers and DCS staff in Memphis. This training is slated to be delivered July through August 2014. The East Tennessee State University COE also has a grant to provide Trauma Toolkit training. They want to incorporate the Trauma Toolkit material into psycho-educational groups for resource parents in the Northeast region. The region has identified potential participants and plans to host an informational meeting to ensure these participants understand the program and are able to commit to all of the sessions. Harmony

Adoptions has obtained a five-year grant to offer trauma training directly to resource parents.[256] Training on the Trauma Toolkit will be incorporated into the CPS Assessment Academy mentioned above.

The Department is utilizing the expertise of The Oasis Center (a community partner that supports young people in their transition to adulthood) to develop LGBTQ training in order to be in compliance with the Federal Prison Rape Eliminations Act (PREA) and to develop trainers' skills in addressing these issues with resource parents and staff. This project will cost approximately $5,000 this fiscal year, and the Department hopes to continue working with Oasis over the coming fiscal year. A planning meeting is scheduled for the first week in June to develop an implementation plan.

Members of the training unit are participating in the Tennessee Bureau of Investigations (TBI) Investigative training to see whether there are sessions that can be utilized for non-investigative staff. The TBI training is budgeted at $850,000 over a three-year period.

For the last two years, the Department has supplied continuing legal education (CLE) courses to all DCS attorneys. The Department has funded two and three days respectively in 2012 and 2013 for all DCS attorneys to attend off-site training at a state park and deliver/receive sufficient training to meet their professional annual CLE requirements. Topics for training were selected by surveying all attorneys about practice areas in which they felt they could most benefit from additional training including: Fourth Amendment issues related to investigation and removal; Severe Abuse; Proving Psychological Abuse; Evidence; Trying Terminations of Parental Rights (TPRs); and others.

The DCS training budget for the current fiscal year is $7,681,300. It includes funding for staff training and coaching functions, training and oversight of resource parent training, and $1.7 million to support contracts for the delivery of resource parent training in each region. Actual expenditures as of March 21, 2014 for the current fiscal year for training are $4.5 million.

As discussed in previous monitoring reports, the total training budget for 2012-13, the first year of operating the training "in house," was significantly less than half of the total training budget for the previous year.[257] While the Department believed that it would be able to achieve certain efficiencies by bringing all of the training in house, the Department leadership acknowledged at that time that it anticipated additional training resources would likely be needed as the Department built its internal capacity and the leadership expressed a commitment to ensure that sufficient resources would be made available to meet the Department's training needs. As the Department has built its internal training capacity, the training budget has increased accordingly. The Department leadership is optimistic that its current staffing is sufficient to support its ambitious training agenda, but assessment of staff allocation and deployment will continue as the initiatives described above are implemented throughout the state.

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[256] The team has just completed the first year of planning, and pending approval from the Administration for Children and Families (ACF), the phase two plan will begin in the fall of 2014.

[257] As noted in the June 2012 Monitoring Report, the training budget for the 2012-13 fiscal year was $5.05 million, about a third of the $14.85 million 2011-12 combined budgets for the DCS training division and the TCCW contract training budget.

F. Additional Requirements for Improving Workforce Quality (V.G)

The Settlement Agreement requires that the Department provide stipends and other incentives to support graduate work to enable the state to hire and retain case managers with undergraduate and graduate degrees in social work and related fields. The Settlement Agreement also requires the Department to "*periodically assess whether salary increases are necessary to ensure that Tennessee is competitive with neighboring states in its compensation for case managers and case manager supervisors*." (V.G)

As discussed in previous monitoring reports, the Department has established stipend and incentive programs for both undergraduate and graduate work and, in response to findings of a salary study, raised case manager salaries substantially over a three-year period ending in 2006.

A recent salary study conducted by the Tennessee Department of Human Resources (TDOHR) during 2012 and 2013 compared state salaries with comparable salaries in the private sector, and adjustments were made to salaries for a number of job classes. The study initially resulted in a decrease in the starting salary for DCS case managers, but the Department worked directly with TDOHR and the Tennessee Department of Finance and Administration to ensure that salary ranges were increased to their former levels, and any case manager who began employment with DCS while the adjustments were pending received a retroactive salary increase effective July 1, 2013. All case managers also received a salary increase of 1.5% to account for the previous across-the-board increase received on July 1, 2013.

1. Bachelor of Social Work (BSW) Tuition Assistance Program

The Bachelor of Social Work (BSW) Tuition Assistance Program (formerly referred to as the BSW Stipend Program) provides financial support for selected social work majors who commit to working with children and families immediately after graduation. In this program, the student agrees to work for the Department after graduation for six months for each semester of financial support they receive.[258]

The BSW Tuition Assistance Program began in 2004, and the first students graduated in May 2005. As discussed in more detail below, until June 2012, the BSW Tuition Assistance Program was administered by TCCW with services provided by as many as 12 colleges and universities. The program is now being administered directly by the Department.

As of February 2014, there have been 527 participants in the BSW Program. Of those, 423 have graduated, 68 are enrolled in classes, and 36 have withdrawn from the program before graduating.

[258] Those who withdraw from school without fulfilling their commitment, or choose not to come to work after graduating, or are hired by the Department but fail to complete their employment commitment period, are required to repay the Department. The process for enforcing the repayment obligation was discussed in detail in the November 2010 Monitoring Report. The process for enforcing the repayment obligation was revised in 2013 to ensure that reimbursement was being pursued in a timely manner. A backlog in these reimbursement cases that had built up during the time that the BSW program had been supervised by TCCW has been eliminated.

Of the 423 graduates, 389 were employed by the Department, 32 graduates were never hired, and two students recently graduated and are currently being interviewed for positions. The following table shows the breakdown of graduates from this program.

Table 5.1: Bachelor of Social Work (BSW) Tuition Assistance Program, Status of Students who Graduated between May 2005 and February 2014

Graduate Status	Number of Graduates	Percentage of Graduates
Recent graduates who are actively seeking employment	2	0.5%
Current employees who are working toward meeting their contract obligations	89	21.0%
Current employees who are still working for the Department and have completed their contract obligations	181	42.8%
Former employees who completed their contracts but separated from the Department	63	14.9%
Former employees who did not complete their contract	56	13.2%
Graduates who were never hired	32	7.6%
Total number of BSW/BSSW graduates	**423**	**100.0%**

Source: The Department's Tuition Assistance Database.

As discussed in the June 2012 Monitoring Report, in the Department's view, the BSW Tuition Assistance Program had not been as successful in attracting and retaining high-quality staff as the Department had expected. There are certainly BSW Tuition Assistant Program graduates who came to their positions well prepared by their two years of child welfare focused coursework and field experience, who have done and are doing excellent work for the Department, and who have remained with the Department beyond the two-year commitment required of those who received tuition assistance. However, there have been differences in the quality of the college and university programs themselves and considerable variation among program graduates in terms of the level of skill, quality of preparation, and depth of commitment to public child welfare work that they have exhibited upon graduation.

Since assuming responsibility for administration of the program in 2012, the Department has been working to address these concerns. In order to increase the likelihood that those who enter the BSW program will have the qualities that the Department is looking for in program graduates, the Department has undertaken responsibility for the program's marketing and recruitment and has developed and implemented a competency-based assessment process for the selection of the students. By assuming control over the processes by which students are admitted into the program, the Department believes it has been able to identify students who are likely to

achieve long-term employment success with DCS.[259] Because universities are not driving the selection process, the Department has been able to shift the focus of the selection process from finding as many field placements as possible for students to limiting selection of students to only those whom the regional administrator identifies as a potential future hire. Employing a new selection process that parallels that of entry-level case managers has resulted in an increased percentage of students finding employment at the conclusion of their internships. Central Office further intends to design a standardized internship experience for BSW Tuition Assistance Program students so that regardless of the region in which the students do their internship, the students will have a core set of experiences that will prepare them for entering the DCS workforce upon graduation.

The Program Manager for the BSW and MSW Tuition Assistance Programs has also coordinated with the DCS Office of Human Resource Development to streamline the hiring process so that BSW Tuition Assistance Program graduates are more quickly and easily hired upon graduation. The program director tracks the progress of all students in their final year to ensure that they are completing applications in a timely manner and communicates directly with students who have not found a position in their final semester to identify barriers to securing employment. These efforts, along with the more effective selection process described above, have also resulted in a significant reduction in the number of students who do not fulfill their employment commitments, resulting in financial default and a responsibility to repay the Department for funds expended on behalf of the student. Since the Department assumed control of the program, only two students have defaulted on their agreements.

2. 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 the Department upon graduation. As is the case for the BSW Tuition Assistance Program, the employee agrees to continue to work for the Department for six months for each semester of financial support they receive, up to 24 months.

As of February 2014, there are a total of 219 DCS employees that have graduated or are actively in the MSW program. Of those, 173 have graduated with an advanced social work degree and 46 employees are currently enrolled for the 2013-14 academic year.

The MSW Tuition Assistance Program is used by DCS staff to advance professionally within the Department and to support Council On Accreditation (COA) standards on recruiting and retaining a workforce with advanced degrees.

[259] Only two students have defaulted since the Department assumed administration of the program, and of all "separations" in calendar year 2013, there was only one involving a case manager who had been a BSW Tuition Assistance Program graduate.

3. BSW and MSW Tuition Assistance Program Funding

Combined funding for the BSW and MSW Tuition Assistance Programs for fiscal year 2013-14 was $1.7 million. Actual expenditures through March 31 of the 2013-14 fiscal year were $861,562 for the BSW Program and $327,729 for the MSW program, for a total of $1.18 million.[260]

4. Graduate Reimbursement Program

In addition to the MSW Tuition Assistance Program, the Department offers financial incentives for DCS staff who wish to obtain an advanced degree in a Human Services field such as Psychology, Sociology, Counseling, Criminal Justice or Public Service Management. The Graduate Reimbursement Program (overseen by the DCS Division of Training) reimburses DCS staff for their tuition and up to $200.00 for books. The program as presently operated requires staff to agree to work for the Department after graduation for six months for every semester of financial support they receive. Seventeen DCS employees are currently participating in this program.[261]

5. Master's Degree Salary Increase Program

As an incentive for DCS employees who provide direct services to the children and families served by the Department to obtain an advanced degree, the Department has established and recently finalized guidelines for the Master's Degree Salary Increase Program. This program offers staff who work in the Case Manager series (CM1, CM2, CM3, CM4, and Team Coordinators) a 5% pay increase for obtaining a master's degree in a Human Services field. Included under this program are Master's degrees in the fields of social work, psychology, counseling, sociology, criminal justice, or public service. Other Master's level degrees may be considered and approved by the DCS Master's Degree Increase Panel. Since December 2008, 429 DCS employees have received the pay increase through this program.

G. Performance Evaluations to Ensure Case Manager and Supervisor Competency (V.H, I)

The Settlement Agreement requires the Department to develop and implement a performance evaluation process which includes an annual assessment of the extent to which case managers and case manager supervisors are handling their case responsibilities consistent with DCS policy, reasonable professional standards, and the provisions of the Settlement Agreement. (V.H) The process is to ensure that case managers in need of additional training are identified and that

[260] The $1.7 million budget line for the BSW and MSW Tuition Assistance Programs includes funding for the Graduate Reimbursement Program (see Subsection F.4 below), but the $1.18 million figure for actual expenditures is for the BSW and MSW Tuition Assistance Programs only.

[261] This program preceded the Tuition Assistance Program and was in existence at the time the original Settlement Agreement was entered.

appropriate action (including reassignment or termination) is taken with respect to case managers who are not performing at acceptable levels.

As discussed in the June 2012 Monitoring Report, the Department completed work to re-design its Performance Management System in early 2012. The Department was in the process of implementing this redesign of its performance evaluation system when, on April 11, 2012, the TEAM (Tennessee Excellence, Accountability and Management) Act was passed by the Tennessee Legislature. The TEAM Act completely overhauled the state's performance evaluation system for all state employees and required each agency to implement and comply with the new state performance evaluation system. The Department therefore suspended implementation of its performance evaluation process until revisions were made to conform the Department's process to the requirements of the TEAM Act.

As mandated by the TEAM Act, the revised performance evaluation system, as it is now being implemented by DCS, includes:

- a standardized Performance Plan written with expected work outcomes or goals which are Specific, Measurable, Achievable, Relevant, and Time-sensitive (SMART) and which identify standardized performance goals tied back to the Department's performance goals for the particular job classification and program area;

- two interim performance reviews during the cycle; and

- an annual performance evaluation.

In addition to these TEAM Act requirements, the DCS evaluation process continues to require that monthly performance briefings be completed to provide regular feedback on employee performance.[262]

The initial annual performance evaluation cycle for the state designed in response to the TEAM Act requirements ran from October 1, 2012 until July 31, 2013.[263] The current performance evaluation cycle began on November 1, 2013 and runs through September 30, 2014.[264]

The Office of Human Resource Development tracks the completion of the steps in the performance evaluation cycle. As of February 18, 2014, 95% of the Department's 4,086 employees had an Individual Performance Plan (IPP) completed in Edison (every employee is

[262] As discussed in the June 2013 Monitoring Report, in order to foster a culture of continuous feedback based on employee development, implementation of the revised performance management system includes the creation of Individual Performance Plans for employees and the development of coaching skills in supervisors/leaders. As of January 1, 2014, all case managers serving in a supervisory role (with the exception of those in the supervisor certification process) participated in the two-day ACCWIC "Leadership Coaching" training to gain knowledge and skills around coaching (see Subsection C.3 for detailed discussion of supervisory training).

[263] As would be expected with the implementation of a new process, much time during the first performance evaluation cycle was spent on training supervisors and on making adjustments to the process as necessary.

[264] The three-month gap between the end of the initial performance cycle and the beginning of the current performance cycle was to accommodate modifications in the evaluation process that were implemented in response to the experience with the initial evaluation cycle.

required to have an IPP completed within the first three months of the evaluation cycle).[265]

H. Provisions Related To Caseloads and Case Coverage (V.J, V.K, V.L, V.M, V.N)

The Settlement Agreement requires that a DCS case manager be assigned to each case and that the case manager have full responsibility for that case, including working with the child and family; visiting with both for the purposes of assessing and meeting their needs; determining and implementing the permanency plan; supervising, supporting, and assuring the stability of the child's placement; and assuring a safe, adequate and well-planned exit from foster care. If a private provider is engaged in the case, the DCS and private provider case managers are to "collaborate" to ensure compliance with this agreement.[266]

The Settlement Agreement establishes caseload limits and case coverage requirements and includes specific provisions related to turnover rates, transfers of cases, and maintenance of up-to-date and complete case files.

1. Caseload and Supervisory Workload Limits (V.J, V.K)

The Settlement Agreement (V.J) provides that any DCS case manager responsible for the case of at least one class member not have case responsibility for more than:[267]

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[265] In order to ensure consistency and uniformity in performance evaluation, without creating "cookie cutter" job plans, the Deputy Commissioner for Child Program and the regional administrators have developed a "menu" of SMART goal options that can be considered for inclusion in job plans. Goals are included for various job classification and responsibilities, and they may be tailored to address unique qualifications, experience, or tasks. Goals are expected to be directly related to particular agency outcome goals, and performance should be evaluated based both upon qualitative observation and assessment and objective, data-informed evaluation. For example, to support the Department's goal of increasing the number of children reaching permanency in a timely manner, action steps might include completing face-to-face visits, parent-child visits, and permanency plans within specific time frames.

[266] As part of this collaboration (and consistent with the other requirements of the Settlement Agreement) the private provider case manager in private provider case managed cases assumes many of the day-to-day responsibilities for case management that DCS case managers assume in DCS case managed cases, (including visiting the child's placement, ensuring parent-child and sibling visits, and making the face-to-face contacts with children). The DCS case manager in private provider case managed cases, while relieved of some of the day-to-day responsibilities, remains actively involved in the case and retains the overall responsibility described in this Settlement Agreement provision.

[267] There are four case manager positions, two of which (case manager 1 and case manager 2) are non-supervisory positions and two of which (case manager 3 and case manager 4) are supervisory. Case manager 1 is a trainee/entry level class for a person with no previous case management experience; after successful completion of a mandatory one-year training period, a case manager 1 will be reclassified as a case manager 2. A case manager 2 is responsible for providing case management services to children and their families, and requires at least one year of case management experience. A case manager 3 can have supervisory responsibility for leading and training case manager 1s and case manager 2s in the performance of case management work. A case manager 4 is typically responsible for the supervision of staff (including case manager 3s) in a regional office who are providing case management services for children and their families. The terms case manager 4 and team leader are used interchangeably. A team coordinator supervises the case manager 4s/team leaders.

- 15 individual children in DCS custody if the case manager is a case manager 1;
- 20 individual children in DCS custody if the case manager is a case manager 2 or 3 with no supervisory responsibility; and
- 10 individual children in DCS custody if the case manager 3 supervises one or two lower-level case managers.

The Settlement Agreement provides that, should the Department propose the use of workers carrying a mix of custodial and non-custodial cases, "a *weighted equivalent caseload standard will be developed in consultation with the TAC*." The Department has not yet made such a proposal and, in the absence of a weighted equivalent caseload, the TAC has considered those case managers who have a mix of custodial and non-custodial cases to be subject to the "individual child" limits that are applicable to custodial caseloads.

With the transition to TFACTS and in keeping with the family focus of the Department's *Practice Model*, the Department has moved from a "child case" data system to a "family case" data system and toward conceptualizing staff workloads in terms of the number of families that a case manager is working with, and not just the number of individual children.

After having moved over the past few years toward increased use of "mixed caseloads"—caseloads that included both non-custodial and custodial cases—the Department has reconsidered that approach and has decided to avoid including non-custodial cases on the caseloads of those handling *Brian A.* class members. The shift back from mixed caseloads has begun and will continue over the next six months.

In the interim, the Department's caseload data reports mixed caseloads by adding the number of *children* for custody cases, the number of *children* for certain types of non-custody cases,[268] and the number of *cases* for three types of non-custody cases: Family Support Services (FSS) cases, Child Protective Services (CPS) investigation cases, and CPS assessment cases.[269] Therefore, for mixed caseloads of *Brian A.* children and FSS cases (and for the rare instance in which a CPS worker carries a *Brian A.* case), the "total caseload" reflected in the caseload data presented in this monitoring report will not necessarily reflect the total number of custody and non-custody children for whom the assigned worker is responsible. In fact, because a significant proportion of FSS cases involve families with more than one child in the home, it is likely the number given for the total caseload will actually be lower than the total number of children on the caseload.

[268] The following types of non-custody cases are counted by child in TFACTS and in the caseload data: Extension of Foster Care cases, Family Crisis Intervention Program (FCIP) cases, incoming Interstate Compact on the Placement of Children (ICPC) cases (these are dependent and neglected and unruly children in the custody of another state whose placement in Tennessee is supervised by DCS), incoming Interstate Compact on the Placement of Juveniles (ICJ) cases (these are children with delinquent adjudications in the custody of another state whose placement in Tennessee is supervised by DCS), Juvenile Justice aftercare cases, Juvenile Justice probation cases, and Juvenile Justice pre-trial diversion cases.

[269] There are a few additional non-custody case types that are counted by case, but the work required is not dependent on the number of children involved, and counting by case is therefore the most reasonable approach. These non-custody case types are orders of reference, home studies, and resource homes supervised by Resource Parent Support staff. Workers carrying these types of cases rarely, if ever, carry *Brian A.* cases.

For example, a caseload with 19 custody children and one FSS case would be reported as a caseload of 20 (within the *Brian A.* caseload limit), even if the FSS case involved a sibling group of four, resulting in the case manager having responsibility for 23 children (which the TAC would consider to be a caseload of 23, above the caseload limit).[270] The TAC is in the process of determining the extent to which counting the actual number of children in FSS cases would affect the caseload compliance percentages presented in this report.

The Settlement Agreement also sets supervisory workload limits for those who supervise case managers handling caseloads that include class members. A case manager 4 or team coordinator may supervise no more than five lower-level case managers and may not carry their own caseload. Under certain circumstances, a case manager 3 may supervise up to four lower-level case managers but may not carry a caseload if the case manager 3 is supervising more than two lower-level case managers.

a. DCS Case Manager Caseloads

One of the most significant accomplishments of the Department's reform effort has been the reduction of caseloads to manageable limits. Using a combination of aggregate reports from TNKids and targeted reviews and spot checks of individual case manager caseloads, previous monitoring reports documented that the Department was generally keeping caseloads within the limits established by the Settlement Agreement and that for those few case managers during any given month whose caseloads exceeded the limits, their caseloads were back down within the limits within a relatively short time.

It was a matter of considerable concern to the parties and the court that during the eight-month period from July 2012 through February 2013, as reported in the June 2013 Monitoring Report, more than one-fifth of case managers in three regions consistently had caseloads above the limits established by the Settlement Agreement, and in two additional regions, more than 10% of case managers consistently had caseloads above the Settlement Agreement limits. Statewide, the percentage of case managers whose caseloads were within the Settlement Agreement limits did not go above 90% during this period. In light of this decline in performance, the parties agreed

[270] Of the 551 case managers with at least one *Brian A.* case on their caseloads as of the end of January 2014 according to the manual tracking spreadsheet, 212 (38%) also had FSS cases on their caseloads, and one CPS case manager temporarily had one *Brian A.* case on her caseload. That percentage ranged between 43% and 45% for the months in 2013 for which TAC monitoring staff analyzed caseload data (January, February, March, April, and July). In the TAC's most recent round of interviews with case managers about caseloads (conducted during the first quarter of 2013 and discussed in the June 2013 Monitoring Report), some case managers expressed concern about the practice in their regions of determining caseload size by counting custody children and non-custody cases. They felt that this was an inaccurate representation of their workload because, in their opinion, non-custody cases can be more time consuming than custody cases. Of the 83 *Brian A.* case managers interviewed, 89% (74) had caseloads within the limits set by the Settlement Agreement on the date of the interview, when caseloads were counted in the same way that they are counted for purposes of the manual caseload tracking process (the number of *Brian A.* children and, if applicable, Juvenile Justice youth plus the number of non-custody cases). If caseloads were counted by child only (the number of *Brian A.* children, Juvenile Justice youth, and non-custody children for which the case manager is responsible), 81% (67) of the 83 *Brian A.* case managers interviewed had caseloads within the limits set by the Settlement Agreement.

that the relevant provision of the Settlement, which had been previously designated in maintenance, should be moved out of maintenance.[271]

The Department implemented a number of strategies to address the rise in caseloads, including allocating additional case manager positions to regions with consistently high caseloads,[272] expediting the hiring process to allow vacant positions to be filled more quickly,[273] and entering into case management contracts with private providers that could be utilized as needed. Based on the most recent manual tracking data, it appears that these strategies are working.[274]

i. Analysis of Manual Tracking Data[275]

The manual caseload tracking process requires the regions to enter into a spreadsheet the number of cases on each case manager's caseload by type (CPS, *Brian A.* custody, Juvenile Justice custody, non-custody) as of the end of the month.[276] For each caseload-carrying case manager, the regions enter the number of custody *children*, the number of *children* for certain non-custody cases, and the number of *cases* for other types of non-custody cases as described above.

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[271] The performance during 2012 and the first half of 2013 stood in sharp contrast to caseload data for the most recent prior period (May 2009 through May 2010) for which aggregate caseload data were available. That data, discussed in the April 2011 Monitoring Report, reflected that on average 96% of case manager caseloads fell within established caseload limits, and in no month were fewer than 94% of caseloads within those limits. There was relatively little regional variation: eight regions had caseload compliance rates at or above the statewide 13-month average and another three regions had rates just under the statewide average (two at 95% and one at 93.8%). The remaining region had a compliance rate of 86.8%, substantially below the statewide 13-month average.

[272] The Department added 20 new *Brian A.* case manager positions in fiscal year 2013-14, and the budget for fiscal year 2014-15 includes 40 additional case manager positions to be distributed between custody and non-custody teams. In addition to adding new case manager positions, the Department continues to assign a small number of *Brian A.* cases to workers who do not typically carry *Brian A.* cases, such as permanency specialists and court liaisons, as a temporary measure to manage caseloads in areas that struggle with high caseloads.

[273] Key strategies to expedite the hiring process include: collaboration among regional administrators and the Office of Human Resource Development to ensure prompt request and delivery of the register from which regional administrators may hire; strategic use of open registers to fill positions that become open while interviews for other positions are ongoing (when appropriate); LEAN analysis of the hiring process completed to allow the Department to identify barriers to timely replacement of separated employees and begin the process of implementing strategies to address those areas (see description of LEAN events in Section Eleven); and improved tracking of turnover to identify regional trends, with work in progress to further increase the level of detail included in turnover tracking.

[274] In addition to this focus on increasing case manager positions, the Department also focused on trying to reduce the number of children in care. The Commissioner partnered with private providers to implement "Project PACT," an initiative with a goal of identifying 500 children who were "stuck" in foster care because of some obstacle to permanency and then moving those children to permanency by making a concerted effort to overcome those obstacles.

[275] As discussed in detail in the June 2014 TFACTS Evaluation Status Update, the change to a "family case" in TFACTS adds a level of complexity to designing an aggregate report on caseloads. While the Department continues to improve its aggregate reporting on caseloads, for purposes of this monitoring report, the TAC relies on data gathered from the regions' manual caseload spreadsheets.

[276] See Appendix K for a description of the manual caseload tracking process. Since the production of the June 2013 Monitoring Report, the Department has clarified that the caseload count is as of the last day of the month, not the first day of the following month. TAC monitoring staff have updated the language and dates in this monitoring report accordingly. For example, what was reported as the "March 2013" monthly caseload count in the June 2013 Monitoring Report is referenced as the "February 2013" monthly caseload count in this monitoring report because the count was as of February 28, 2013.

Table 5.2 below presents the percentage of case managers carrying at least one *Brian A.* case[277] whose total caseloads,[278] according to the manual caseload tracking spreadsheets, were within the caseload limits established by the Settlement Agreement, statewide and by region, as of the end of each month for selected months during 2013 and the first month of 2014.[279] The analysis used for this table considers each non-custody FSS or CPS case as the equivalent of a single custodial child for purposes of determining the percentage of cases within caseload limits (as described earlier in this section). Statewide, caseload compliance ranged between 87% and 90% during the first four months of 2013, and then fell to 83% by July 2013, with compliance in five regions below 80%. By January 2014, statewide caseload compliance had increased to 95%, with compliance above 95% in eight regions and with the compliance rates in the remaining four regions ranging from 85% to 91%.

[277] The tables and figures in this subsection do not account for the small number of team leaders carrying *Brian A.* cases in violation of the supervisory workloads requirements of the Settlement Agreement. The caseloads of those team leaders are counted in the data regarding supervisory workloads in Subsection b below.

[278] As noted in the June 2013 Monitoring Report, there is a lack of consistency in reporting some types of non-custody cases in the manual caseload spreadsheets, particularly cases of young adults transitioning from foster care who continue to receive services or supports ("Extension of Foster Care" cases), which are most likely to be included in a mixed caseload with *Brian A.* cases. The consistency of entry of the Extension of Foster Care cases has improved over time, and the January 2014 caseload spreadsheet appears to account for the majority of Extension of Foster Care cases. The data for January 2014 reflected in the Table and Figures below include extension of foster care cases worked by *Brian A.* case managers in the total caseload counts.

[279] Data for months prior to January 2013 is excluded because the Department did not begin to include the information about job classification necessary for determining compliance with the specific caseload provisions of the Settlement Agreement in the manual spreadsheets until January 2013. Because the analysis of the manual caseload spreadsheets is a particularly cumbersome and time-consuming process, TAC monitoring staff did not analyze the spreadsheets for each month during 2013, even though the Department provided those spreadsheets to the TAC. Performance for the first four months of 2013 changed very little from month to month, and performance in July was somewhat lower than in the first four months. The TAC decided to wait until January 2014 to conduct another analysis in order to allow the strategies implemented by the Department during the third quarter of 2013 time to improve performance.

Table 5.2: Of Case Managers Carrying at Least One *Brian A.* Case, Percentage Meeting Caseload Requirements as of the Last Day of Each Month						
Region	**Jan-13**	**Feb-13**	**Mar-13**	**Apr-13**	**Jul-13**	**Jan-14**
Davidson	97%	100%	100%	100%	100%	91%
East Tennessee	100%	100%	100%	97%	100%	97%
Knox	71%	61%	57%	64%	70%	100%
Mid-Cumberland	79%	75%	78%	70%	65%	97%
Northeast	96%	96%	92%	98%	85%	90%
Northwest	100%	96%	96%	93%	92%	100%
Shelby	94%	94%	100%	97%	97%	100%
Smoky Mountain	88%	92%	92%	71%	50%	87%
South Central	100%	100%	100%	100%	100%	100%
Southwest	96%	93%	93%	81%	83%	100%
Tennessee Valley	100%	100%	96%	100%	96%	98%
Upper Cumberland	70%	72%	77%	79%	70%	85%
Statewide	**90%** (n=506)	**89%** (n=518)	**90%** (n=520)	**87%** (n=525)	**83%** (n=529)	**95%** (n=551)

Source: DCS Manual Caseload Tracking Spreadsheets as of January 31, 2013, February 28, 2013, March 31, 2013, April 30, 2013, July 31, 2013, and January 31, 2014.

Table 5.3 below reflects the percentage of caseloads listed as caseload limit compliant in the previous table for which at least one case in each caseload was a FSS or CPS case that may have involved multiple children. These mixed caseloads made up 38% of the caseload limit compliant cases statewide, but made up a substantially higher percentage of those cases in some regions. Certainly some portion of those mixed caseloads, counted as falling within caseload limits by the manual caseload data, exceed the *Brian A.* caseload limit of 20 children.

Table 5.3: Number and Percentage of "Caseload Compliant" Case Managers with Mixed Caseloads Containing Non-Custodial Family Cases on the January 31, 2014 Manual Caseload Tracking Spreadsheet, by Region			
Region	**Total Number of "Caseload Compliant" Case Managers**	**Number of "Caseload Compliant" Case Managers with Mixed Caseloads**	**Percentage of "Caseload Complaint" Case Managers with Mixed Caseloads**
Davidson	29	12	41%
East Tennessee	38	12	32%
Knox	50	0	0%
Mid-Cumberland	67	23	34%
Northeast	44	21	48%
Northwest	28	25	89%
Shelby	68	18	27%
Smoky Mountain	46	20	44%
South Central	36	19	53%
Southwest	30	25	83%
Tennessee Valley	45	12	27%
Upper Cumberland	45	14	31%
Statewide	**526**	**200**	**38%**

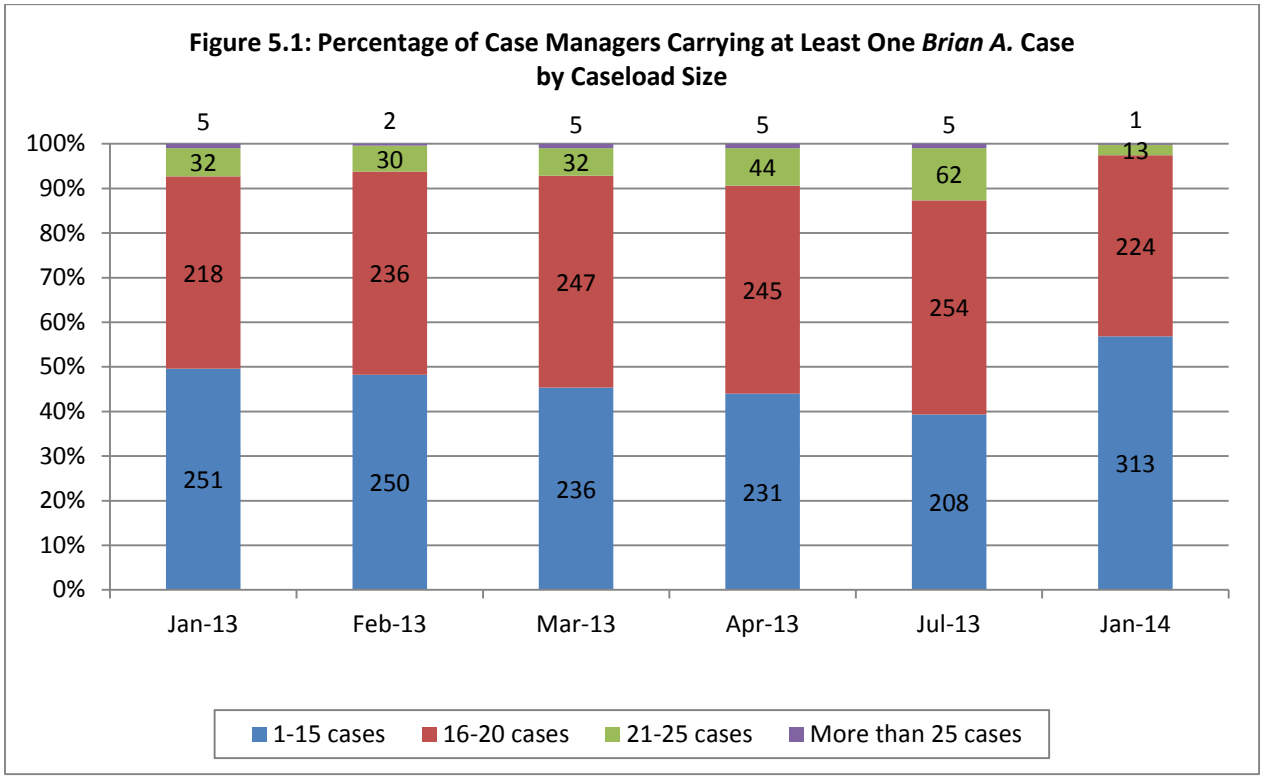
Source: DCS Manual Caseload Tracking Spreadsheet as of January 31, 2014.

It is important not only to know the percentage of caseloads that exceed caseload limits during a particular month, but also to know by how many cases those caseloads exceed the limits (keeping in mind that for mixed caseloads, total caseloads of identical size may not necessarily represent equivalent workloads and the actual number of children on those caseloads is likely to be higher than reflected in the data). A caseload that is one or two cases over the limit creates a much lesser problem than one that exceeds the limit by 10 cases. It is therefore important to look at the number of cases carried by those workers whose caseloads are over the limit in any given month.

Figure 5.1 below presents, for case managers who had at least one *Brian A.* case on their caseloads (without regard for case manager job classification), the percentage of case managers whose total caseload size fell within each category (0-15 cases, 16-20 cases, 21-25 cases, and more than 25 cases).[280]

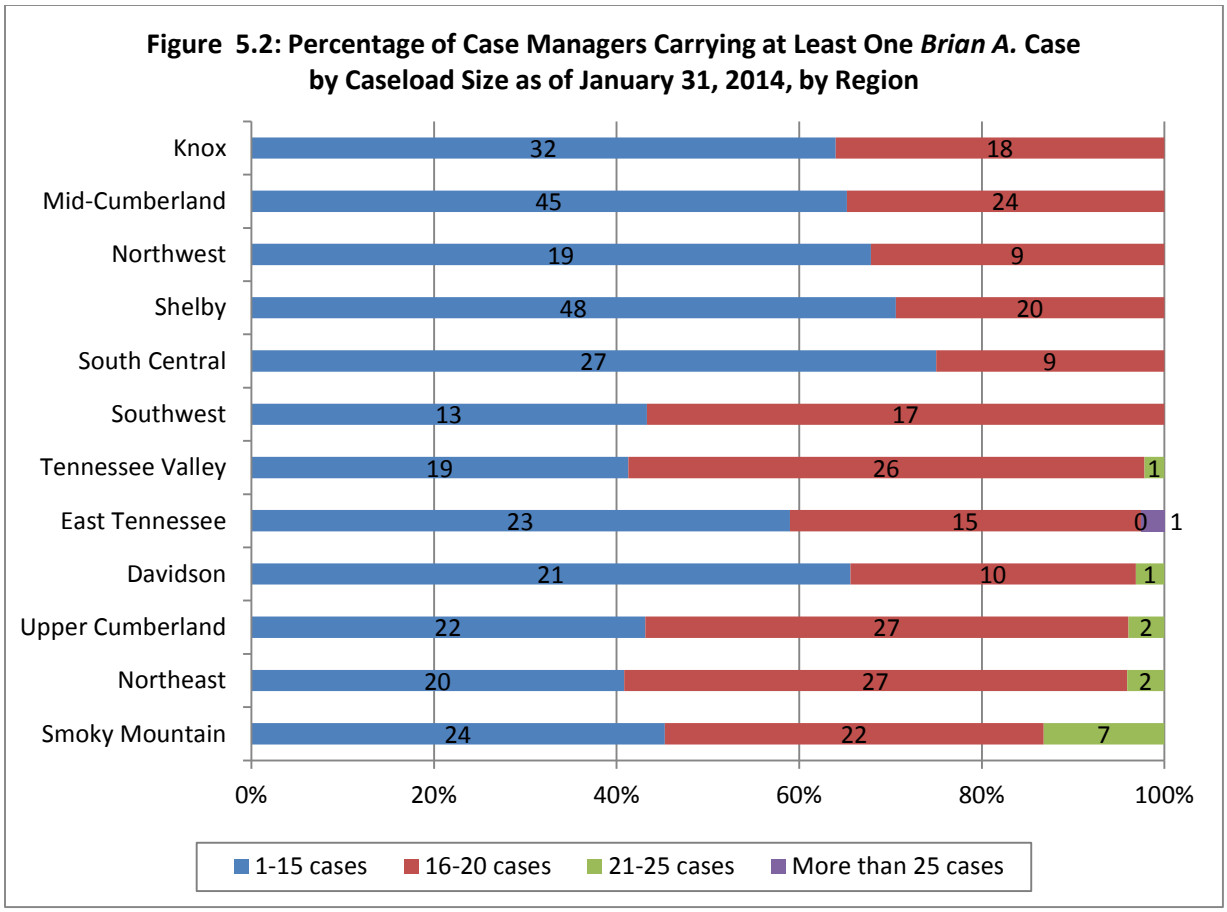
[280] For reasons having to do with the nature of the analysis, the data in Figures 5.1 and 5.2 do not account for the different caseload caps of case manager 1s, case manager 2s, and case managers 3s in the way that Table 5.2 above does.

Statewide, the percentage of those case managers who had more than 20 cases on their caseloads at the end of the month ranged between 6% and 9% from January through April 2013, increased to 13% in July 2013, and then fell to 2% by January 2014.



Source: DCS Manual Caseload Tracking Spreadsheets as of January 31, 2013, February 28, 2013, March 31, 2013, April 30, 2013, July 31, 2013, and January 31, 2014.

Figure 5.2 shows these data by region as of January 31, 2014, with the region with the smallest percentage of caseloads of more than 20 cases at the top and the region with the largest percentage of caseloads of more than 20 cases at the bottom. On January 31, 2014, case managers in six regions had more than 20 cases on their caseloads. In Tennessee Valley, East Tennessee, Davidson, Upper Cumberland, and Northeast, fewer than 5% of case managers had caseloads of more than 20 cases. In Smoky Mountain, 13% of case managers had caseloads of more than 20 cases.



Source: DCS Manual Caseload Tracking Spreadsheet for January 31, 2014.

b. DCS Supervisor Workloads

Previous monitoring reports, using a combination of aggregate reports from TNKids and targeted reviews and spot checks of individual supervisory workloads, have documented that the Department has generally kept supervisory workloads within the limits established by the Settlement Agreement and responded appropriately to relatively infrequent instances when a particular supervisor's workload exceeds the limit.[281]

As is the case with case manager caseload tracking and reporting, the change to a "family case" in TFACTS adds a level of complexity to designing an aggregate report on supervisory workloads. While the Department continues to improve its aggregate reporting on supervisory

[281] As discussed in the April 2011 Monitoring Report, data from TNKids for the most recent 13-month period (May 1, 2009 through May 1, 2010) for which aggregate supervisory workload data are available, showed that 96% of supervisors during that period were within the five to one supervisee to supervisor workload limit.
TAC monitoring staff conducted a previous spot-check of supervisory workloads during the first quarter of 2013, discussed in more detail in the June 2013 Monitoring Report, which involved interviews with case managers representing 64 teams across the state. About three-quarters of case managers interviewed indicated that, to the best of their knowledge, their teams were not in violation of the *Brian A.* supervisory workload requirements.

workloads, for purposes of this monitoring report, the TAC relies on both data gathered from the manual caseload spreadsheets[282] and interviews with a sample of team leaders.

TAC monitoring staff analyzed supervisory workloads as reflected in the manual caseload spreadsheets for March 2013, April 2013, July 2013, and January 2014. In each month, TAC monitoring staff found instances of temporary violations of the supervisory workload limits, such as when a team leader or case manager 3 went on maternity leave or was transitioning into a new position, or when a team leader or case manager 3 position was vacant and in the process of being filled.[283] TAC monitoring staff also found team structures which might be construed to violate the supervisory workloads—specifically, when a team leader supervised five lower-level case-carrying case managers and one additional non case-carrying case manager (such as a permanency specialist or a court liaison).

Table 5.4 below shows the percentage of teams in each region that were in compliance with the supervisory workloads, using a very strict interpretation of the Settlement Agreement language in which the situations described above are considered non-compliant.[284]

[282] See the discussion of the manual caseload tracking process in subsection a. above and the detailed description of the process in Appendix K.

[283] Regions do not consistently indicate temporary leave of supervisors on the manual caseload spreadsheets or the organizational charts; therefore, the analysis presented here may not account for every instance of temporary leave.

[284] When a more nuanced and appropriately flexible interpretation is used, which does not count brief transition periods or an additional non-caseload-carrying case manager on the team as non-compliant, all regions except Upper Cumberland are at or above 89% compliance with the supervisory workload requirements, and Upper Cumberland's performance increases to 82%.

Table 5.4: Percentage of Supervisory Workloads Meeting Settlement Agreement Requirements for All Teams with at Least One *Brian A.* Case				
	March 2013	**April 2013**	**July 2013**	**January 2014**
Davidson	100%	100%	86%	100%
East	100%	100%	100%	100%
Knox	89%	89%	90%	90%
Mid-Cumberland	77%	73%	70%	100%
Northeast	100%	100%	100%	82%
Northwest	86%	86%	86%	89%
Shelby	100%	100%	100%	100%
Smoky Mountain	85%	100%	100%	92%
South Central	100%	100%	100%	86%
Southwest	100%	100%	100%	88%
TN Valley	100%	100%	100%	89%
Upper Cumberland	69%	67%	60%	55%
Statewide	**91% (n=124)**	**92% (n=122)**	**90% (n=125)**	**90% (n=124)**

Source: DCS Manual Caseload Tracking Spreadsheets as of March 31, 2013, April 30, 2013, July 31, 2013, and January 31, 2014.

As part of a recent review of sibling cases, discussed in detail in Section One of this monitoring report, TAC monitoring staff also conducted interviews during the first quarter of 2014 with 47 team leaders on the cases in the Sibling Review sample. During those interviews, TAC monitoring staff asked the team leaders about their supervisory workloads.

The information gleaned from those interviews is consistent with the manual tracking data. The supervisory workloads of the majority of team leaders were unquestionably compliant with the Settlement Agreement requirements, and there was only one team leader who appeared to have ongoing problems with supervisory workloads in violation of the Settlement Agreement requirements. Of the 47 team leaders, 44 reported that as of the interview date, their supervisory workloads were compliant with the Settlement Agreement requirements. Of the three team leaders whose supervisory workloads were not compliant with the Settlement Agreement on the date of the interview, two were temporarily supervising case managers from another team leader's team while that team leader was out on leave, and the third team leader directly supervised six case managers, but only five of them were caseload-carrying. Ten of the 47 team leaders indicated that at some point during 2013, they had supervised more than five lower-level case managers or had carried a caseload, but nine of those case managers reported that the violations resulted from temporary circumstances involving leave or vacancies that lasted from a

few days to a few months. Only one team leader indicated that she had consistently both supervised more than five case managers and had primary responsibility for cases.

2. Special Requirements for Regions with High Staff Turnover (V.M)

The Settlement Agreement requires that for any region with an annual case worker turnover that exceeds 10%, in which cases are either uncovered or being assigned to workers at the caseload cap, the Department is to maintain a regional "*pool of trained workers to assume the caseloads of departing workers*." (V.M)

The Department has developed a process for tracking, reporting, and responding to regional turnover. As discussed in previous monitoring reports, since turnover rates in excess of 10% have existed across the state, the Department had developed a Central Office managed bank of vacant positions which it then reallocated to regions experiencing high turnover. This served as the functional equivalent of the worker "pool." The Deputy Commissioner of Child Programs and regional administrators managed the bank in coordination with the appropriate Human Resources leader. Regular attention was paid to both regional turnover and regional caseloads to ensure that "banked" positions were assigned to the regions when necessary.

Over the past couple of years, in part because of a shift in state government away from allowing Departments to maintain "vacant positions" from year to year and in part because the Department had largely distributed the remaining "vacant positions" to the regions to respond to their staffing needs, the Department no longer maintains a "bank of vacant positions." Instead the Department has developed a formula for allowing regions that experience high turnover rates to "over hire"—to hire at any given time more staff than they have currently open positions.

A region that exceeds 10%, in which cases are either uncovered or being assigned to workers at the caseload cap, can "over-hire" by one half of the annual average number of vacancies for that region. For example, if as a result of high turnover a region has had an average of eight vacancies over the course of the past year and had eight vacant positions today, they could hire 12 new case managers to fill those eight vacant positions (in anticipation that, because of turnover, in the time that it takes to hire and train 12 new case managers, there will be additional positions opening up). If that region has only six open positions (even though its annual average vacancy is eight positions), the region can still over-hire by one half of its annual average vacancy rate—so it can hire 10 new case managers to fill those six open positions.

The Department believes that "over hiring" will provide each region with a pool of case managers (including new case managers hired and in training for positions that may not yet be available), so that vacancies in high turnover regions can be filled promptly. The Department will be monitoring this process and making adjustments to the "over hiring" formula as appropriate to ensure that vacancies are quickly filled.

Table 5.5 below presents the annualized turnover rates[285] for January 2013 through December 2013 for all regional case manager positions.[286]

[285] Only separations from the Department are calculated in this turnover rate. Promotions, including the reclassification of case manager 1 positions to case manager 2 positions after completion of the probationary year, are not included in the data. However, the "turnover" in case managers that children and families experience results not just from case managers leaving the Department, but from case managers transferring or being promoted into new positions. It is critical that the Department examine and respond to the impact of this kind of "turnover." (While the Edison system is able to capture transfers of DCS staff to and from other Departments, it does not have the capacity to produce aggregate reports on promotions or lateral moves.)

DCS calculates and presents turnover as an annualized turnover figure for each month. For example, the turnover rate report for June 2013 would be an annualized rate for the 12-month period beginning July 1, 2012 and ending June 30, 2013; the turnover rate report for July 2013 would be for the 12-month period beginning August 1, 2012 and ending July 31, 2013. To determine the annualized regional turnover for the applicable 12-month period for a certain job classification (for example, case manager 1), the Department takes the total number of people who have worked as a case manager 1 in the region at any time during the previous 12-month period and divides by 12 months to get an average number of employees per month for that region. The separations in that region over that same 12-month period are then divided by the average number of employees per month to calculate the turnover percentage rate for that region.

[286] The Department was not able to separate Child Protective Services (CPS) positions from non-CPS positions in the annualized turnover rates for 2013 as it did in past years because the recoding of CPS positions in Edison, required for the reorganization of the CPS structure (see discussion in Section Three of this monitoring report), has not yet been completed. The Department will be able to resume the separation of CPS positions from non-CPS positions in the annualized turnover data for future monitoring reports.

In addition, the Department previously calculated annualized turnover rates for the graduate associate position (created by the Department for hiring BSW graduates with a certification in child welfare as discussed in Subsection F above), which were presented in previous monitoring reports. Changes in policy at the State Department of Human Resources required the Department to discontinue the graduate associate position, and the Department stopped hiring into the graduate associate position in October 2012.

Table 5.5: Annualized Percentage of Case Manager Turnover by Region for All Case Manager Positions, January 2013 through December 2013					
REGION	**Case Manager 1**	**Case Manager 2**	**Case Manager 3**	**Team Leader**	**Team Coordinator**
Davidson	9%	21%	11%	10%	0%
East	45%	13%	0%	13%	0%
Knox	30%	14%	0%	16%	27%
Mid-Cumberland	30%	16%	17%	9%	0%
Northeast	32%	5%	5%	3%	0%
Northwest	30%	6%	0%	6%	0%
Shelby	4%	6%	7%	4%	0%
Smoky Mountain	53%	17%	0%	4%	0%
South Central	34%	9%	0%	21%	23%
Southwest	41%	6%	0%	14%	0%
Tennessee Valley	26%	9%	3%	8%	0%
Upper Cumberland	19%	8%	24%	0%	21%
Statewide	**29%**	**11%**	**6%**	**9%**	**5%**

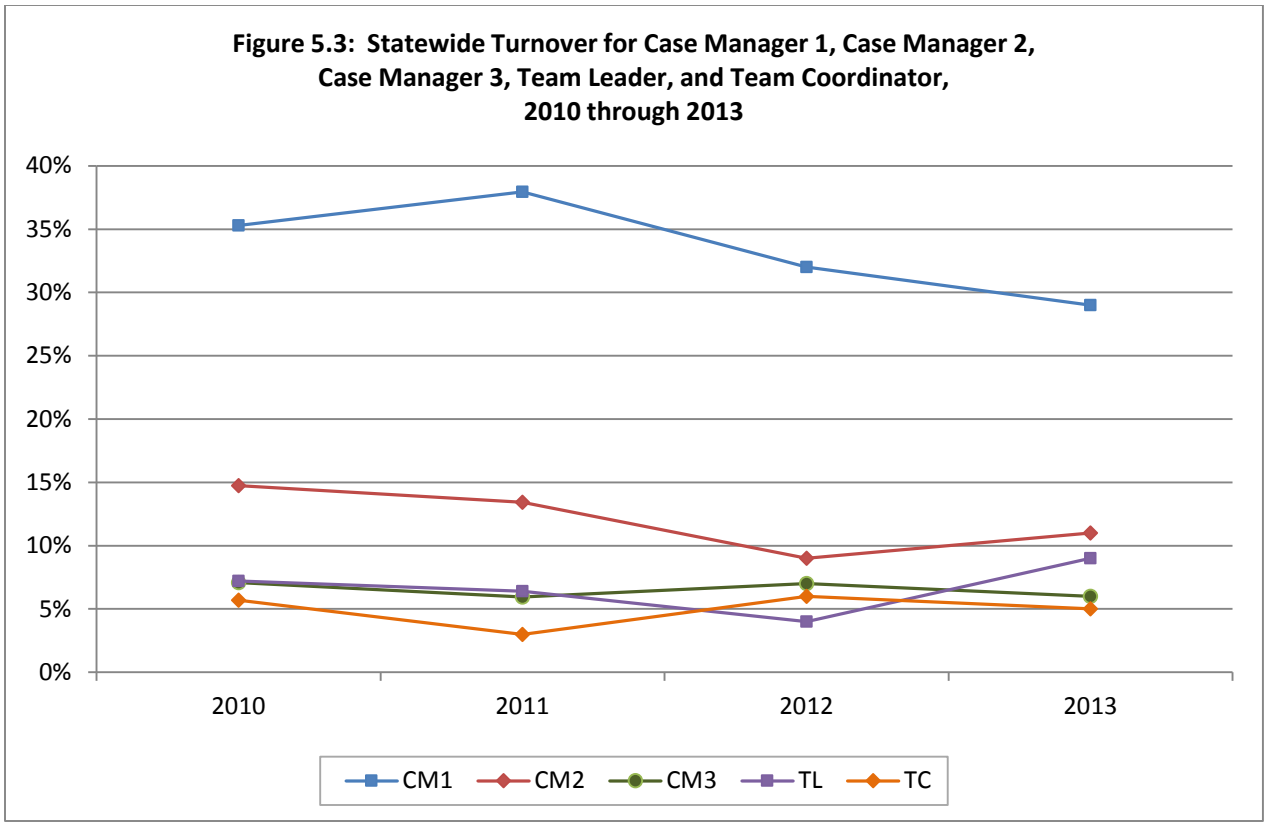
Source: "DCS Attrition Report" for calendar year 2013, DCS Office of Human Resource Development.

a. Statewide turnover rates for regional case manager positions

The TAC has been tracking statewide annualized turnover rates over time for case manager positions assigned to the regions.

Figure 5.3 below shows the statewide annualized turnover rates for calendar years 2010 through 2013 for case manager 1, case manager 2, case manager 3, team leader, and team coordinator positions assigned to the regions.[287]

[287] For reasons discussed in previous monitoring reports, not surprisingly, the highest turnover rates are those associated with the case manager 1 (CM1) entry level position. If the pre-service training and competency evaluation process is working well, it should help those who are not well-suited to be case managers to recognize that fact.



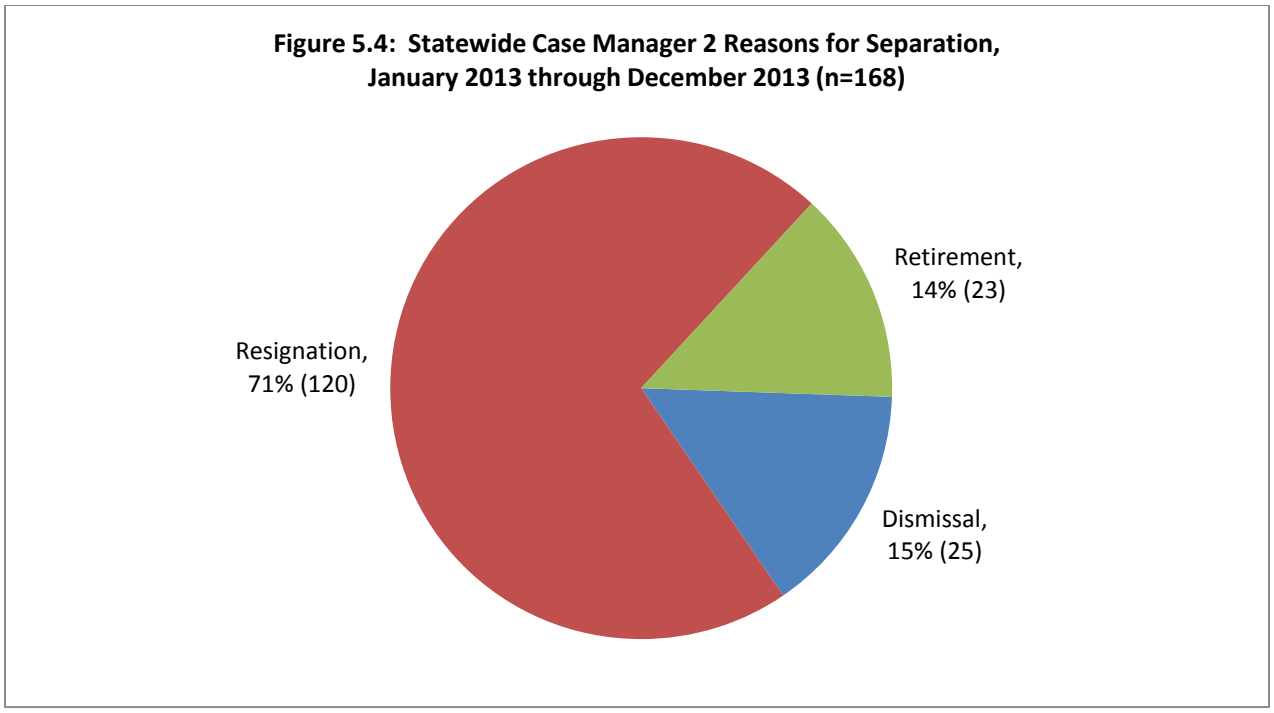
Source: "Annualized Turnover Reports" for December of each year from 2010 through 2012 and "DCS Attrition Report" for calendar year 2013, DCS Office of Human Resource Development.

b. Reasons for Turnover

The Department's Attrition Report includes information on the reasons for the turnover. Figure 5.4 below presents the breakdown between the broad categories of voluntary termination (resignation, retirement) and involuntary dismissal that account for case manager 2 turnover for the period from January 2013 through December 2013.

As the figure reflects, 71% of case manager 2 turnover was the result of resignation, 14% was the result of retirement, and 15% resulted from dismissal.[288]

[288] For all case manager positions statewide, 68% of turnover was the result of resignation, 15% was the result of retirement, and 18% resulted from dismissal.



Source: "DCS Attrition Report" for calendar year 2013, DCS Office of Human Resource Development.

3. Requirements for Case Reassignment (V.L)

The Settlement Agreement establishes requirements related to the process for reassigning cases from one worker to another. (V.L) These requirements include the following:

- no cases are to be uncovered at any time;
- cases of any worker leaving the agency are to be reassigned within one business day of the worker's departure;
- there is to be a face-to-face meeting between the departing worker and the receiving worker for each case, unless there is a "documented emergency" or the case manager leaves without notice; and
- every effort is to be made to have the departing worker introduce the receiving case manager to the child and family.

a. DCS Case Transfer Process

The Department has promulgated policies and standards in accordance with these provisions of the Settlement Agreement.

In order to improve practice in the area of case transfer, the Department has implemented a manual regional tracking system, used in coordination with TFACTS documentation, to ensure that case transfer occurs according to policy and in compliance with the requirements of the

Settlement Agreement. Each region is expected to maintain a spreadsheet tracking the reassignment of cases belonging to case managers that separate from the agency. Each case assigned to a separated worker is expected to be documented, including the date of separation; the new worker; the date of the in-person transfer of the case between case managers; the date of the in-person introduction of the new case manager to the child and family, if completed; verification of review by a supervisor; and any other relevant information. The Department continues to refine the tracking process and evaluate ongoing improvement in case transfer practices. The TAC anticipates reporting on this in more detail in the next monitoring report.

4. Requirements for File Maintenance and Documentation (V.N)

The Settlement Agreement requires that all documentation of contacts or developments in a child's case be added to the file within 30 days and that the case files of class members contain adequate documentation of the services provided, progress, placement changes, and authorizations of approval for placements, treatment, and services. The Department's policies require that all child case files be kept in an organized manner, and contain all pertinent information required to effectively manage the case.

a. DCS Responsibility for Case File Maintenance and Documentation

The Department anticipated that the implementation of TFACTS would facilitate timely documentation of case activity. While some elements of TFACTS have initially proven more cumbersome than had been hoped and while design flaws have created some inefficiencies, the Department is confident that as these problems are identified and addressed, as functionalities are added, and as the user interface is improved, the anticipated positive impacts will be increasingly realized.

The Department has developed a report listing all case recordings documenting case activity that took place in a given time period, which calculates the number of days between the date of the activity (the "contact date") and the date that the case recording was completed in TFACTS. For activities that took place from January through December 2013, 83% of case recordings were completed within 30 days of the contact date.[289] The lowest performing region had 73% of case recordings completed within 30 days and the highest performing region had 90% completed within 30 days.[290]

Part Two: Private Provider Staff Qualifications and Training

As discussed in previous monitoring reports, the DCS Program Accountability Review (PAR) Unit is responsible for ensuring that private providers are complying with specific DCS policies

[289] Twelve percent of case recordings were completed between 31 and 60 days from the date of the activity, 2.5% were completed between 61 and 90 days from the date of the activity, and 2.5% were completed more than 90 days after the activity.

[290] In the fourth quarter of 2013, this lowest performing region had 76% of case recordings entered within 30 days, and the Department expects the numbers to continue to improve.

and contract requirements, including those reflecting the personnel requirements of the Settlement Agreement discussed in this Section.[291] The PAR Unit reviews include an examination of a sample of private provider personnel files for compliance with contract requirements and requirements outlined in the *Private Provider Manual*.[292] PAR issues an annual report, presenting a compilation of private provider performance on monitored items, including the personnel requirements of Section Five of the Settlement Agreement.[293] Rather than present the specific PAR Unit findings in the text of the relevant subsections below, reference is made to the PAR Annual Report for Fiscal Year 2012-13 and the PAR Monitoring Guides (attached as Appendix O) which contain the specific items monitored by PAR during site visits.[294]

A. Requirement of Background Checks for Private Provider Staff

Section V.A of the Settlement Agreement requires that all persons applying for positions with a private provider agency, which involve any contact with children, submit to the same "background checks" required of comparable DCS staff, before beginning training or employment, and makes applicable to private provider staff the provisions of DCS administrative policy 4.1 Employee Background Checks, which sets out the specific checks required and offenses that disqualify a person from employment.[295]

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[291] PAR reviews Performance Based Contracting (PBC) providers (the providers referenced in Section V of the Settlement Agreement) annually, unless the provider is going through accreditation, in which case the provider may be exempted from the PAR review during that accreditation year. Subcontracted providers of PBC providers are reviewed every other year, but primary contractors are expected to monitor them continuously and PAR checks for documentation of subcontractor monitoring during reviews of PBC providers. As reported in previous monitoring reports, prior to fiscal year 2011-12, the Department expanded its relationship with the Vanderbilt Center of Excellence to include a partnership with PAR. TAC monitoring staff have worked with PAR (and with Vanderbilt) through shadowing of PAR reviews; attendance and participation in meetings; examining reports, data and other items generated from PAR reviews; and through general information sharing and conversations. These activities and interactions provide the basis for the TAC's reliance on the PAR processes and findings for the purposes for which they are cited in this monitoring report.

[292] As described in the June 2012 Monitoring Report, prior to fiscal year 2011-12, these responsibilities were shared between the PAR and DCS Licensing Units. The Licensing Unit continues to monitor providers licensed by DCS for compliance with state licensing standards and those licensing standards do include requirements related to background checks, as well as education and training requirements; however, they do not necessarily mirror the requirements of the Settlement Agreement or DCS Policy. See Appendix P of the June 2012 Monitoring Report for a comparison of *Brian A.* requirements and licensing standards. The Department has recently moved the PAR and Licensing units back into the Division of Quality Control from the Risk Management unit.

[293] In addition, PAR findings for individual providers, related to compliance with personnel and other requirements, are compiled and shared individually with each provider through the exit conference process. Through PAR's corrective action process, providers are required to submit any missing documentation to PAR reviewers as well as submit plans to address any broader policy, practice or quality assurance issues.

[294] Bar graphs are used in the annual report to display PAR findings. Listed above each graph are the items from the Monitoring Guides that are included in the graph. The graphs include all relevant items monitored by PAR, where applicable, and therefore often contain more standards than the requirements of the Settlement Agreement. For example, the graph on caseloads includes, in addition to case manager and supervisory caseloads, staffing ratios for direct care staff in facilities where applicable. Similarly, the training graph includes 13 distinct elements for training of direct care staff, a separate 10 distinct elements related to case manager training, and three elements related to supervisor training. See the Personnel PAR Monitoring Guide for the specific items monitored.

[295] The Settlement Agreement also provides that DCS staff are subject to DCS administrative policy on employee disciplinary actions related to allegations or convictions of criminal acts.

Department policy and private provider contract provisions are consistent with this requirement.[296]

As reflected in the PAR Annual Report for Fiscal Year 2012-13 and discussed in previous monitoring reports, reviews of private providers have generally found agencies to be meeting background check requirements, but have identified instances of non-compliance that required corrective action. In addition, in carrying out its responsibilities related to documentation of Title IV-E eligibility, the Resource Home Eligibility Team (RHET) has implemented a background check review process for ensuring that appropriate and timely pre-employment background checks have been conducted for private provider residential facility direct care staff (including group home staff).

The Department's oversight processes appear to be effective in identifying instances of non-compliance with background check requirements and ensuring appropriate corrective action.[297]

B. Education and Experience Requirements for Private Provider Case Managers and Case Manager Supervisors (V.B) and for Child Care Workers (V.O)

The Settlement Agreement establishes that private provider case managers, supervisors, and child care workers with responsibilities for class members meet the same education requirements and preferences as their DCS counterparts.

As discussed in previous monitoring reports, private providers are required by contract provision to ensure that their staff meet these requirements.

The Settlement Agreement also requires that child care workers employed in any child care facility or program providing placements and services to children in foster care and their families have at least a high school diploma.[298] (V.O) As previously reported, the vast majority of child care workers are employed by private providers and these minimum educational requirements are required by contract provision.[299] For fiscal year 2012-13, of the 131 files reviewed for "direct care staff," 130 (99%) met their job requirements through verification of education prior to hire.

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[296] Tennessee Code Annotated 37-5-511 (2) also requires that all persons working with children supply fingerprint samples and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.

[297] TAC monitoring staff examined the individual PAR reports for the seven private provider agencies that did not receive 100% compliance, as shown in the Background Checks graph in Appendix O, and found all findings were related to annual checks, with the most common finding being missing annual driving records checks. The lowest performing agency shown in the PAR Annual report was a small agency with two employees, both of whom were missing required annual checks, which resulted in the agency receiving 0% compliance. This agency has since been absorbed by a larger provider agency. All of the findings were addressed through the corrective action process, including providing missing documentation and revising policy, if necessary.

[298] The Department considers a General Equivalency Diploma (GED) to be equivalent to a high school diploma for purposes of this requirement.

[299] There are no facilities run by the Department to which this provision would apply.

As reflected in the PAR Annual Report for Fiscal Year 2012-13 and as discussed in previous monitoring reports, overall private provider compliance with the education and experience requirements has been very high and the DCS oversight process is sufficient to ensure ongoing compliance.

C. Requirements for Private Provider Case Manager Retention, Promotion, and Assumption of Case Responsibilities

The provisions of Section C of the Settlement Agreement, requiring case managers to complete pre-service training and pass a skills based competency test before assuming a caseload, requiring a job performance evaluation as a prerequisite to promotion, and requiring supervisors to complete supervisor training and pass a skills based competency assessment, apply to private provider case managers and supervisors handling the cases of class members.

Contract provisions require that private providers meet DCS requirements for staff with comparable responsibilities.

The training graph in the PAR Annual Report for Fiscal Year 2012-13 represents a much broader picture of training at provider agencies, including training topics covered for direct care and case management staff. PAR monitors completion of a competency assessment for both case management staff and supervisory staff. Seventy-eight percent of applicable case managers monitored had documentation of a competency assessment, and 83% of supervisors had such documentation.[300]

D. Training and Performance Evaluation Requirements for Private Provider Case Managers (V.D, F, I)

The Settlement agreement requires comparable hours of pre-service and in-service training for private provider staff with comparable responsibilities to DCS case managers and case manager supervisors (V.D). In addition, the Settlement Agreement requires the Department, prior to contracting with any agency, to review, approve, and monitor curriculum for private provider pre-service and in-service training for case managers to ensure that general content areas are appropriate to the work being performed by the agency (V.F). The Settlement Agreement also requires that, prior to contracting or renewing a contract with any private provider, the Department ensures that each private provider agency has implemented an appropriate performance evaluation process to ensure the competency of those staff with responsibilities comparable to DCS case managers. (V.I)

[300] A review of PAR's non-compliance findings concerning the competency assessment found that these findings related primarily to the smaller agencies. Most of the larger provider agencies that were monitored had no non-compliance findings related to this requirement. For a variety of reasons, PAR reviews a disproportionately larger percentage of personnel files of smaller agencies. For example, PAR reviewed 43 files of the provider reviewed that was serving the largest number of children and found 100% compliance with this requirement. Therefore the overall percentage of personnel files reviewed by PAR that were found lacking documentation of competency assessments is not representative of private provider case managers as whole.

The Department is in the process of implementing a uniform approach to reviewing and approving training curricula and performance evaluations of all private providers with which it contracts.

Beginning with the 2014-15 contract year, each provider will be required to use a Request for Qualification (RFQ) process to submit a range of documentation that the Department requires, including documentation and materials related to employee training and performance evaluation. Prior to contracting with any vendor, the training division will review the training materials provided and verify that each prospective provider's training curriculum covers comparable competencies to those required for DCS employees. Similarly, the Office of Human Resource Development will review each potential contractor's system for performance evaluation of staff with responsibilities comparable to those of DCS case managers, and verify that it is the equivalent of the system employed by DCS.

For the 2014-15 contract year, both new contracts and contract renewals will be subject to this process; and because all DCS contracts are up for renewal in 2014, the Department will be receiving and reviewing the training curricula and performance evaluations of every agency with whom it contracts. Once an agency's training and performance evaluation process have been approved by this new process, the Department will require that the provider annually notify and submit changes in the curricula or changes in the performance evaluation process to DCS. Any change to previously approved training curricula will be reviewed by the DCS Training Unit and any changes to the previously approved performance evaluation process will be reviewed by the DCS Office of Human Resource Development.

The Program Accountability Review (PAR) team continues to include, as part of its regular reviews, some examination of agency training and performance evaluations. As reflected in the PAR Annual Report for Fiscal Year 2012-13 and in previous monitoring reports, reviews of private providers have generally found agencies to be meeting training requirements regarding the specific training items monitored by PAR. The training graph in the PAR Annual Report for Fiscal Year 2012-13 represents a much broader picture of training at provider agencies, including training topics covered for direct care and case management staff. As shown in the PAR Monitoring Guides, PAR specifically monitors for completion of required pre-service and in-service training hours for both case management staff and supervisory staff. Ninety-one percent of applicable case managers monitored and 100% of supervisors monitored had documentation of required pre-service training hours. For in-service training, 98% of applicable case managers monitored had documentation of required hours, and 95% of supervisors had such documentation.[301]

By contract provision, private providers are required to conduct the annual performance evaluations required by the Settlement Agreement. The Department generally accepts the

[301] A review of PAR's non-compliance findings concerning training hours found that these findings related primarily to the smaller agencies. Most of the larger provider agencies that were monitored had no non-compliance findings related to this requirement. For a variety of reasons, PAR reviews a disproportionately larger percentage of personnel files of smaller agencies. For example, PAR reviewed 43 files of the provider reviewed that was serving the largest number of children and found 100% compliance with this requirement. Therefore the overall percentage of personnel files reviewed by PAR that were found lacking documentation of training hours is not representative of private provider case managers as whole.

judgment of the provider that the agency's annual performance review process is sufficient to ensure that their staff are competently meeting their responsibilities. However, if the Department, either through PAR and Licensing reviews or other means, were to identify a private provider staff person who had failed to perform competently, the provider's annual performance review process might be subject to further scrutiny.[302]

The training graph in the PAR Annual Report for Fiscal Year 2012-13 represents a much broader picture of training at provider agencies, including training topics covered for direct care and case management staff. PAR monitors for completion of an annual performance evaluation for both case management staff and supervisory staff. For fiscal year 2012-13, every case manager reviewed by PAR who was with the agency long enough to require an annual performance evaluation had documentation of an annual performance evaluation; and 95% of supervisors had such documentation.[303]

E. Private Provider Caseload and Supervisory Workloads (V.J, K)

The Settlement Agreement provides that the caseload and supervisory workload limits that apply to DCS case managers and supervisors handling the cases of class members also apply to the caseloads and workloads of private provider staff with comparable responsibilities.

By contract provision, private provider case managers and supervisors with comparable responsibilities to the DCS case manager are, at a minimum, required to comply with the caseload limits applicable to DCS case managers and supervisors. In addition, the *Private Provider Manual* (PPM) sets more restrictive caseload limits for private provider case managers whose caseloads include medically fragile children or children served through a contract with a continuum of services. A caseload composed entirely of such children can be no greater than 10 and for a mixed caseload, the caseload limit is 20, with each medically fragile child or continuum child counting as two cases. Because these children make up about 65% of the children served by private providers, private provider case manager caseloads are generally subject to much lower limits than those established by the Settlement Agreement.

As reflected in the PAR Annual Report for Fiscal Year 2012-13, reviews of private providers have generally found agencies to be meeting caseload requirements regarding specific case

[302] It has been the experience of the Department (based on monitoring information, Special Investigations Unit (SIU) cases and Internal Affairs investigations) that because private providers are not constrained by civil service requirements related to employee discipline and termination, private providers tend to respond more quickly to instances of poor performance.

[303] A review of PAR's non-compliance findings concerning performance evaluations found that these findings related primarily to the smaller agencies. Most of the larger provider agencies that were monitored had no non-compliance findings related to this requirement. For a variety of reasons, PAR reviews a disproportionately larger percentage of personnel files of smaller agencies.

manager and supervisor caseload items monitored by PAR, and findings from the most recent full fiscal year continue to show this.[304]

F. Requirements for Private Provider Case Reassignment (V.L)

It is the Department's expectation that all private providers have policies regarding case reassignment and the *Private Provider Manual* includes specific language regarding the case reassignment requirements of the Settlement Agreement.

As shown in Appendix 0 of this report, PAR reviewers check to make sure that all cases reviewed have an identified case manager and that if a case manager resigns or is transferred, that the case is re-assigned within 24 hours. As reflected in the PAR Annual Report for Fiscal Year 2012-13, reviews of private providers have generally found agencies to be meeting transfer requirements regarding specific items monitored by PAR, and findings from the most recent full fiscal year continue to show this.[305] For all 30 private provider agencies reviewed by PAR during fiscal year 2012-13, all cases had an identified case manager at the time of the PAR review and all cases were found to be transferred within 24 hours if applicable.

G. Private Provider Responsibility for Case File Maintenance and Documentation (V.N)

In addition to the general contract language requiring the private providers to meet the applicable requirements of the Settlement Agreement, the *Provider Policy Manual* requires private providers to submit monthly summaries of case activity for each child. The Department has clarified expectations for monthly summary content and these summaries, together with face-to-face contact data that private providers are required to enter directly into TFACTS, serve as the Department's measures of adequate case file maintenance and documentation for private providers.

For the six-month period from January through December 2013, between 73% and 79% of provider monthly summaries were recorded within 30 days. This data is compiled by Central Office staff and shared with private providers through the monthly sharing of the Provider scorecard, discussed further in Section Twelve of this report.

PAR and Licensing reviews also serve as a measure of adequacy of file maintenance and documentation. Case file reviews are at the center of PAR monitoring of a wide range of service planning and delivery contract requirements and other aspects of policy compliance. Licensing consultants also review files for documentation of compliance with licensing standards. Rather than create an additional measure of adequacy of file maintenance or documentation, reviewers

[304] Two provider agencies had a finding in this category involving three case managers. While all three were violating Department Policy of weighted caseloads for providers, only one of three was over the limits of the Settlement Agreement with a caseload of 21. Monitored items regarding caseload are in the "Agency Level Questions" Monitoring guide rather than the "Personnel" monitoring guide referenced in most of this section.

[305] Monitored items regarding case transfer are in the "Agency Level Questions" Monitoring guide rather than the "Personnel" monitoring guide referenced in most of this section.

address any problems with adequacy of file maintenance or documentation by making findings in the particular policy or practice area for which documentation was lacking.[306] See Appendix O of this report for results of PAR monitoring done during the 2012-13 fiscal year period.

[306] PAR findings for individual providers, related to compliance with personnel and other requirements, are compiled and shared individually with each provider through the exit conference process. Through PAR's corrective action process, providers are required to submit any missing documentation to PAR reviewers as well as submit plans to address any broader policy, practice or quality assurance issues.

SECTION SIX: PLACEMENT AND SUPERVISION OF CHILDREN

A. Placement Standards and Exceptions

The Settlement Agreement establishes standards governing specific placement situations that include general limitations, permissible exceptions to those limitations, and, for some situations, a process for review and approval of the placement by the Regional Administrator. In addition, the Settlement Agreement establishes a specific responsibility for the Department's quality assurance division to provide some level of oversight to ensure both that the Placement Exception Review (PER) process is operating as intended and that the regions and the Central Office are responding appropriately to placements that are inconsistent with the placement standards.

During 2013, the Quality Control (QC) Division devoted considerable attention to improving the PER process. The Division formed a workgroup consisting of regional administrators (RAs), regional Placement Services Division (PSD) supervisors and workers, and a member of the TAC monitoring staff. The work group revised the PERs process and developed a new PER form to better support the process. The new form is well-designed to collect the information necessary for documenting compliance with the Settlement Agreement and, more importantly, to gain valuable data about placement resources and about barriers to achieving optimal placements for children. The new form captures information related to the reasons for any exceptional placement that avoids some of the ambiguity and subjectivity that characterized the old PER form.[307]

Under the new process, which is now being used in every region, staff are required to first seek RA approval (by email or verbal conversation) when considering a placement in any exception category[308], including, but not limited to, the categories listed in the Settlement Agreement.[309] If RA approval is granted, PSD staff are expected to fill out the Placement Exception Request form[310] and submit the form to the RA for the RA to review the documentation and approve the placement and sign the form.[311] The RA is required to ensure that the signed form is uploaded

[307] The new form includes more clearly defined and discrete categories of reasons to help gather the pertinent information and eliminates the requirement that the person filling out the form indicate whether the placement is "compliant" or "non-compliant", leaving that determination to the QC review process.

[308] Under the old structure, staff were technically supposed to fill out the form and submit it to the RA for approval or denial, though this rarely happened in practice as it would be extremely time consuming and not at all fruitful.

[309] There are two exceptional placements that are covered by the PER process but not required by the Settlement Agreement: more than two therapeutic children in a resource home and separation of minor parent and children (if both are in custody). In addition, related to reasons discussed further in Section Twelve and in order for the RA to ensure diligent efforts to place children according to best practice standards, the PER form that is to be filled out any time an exceptional placement is being made, has a field for indicating any private provider who was contacted by the Department for placement of that child and declined to accept the child.

[310] If the RA does not give her approval, the placement cannot be made and no form is needed. For any placement in an applicable category that does occur without RA approval, a form will need to be filled out and the circumstances for lack of RA approval documented on the form. Quality Control and the RAs intend to use this information to understand and work to eliminate any instance of placement without RA approval.

[311] Policy requires that the RA sign the form within 72 hours of placement, but RA approval must be granted prior to placement. The date, time, and type (verbal or email) of RA approval is documented on the form.

into TFACTS and manually entered into a tracking spreadsheet that is submitted to the QC Division monthly. A copy of the form is attached as Appendix P of this report.[312]

Over a period of several months beginning in the fall of 2013, every PSD worker in each region was trained on the new process and the new form. In order to make sure that forms are being filled out on every child who is subject to an exceptional placement, the QC Division is comparing the manual tracking spreadsheets submitted by each region with placement data from TFACTS (for most of the categories of placement) to make sure that for each exceptional placement identified in TFACTS there is a corresponding form for every child placed (or affected by another placement as in the case of resource home capacity exceptions) during the month.[313]

The TAC expects to be able to include data generated by the new PER process in the next monitoring report. Once the Department is satisfied that the new process is working as designed and is meeting the Department's needs, the Department intends to integrate the PER process into TFACTS so that data from the PERs can be aggregated and reported from TFACTS.[314]

1. Placement Limitations and Exceptions to Those Limitations

a. Limits on placement of children out of their home region unless the out of region placement is within 75 miles of their home (VI.A.1.a.)

The Settlement Agreement requires that all children be placed within their own region or within a 75-mile radius of the home from which the child entered custody, unless (a) the child's needs are so exceptional that they cannot be met by a family or facility within the region, (b) the child needs re-placement and the child's permanency goal is to be returned to his parents who at that time reside out of the region, or (c) the child is to be placed with a relative out of the region.[315]

As reflected in previous monitoring reports, the Department has generally done a good job of placing children within their home region or within 75 miles of their home. As discussed in

[312] As noted on the form, in order to achieve consistency of information that would result in reliable data, the work group chose to more clearly define some of the Settlement Agreement requirements that could be interpreted differently by different staff persons. For example, for VI.A.1.a.a, senior leadership chose a select few types of treatment that would never be expected in any system to be available in every region. And for VI.A.1.c.c, senior leadership and the RAs defined the number of siblings that this option could be selected for.

[313] TFACTS spreadsheets are currently available that allow the QC Division to identify children who should have had a PER filed for the following categories: VI.A.1.a,b,c,d (sub-part a only),e,f,g.

[314] Until 2013, the Department had been producing and reporting manually accumulated data from the old PER process. However, the TAC consistently found that data to be incomplete and unreliable. The Department therefore wisely suspended this unproductive work in favor of devoting time and attention to the redesign of the process.

[315] Any out-of-region placement of a child more than 75 miles from home must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

Section One of this report, the Department continues to place at least 85% of children within 75 miles of home or within region.[316]

b. Limits on placement of children in emergency and temporary facilities in excess of 30 days or more than once within a 12-month period (VI.A.1.b)

The Settlement Agreement limits the placement of children in emergency or temporary facilities to one placement within a 12-month period not to exceed 30 days. Two exceptions to this limit are allowed. For children who are either returning from runaway or who require immediate removal from their current placement because they face a direct threat to their safety or pose a threat to the safety of others, an additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of five days. An additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of 15 days for children whose behavior has changed so significantly that placement for the purposes of assessment is critical for the determination of an appropriate placement; and in such a case, the Regional Administrator must certify in writing that the assessment is essential for determining an appropriate placement.[317]

Previous monitoring reports have discussed the dramatic reduction in the use of emergency and temporary placements compared to the use at the time that the original Settlement Agreement was entered and the relatively few placements that exceed the limits set forth in the Settlement Agreement. Those reports also discussed the regional variation in the use of these placements, and the tracking, analysis, and follow-up that the Quality Assurance Division at the time had done in this area.

The Network Development Division monitors the cases of youth placed in emergency or temporary placements approaching or over 30 days. Network Development utilizes the Mega Report and manual spreadsheets maintained by the regions as their sources for monitoring these placements.[318] TAC monitoring staff have reviewed the information generated by Network Development, as well as observed their tracking processes, and have found the process to be well designed to ensure that all children in PTC placements for more than 30 days or children with repeat PTC placements are promptly identified and appropriate actions taken.

For the most recent quarter (January 1, 2014 through March 31, 2014), 79 class members were identified by Network Development as having been placed into a PTC placement; 20 of those were in the PTC placement for over 30 days.

[316] As discussed in Section One, the Department's 75 mile measure now uses the address of the committing court as the "home address." The TAC has determined that using this address for purposes of aggregate reporting, especially given the relatively small size of Tennessee's 95 counties, is a sensible and appropriate approach that ensures more accurate and complete data for this measure than any other alternative considered by the TAC.

[317] Any placement of a child in more than one shelter or emergency or temporary facility within any 12-month period must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

[318] A report from TFACTS is also supposed to identify both the children who have experienced multiple placements in emergency or temporary placements within a 12-month period and the children whose Primary Treatment Center (PTC) placement has exceeded 30 days, but this report is inaccurate.

c. Limits on sibling separation (VI.C.6)

The Settlement Agreement generally requires that siblings who enter placement at or near the same time be placed together. The Settlement Agreement allows siblings to be separated: (1) if placing the siblings together would be harmful to one or more of the siblings; (2) if one of the siblings has such exceptional needs that those needs can only be met in a specialized program or facility; or (3) if the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together.[319]

As discussed in previous monitoring reports, keeping siblings together has been a relative strength of DCS practice. As reported in Section One, 82% of *Brian A.* sibling groups entering out-of-home placement during the period from July 1, 2012 through June 30, 2013 were initially placed together, and at any given time approximately between 78% and 82% of sibling groups are placed together, according to reporting from TFACTS.[320] The aggregate report does not presently distinguish between separations that fall within one of the permissible exceptions and those that constitute *Brian A.* violations. TAC monitoring staff therefore conducted a targeted review of reasons for initial separation for a sample of 80 sibling groups who were separated as of the end of June 2013.[321]

In 58 cases, documentation clearly met one or more of the categories specifically outlined in Section VI of the Settlement Agreement: not entering at or near the same time; being placed together would be harmful to one or more siblings because of physical abuse/aggression or sexual reactivity/perpetration; one or more of the siblings had such exceptional needs that could only be met in a specialized program or facility; or the size (and often special or extraordinary needs of one or more of the children) of the sibling group made such placement impractical.

For an additional 11 sibling groups, the reason for the separation was that one or more of the siblings were placed with kin, often a kin relationship that applied to only some siblings. (For example, for siblings who have the same mother, but different fathers, a child might be placed with someone who is that child's paternal relative but is not related to the child's siblings). In these cases, faced with two competing preferences, placement of children with kin and keeping siblings together, the Department (and usually a team of people) made the reasoned decision to place with kin.

In seven additional cases, sufficiently challenging behavior issues of one or more of the children resulted in a child being moved out of the home the child shared with his or her siblings, based on a decision (in one case by a juvenile court judge and in others by the Child and Family Team)

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[319] The Settlement Agreement requires that these efforts "*be documented and maintained in the case file*." Any separation of siblings who enter placement at or near the same time must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

[320] Previous TNKids reporting showed approximately 84% of sibling groups placed together at any given time.

[321] This random sample of 80 sibling groups was pulled from the 466 sibling groups who were separated at the end of June 2013 according a special run of the Department's June 2013 Sibling Report that included all siblings in custody, not just those who entered within 30 days of one another. The sample was stratified by region and represents a 95% confidence level and a plus/minus 10 confidence interval.

that while that child could not be maintained in that resource home, it was in the best interest of the remaining siblings not to be disrupted from that home.[322]

In the remaining four cases, reviewers were unable to find sufficient reason documented in the file that would justify a separation under the terms of Settlement Agreement.

d. Resource home capacity limits (VI.A.1.d)

The Settlement Agreement limits the placement of a child in a resource home if that placement will result in: (1) more than three foster children in that resource home; (2) more than a total of six children, including the resource family's natural and adopted children in that resource home; or (3) more than three children under the age of 3 residing in that resource home. The Settlement Agreement permits an exception if either (a) such placement is in the best interest of all the foster children in the home or (b) the child is part of a sibling group and there are no other children in the home.[323]

As discussed in previous monitoring reports, both data generated by the Department and the findings of targeted reviews conducted by TAC monitoring staff have confirmed that a significant percentage of placements of children in resource homes with more than three children in them are not consistent with the capacity limitations (and permissible exceptions) established by the Settlement Agreement.

As discussed in the June 2012 Monitoring Report, the Department conducted a targeted review in 2011 of homes that had recently served more than three children, from a list pulled from a point-in-time report, which included a visit to the resource home. This review found that in most cases, the regions used their most seasoned and resourceful resource parents to serve larger numbers of children. In these cases the placements seemed to be successful, but in cases where newer resource parents were used or placements were made quickly or after-hours, there were more challenges.

A review of such homes has not been done since that time, and TFACTS reporting on this requirement is not accurate when pulled from the non-functioning PER portal in TFACTS. As noted above, the Department intends to redesign the PER function in TFACTS to better support the new PER process. The QC Division is using the TFACTS Mega Report to identify all children in resource homes with more than three foster children in the home, and for recent placements, ensure that PERs are reported for all applicable children.[324] The TAC will be reporting on this work and the findings in its next monitoring report.

[322] In some cases the behaviors were negatively affecting the other siblings. In other cases, the behaviors, irrespective of any impact on the siblings, were too much for the resource parent to manage.
[323] Any placement resulting in more than three foster children, more than six total children, or more than three children under the age of 3 must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.
[324] There is not currently a report available from TFACTS about other children residing in foster homes that are not in DCS custody. The Department hopes to build in the ability to identify these placements when re-designing the PER functionality in TFACTS.

e. Limits on placement of children under age 6 in group care (VI.A.1.e)

The Settlement Agreement prohibits the placement of any child under 6 years of age in a placement other than a resource home unless the child has exceptional needs which cannot be met in a resource home, but can be met by the congregate care facility in which the child is placed.[325]

As part of its quality assurance oversight activities, the Network Development Division conducts weekly placement data reviews and follows up on every case involving the placement of a young child (including but not limited to any child under the age of 6) in a congregate care facility. These reviews (as well as periodic reviews conducted by the TAC) have consistently found that placements of children under age 6 in a congregate care setting are both rare and made in accordance with the provisions of the Settlement Agreement.[326]

Utilizing a TFACTS Mega Report from each month, TAC monitoring staff found no children under age 6 in a congregate care placement for the period from January through December 2013.

f. Limits on placement of children in group care with excess of eight beds (VI.A.1.f)

The Settlement Agreement prohibits placement of children in a residential treatment center or any other group care setting with a capacity in excess of eight children unless (a) the child's needs can be met in that specific facility and (b) that facility is the least restrictive placement that could meet the child's needs.[327]

As discussed in Section One Subsection B.1, one measure that the Department and the TAC use to monitor placements in group care settings is the number and percent of children initially placed in family and non-family settings.[328] Initial placement in a family setting has remained relatively constant in recent years, ranging between 85% and 89% for the past five calendar year periods.

The Department also tracks by fiscal year initial placement in a family setting for the age group of 14 and older. Initial placements in a family setting for these older *Brian A.* youth increased from 77% in fiscal year 2005-06 to 82% or 83% in each of the next four consecutive fiscal years.

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[325] Any placement of a child under 6 years of age in a congregate care facility must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

[326] Some children under the age of 6 are "placed" in medical centers. For example, if an infant born to a drug addicted mother comes into care at the time of the birth and remains in the hospital for necessary medical care associated with the birth, that child would appear as "placed" in the medical center caring for him. These are not regarded as "congregate care placements" for purposes of monitoring and reporting on this Settlement Agreement provision.

[327] Any placement of a child in a residential treatment center or other group care setting with a capacity in excess of eight children must be reviewed by the Regional Administrator as discussed in Subsection A.2 below. It is not clear whether the Settlement Agreement contemplates that an exception request would have to be filed for a child in a resource home who required short-term hospitalization for an appendectomy or a short-term psychiatric hospitalization to stabilize the child in crisis and return her to the resource home.

[328] While this measurement does not take into account the capacity of the group care facility, it is an indication of how well the Department is doing in limiting these residential placements. See Section One beginning at page 35 for further discussion.

However, that percentage decreased to 74% in fiscal year 2010-11. In 2011-12, the percentage increased to 77%, and 76% of youth age 14 and older entering care were initially placed in a family setting in 2012-13.[329]

The percentage of children in congregate care placements with a capacity in excess of eight beds has remained stable at 7% to 8% of the population, as periodic reviews of the Mega Report reflect. For example, at the end of June, 2013 (according to the June 28, 2013 Mega Report) there were 527 class members (7% of 7,107) placed in such congregate care facilities; six months later (according to the December 26, 2013 Mega Report) there were 538 (8% of 6,874) in congregate care.[330] This is consistent with the findings for June and December of both 2012 and 2011 described in previous monitoring reports.

As discussed in previous monitoring reports, while congregate care placements are appropriate for some children at some point in their placement, the Department is committed to serving children in family placements whenever possible and moving children from congregate care to family settings as soon as a child can safely and appropriately be moved. The Central Office previously used its Utilization Review (UR) process to ensure that children in congregate care settings were placed appropriately, in the least-restrictive setting to meet their needs, and that they were receiving the services they needed. This process was focused on the length of stay of children placed in congregate care facilities (regardless of the licensed capacity) through a Level III or Level IV contract.

The current UR process focuses on children who appear to be "stuck" in placement, whether that placement is a congregate care facility or a group home and is intended to identify and address barriers to moving those children to permanency. In addition, the UR process is no longer a conversation between Central Office and the regions but is now a conversation between the regions and the private provider agency with one Central Office participant from Network Development. The regions choose the cases to be discussed. Notwithstanding the change in the focus of UR, the TAC continues to track children placed in congregate care facilities through Level II, III, or IV contracts monthly.

Figure 6.1 below shows the number of children (as of the date indicated) placed in congregate care settings (without regard to the bed capacity of the particular group home or facility) through Level II, III, and IV contracts.

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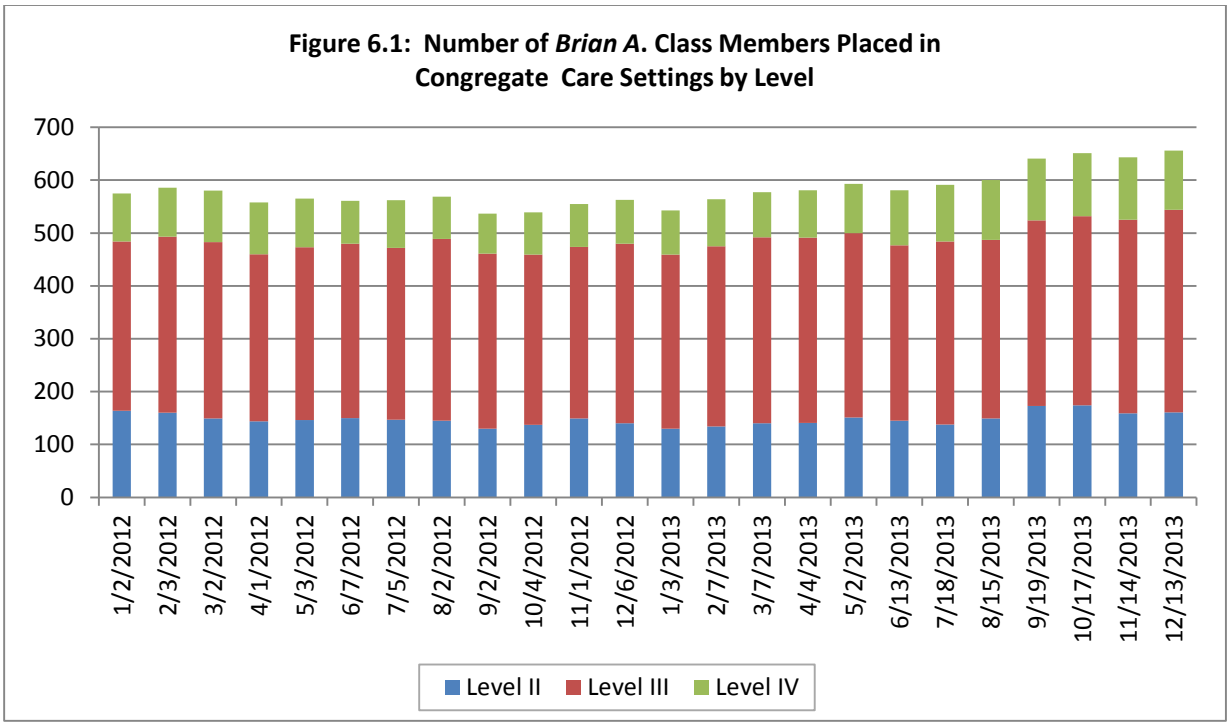
[329] Children who were first placed in a congregate care setting for fewer than five days and were subsequently moved to a family setting placement are counted as initial family setting placements for purposes of the Department's reporting on this measure.

[330] These numbers are based on facilities identified to have capacities greater than eight by the Department. For purposes of this reporting, the TAC adds the capacities of cottages located on the same campus and includes those placements in this count when the sum capacity for the campus is over eight. The report that the TAC used to identify children in congregate care settings greater than eight only includes congregate care providers with whom the Department has (or had for the applicable period) an ongoing contract. It does not include those small number of cases in which a child is placed in a facility not operated by one of those regular contract providers through a "unique care agreement" (an individual child-specific contract typically involving an out-of-state or specialized placement) nor does it include children placed in hospital settings through "inpatient" placements. As of June 28, 2013 there were 27 children excluded for this reason; and as of December 26, 2013 there were 31.



Source: "TFACTS Mega Reports," January 2, 2012 through December 13, 2013.

g. Prohibition against placement of children in jail, correction facility, or detention center (VI.A.1.g)

The Settlement Agreement prohibits the placement of a *Brian A.* class member, by DCS or with knowledge of DCS, in a jail, correctional, or detention facility unless the child is charged with a delinquent act or is otherwise placed in such a facility by court order. The Settlement Agreement also requires that DCS notify law enforcement and judicial officials across Tennessee of this policy and work to ensure that DCS is immediately notified of any child in its legal custody who has been placed in a jail, correctional, or detention facility.

As discussed in previous monitoring reports, based on a combination of aggregate reporting, internal DCS monitoring of children in detention,[331] and targeted reviews and spot checks conducted by TAC monitoring staff, Department practice has previously been found to be consistent with this provision of the Settlement Agreement.

To provide updated reporting on this provision, TAC monitoring staff reviewed detention placements for the last quarter of 2013, using the weekly mega reports for that period to identify class members in detention placements. For each class member identified as having been in a detention placement, the TAC monitoring staff reviewed the TFACTS file to determine whether in fact the child was correctly identified as a class member and, if so, the reason for the

[331] The Department's Network Development Division conducts weekly reviews of all children in detention and immediately contacts the region to find out the circumstances requiring detention center placement. In addition, regional staff and private provider agencies have been instructed to file a PER whenever they receive notification that a *Brian A.* child has been placed in detention.

detention. The results of this review are consistent with the findings of previous monitoring reports.

Thirty-four children who had been in detention at some point during that three-month period were identified by the Mega Report as *Brian A.* class members.[332]

One of these children came into DCS custody *after* having been initially placed in detention on a delinquency charge. The child was released to DCS for placement after 51 days.

Thirty-three children were already in custody as dependent and neglected children at the time of their placement in detention:

- Twenty-seven of those thirty-three children had been charged with delinquent offenses while in DCS custody and were held in detention on those charges.

- Four children were held in detention on runaway charges pursuant to court orders. One child was held for three days, a second was held for eight days, and the remaining two children were apprehended in other states and were held in detention out of state for seven days until transfer to Tennessee could be arranged.

- One child was held in contempt and ordered detained for 20 days and spent 12 days in detention before being placed by the Department in a residential facility.[333]

- And one child was brought to detention by the police, who had been called to the house of the resource parent and the resource parent complained that the child had used threatening language. The child was then taken by the police to detention and was held in detention for three days.[334]

h. Prohibition of placing child assessed at high risk for perpetrating violence or sexual assault with foster children not so determined (VI.A.1.h)

The Settlement Agreement requires that DCS *"not place any child determined by a DCS assessment to be at high risk for perpetrating violence or sexual assault in any foster care placement with foster children not so determined."*

The Department has developed a two-fold approach to ensuring that placements of "high risk" children are consistent with this provision of the Settlement Agreement. First, the Department has placed an emphasis on the front-end responsibilities of the Child and Family Team as a

[332] There were a total of 41 children identified by the weekly Mega Reports as class members placed in detention at some point during that three-month period; however, reviewers determined that seven of those children had been incorrectly identified as class members

[333] This case is somewhat unusual in that the child was initially adjudicated delinquent, then "re-adjudicated" dependent and neglected because the court believed that doing so would facilitate placement, and then the child was subsequently placed as a delinquent. The TAC is following up further on this case.

[334] The TAC is following up on this case to determine whether there was a court order that the child be detained or whether the police filed charges under which the child was held. A review of the TFACTS file did not find documentation or reference to either.

whole and of specific team members in particular to use the Child and Adolescent Needs and Strengths (CANS) assessment process to ensure that aggressive children are not placed with non-aggressive children to whom they would pose a danger; and second, the Department has initiated a CANS High Risk Review process that identifies and requires the regions to review and respond to potentially problematic placements.[335] The Department has been working with the regions to refine and effectively implement this two-fold approach.

The Department expects that in making any placement decision, the Child and Family Team will specifically determine whether the child is at high risk for aggressive behavior and, if the child is, will consider whether any proposed placement for the child is serving children who are not aggressive.[336] Conversely, the Department expects that in making any placement decision of a child who is not aggressive, the Child and Family Team will specifically determine whether any proposed placement is presently serving a child at high risk for aggressive behavior.[337]

Certain DCS staff members have particular responsibilities related to these placements:

- Regional placement specialists should know whether the child being placed is a "high risk" child and whether any of the children in a proposed placement is a "high risk" child.

- The Child and Family Team Meeting facilitator should make sure that, any time there is a "high risk" child being placed or the placement being considered presently serves a "high risk" child, the Child and Family Team addresses that issue.

- The team leader and the FSW, completing and approving the CANS of a child found at high risk for aggressive behavior, should intervene if they believe the child is placed in a placement where the child poses a high risk to non-aggressive children.

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[335] While the CANS High Risk Review is intended as the primary means for monitoring and reporting on the extent to which the Department is meeting the expectations of this provision of the Settlement Agreement, the TAC also examines each year any Quality Service Review (QSR) case that received an "unacceptable" rating for Safety to determine whether that case involved commingling of a "high risk" child with a child not designated as high risk. Of the four cases that received unacceptable scores in the 2010-11 QSR, none involved a safety issue related to this kind of commingling. Of the eleven cases that received an unacceptable score for Safety in the 2011-12 and the 2012-13 QSR review years, three involved a safety issue related to this kind of commingling. According to the QSR case stories, in each case, the child was placed in a residential facility and either the child posed a safety risk to others or the behavior of another child (or other children) posed a safety risk to the child. Of the three cases that received unacceptable scores for safety in the 2013-14 QSR, one involved a safety issue related to this kind of commingling in a resource home. See Section One at page 69 for more information about the three cases that scored unacceptable in the 2013-14 QSR.

[336] The Settlement Agreement does not speak specifically to the commingling of aggressive children with each other; however, the parties certainly did not mean to suggest that safety concerns should not be considered in those cases as well.

[337] As discussed later in this subsection, the fact that a child has a high risk CANS score for aggressive behavior does not preclude placing that child with children to whom the child would pose no risk. For example, a young child who has exhibited aggressive behaviors towards younger children but gets along well with older children would not be precluded from placement in a home with a teenager. While the Department relies on the CANS to "flag" children who have exhibited aggressive behaviors and might pose a danger to other children, the Department appropriately considers the nature of a child's aggressiveness and the specific characteristics of the resource home and the other children in that home in determining whether this child, in the context of that specific placement, poses a danger to other children in the home.

- The CANS consultant is responsible for reviewing and approving the CANS assessment and notifying the regional High Risk Team of any child whose CANS indicates a high risk for aggressive behavior.

- The regional High Risk Team is responsible for evaluating potential placements for "high risk" children and making recommendations for appropriate placements.

Finally, resource parents should alert the Department if they find themselves being asked to care for children who they feel pose a danger to other children in the home or whom the resource parent is unable to protect from other aggressive children in the home. (While a resource parent might not receive a copy of the CANS at the time of placement,[338] there is a standard form that the DCS case manager is to fill out and provide to the resource parent with information about a child that contains, among other things, a checklist of behaviors including sexual acting out, sexual aggression, physical aggression, and assault.)

Every region has incorporated into the CANS process a requirement that the CANS consultant is responsible for flagging any child with a high risk CANS score, entering that child's name on the region's high risk review spreadsheet, and ensuring that the child's placement is reviewed by a regional team responsible for the region's high risk review.[339]

Each region keeps a spreadsheet reflecting all children assessed to be "high risk," and the regional High Risk Team reviews the list monthly to assess whether children have been appropriately placed. Membership of the High Risk Team varies some by region, but typical team members include the CANS consultant, the Placement Team Leader, Team Coordinator, the Regional Administrator, case managers of all levels, and resource parent support staff. In addition to these monthly meetings, Central Office staff have meetings twice each month with all of the CANS consultants. These meetings address trending issues and concerns, systemic challenges, and updates from each region's High Risk Team meetings.

Over the course of the last year, regions have continued to develop and refine use of the high risk process. Regions experience different challenges in implementation of the review, but key aspects and functions of the process appear to have been embraced and executed in all regions.

Based on the information gathered through the CANS High Risk Review process, the Department has been able to identify opportunities for improving placement practices related to "high risk" children. For example:

- Some of the instances in which "high risk" children were inadvertently commingled with other children occurred in resource homes that were serving multiple regions. To address

[338] Resource parents should generally have access to the CANS and should be familiar with the CANS process since "reassessment" CANS are based in large part on information provided by the resource parent.
[339] In most regions, the CANS consultants are responsible for flagging "high risk" children at the time they review and "finalize" the CANS in TFACTS. While all regions have a team that is responsible for the front-end review of placements of "high risk" children, there is some variation in the composition of the team, the expectations related to preparation and participation, the structure and conduct of the review, and the frequency of the reviews.

this, a number of regions have refined their regional administrator "RA to RA" approval process (required whenever one region seeks to place a child in a resource home located in another region) to include a specific discussion of the relevant CANS scores of both the child to be placed and any other children in the home. The RA to RA approval process has been very successful and has led to increased awareness of the issues surrounding "high risk" placements for both staff and private providers.

- Respite placements pose unique challenges for ensuring appropriate placement of "high risk" children. While the Department feels confident that a high percentage of DCS respite placements occur with all appropriate safety precautions in place, private provider respite placements are more difficult to monitor and track.

- Experience with some private provider placements suggests that the private providers may not be as attuned to the issue of commingling of "high risk" children with other children and may not understand the Department's expectations when considering placement of a child with a high risk CANS score (or placement of another child in a home with a child who has a high risk CANS score). To address this, a number of regions are actively engaging private providers in the CANS High Risk Reviews and discussing issues related to the CANS High Risk Review process in "cross-functional team" meetings involving private providers. In addition to ongoing discussion and training on placement of "high risk" children, the Department is developing a set of standards for inclusion in the Private Provider Manual in order to eliminate any lingering ambiguity about expectations.

- There appears to be a need to clarify expectations regarding the appropriate use of safety plans in these cases. In some cases—frequently those involving placement of sibling groups that include younger children—a particular behavior or set of behaviors that might result in an elevated CANS score for one or more of the children in the home can be managed through a combination of appropriate adult supervision and competent behavioral management techniques. By selecting the right resource parent and implementing an appropriate safety plan, the siblings can safely remain together. In these and other situations, a child's high risk status is appropriately considered in the context of the characteristics of the home the child is being placed in, the characteristics and vulnerabilities of the other children in the home, and in some cases, the strength of the protocols, strategies, services, supports, and supervision described in a safety plan. A child who might otherwise be considered a "high risk" child if placed with more vulnerable children in a less well-structured and supervised resource home may not pose any risk to the specific children in a different well-structured resource home, with an appropriate safety plan. However, there is some variation in the quality of safety plans, and additional training and clarity about expectations may be required to improve practice in this area.

As the foregoing discussion suggests, the CANS High Risk Review process has been focused on the commingling of "high risk" children with other children in resource homes. The Department

does not currently apply this process to the commingling of aggressive children with non-aggressive children in congregate care settings.[340]

The TAC anticipates a renewed focus by the Department on the CANS High Risk Review process in the coming months and expects to be able to report on relevant developments in the next monitoring report. The Department has developed a new TFACTS report which identifies all children identified as "high risk." This report, combined with the regional spreadsheets currently in use, will help the Department validate and enhance the High Risk Review process and allow Central Office staff to identify opportunities to strengthen and supplement the way each region approaches "high risk" placements.

i. Children for Whom Permanency Goal is Adoption (VI.A.1.i)

The Settlement Agreement provides that children for whom the permanency goal is adoption should, whenever possible, be placed with a family in which adoption is a possibility. As discussed in previous monitoring reports, the Department has implemented "dual licensing" so that all resource parents are potential adoptive parents from the standpoint of training and approval requirements. The fact that the vast majority of adoptions have historically been by families who had already been fostering the child they adopted reflects that Departmental practice is generally consistent with this admonition.

j. Requirement that Placement Contracts Be With Licensed Providers (VI.A.1.j)

The Settlement Agreement requires that DCS only contract for placements or services with licensed contractors or subcontractors. This provision is included in DCS policy and contract provisions. As discussed in Section Twelve of this report, DCS oversight mechanisms are in place to ensure that private provider contractors and subcontractors meet licensing requirements.

2. Requirement for Regional Administrator Review (VI.A.2)

The Settlement Agreement provides that for those placement standards that include a requirement for regional administrator review (VI.A.1.a-f), if the regional administrator permits the placement, the regional administrator must either:

- indicate that the placement meets one of the permissible exceptions under the standards and, if so, ensure that the facts supporting that exception are documented in the case file; or

[340] It is the Department's expectation that congregate care facilities, because they are intended to serve children with higher levels of need, including those who exhibit aggressive behaviors, have the capacity to safely serve the children in their program, including the capacity to separate children who cannot safely be in the same living unit together. However, the Department interprets the provision of the Settlement Agreement as permitting a level of commingling of high risk children with other children in congregate care settings that would not be permissible in a resource family setting.

- indicate that the placement does not meet one of the permissible exceptions, document the reasons that the placement was nevertheless approved, and indicate any further action to be taken with respect to that placement.

As discussed in the introduction to this section, the Department has worked during 2013 to revise the PER process. The new process is designed to ensure both that Regional Administrator (RA) approval is granted before placement and that there is documentation of that approval for every applicable placement. TAC monitoring staff have participated in numerous conversations with each of the RAs and with Placement Services Division staff in every region about both the prior process and the new process. It is clear that many regions already have a tight process for RA approval for DCS placements and have working relationships with providers to ensure RA approval is granted when children move within provider networks. As described above, the new process is also intended to capture any instance of placements made without RA approval in order to address the specific instances as well as any systemic issues identified. The TAC intends to report on this in the next Monitoring Report.

3. Requirement of Quality Assurance Review of Non-Compliant Placements (VI.A.3)

The Settlement Agreement provides that the quality assurance division, using aggregate data and case reviews, is responsible for tracking, reporting, and ensuring that appropriate action is taken with respect to placements that do not comply with the placement standards in Section VI.A.1. As discussed in the introduction to this section, the Quality Control Division has devoted considerable time to a thoughtful redesign of the PER process and accompanying documentation, and this improved process and documentation should allow them to fulfill their obligations under this requirement. The TAC will report on this in the next monitoring report.

B. Assessment Process to Support Case Planning/Service Provision

The Settlement Agreement requires that all children receive an assessment, including a medical evaluation and, if indicated, a psychological evaluation, using a standardized assessment protocol. The assessment may take place prior to custody, but no later than 30 days after the child comes into custody. As soon as the assessment is completed, the child's placement is to be reevaluated to ensure that it meets the child's needs.

As has been discussed in previous monitoring reports, the Department has embraced a functional assessment process to support planning, service provision, and placement decisions. The functional assessment draws from "formal assessments" such as psychological and medical evaluations, including the federally required *Early Periodic Screening, Diagnosis, and Treatment (EPSDT)* exam, and from formal assessment tools and activities, including the *Child and Adolescent Needs and Strengths (CANS).*[341] It is the combination of the initial EPSDT and initial CANS that constitutes the Department's "standardized assessment protocol" required by

[341] The functional assessment also draws heavily from the insights and perspectives of Child and Family Team members, including family, based on the team members' own observations, interactions, and experiences with the child and family.

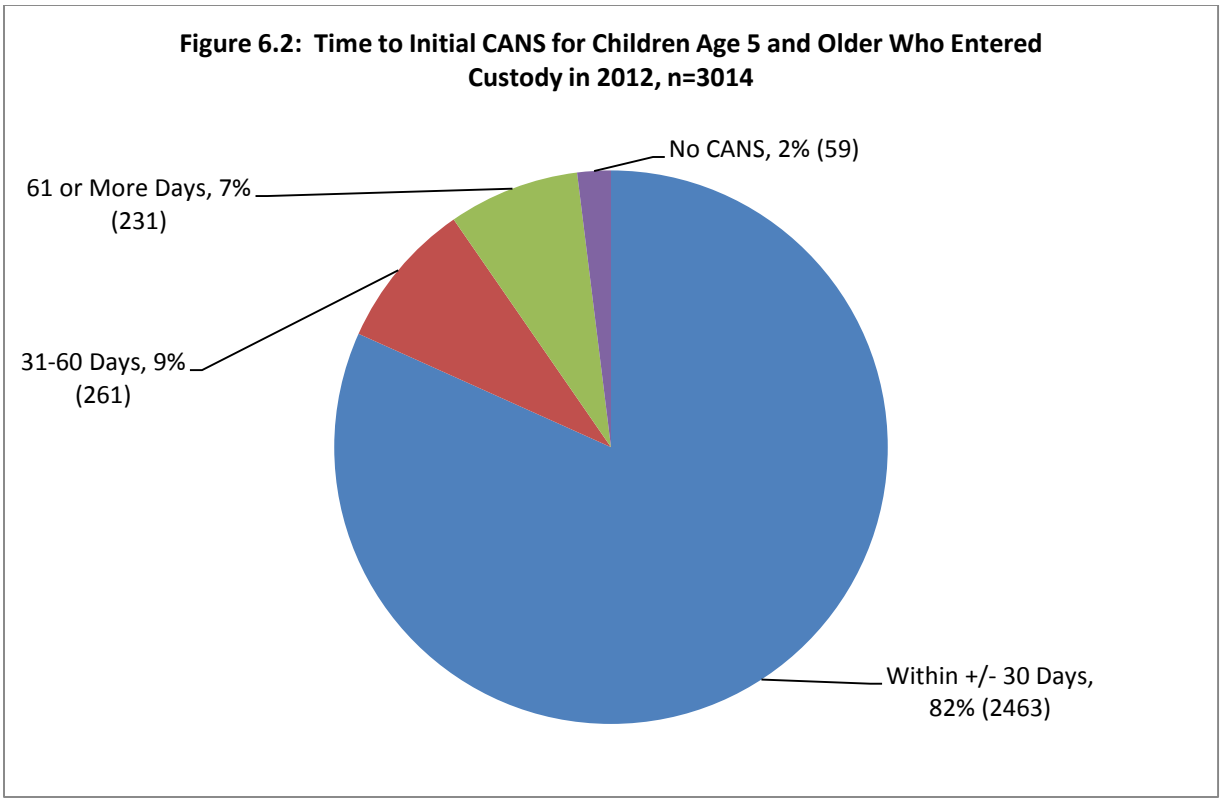
the Settlement Agreement to be conducted prior to or within 30 days of the child entering care.[342]

Consistent with the Settlement Agreement, the Department's placement process and placement policies contemplate that placement decisions, both initial placements and any change in placement, will be driven by the assessment. As discussed in Subsection A.1.h above and in Section Seven of this report, the Child and Family Team (CFT) has the ultimate responsibility for integrating assessment information into the case planning and decision making process. The initial placement is intended to be made at the direction of the Child and Family Team based on the assessment made by the team, drawing from information generated by the range of assessment activities and from strengths and needs identified by the team in its planning and placement decision making process.

When an emergency placement is made in advance of a Child and Family Team Meeting (CFTM), the Child and Family Team is to examine the appropriateness of that placement based on assessment information available at its initial meeting. The functional assessment is intended to be an ongoing process and the team is responsible for tracking progress, adjusting the plan, and revisiting the placement decision if further assessment information suggests that the placement is not meeting the child's needs.

The Department's Office of Information Technology produces a report ("*Timeliness of the Initial CANS Report*"), that identifies all children age five or older who entered custody during the relevant reporting period and indicates whether those children had an initial CANS. TAC monitoring staff analyzed 2012 and 2013 entry cohort reports to determine the time between the date each child entered custody and the date of the initial CANS. As Figure 6.2 below reflects, of the 3,014 class members age 5 and older who entered custody in 2012 and had custodial stays of 30 or more days, 82% (2,463) had an initial CANS completed either within 30 days prior to the start of the custodial episode or within 30 days after the start of the custodial episode,[343] and an additional 9% (261) had a CANS within 31 and 60 days.

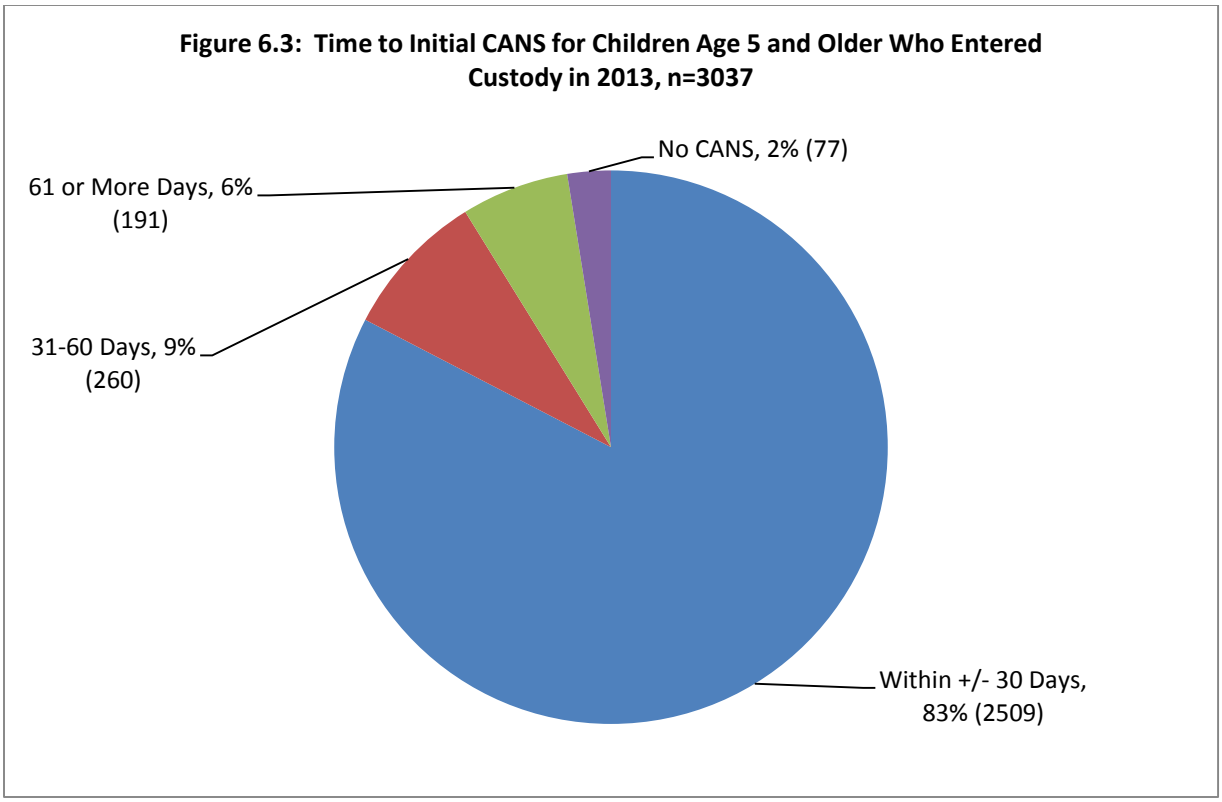
[342] See the discussion about the initial EPSDT in Section One beginning at page 78.
[343] The CANS is used to help identify strengths and needs for both custodial and non-custodial children.



Source: "Timeliness of the Initial CANS 2012 Cohort Report."

As Figure 6.3 below reflects, of the 3,037 class members age 5 and older who entered custody in 2013 and had custodial stays of 30 or more days, 83% (2,509) had an initial CANS completed either within 30 days prior to the start of the custodial episode[344] or within 30 days after the start of the custodial episode, and an additional 9% (260) had a CANS within 31 and 60 days.

[344] While the Settlement Agreement requires that the initial assessment be completed within 30 days of a child coming into custody, the Department's policy is that the CANS should be finalized by the regional CANS Consultant within five business days of the child entering custody.



Source: "Timeliness of the Initial CANS 2013 Cohort Report."

C. Ensuring Access to Reasonable and Appropriate Education

The Settlement Agreement (VI.C) requires the Department to ensure that children in foster care receive timely access to reasonable and appropriate education (including special/exceptional education) and are placed in community schools whenever possible. The Department is required to assign full-time education specialists in each region and 12 regional lawyers with special expertise in educational issues, responsible for ensuring that individual children in DCS custody receive timely access to appropriate educational placements and services.

1. Hiring of Education Specialists and Education Attorneys

As discussed in previous monitoring reports, case managers and school staff have found education specialists to be valuable resources for ensuring that children's educational issues and needs are addressed.

The Department presently has 14 education specialist positions (all of which are presently filled) with every region having one specialist and the Shelby and Tennessee Valley regions having two specialists.[345]

[345] There are also three Education Consultants who function much like team coordinators, serving as advisors to the education specialists and working with the Department of Education, the Department's own school system, and the in-house schools operated by private providers.

In every region, at least one attorney is designated as the "education attorney" and is expected to have special expertise and training related to education issues. These attorneys presently handle regular caseloads and devote the bulk of their time to general staff attorney duties; however, they remain available as a resource and support to the education specialists, should the education specialist determine that attorney advocacy is needed. The education specialists generally do not rely on DCS attorneys for consultation related to education issues related to children in DCS custody, but rather address their questions and concerns to legal and other staff at the State Department of Education with whom they enjoy a good working relationship.

2. Indicators of Timely and Appropriate Education Services

As discussed in previous monitoring reports, both QSR results and previous case file reviews suggest that a large majority of the children in foster care are receiving appropriate educational services: the vast majority of school-age children are attending public schools and the Department appears to be acting responsibly to ensure that exceptional education needs are being addressed.[346]

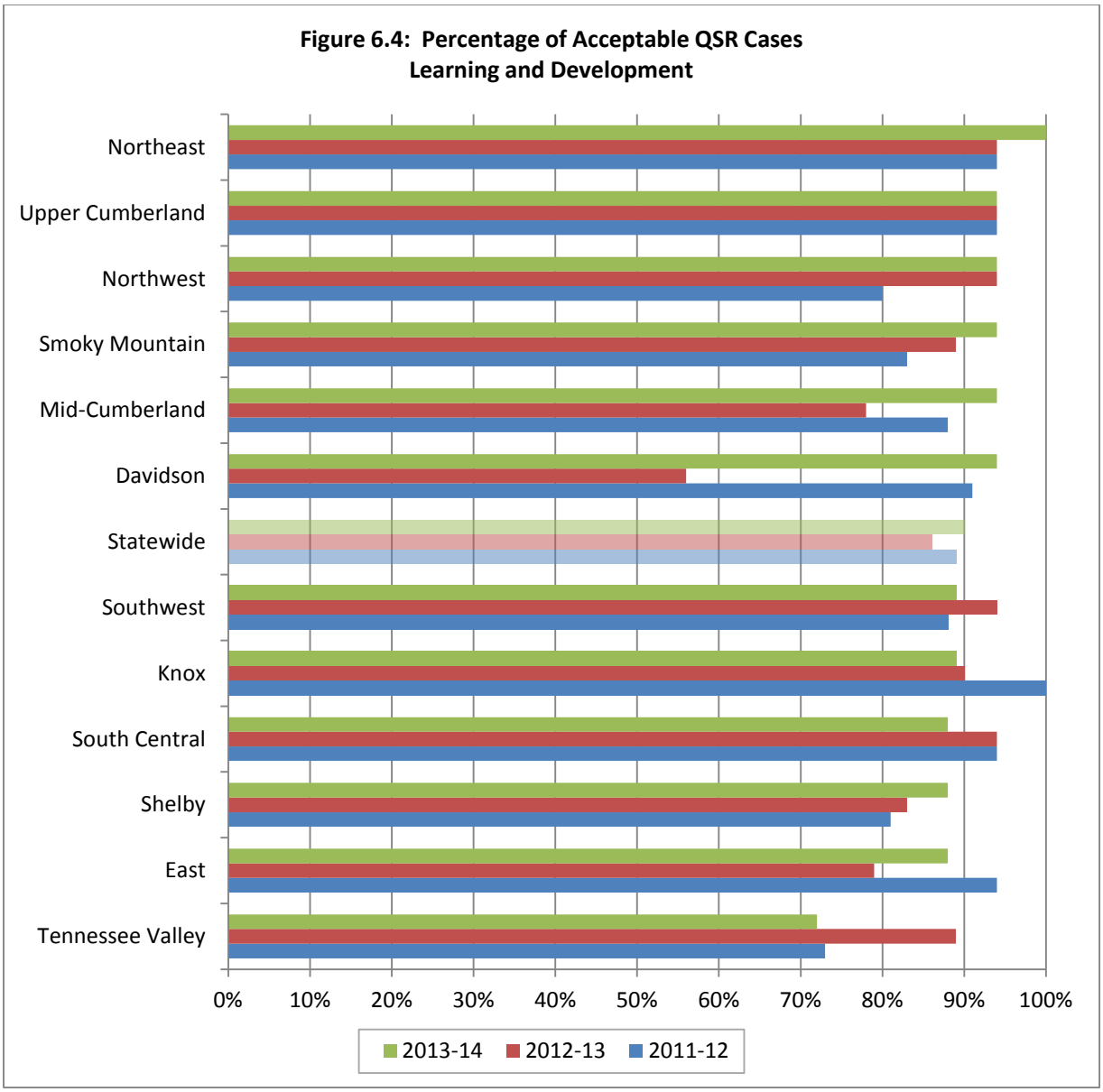
The QSR indicator for Learning and Development requires the reviewer to consider whether the child, at the time of the review, is receiving appropriate educational services consistent with the child's age and ability. For the case to score "acceptable," the reviewer must find that the child is receiving such services.[347]

Figure 6.4 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Learning and Development in the past three annual QSRs.[348]

[346] The Department now participates along with 130 other Tennessee school systems in utilizing "Easy IEP," the state's automated exceptional education student management software. Among other things, this system provides participating school systems with immediate online access to information such as previous and current IEPs, eligibility reports, procedural safeguard documentation, and student progress reports. The Department anticipates that this will both improve compliance with exceptional education requirements and facilitate the exchange of records among schools, and eliminate the delays associated with obtaining hard copies of records.

[347] While the large majority of the QSR cases involve school-age children (ages 5 to 18), the annual QSR scores for Learning and Development include both school-age children and younger children in the sample.

[348] While an acceptable score on the QSR for Learning and Development indicates that a child is receiving appropriate education services, an unacceptable score does not necessarily mean that the child is not receiving appropriate education services. Attendance in an appropriate school program is just one factor that reviewers consider. The indicator is broader than just educational services, and the focus of scoring is the extent to which the child is achieving developmental and educational milestones consistent with the child's age and ability.



Source: QSR Databases.

In order to better understand the extent to which the failure to provide appropriate education services contributed to those QSR cases that received unacceptable scores, TAC monitoring staff reviewed each of the cases involving *Brian A.* class members that received unacceptable scores for Learning and Development during the 2013-14 QSR year. TAC monitoring staff sought to determine both the reason for the unacceptable score and whether TFACTS documentation subsequent to the QSR review reflects actions to address the educational concern.[349] Children were considered "school-age" if they were 5 years of age or older or entitled to exceptional education services through Tennessee Early Intervention Services (TEIS) or their local education agency (LEA).

[349] TAC monitoring staff reviewed TFACTS documentation dated within the 30-day period subsequent to the QSR review to determine whether the Child and Family Team (CFT) followed up on the concerns and recommendations identified in the QSR.

Of the 210 cases reviewed in the 2013-14 QSR, 20 (10%) received unacceptable scores for Learning and Development. TAC monitoring staff reviewed the 19 cases for which QSR case narratives were available at the time of the review.

In six cases the unacceptable score was because the children were not functioning at the appropriate developmental or educational level as their same age peers. All six children were receiving services to address their identified needs.[350]

In an additional case it appeared that the children had significant emotional and behavioral health challenges that impaired their daily functions and impeded their learning. In that, addressing the mental health issues appeared to be the critical focus and the unacceptable score for Learning and Development did not appear to be based on a failure to provide educational services.

In the remaining 12 cases, TAC monitoring staff found some indication that the failure to provide some educational service was a contributing factor to the case receiving an unacceptable score.

- In two cases, the unacceptable rating was attributable in part to a failure to adequately assess the child's educational needs.

- Three children had a delay in receiving appropriate educational assessments and services because of a breakdown in communication and coordination between DCS, the private provider, and/or the school system.[351]

- In five cases, the children were certified to receive exceptional education services and reviewers were concerned about the sufficiency of the services provided.[352]

- One 17-year-old child had been approved to take her GED but had not yet been enrolled in classes. The team determined that the youth was ready to be returned to her father on trial home visit and could receive educational services in the community. Reviewers suggested that the youth be enrolled in the GED program prior to the court hearing where it was anticipated that the judge would grant the THV. The Department assisted the youth in enrolling in school, and helped with a transportation plan and the payment of related fees prior to the court date where the judge granted the THV.

- In the case of one youth (age 17), the team opted for the GED because the youth had earned very few credits towards graduation. Reviewers were concerned that the appropriate documentation to enroll the youth in a GED program had not yet been completed and felt that there was an urgency because of the child's age.

[350] One child had exited custody prior to the QSR review, and services continued upon exit from custody.
[351] One child had exited custody prior to the QSR review and reviewers were concerned that the child's services were not transitioned when the child went on THV.
[352] The reviewers were concerned that the children may need further assessment and adjustment in their services.

Of the 12 cases in which failure to provide some educational service was a contributing factor for the unacceptable QSR rating, there were four cases in which the case file documented subsequent action by the Child and Family Team to follow up on the educational concerns identified.

D. Requirements Related to the Administration of Psychotropic Medications

1. Prohibition against use of psychotropic medication as discipline

Department policy, consistent with the Settlement Agreement (VI.D), prohibits the use of psychotropic medication as a method of discipline or control of a child. Policies and procedures related to the administration of psychotropic medications are well-designed to ensure compliance with this prohibition.

2. Requirement of Informed Consent

The Settlement Agreement requires informed consent for the administration of psychotropic medications. When possible, parental consent is to be obtained. If a parent is unavailable to provide consent, the regional health unit nurse is to review and consent to any medically necessary psychotropic medication and ensure appropriate documentation of that consent regarding psychotropic medications.

The Department's informed consent policies (applicable to children in DCS custody irrespective of their placement) are well-designed to meet this requirement.

The Department had anticipated that the TFACTS "health icon" (and, more specifically, the health related data fields associated with that icon) would support the informed consent process and make documentation of and reporting related to informed consent more effective and efficient. Unfortunately, because of problems with the design of the TFACTS health icon, these benefits have not yet been realized.

The Deputy Commissioner for Child Health and the DCS Medical Director are working with the Department's Office of Information Technology (OIT) staff to address the problems with the TFACTS Health Icon.

3. Medical Director Oversight

The Settlement Agreement requires that the Medical Director oversee and ensure compliance with the Department's policies related to the administration of psychotropic medications.

Previous monitoring reports have described in detail the variety of actions that the Medical Director has taken in an effort to ensure compliance with the medication policies, including:

- development and delivery of training relevant to psychotropic medication, informed consent, and behavior management to DCS and private provider staff and resource parents;

- development and distribution of clear and detailed medication guidelines for those who prescribe psychotropic medications for children in state custody;

- development and implementation of additional "site visit" protocols to be used by those conducting announced and unannounced Licensing and Program Accountability Reviews;

- creation of a process to track, report, and analyze the use of medications; and

- implementation of a review process to ensure that policies and procedures are being complied with and that problematic practices and incidents of non-compliance are identified and addressed appropriately.[353]

The Department anticipates gaining access to the database of the new TennCare pharmacy benefits management company, Magellan, to provide "real time" claims history for individual children.[354]

E. Requirements Related to Use of Restraint and Seclusion

The Settlement Agreement (VI.E) requires that an appropriately qualified Medical Director be responsible for revising, updating, and monitoring the implementation of policies and procedures surrounding all forms and uses of physical restraint and isolation/seclusion of class members, and that the Medical Director be authorized to impose corrective actions.

All uses of restraint in any placement, and all uses of seclusion in group, residential, or institutional placements, are to be reported to and reviewed by the quality assurance division and made available to the Licensing Unit and the Medical Director for appropriate action.

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[353] The trigger mechanism in TFACTS is not yet functional. Currently, the regional health unit nurses are responsible for identifying cases in which medication administration is not consistent with policy and forwarding that information to the Medical Director for review. This manual process consumes valuable health nurse time that could be better utilized. Work is underway to assess the ability to acquire medication data through automated processes.

[354] The Department's nurses had access to TennCare's previous pharmacy benefits management company, SXC. In cases where little was known about a child's health history or the information received by nurses was confusing, nurses logged onto the database and viewed medication that had been paid for in the previous 30, 60, or 90 days. The database included claims for all medication prescribed to a child and was not limited to psychotropic medication. The Department is working with TennCare to gain access to "Crimson Care Management", which will provide the Department with a wealth of information about services the member has received as well as other claim and prescription benefit information. There is one impediment concerning the transmission of secure access information, but TennCare believes they have found a solution and that the Department will be able to access the system.

The present policies and procedures related to restraint and seclusion are the result of an extensive review and revision process conducted under the auspices of the Department's Medical Director. Physical restraint and seclusion are only permitted in congregate care settings and are subject to clear limitations and mandatory reporting requirements. The Department has clearly communicated these policies both within the Department and to private providers.

An "Incident Report" (IR) must be filed and entered into the TFACTS system for any incident involving the use of restraint or seclusion. The psychologists (who are supervised by the Medical Director) are responsible for the initial review and investigation of incidents involving the use of restraints and seclusion that meet a defined severity level.

To ensure that all incident reports (not just those related to restraint and seclusion) are promptly brought to the attention of those responsible to review and respond to them, TFACTS was supposed to include a function that would automatically send an email alert to the right responder and the right set of reviewers when the incident report was entered into TFACTS by the person making the report. As discussed in previous monitoring reports, there was a flaw in the design of that particular automated sorting, assigning and alerting function.[355] Rather than receiving an email only for the incidents that need a response from a particular responder, the responders get emails on all incidents that occur in the applicable incident categories. Until this flaw is addressed as part of the upcoming TFACTS enhancement, what had been intended to be an automated sorting function continues to be the responsibility of a single Central Office staff person who looks up all of the incidents in TFACTS to see if they require a response, and if they do, forwards the email to the appropriate responder. Irrespective of how conscientious and attentive the staff member may be, the introduction of this manual step into what was intended to be an automatic process not only invites some delays in the notification of the responsible psychologist and the Medical Director, but it creates the opportunity for incidents to be routed incorrectly or missed altogether.

Notwithstanding the limits of the automated alert process, the Department's Quality Control Division has been able to use aggregate reporting of restraints and seclusion available from TFACTS to support and inform the private provider oversight process. A QC Division staff person is responsible for periodically gathering provider specific incident reporting data, including data on the use of restraints and seclusion, and looking for any trends or patterns in the data that might raise concerns. In addition, when a provider is brought to the attention of the Department's Provider Quality Team (PQT) for any reason, as part of the current PQT process, this staff person reviews the IR data for that provider, and presents that data to the Team.

In an effort to identify concerns related to particular providers or facilities, the Program Accountability Review (PAR) site visit protocols include inquiries into the use of restraint and seclusion (focused on compliance with both the substantive limits and the reporting

[355] As described in Section One of this report, changes to the Incident Reporting function in TFACTS have been designed and the Department is working on implementation of those changes. The Department expects the changes to be implemented by the fall of 2014.

requirements).[356] In addition, the regional psychologists, who are responsible for reviewing and responding to individual IRs regarding restraint and seclusion, watch for multiple incidents being reported for a particular child as an indicator of a problem that needs to be addressed.[357]

The TAC anticipates that further work will be done after the TFACTS IR enhancement is implemented to determine what additional steps need to be taken to ensure both that IRs are being filed whenever there is an incident of restraint and seclusion, that the IRs are reviewed and responded to appropriately, and that the staff from the QC Division and those responsible for private provider oversight are utilizing IR data to identify and respond to any systemic problems.

F. Providing the Full Range of Independent Living Services for All Children who Qualify for Them

The Settlement Agreement requires that the Department provide "a full range of independent living services" and that the Department ensure that there are "sufficient resources to provide independent living services to all children in the plaintiff class who qualify for them." [358]

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[356] See Appendix O of this report to view the Seclusion and Restraint PAR Monitoring Guides. The Monitoring Guide shows the items monitored by PAR that reflect the key requirements for the appropriate use of physical restraint set forth in DCS Policy 27.3 - Physical Restraint, and use of seclusion set out in DCS Policy 27.2 – Use of Seclusion. PAR draws restraint samples based on the total IRs submitted by the provider over the three months immediately preceding the review. PAR normally samples and scores five recent restraints (if applicable) involving different staff and clients when possible. Results are shared in the provider specific report, which includes any corrective actions that the provider plans to take in response to any findings related to physical restraint (*e.g.*, training, increased supervision, and QA review). If, in the course of the review of client files, PAR finds a use of physical restraint that was not reported through the TFACTS IR system, PAR notifies the relevant DCS staff (generally the Medical Director and psychologists who are the designated IR responders) of the unreported use of restraint and includes that finding in the PAR report. PAR also instructs the provider to enter the restraint detail into the IR system and to institute a plan to catch and eliminate misses in reporting. PAR follows a similar process with respect to review of any incidents of seclusion.

[357] It is unclear precisely what is intended by the language in the Settlement Agreement that the Medical Director "*be authorized to impose corrective actions*." As a technical matter, the Medical Director does not have the authority on her own to impose a corrective action plan on a facility. However, as a practical matter, the Medical Director, through the various oversight committees and processes that she participates in, is able to ensure that a corrective action plan is imposed and corrective action taken if she feels that is necessary to address improper use of restraint or seclusion. The Medical Director is responsible for approving corrective actions for any PAR findings related to restraint or seclusion.

[358] The Office of Independent Living is responsible for developing and ensuring provision of appropriate independent living skill development and opportunities. DCS policies 16.51-53 and the associated Independent Living Manual prescribe the scope and availability of services.

The Department expects formal work around independent living skill development to start when a young person turns 14 years old, whether they are in resource homes or congregate care settings, and for that work to continue at least until the young person exits custody. [359]

The Department's goal is to provide each young person in foster care, age 14 or older with supports, services, experiences, and opportunities that are important to healthy adolescent development and that will help the youth successfully transition to adulthood. Toward that end, the Department expects independent living services to cover the following areas:[360]

- **Hygiene, self-care, personal safety** (including hair care, dental care and genital care; resources related to obtaining health insurance and pertinent information related to health-related benefits; and assistance with identifying safe and supportive resources in the event of an emergency);

- **Legal issues** (including information and assistance on registering to vote, obtaining a State ID[361], selective services registration for males; information on accessing legal representation);

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[359] The Department offers young adults who were in foster care or who are in foster care on their 18th birthdays the opportunity to continue to receive a variety of supports and services beyond 18 to help them successfully transition to adulthood. A range of services and supports are available for these young adults, ages 18-21 who opt for Extended Foster Care (EFC) at age 18; and those who did not opt in at age 18 or who dropped out of Extended Foster care, are eligible to opt in or opt back in up until age 21. Fiscal year 2012-13 was the first year that Extension of Foster Care was an available option for transitioning youth. In that year, 564 young people were served through EFC. From July 1, 2013 through March 31, 2014, 528 young people have been served in EFC, including 257 who were currently active as of March 31, 2014.

In addition, through a partnership with Youth Villages, any young person who is transitioning from foster care, irrespective of whether he or she opts into EFC, can receive case management services and supports through the Transitional Living Program, which helps foster youth and former foster youth ages 17-22, find safe housing, achieve stable employment, continue their education or get job training, reunite with birth families if possible, build healthy adult support systems and learn to manage their physical and mental health issues.

Education and Training Vouchers (ETVs) are available to support former foster youth through age 23. In addition The Bright Scholarship, a State Funded Scholarship program established by the Governor's Office, is available to bridge the gap for former foster youth and young adults who may not be eligible for ETV assistance; and the Hope Foster care grant is available to youth 14 and older that have been in the child welfare system for a continuous year. From July 1, 2013 through March 31, 2014, 257 young people received Education and Training Vouchers totaling $676,859.66. Of those receiving ETVs, 165 were new recipients for the fall 2013 semester. During that same period, a total of 110 young people received state funded Bright Futures grants totaling $251,768.91. The Department has worked with Middle Tennessee State University and Hiwassee College to develop a program to provide special support for former foster youth as they adjust to college life. Efforts are underway to develop similar programs at other colleges and universities.

A range of additional services and supports for transitioning youth up to age 26 are available as well from the resource centers discussed at page 229.

[360] The Department's definition of the "full range of independent living services" was heavily influenced by what current and former foster youth identified as important during a series of focus groups convened by the Department and by feedback from national experts who were also consulted. The Department is committed not only to ensuring that young people are not only actively shaping their own permanency and transition plans, but that they are also involved in shaping the Department's policies and procedures and helping ensure that services and supports are responsive to the needs of older youth.

[361] Through collaboration with the Department of Safety, the Department has ensured that youth transitioning from foster care can obtain a free State of Tennessee Photo ID.

- **Budgeting** (including creating a budget worksheet/expense diary; assistance with developing strategies for paying bills and creating a monthly spending plan; introduction to tools for saving money and planning for future expenses; practical instruction on setting up a bank account; online banking and balance checking; and check writing/use of debit cards);

- **Building credit** (including understanding credit scores and how to read a credit report; how credit scores can impact the ability to make major purchases);

- **Nutrition and food preparation** (including healthy food preparation methods and basic cooking; smart grocery shopping, food expiration and meal planning);

- **Interpersonal relationships and communication** (including knowing and understanding the concept of self-esteem; understanding personal strengths and needs; maintaining healthy relationships);

- **Time management and stress management/coping** (including developing techniques to effectively manage time, including making lists and prioritizing tasks; relaxation techniques used to manage and cope with stress);

- **Problem solving, decision making** (including developing strategies to make good decisions, identifying differences between impulsive and thoughtful decisions);

- **Housing issues** (including locating safe and affordable housing options, tenant rights and housing assistance; communicating with landlords/leasing managers);

- **Education issues** (including assistance with developing an appropriate education plan, completing secondary education and accessing resources for post-secondary or vocational programs);

- **Employment issues** (including development of good work habits and skills; self-confidence and presentation; resume writing; completion of job applications; identifying job opportunities and use of local employment assistance); and

- **Assistance Available from DCS** (including the availability of Independent living wraparound funding as a resource to support the provisions of Independent living for eligible youth and young adults[362]; and information about transitional living services and supports through Extension of Foster Care).

The strengths and needs of a 14-year-old who is four years from legal independence are generally different than that of a 17-year-old who is facing the imminent assumption of adult rights and responsibilities. The Department generally expects that all youth 14 to 16 years of age have the opportunity to take on increasing levels of responsibility for taking care of themselves,

[362] For a list of types of expenditures that are covered by flex funding and wraparound funding, see http://www.tn.gov/youth/dcsguide/manuals/IDandAccessinngILSManual.pdf.

that they learn basic self-care skills (cooking, cleaning, health, and hygiene habits), that they receive some introduction to and practical experience with budgeting, and most importantly, that they have opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence, and competence. For youth ages 14-16, independent living skill development is usually accomplished by providing those youth with a range of age-appropriate, normalizing, and maturity building opportunities and experiences that would be expected for a younger adolescent in a reasonably well-functioning, intact family.

Beginning when a young person reaches the age of 16, the Department expects assessment, case planning, and service provision to be more extensive and specifically organized around nine competency areas that are generally important to successful transition to adulthood: education; housing; health; transportation; financial skills; employment/job skills; life skills; social skills; and communication skills.[363]

Consistent with federal requirements, the Department expects transition plans for 17 year olds to specifically address the critical areas of housing, health insurance, health care decision making, education, work force supports and employment, and opportunities for mentors and continuing support services.[364]

The Department believes that, with the expansion of the Transitional Living Program which serves young people ages 17 to 22,[365] with Tennessee's adoption of Extended Foster Care for transitioning youth up to age 21, and with the combination of existing programmatic supports and flex and wraparound funds in the budget to supplement those programmatic supports, there are "a full range of independent living services" currently offered and that there are "sufficient resources to provide independent living services to all children who qualify for them."

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[363] These domains encompass the areas for planning of older youth contemplated by independent living and permanency and transition planning requirements of federal law.

[364] In addition, the Department expects special attention to be paid in transition planning to the additional challenges facing young people who are pregnant or who are already parents as well as those with potential immigration issues.

[365] The Transitional Living Program contract has been expanded so that the program is sufficiently resourced to serve any young person interested in participating in the program, whether or not that person also opts in to Extension of Foster Care. Between July 1, 2013 and March 31, 2014, the Transitional Living Program had served 629 young people, 321 of whom were still being served as of March 31, 2014. The maximum state liability under the recently expanded contract for the Transitional Living program partnership is $3,000,000 per year for the three-year period covered by the contract which is matched dollar for dollar by foundation and other outside funding secured by Youth Villages to support this work.

The Department's contract with Youth Villages for the Transitional Living Program also includes provisions for Transitional Living Program staff to seek to get young people to fill out the National Youth in Transition Database (NYTD) survey required by the Fostering Connections Act. Transitional Living Program staff are expected to meet personally with every young person in foster care within 45 days of that young person turning 17. From October 1, 2013 to March 31, 2014, Youth Villages staff have thus far talked directly with 222 of the 253 youth (88%) who turned 17 and who they were responsible for contacting; they spoke with 204 of those youth (81%) within 45 days of their 17th birthdays. During those meetings, Youth Villages case workers administer a shortened version of their pre-admission assessment so they can determine whether the youth are interested and appropriate for Transitional Living services; and the case workers gather from the youth information on three ways that Youth Villages can contact the youth to facilitate future follow up. In addition, not only do the staff encourage the young person to answer the survey, but they are also expected to explain the range of services and supports available to young people making the transition to adulthood.

The Department's focus is now on ensuring that the independent living and transitional living components of the permanency plans of older youth are informed by good IL assessments and guided by the preferences, interests and ambitions of the young person, that the permanency plan builds on strengths and addresses needs related to all of the relevant IL skill domains and to the young person's personal and professional goals, and that available resources are being leveraged, as needed, to support implementation of the plan.

A critical piece of that effort is ensuring that young people are actively involved in the case planning and decision making process. Toward that end, youth in care and former foster youth have created "A Guide for Teens in Foster Care" brochure that will be disseminated to youth in care beginning in July 2014. This brochure is intended to inform young people about opportunities and services available to them and empower them to advocate for themselves if they feel they are not getting what they need. In addition, two youth boards across the state are reviewing and updating the "TN Foster Youth Handbook." This is a more detailed handbook intended to help youth through their transition from foster care and increase awareness about issues they will need to know about. These recent products reflect the Department's recognition of the value of drawing on the expertise of young people themselves in the development of tools and policies to improve their experience in custody and to better prepare them for the transition to adulthood.

1. Ensuring Access to the Range of Independent Living Skills, Services, and Supports for Older Youth in Resource Homes

For children in intact families, most of the "independent living skills" that they develop begin with what happens in the home, with their parents providing the "training" and "skills practice opportunities." Parents also generally play a key supportive role in helping their teens find recreational and extracurricular activities that allow them to explore and develop areas of interest and provide opportunities for socializing and developing relationships with peers and supportive adults (who can serve as mentors and role models). Finally, parents often help support their teens in their search for employment and service learning opportunities.

It is therefore not surprising that for teens in foster care, the Department expects resource parents to play a key parental role in ensuring that every young person has access to the "full range of IL services" that he or she needs. The Department's Independent Living Division has therefore been working with the DCS training division and the Foster Parent Association to develop and

promote special training for resource parents serving older youth to help those resource parents assume this role.[366]

To help accomplish this, the Department is specifically focused on two areas:

- Ensuring that when additional financial and service supports are necessary to allow resource parents to provide any specific types of services, supports or opportunities, "wraparound" or "flex funds" are available to provide that support and that private provider contracts address those specific types of services, supports or opportunities.

- Re-examining rules and regulations that have been developed to ensure appropriate supervision of younger children in foster care, but that are being applied to older youth in care in ways that are depriving them of age appropriate opportunities and experiences, to determine whether the rules and regulations are striking the proper balance between providing supervision and supporting healthy adolescent development.

In past years, significant amounts of wraparound and flex fund dollars budgeted for a range of individualized IL services and supports went unspent because of a combination of overly narrow construction of what can be covered and insufficient communication with the field about the availability of funding, what it can cover, and how to access it. In an effort to increase use of this funding, the IL Division has expanded the scope of activities that can be covered under extracurricular activities and education, and clarified the specific types of activities that fall within these broad categories. Special attention has been paid to making sure that both DCS and private provider staff understand that older youth in private provider placements are entitled to access "IL wraparound" funds.[367] The Office of Independent Living has emphasized ensuring DCS and private provider staff, child advocates, foster care review board members, court personnel community partners, and young people themselves know about available resources,

[366] The "Creating Teachable Moments" curriculum, currently in development, will employ resources developed by Casey Family Programs, as well as ongoing tracking and monitoring through the IL Division. All Resource parents caring for youth ages 14 and older will be required to participate in this three-hour training, that includes instruction and resources for cultivating skill sets identified by young people as imperative for their development, in alignment with the nine independent living domains previously described. The curriculum also includes a checklist of the skills and proficiencies in which all young people are expected to receive instruction. This is incorporated into the training, which provides concrete strategies for addressing the identified skill areas. The Department anticipates that this curriculum will be completed in July 2014 and implemented following review by key stakeholders. In addition to this training, current resource parent training offerings include: "Engaging and Parenting Teens," "Parenting the Youthful Offender," and "Child Exploitation and Human Trafficking."

[367] The 2013-14 budget includes a total of $1,281,900 dollars to support the broad range of IL related flex fund wraparound services. As of March 31, 2014, actual expenditures for 2013-14 were $55,366.75, covering everything from school related expenses (including class trips, graduation packages, year books, tutoring and test preparation, test and application fees, summer school) to driving related expenses (driver's education classes, auto insurance, and auto repairs).

and has developed and distributed materials to providers, resource parents, and young people to explain what services and supports can be funded.[368]

In addition to providing services directly, through the flex funding discussed above, the Independent Living Division contracts with three resource centers across the state. The resource centers serve young people between the ages of 14-26 who have spent at least one day in foster care after the age of 14 and live in Memphis, Nashville and surrounding counties, and Knoxville and surrounding counties.[369]

With respect to the re-examination of rules and regulations, the Department recognizes that there is a tension between the desire to provide young people in foster care the same range of opportunities for increasing independence, and responsibility and regulations and policies that emphasize supervision and safety. While keeping young people safe will always be of paramount importance in the development of policies and procedures for caring for children in custody, the IL office has spearheaded efforts to develop a common understanding of acceptable freedoms and opportunities for independence for teens in foster care. A key aspect of this process has been engaging private providers in conversations about standards for supervision of older youth. The driving philosophy behind these discussions is that decisions about what constitutes appropriate supervision and care must be determined based upon the circumstances of each individual young person. There is not a one-size-fits-all solution to the tension between appropriate supervision and ensuring safety, so it is imperative that each young person is treated as an individual and given privileges and restrictions based upon their individual capacity to handle each.

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[368] As discussed above, the Department has partnered with current and former foster youth to develop a set of materials to help youth in foster care understand their rights and responsibilities, and the resources and services available to them. The Department is also putting renewed energy into the development and support of both local youth advisory boards and the statewide youth advisory board. A youth engagement and grants management staff person has been hired who will be responsible for development of new youth boards, contacting aged out youth who do not enter Extension of Foster Care, and contacting shelters across the state to explain pertinent DCS services and encourage them to contact DCS when they have a youth that may be eligible to receive services.

[369] The resource centers offer a financial education curriculum that features finance basics including: savings, asset building, credit, credit reports, money management, and budgeting. Participants receive assistance opening an Individual Development Account (IDA) and (if desired) a bank account with the banking partner, or a personal account at a financial institution of their choice. Participants are encouraged and supported as they make savings contributions towards the purchase of an asset. Once the participant is ready to purchase an approved asset, the resource centers match the savings contributions of the youth up to $1,000 per year ($3,000 lifetime) towards the purchase of the asset. Other services provided directly by the resource centers or through referral include General Educational Development (GED) classes/preparation, Life Skills assessment/training, youth leadership, and activities designed to build social skills and civic engagement. They also assist young people in connecting to job skills training, job placement (including limited paid internships), career counseling, and educational opportunities. Participants are connected with resources and tools within their community to help them establish their own social capital and support networks. DCS is committed to the resource center model and has started work on developing a fourth resource center in Chattanooga to serve Hamilton and surrounding counties. From July 1, 2013 through March 31, 2014, 230 youth/young adults took life skills classes offered by the resource centers, and 170 young people were actively involved with one of the centers as of March 31, 2014.

2. Ensuring Access to the Range of Independent Living Skills Services and Supports for Older Youth in Congregate Care Settings

Congregate care facilities have generally been able to offer a range of self-care, cleaning, and cooking activities considered to be among the basic independent living skills that young people need to develop. In addition, congregate care facilities are able to offer more formal "Independent Living classes" on subjects ranging from basic financial literacy to health and hygiene. Each agency serving young people in congregate care facilities are expected to provide this instruction in a manner that is responsive to its population and logistical circumstances.[370]

The Department recognizes, of course, that congregate care facilities are not normal settings to grow up in; and that it is a challenge to provide normalizing activities and opportunities within those settings. While the congregate care providers are contractually required to make the full range of IL skills training available to young people in their care, the Department is working with these agencies, as they are with resource families, to understand what additional supports can be made available using flex funds and other resources, and to address rules and regulations that are perceived as impediments to providing young people in congregate care with more normalizing experiences.

As part of that work the Department has invested in a partnership with Oasis Center, a national leader in promoting positive youth development for adolescents, and is delivering training to congregate care facility staff in implementation of the Teen Outreach Program (TOP).[371] There are currently 20 TOP clubs in nine agencies, and DCS anticipates expanding the program in the coming fiscal year to serve more agencies and youth.

3. Special Focus on Transitioning Youth in Need of On Going Mental Health Services

As discussed in previous TAC reports, the Department has dramatically improved its coordination and collaboration with the Department of Intellectual and Developmental Disabilities (DIDD) to ensure a smooth transition for young people whose intellectual disabilities qualify them for DIDD adult residential services and supports. However, there has been some concern that there are a set of older youth exiting foster care who are not eligible for DIDD adult residential services and supports but who have severe psychiatric diagnoses that required DCS level IV residential treatment, and whose acute psychiatric condition at the time they turn 18

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[370] Youth Villages, for example, provides experiential learning in the areas of cooking, laundry, vocational training and computer training, as well as placing a focus on money management. Smoky Mountain Children's Home provides instruction in money management, sex education, healthy lifestyle and exercise, meal preparation, grocery shopping, and applying for employment.

[371] The Department chose to implement TOP in large measure because the program emphasizes activities that focus on three "Adult Preparation Subjects" seen as particularly relevant to successful transition to adulthood for this population: developing healthy life skills (with an emphasis on goal setting), understanding adolescent development (with an emphasis on self-efficacy and self-regulation), and developing healthy relationships. The curriculum helps youth gain knowledge related to these three areas. Most importantly, group activities and community service learning projects give youth opportunities to practice and further develop these skills. The service learning projects are structured and designed to help the young people develop and practice skills related to planning, setting goals, making decisions, budgeting, team work, acting on healthy attitudes and values, and gaining positive self-esteem through giving to others.

requires adult mental health intensive supported residential housing before they can safely return to a community setting.

The Department is working with both current residential providers and regional DCS psychologists to identify older youth likely to need to transition into an adult residential psychiatric setting and to begin the application process and provide the information necessary to establish eligibility for these services sufficiently in advance of the young person turning 18 to allow a smooth transition when the young person turns 18.

An individual in the Office of Child Health coordinates transition efforts for all young people needing adult mental health services. She is responsible for tracking the progress of all 17 year olds in level 4 IV placements and ensuring that referrals are being made, applications filed, and documentation provided without delay. Case managers, regional psychologists, and private providers have all been trained to refer cases to the Office of Child Health when the need for continued mental health services is apparent.

The Extension of Foster Care Services program provides additional flexibility for the Department to support the successful transition of young people with mental health needs. Those who have acute psychiatric conditions qualify for EFC based upon their health needs, and in some cases, enrollment in EFC provides a "grace period" that allows the Department to engage in more thorough transition planning, especially when a young person needs services that do not allow for application until after or shortly before the young person's 18th birthday. DCS is also able to continue case management services for these young people as they move into adult mental health services.

G. Maintaining a Central Office Child Placement and Private Provider Division

The Settlement Agreement (VI.G) requires DCS to maintain a child placement and private provider division within its Central Office. This division is to provide consultation and technical assistance to regional staff on placement issues so that regional placement support units are able to carefully and appropriately match the child's individual needs to a placement facility or resource family. The Department is also required to maintain regional placement units with sufficient staff, automated information and tracking capabilities, and other resources to ensure that all children requiring placement are placed promptly, appropriately, and in accordance with their needs.

The Central Office Division responsible for the functions required by this provision of the Settlement Agreement is the Network Development Division.[372]

Within that division, the Placement and Provider Services (PPS) staff are responsible for providing technical assistance to regional Placement Services Division (PSD) staff primarily

[372] In the spring of 2013, the division formerly known as Child Placement and Private Providers (CPPP) was re-organized and expanded in order to provide oversight of the provider network, and placement and services resources that serve both non-custodial and custodial populations. This reorganization and integration of previously separate divisional functions has been capably led by a thoughtful and conscientious Executive Director.

focused on but not limited to: assisting with placement of children, especially those with intense clinical needs; being a liaison between DCS and the private provider network; disseminating information regarding providers and performance; and resolving disputes with providers.

The Director of Network Services, a doctoral level mental health clinician, is completing a program evaluation of the clinical services and processes employed by private providers, down to the facility level.[373] While this evaluation serves a number of purposes, one expected result is the development of an online resource available to the field that will provide clinical information about the therapeutic approaches of each placement and the types of children that those placements are best suited to serve. This information, which has not previously been readily available to regional placement staff, will allow a more informed use of available assessment information, especially the Child and Adolescence Needs and Strengths (CANS),[374] to help regional placement staff "carefully and appropriately match the child's individual needs to a placement facility" that is well-suited to meet the child's clinical needs.[375]

As discussed in previous monitoring reports, there are regional placement specialists in each of the regions.[376] Under the present placement process, each region has a single placement unit with designated placement specialists for each county or group of rural counties. These specialists are expected to be knowledgeable of the DCS and private provider placements and available to share this information with the Child and Family Team in order to help the team find the best placement match for the child. The Department has also developed and is scheduled to deploy in August 2014 a training module dedicated to training regional placement staff on best practice related to appropriate placement of children.

In order to ensure that the right mix of services and placements are available in the region to meet the needs of the children and families in that region, placement specialists are expected to keep track of resources not only so that the best matches can be made from the available placements, but also so that resource needs and resource gaps can be identified and filled. The regions are expected to develop local resources to meet the needs of local children and families. Recruitment and retention planning regarding DCS resource homes is discussed in Section Nine of this report.

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[373] The Director is also responsible for delivering technical assistance to providers to help them develop and enhance their clinical services and processes. He is also able to make available to providers additional technical assistance from special resources, such as the Centers of Excellence (COE).

[374] The Network Development Division's Director of Systems Integration maintains ownership and oversight of the CANS tool described in Subsection B of this Section, as well as other assessment tools used within the Department. The CANS assessment tool and its use and documentation are an integral tool in understanding a child's needs and strengths in order to match that child to the best placement.

[375] The Network Development Division has been working with the Training Division to develop enhanced trainings for regional staff about appropriate matching. The Network Development Division also has responsibility for implementing the Performance Based Contracting (PBC) initiative described in Section Twelve of this report and is working to further educate regional staff about the model to make the information more useful to them.

[376] As of June 2014, there were a total of 63 regional placement specialist positions distributed among the 12 regions and 24 supervising positions, including both team leaders and team coordinators, two of which were vacant at the time of this report.

H. Case Manager Contacts with Children

1. Required Case Manager Visits for Children in DCS Resource Homes

For a child in a DCS resource home, the Settlement Agreement requires the DCS case manager assigned to the case to visit with the child as frequently as necessary to ensure the child's adjustment to the placement, to ensure the child is receiving appropriate treatment and services, and to determine that the child's needs are being met and service goals are being implemented. The Settlement Agreement also requires that the case manager have a minimum of six visits with the child in the first two months after a child's entrance into custody (at least three of which must take place at the child's placement) and two visits per month thereafter (at least one of which must take place at the child's placement). During every required visit the case manager is required to spend some private time speaking with each child (with the exception of infants).

2. Required Case Manager Visits for Children in Private Provider Resource Homes or Facilities

For a child in a private provider resource home or facility, the Settlement Agreement requires both the private provider case manager assigned to the case and the DCS case manager assigned to the case to visit with the child as frequently as necessary to ensure the child's adjustment to the placement, to ensure the child is receiving appropriate treatment and services, and to determine that the child's needs are being met and service goals are being implemented. The Settlement Agreement also requires that the private provider case manager have a minimum of six visits with the child in the first two months after a child's entrance into custody (at least three of which must take place at the child's placement) and two visits per month thereafter (at least one of which must take place at the child's placement), and the DCS case manager is to visit the child at least once a month. During every required visit the case manager (DCS or private provider) is required to spend some private time speaking with each child (with the exception of infants).

In addition, the Settlement Agreement requires that the private provider case manager and the DCS case manager in these cases meet face-to-face with each other at least once every three months in order to have substantial discussions with each other, the resource parents or other caretaker, and the child (if age appropriate).[377]

3. TFACTS Reporting Capacity Related to Face-to-Face Contacts

The Department has been producing aggregate reporting on case manager face-to-face contacts, first from TNKids and now from TFACTS. The Department is appropriately confident in the TFACTS reporting related to DCS case manager face-to-face contacts.

[377] The Child and Family Team Meeting would ordinarily provide the opportunity for those face-to-face discussions.

The Department continues to work with private provider agencies to ensure that they are properly documenting their face-to-face visits in TFACTS.[378] Private providers are expected to enter a case recording for every face-to-face contact by their case managers directly into TFACTS documenting the date of the contact (which would ensure that these contacts can be included in aggregate reporting of face-to-face contacts). Unlike DCS case managers, private providers are not required to enter a contemporaneous narrative describing the visit; instead, private providers are expected to include details of significant case activity, including face-to-face visits, in the "monthly summary"—the special monthly case recording that private providers are required to enter in the TFACTS case file of each child with whom they are working. Given the variety of problems related to the transition to TFACTS, it is not surprising that there has been a data entry "learning curve" for private provider agency staff, and it was not unusual, even after the early 2012 TFACTS build, for provider agency staff to neglect to enter a face-to-face visit case recording for a face-to-face contact that was documented in the monthly summary. Documentation from private agencies has been improving, but it is still likely that the face-to-face reports generated from TFACTS are under-reporting face-to-face contacts for those children who are served by private provider case managers.[379]

The TFACTS face-to-face data presented in this subsection of the monitoring report is not drawn from the face-to-face reports that the Department generates for its own purposes. Under the design of the Department's reports, a single face-to-face visit that was documented twice would be counted twice in the reports (for example, when both the provider case manager and DCS case manager document the same visit). In addition, if multiple face-to-face contacts occur on a single day (for example, when a case manager sees a child at a Child and Family Team Meeting and then later in the day visits with the child in another context), each of those contacts will be counted as a separate contact in the Department's report.

Assuming that the TAC correctly understands the intent of the parties, when the Settlement Agreement specifies that a child receive two visits each month (or six visits in the first two months in care), the intent is that a child have a face-to-face contact on at least two different days during a given month (or on at least six different days during the first two months in care). The TAC therefore worked with the DCS Office of Information Technology to develop reports that count the number of days on which visits occurred rather than simply counting the number of visits that are documented in TFACTS.

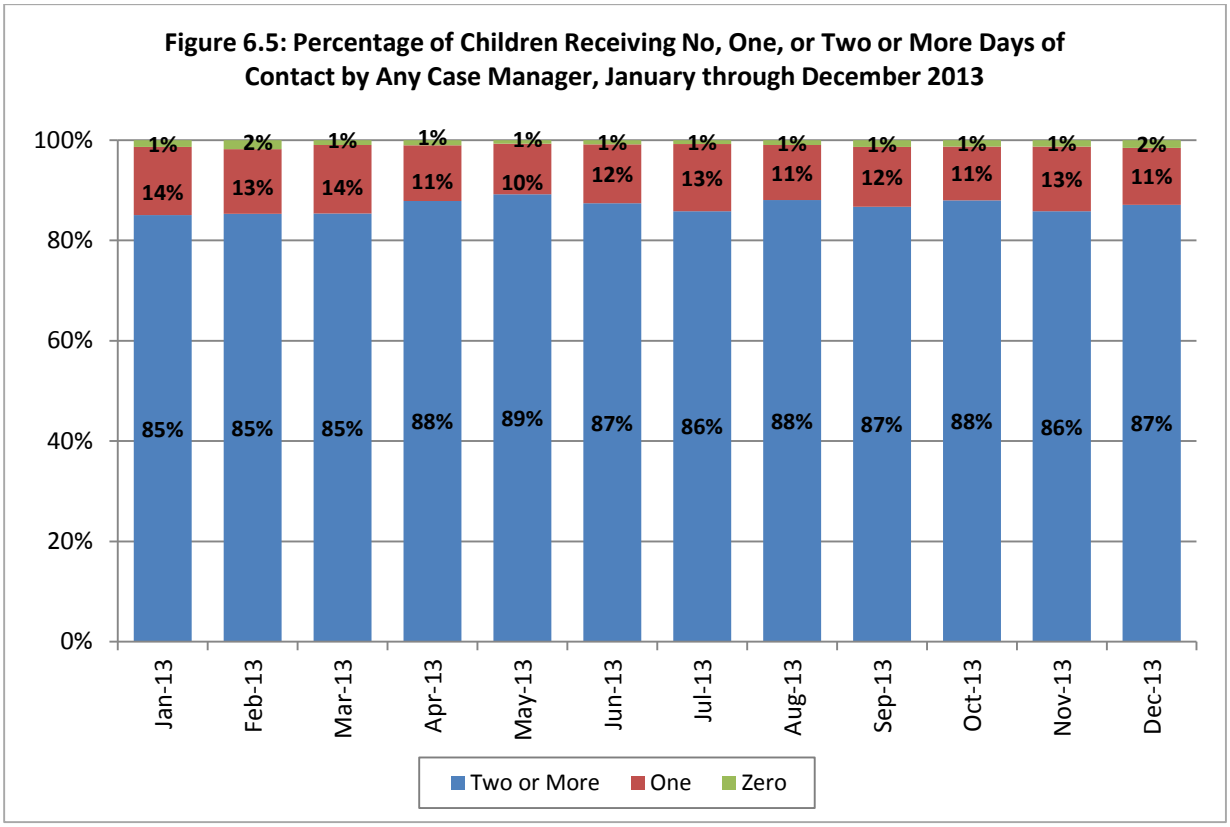
a. Percentage of children receiving no contact, one contact, or two or more face-to-face contacts

The "DCS and Private Provider Face-to-Face Report Based on Contact Dates" counts the number of days a child received a face-to-face contact by any case manager (DCS or private provider) for all children in the plaintiff class.

[378] As noted in Section Twelve of this report, during 2013, between 40% and 44% of children in care were placed with private providers.

[379] The Department recognizes that its own monitoring of private providers' compliance with face-to-face contact Settlement Agreement provisions will require that private providers conscientiously document face-to-face contacts into TFACTS. Private provider data is included in Figure 6.5.

Figure 6.5 below presents the percentage of children in the plaintiff class who received no contact, one contact, or two or more days of face-to-face contact each month from any case manager from January 2013 through December 2013.



Source: TFACTS "DCS and Private Provider Face-to-Face Report Based on Contact Dates," January 2013 through December 2013.

The Settlement Agreement requires that *"all children in the plaintiff class shall receive visits from the DCS case manager responsible for their case, whether the child is placed through a program directly run by DCS or through a private provider."*

The TAC worked with OIT to create a single, enhanced "DCS and Private Provider Face-to-Face Report" that provides information on face-to-face contacts by DCS case managers; face-to-face contacts by private provider case managers; and combined DCS and private provider face-to-face contacts for all children in the plaintiff class.[380] The first run of data from that new report is for December 2013.[381]

[380] The report with the modifications was only recently completed and has therefore has not been fully validated. However, because the TAC monitoring staff worked closely with the OIT developer on this report, and although there will likely be some additional refinements and improvements in the report as the monitoring staff work with the data, the TAC is comfortable including information from this TFACTS report in the monitoring report.

[381] The TAC limited the first run of this report to the last month of the reporting period because it is a particularly lengthy and time consuming report to run, and the TAC therefore wanted to wait until further refinements are made before running the report for a longer period.

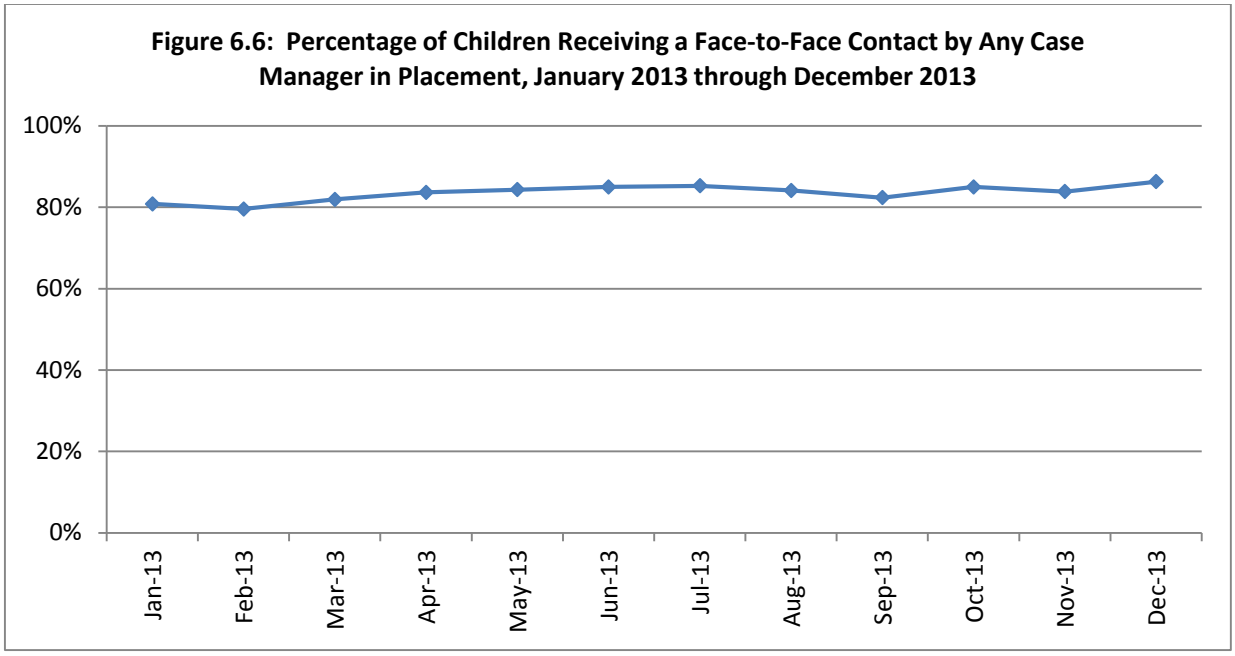
In December 2013, there were 7,003 children who should have received face-to-face contacts.[382] Of the 7,003, 3,711 children were placed in a DCS placement and 3,292 were placed in private provider placements.

Of the 3,711 children placed in a DCS placement, 2,859 (77%) had two or more contacts by a DCS case manager, 606 (16%) had one contact, and 246 (7%) did not have documented contact by a DCS case manager.

Of the 3,292 children who were placed in a provider placement, 2,661 (81%) had two or more contacts by a private provider case manager, 211 (6%) had one contact, and 420 (13%) did not have documented contact by a private provider case manager. Of the 3,292 children placed in private provider placements, 1,211 (37%) had two or more contacts by a DCS case manager, 1,882 (57%) had one contact, and 199 (6%) did not have documented contact by a DCS case manager.

b. Percentage of children receiving at least one monthly face-to-face visit in the child's placement

The "DCS and Private Provider Face-to-Face Report Based on Contact Days" also captures data on the location of the child when a face-to-face contact by any case manager (DCS or private provider) occurred, providing data that address the requirement that children have a monthly face-to-face visit in the child's placement. Figure 6.6 below reflects the percentage of children who received a monthly face-to-face contact with a private provider case manager or a DCS case manager in the child's placement.



Source: TFACTS "DCS and Private Provider Face-to-Face Report Based on Contact Dates," January 2013 through December 2013.

[382] Children who were on runaway or placed out of state with zero contacts were excluded.

c. Percentage of children receiving six face-to-face contacts during the first two months in DCS custody

The TAC worked with the DCS Office of Information Technology to produce two reports for the six-month periods from January 2013 through June 2013 and July 2013 through December 2013 for any child who entered care during the six-month period and who remained in care for at least 60 days. The report counts the number of face-to-face contact days by any case manager in the first 60 days of the custodial episode. The report presents the number of case manager face-to-face contacts for each child, organized according to the following categories: children who received six or more contacts; children who received four or five contacts; children who received three or fewer contacts.[383]

As reflected in Table 6.1 below, of the children who entered custody between January and June 2013, 57% received six or more face-to-face contacts during their first 60 days in care; another 22% received four or five face-to-face contacts, and 21% received three or fewer face-to-face contacts. Table 6.2 below reflects that of the children who entered custody between July 2013 and December 2013, 56% received six or more face-to-face contacts during their first 60 days in care; another 28% received four or five face-to-face contacts, and 16% received three or fewer face-to-face contacts.

[383] The report makes no distinction between children who were in a single placement for the entire period or were in multiple placements during that time. It pulls face-to-face contacts by any case manager regardless of whether it was a DCS or private provider case manager. If a child were in a DCS placement for the first 30 days and then moved to a private provider placement for the next 30 days, the contacts by the DCS case manager would be counted for the first 30 days and the contacts by the private provider case manager could be counted for the next 30 days.

Table 6.1: Children Receiving Six or More, Four to Five, or Three or Fewer Days of Face-to-Face Contacts Within the First 60 Days of Custody, January through June 2013

Region	Number of Children Requiring a Visit	6+ Contacts	6+ Contacts %	4-5 Contacts	4-5 Contacts %	3 or Fewer Contacts	3 or Fewer Contacts %
Davidson	39	22	56%	9	23%	8	21%
East Tennessee	62	27	44%	13	21%	22	35%
Knox	88	56	64%	12	14%	20	23%
Mid-Cumberland	93	44	47%	30	32%	19	20%
Northeast	84	45	54%	17	20%	22	26%
Northwest	70	38	54%	17	24%	15	21%
Shelby	122	68	56%	30	25%	24	20%
Smoky Mountain	103	76	74%	12	12%	15	15%
South Central	61	25	41%	21	34%	15	25%
Southwest	48	39	81%	4	8%	5	10%
Tennessee Valley	99	60	61%	22	22%	16	16%
Upper Cumberland	84	42	50%	21	25%	21	25%
Unassigned	11	7	64%	3	27%	1	9%
Statewide	**964**	**549**	**57%**	**211**	**22%**	**203**	**21%**

Source: TFACTS "6 in 60 Face-to Face Based on Contacts Dates," January through June 2013.

Table 6.2: Children Receiving Six or More, Four to Five, or Three or Fewer Days of Face-to-Face Contacts Within the First 60 Days of Custody, July through December 2013							
Region	**Number of Children Requiring a Visit**	**6+ Contacts**	**6+ Contacts %**	**4-5 Contacts**	**4-5 Contacts %**	**3 or Fewer Contacts**	**3 or Fewer Contacts %**
Davidson	40	24	60%	9	23%	7	18%
East Tennessee	53	32	60%	10	19%	10	19%
Knox	72	53	74%	16	22%	3	4%
Mid-Cumberland	82	44	54%	24	29%	14	17%
Northeast	111	61	55%	34	31%	16	14%
Northwest	57	35	61%	12	21%	10	18%
Shelby	117	57	49%	42	36%	18	15%
Smoky Mountain	78	50	64%	14	18%	14	18%
South Central	37	19	51%	15	41%	3	8%
Southwest	61	36	59%	12	20%	13	21%
Tennessee Valley	87	50	57%	21	24%	16	18%
Upper Cumberland	87	37	43%	31	36%	19	22%
Unassigned	2	0	0%	2	100%	0	0%
Statewide	**884**	**498**	**56%**	**242**	**28%**	**143**	**16%**

Source: TFACTS "6 in 60 Face-to Face Based on Contacts Dates," July through December 2013.

d. Other requirements

The Department is presently not able to provide aggregate reports related to the Settlement Agreement requirement that the case manager spend private time with the child during each required face-to-face contact.

The Department is also not presently able to provide aggregate reports related to the Settlement Agreement requirement that there be joint DCS/private provider case manager face-to-face contact once every three months in private agency managed cases.

The Department is not currently seeking a maintenance designation for the related Settlement Agreement provisions. Should the Department decide to seek a maintenance designation prior to aggregate reporting being available, the TAC will conduct an appropriate targeted case file review to determine the extent to which case managers are meeting privately with the child

during visits and the extent to which DCS and private provider case managers are conducting joint visits every three months.

SECTION SEVEN: PLANNING FOR CHILDREN

A. General Requirement Related to Case Planning Policies and Practices

The Settlement Agreement requires that DCS maintain and update policies and procedures that establish a best practices planning process, as set forth in the Principles of this agreement, for all foster children in DCS custody.

The Department's practice standards, policies, and procedures articulate a planning process that is in accordance with this requirement. At the core of the planning process is the Child and Family Team (CFT) and the Child and Family Team Meeting (CFTM).

B. Required Participants in Child and Family Team Meetings

The Settlement Agreement requires that any child 12 years old or older participate in the meeting, unless extraordinary circumstances exist, and are documented in the case record, as to why the child's participation would be contrary to his or her best interests.

The Settlement Agreement further specifies that the following persons be Child and Family Team members as appropriate:

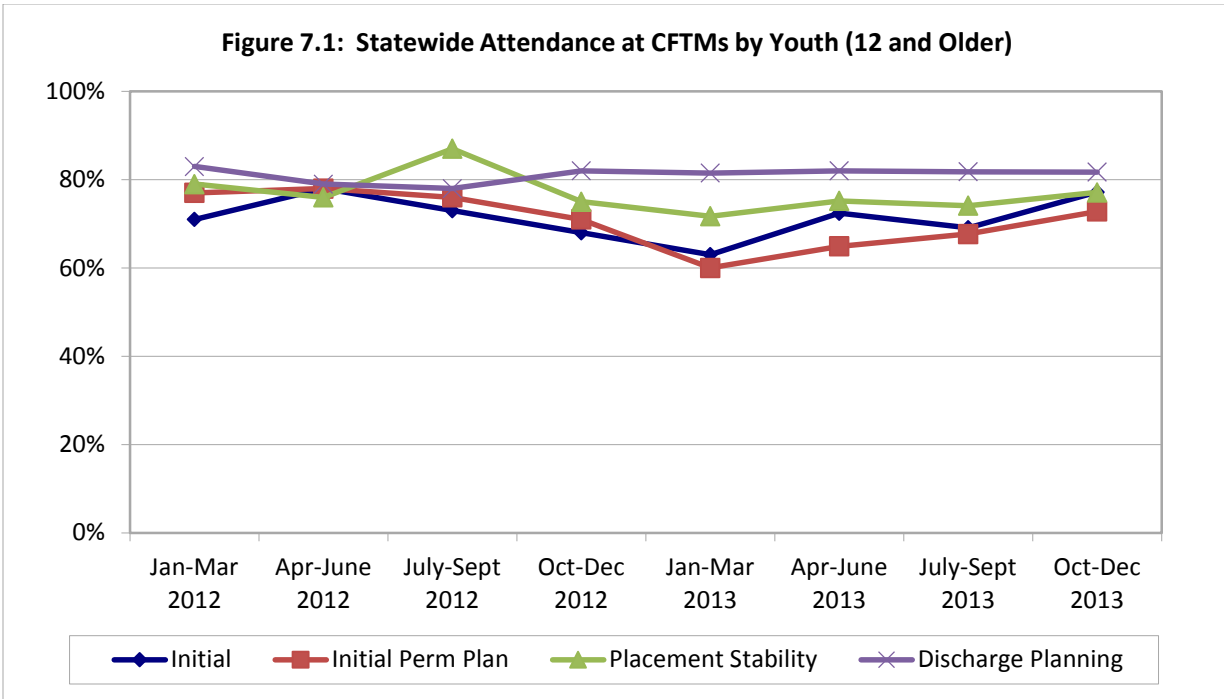
(1) the private provider agency worker;
(2) the guardian *ad litem* (GAL);
(3) the court appointed special advocate (CASA);
(4) the resource parents; and
(5) the child's parents, other relatives, or fictive kin.

In addition, the Settlement Agreement requires that a trained, full-time or back-up facilitator participate in every Initial CFTM and Placement Stability CFTM.

DCS is also required to provide reasonable advance notice of CFTMs to the GAL and CASA worker.

1. Children

The figure below reflects the frequency with which older children attended Child and Family Team Meetings convened in their cases.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

Older youth attended CFTMs that occurred in their cases an average of 73% of the time during 2013,[384] a slight decrease from the 77% attendance rate achieved during 2012 and significantly below the 90% attendance rate achieved during the last four quarters of TNKids reporting (July 2009 to June 2010).[385]

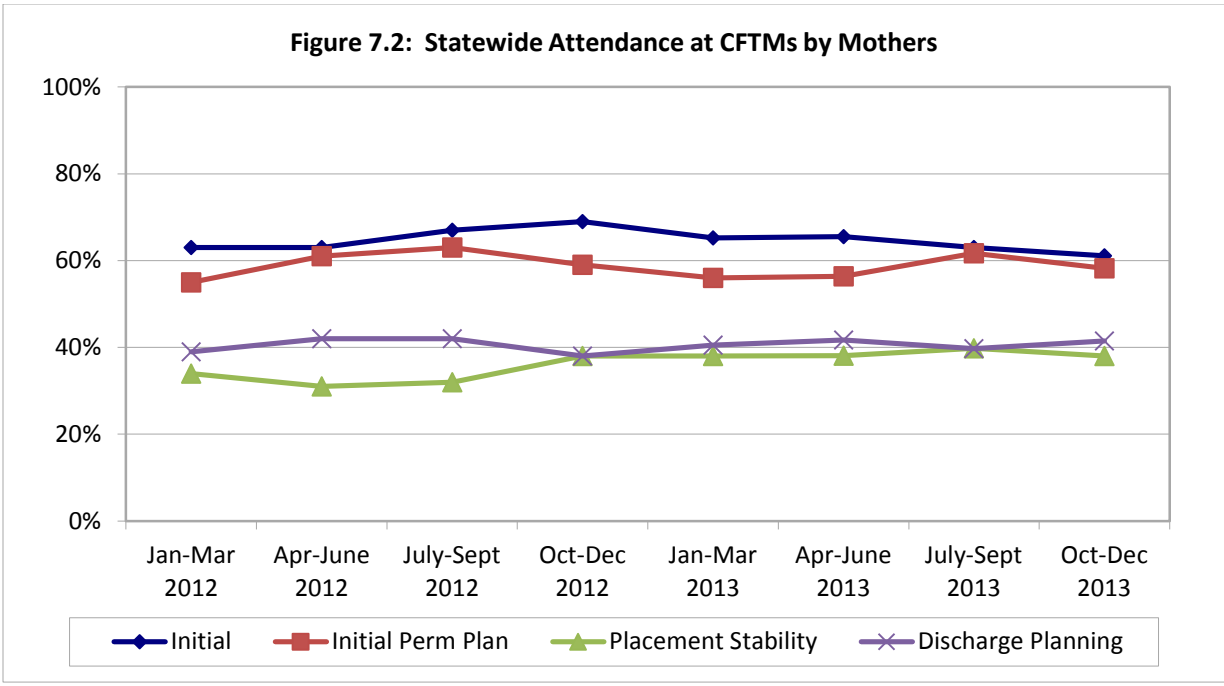
2. Parents

The following figures reflect the frequency with which children's parents attended Child and Family Team Meetings that occurred during 2012 and 2103.[386]

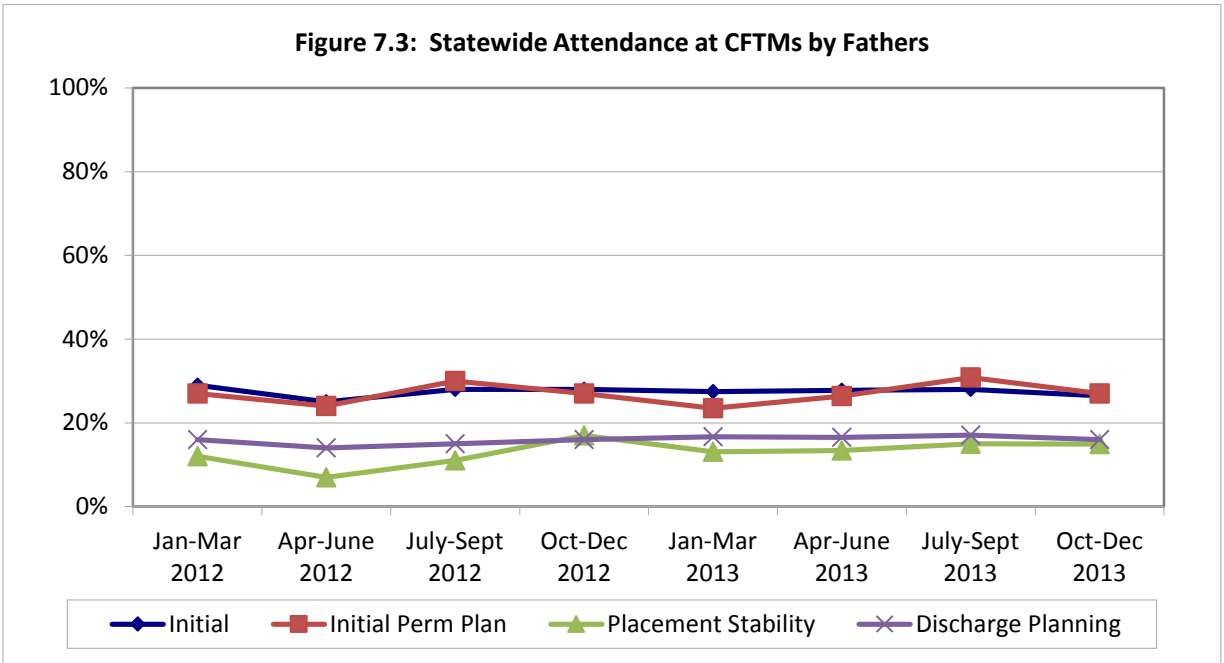
[384] The term "an average of" (followed by a percentage) as used in this and similar contexts in this section of the report refers to the average of the separate percentages of the four quarterly reports for the referenced four-quarter period.

[385] See the April 2011 Monitoring Report at page 134.

[386] The Department's CFTM reporting also includes the frequency with which "other parents" (adoptive, step, and in-law) attended meetings. The percentage of other parents at CFTMs has remained small and steady, between 1% and 5% in 2013.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

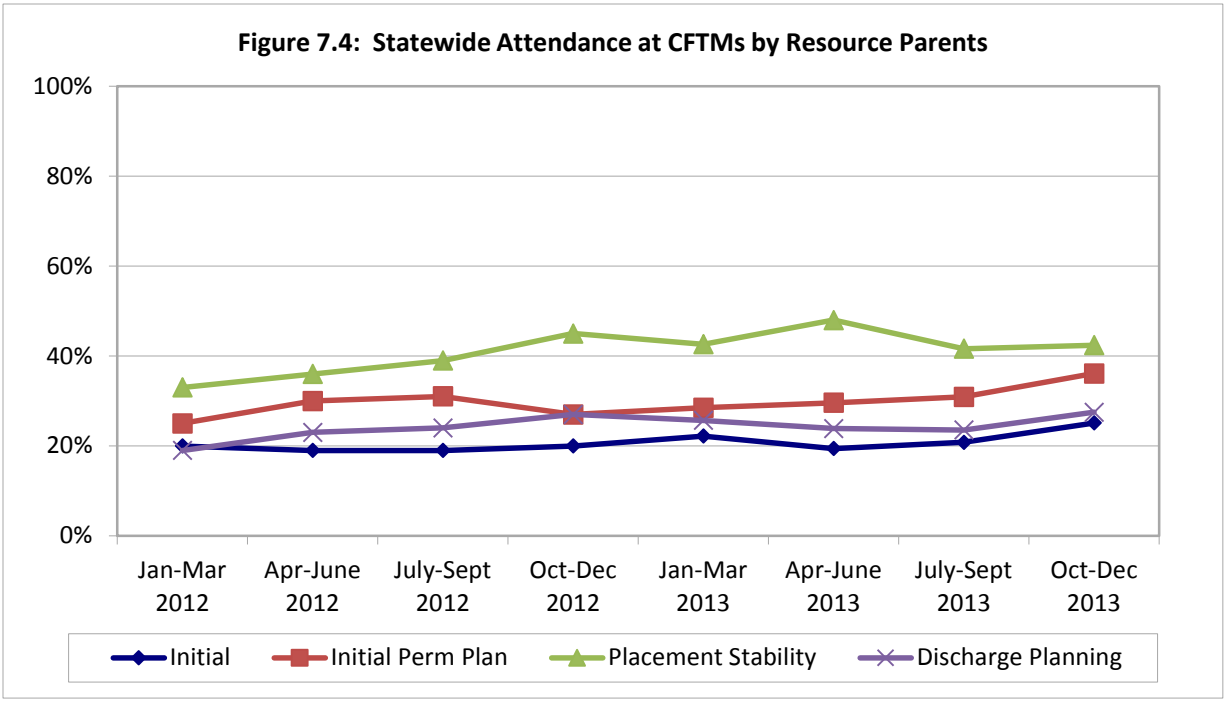


Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

The TFACTS data that capture the attendance of mothers and fathers at CFTMs continue to reflect a slightly lower rate of attendance than was reflected in the TNKids reporting for 2010 data.[387]

3. Resource Parents

The figure below reflects the frequency with which children's resource parents attended Child and Family Team Meetings that occurred between during 2012 and 2013.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

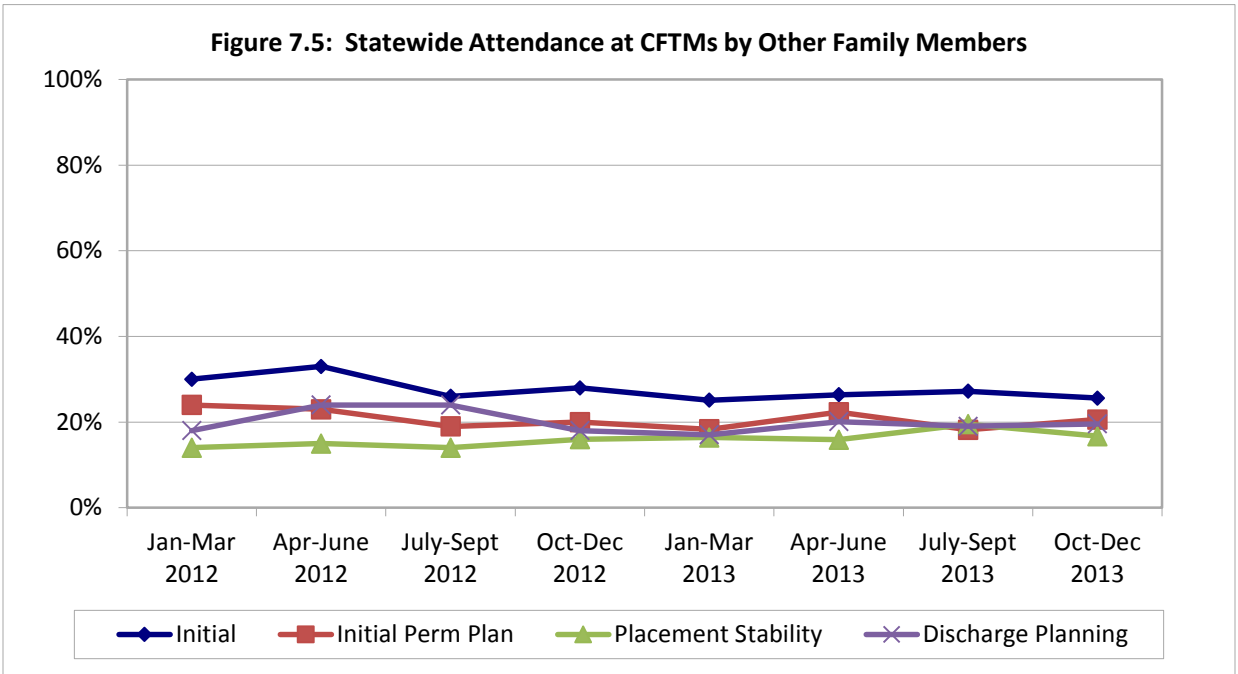
As the figure reflects, across the various types of CFTMs there appears to be a general increase in the presence of resource parents at CFTMs between the first quarter of 2012 and the last quarter of 2013. However, attendance of resource parents at CFTMs in 2013 does not appear to have improved overall compared to levels of attendance reflected in the TNKids CFTM data

[387] From January through December 2013, mothers attended their children's CFTMs an average of 50% of the time and fathers attended 21% of the time, almost exactly the same as their attendance during 2012, but a decrease compared to the last four quarters of TNKids reporting (July 2009 through June 2010), during which mothers attended CFTMs an average of 57% of the time, and fathers attended an average of 25% of the time. See the April 2011 Monitoring Report at page 137.

from 2010.[388] TFACTS data for 2013 does reflect an increase (compared to 2010) in the percentage of resource parents attending Initial CFTMs, although it is possible that this reflects a greater attentiveness to designating kinship resource parents as resource parents rather than as "other family members".[389] However, it is also possible that some of the other family members are being counted as kinship resource parents.

4. Formal and Informal Support Persons

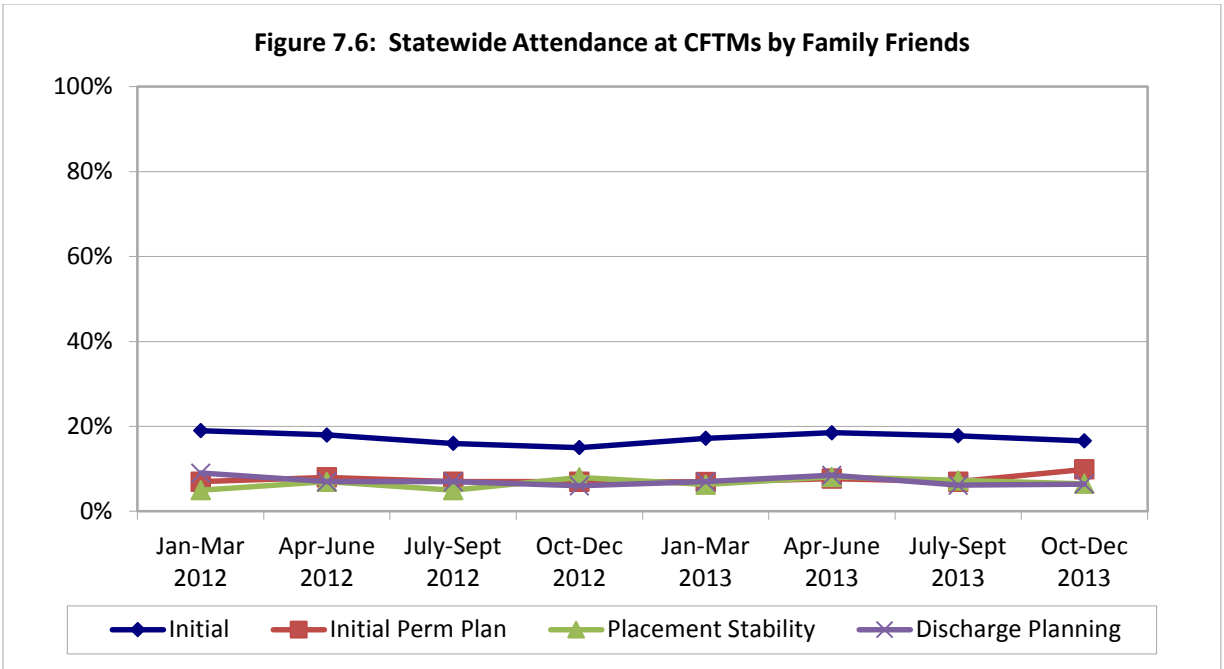
The figures below reflect the Department's quarterly performance with respect to the attendance of informal and formal support persons at Child and Family Team Meetings.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

[388] During the first four quarters of 2013, resource parents attended Initial Permanency Planning (an average of 31%), Placement Stability (an average of 44%), and Discharge Planning CFTMs (an average of 25%) at rates similar to or less often than in the last four quarters of TNKids reporting (July 2009 to June 2010), during which they attended Initial Permanency Planning (an average of 37%), Placement Stability (an average of 43%), and Discharge Planning (an average of 32%) CFTMs. They were present more often (22% of the time) at recent Initial CFTMs (January to December 2013), compared to the last four quarters of TNKids reporting (July 2009 to June 2010), during which they attended Initial CFTMs an average of 14% of the time. See the April 2011 Monitoring Report at page 136.

[389] This increase is consistent with the increase in initial kinship placements.

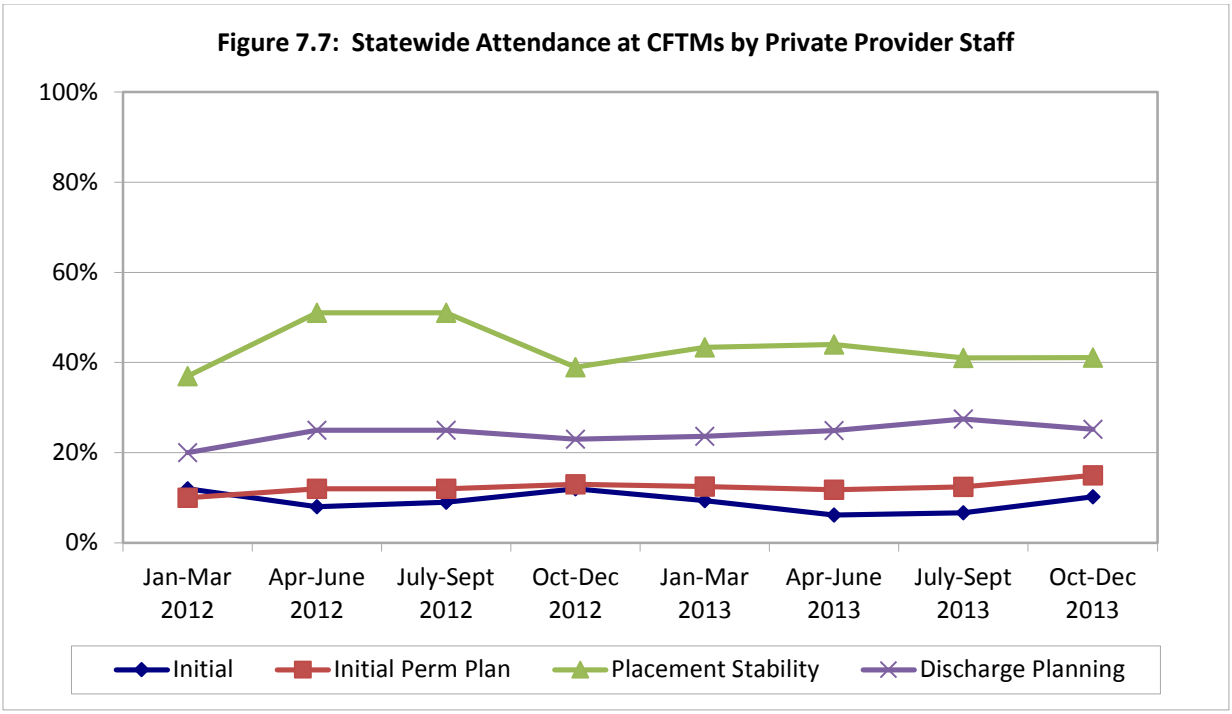


Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

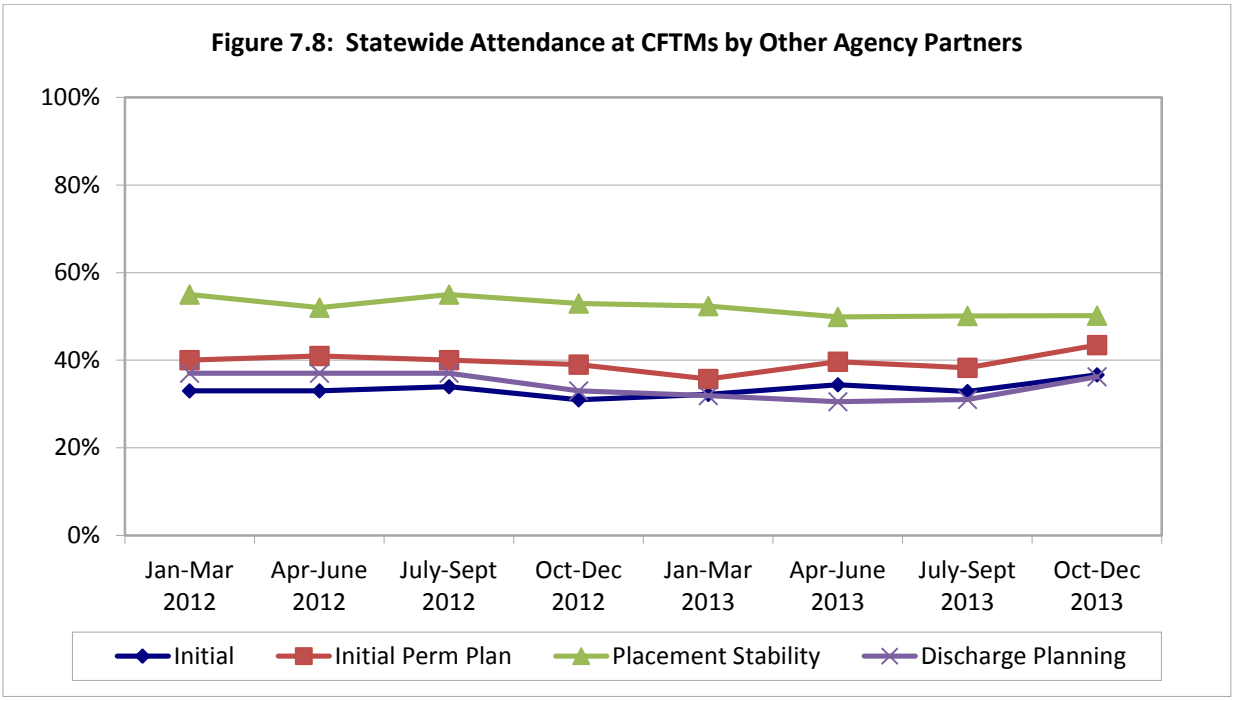
The TFACTS data that capture the attendance of family members and friends at CFTMs reflects a lower rate of attendance than was reported in the TNKids reporting for 2010.[390]

The following figures reflect the frequency with which other team members, more formal supports, have attended Child and Family Team Meetings.

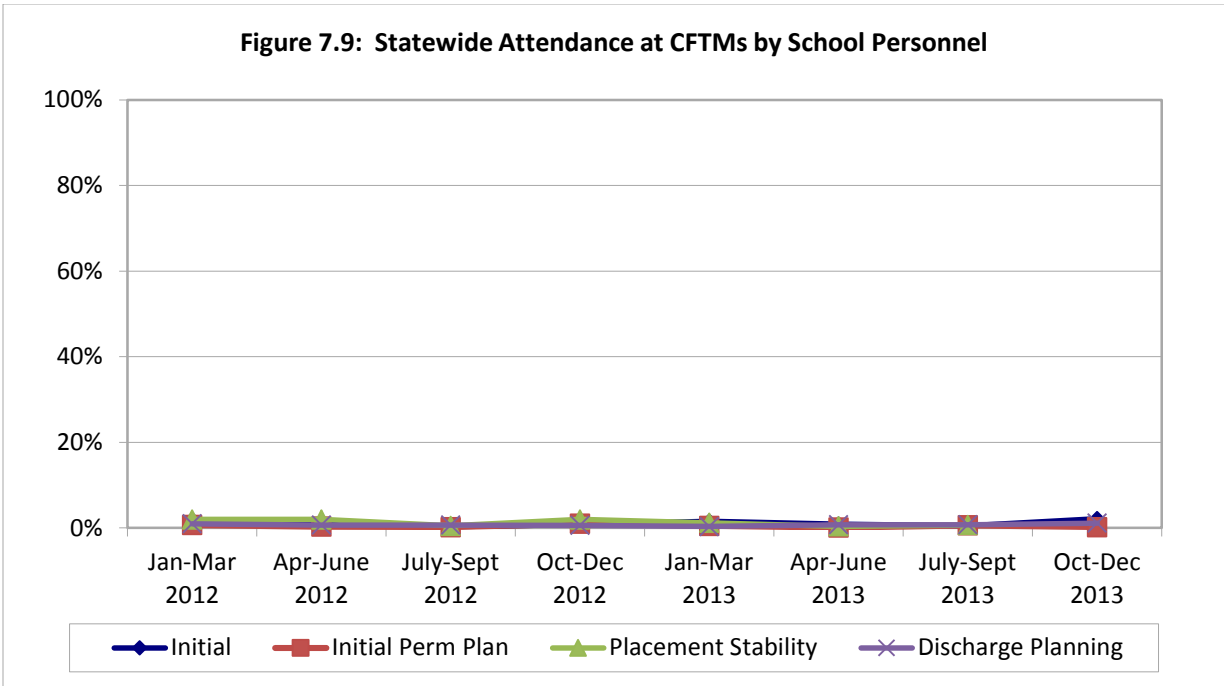
[390] During the four quarters of 2013, family members attended CFTMs an average of 21% of the time and friends attended 10% of the time (and in 2012 family members attended meetings 22% of the time, and friends attended 9% of the time), a significant decrease compared to the last four quarters of TNKids reporting (July 2009 through June 2010), during which family members attended CFTMs an average of 46% of the time, and friends attended an average of 18% of the time. See the April 2011 Monitoring Report at page 137.



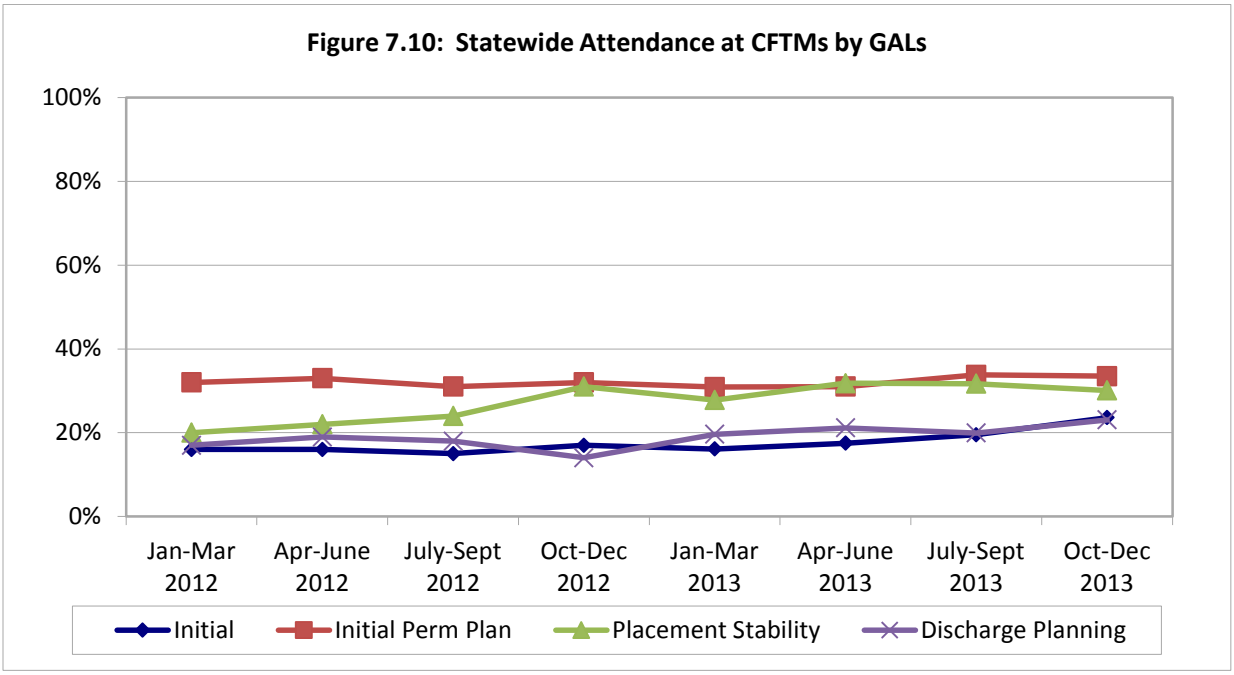
Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

The attendance of formal supports at CFTMs remained largely unchanged throughout 2012 and 2013.[391]

[391] TNKids did not have the capacity to report on the presence of private provider staff, school personnel, and GALs at CFTMs. Reporting on the attendance of these formal supports began in April 2011 after the transition to TFACTS.

Private provider staff were present at CFTMs an average of 22% of the time in 2013 (22% in 2012 as well). They were most likely to be at Placement Stability CFTMs (an average of 43% of the time in 2013). Other agency partners attended CFTMs an average of 39% of the time in 2013 (and 41% in 2012), and were most likely to be at Placement Stability CFTMs, an average of 51% of the time in 2013.

School personnel attended CFTMs an average of 0.75% of the time and GALs were present at CFTMs an average of 26% of the time in 2013.

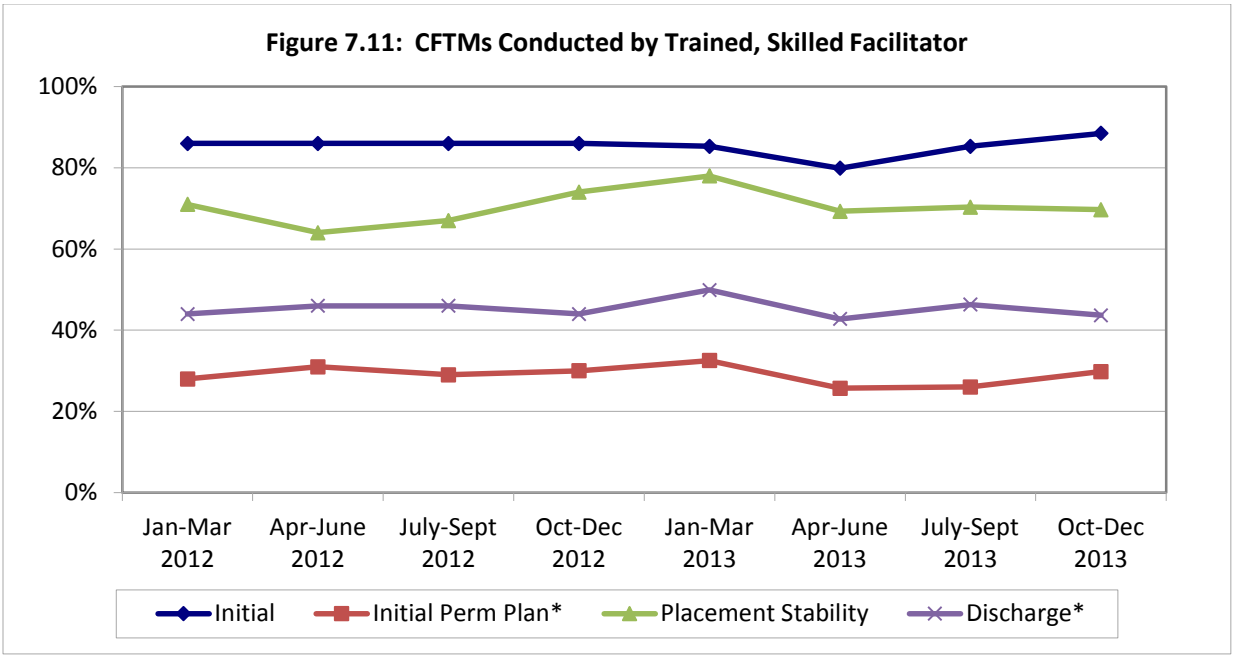
5. Full-time or Back-Up Facilitators

As of April 16, 2014, the Department has a core of 62 full-time facilitators and four who facilitate part-time. There are 327 employees who have been trained to be back-up facilitators (including those at Youth Development Centers). Of the total pool of facilitators, 290 have been certified by passing their competency assessment. Of the 290 certified facilitators, 156 have been designated by the Department as having sufficiently exceeded the expectations in all 10 skill assessment areas to qualify as coaches and mentors to their peers.[392]

Since January 2013 the Department has provided four cycles of quarterly Advanced Skilled Facilitator Training, and another is scheduled for June 2014. As a result of feedback from the field, the Department has recently enhanced the Advanced Facilitation Training by adding more information on protective factors.

Figure 7.11 below shows the percentage of CFTMs conducted by a trained, skilled facilitator in 2012 and 2013. A trained, skilled facilitator is only required to facilitate Initial and Placement Stability CFTMs, however, Department reporting (and the figure below) also includes facilitator data for Initial Permanency Planning and Discharge Planning meetings.

[392] The skill areas are as follows: demonstrates preparation for meeting with the child and family; uses interpersonal helping skills to effectively engage the child and family; establishes a professional helping relationship by demonstrating empathy, genuineness, respect, and cultural sensitivity; uses a strengths-based approach to gather needed information; utilizes information gathered during the assessment process; draws conclusions about family strengths/needs and makes decisions around desired outcomes; facilitates the planning process by working collaboratively with family and team members; uses family strengths and needs to develop a plan that addresses safety, permanency, and well-being; prepares thorough and clear case recordings/written meeting summaries that follow proper format protocol; and creates case recordings/written meeting summaries that reflect the practice of family-centered casework.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

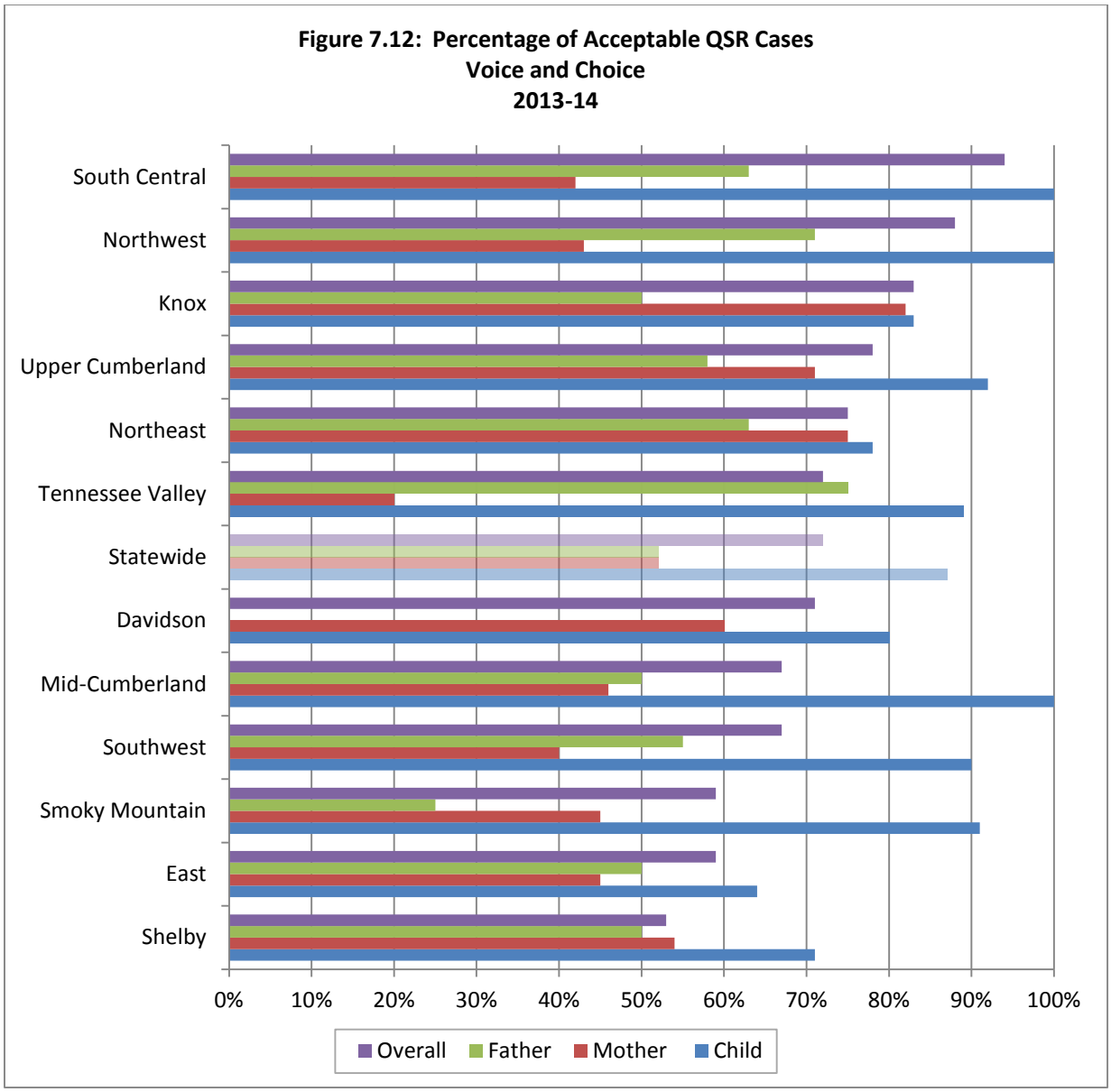
6. Quality Service Review (QSR) Results Related to Team Composition and Participation in Team Meetings

The Department now utilizes three QSR indicators, Voice and Choice for the Child and Family (a new indicator to the 2103-14 QSR protocol and process), Engagement (a revised version), and Teamwork and Coordination, as the primary measures of both the extent to which teams are being formed with the right membership and the extent to which those members are actively involved in the Child and Family Team process, including participation in CFTMs.

The Voice and Choice indicator (much as the prior version of the Engagement indicator has in past QSRs) measures the extent to which the child and family are active and committed participants in the "change process."[393] The revised Engagement indicator now focuses on "the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change."[394]

Figure 7.12 below presents the percentage of *Brian A.* cases receiving acceptable scores for Voice and Choice for the Child and Family, for the child, mother, father and "overall' in 2013-14.

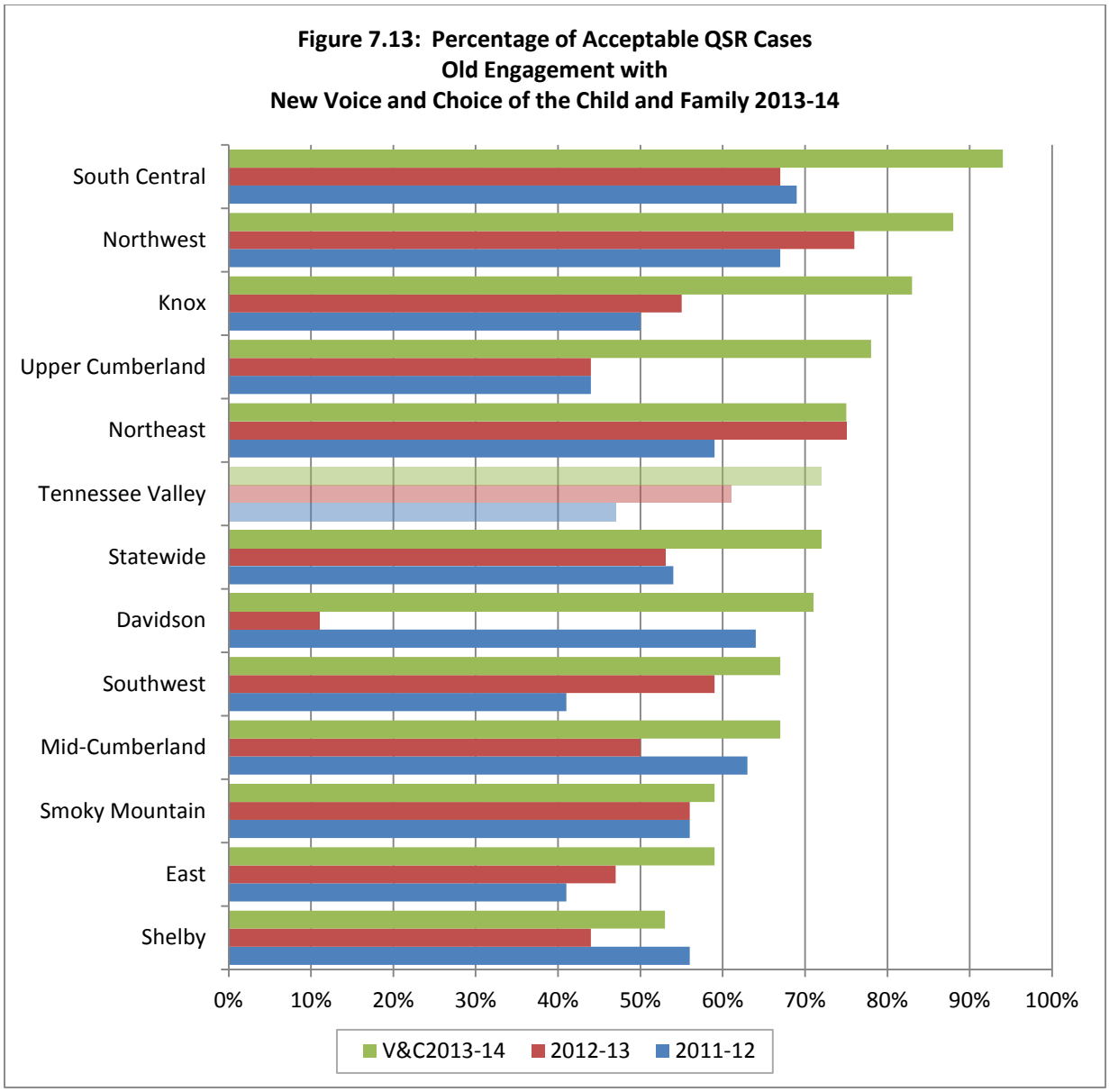
[393] See Appendix Q for a more detailed description of the new Voice and Choice of the Child and Family indicator.
[394] See Appendix Q for a more detailed description of the new Engagement indicator.



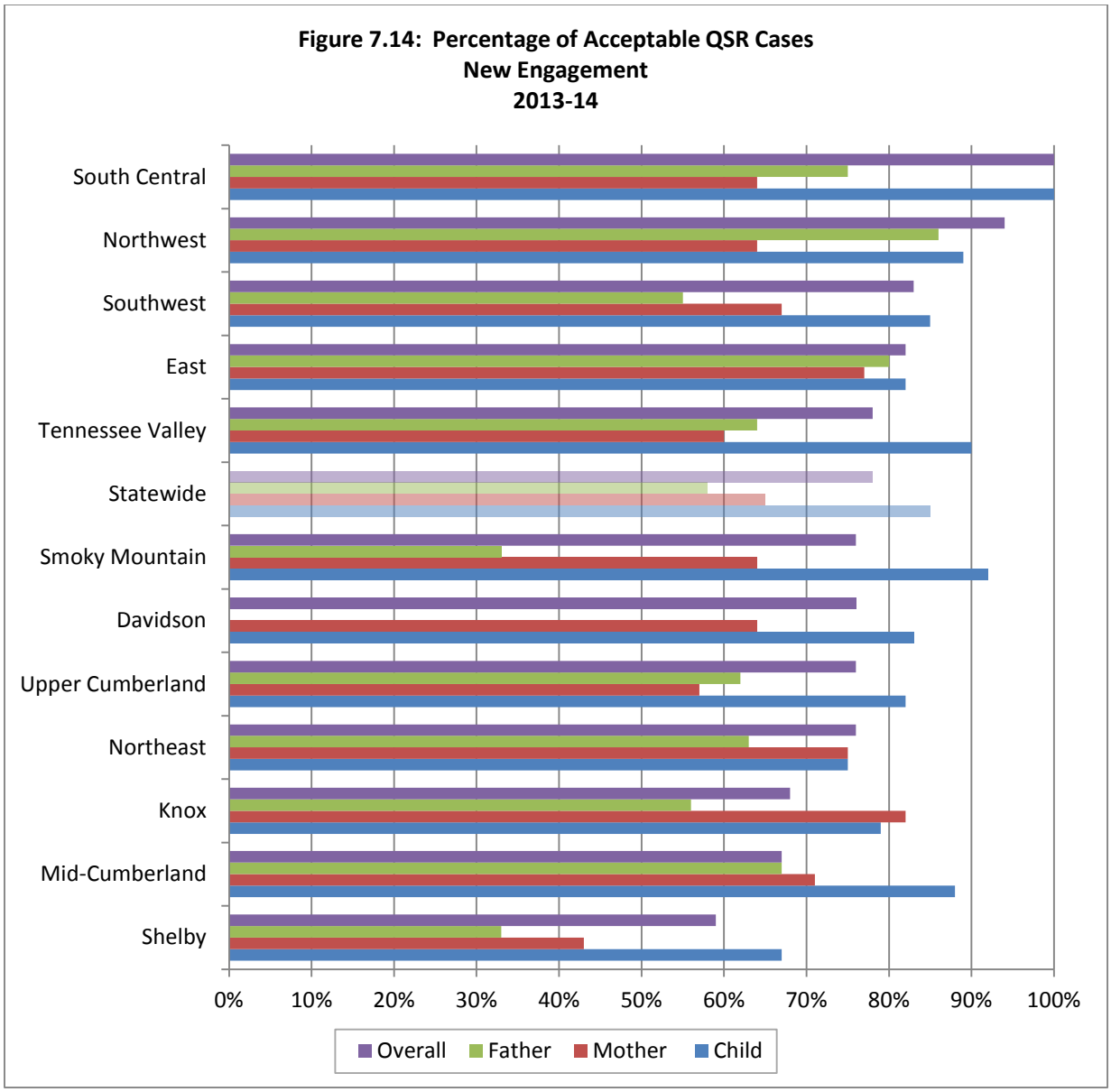
Source: QSR Databases

Figure 7.13 below presents the percentage of *Brian A.* cases receiving acceptable scores for the old Engagement indicator for the past two annual QSRs and the new Voice and Choice for the Child and Family indicator for the 2013-14 QSR.[395] Figure 7.14 presents the scores for the new Engagement indicator for the child, mother, father, and "overall" in 2013-14.

[395] In order to be able to compare scores over time, the 2013-14 scores in Figure 7.13 are for the Voice and Choice for the Child and Family indicator because this new indicator now measures what the Engagement indicator had in previous QSR years.

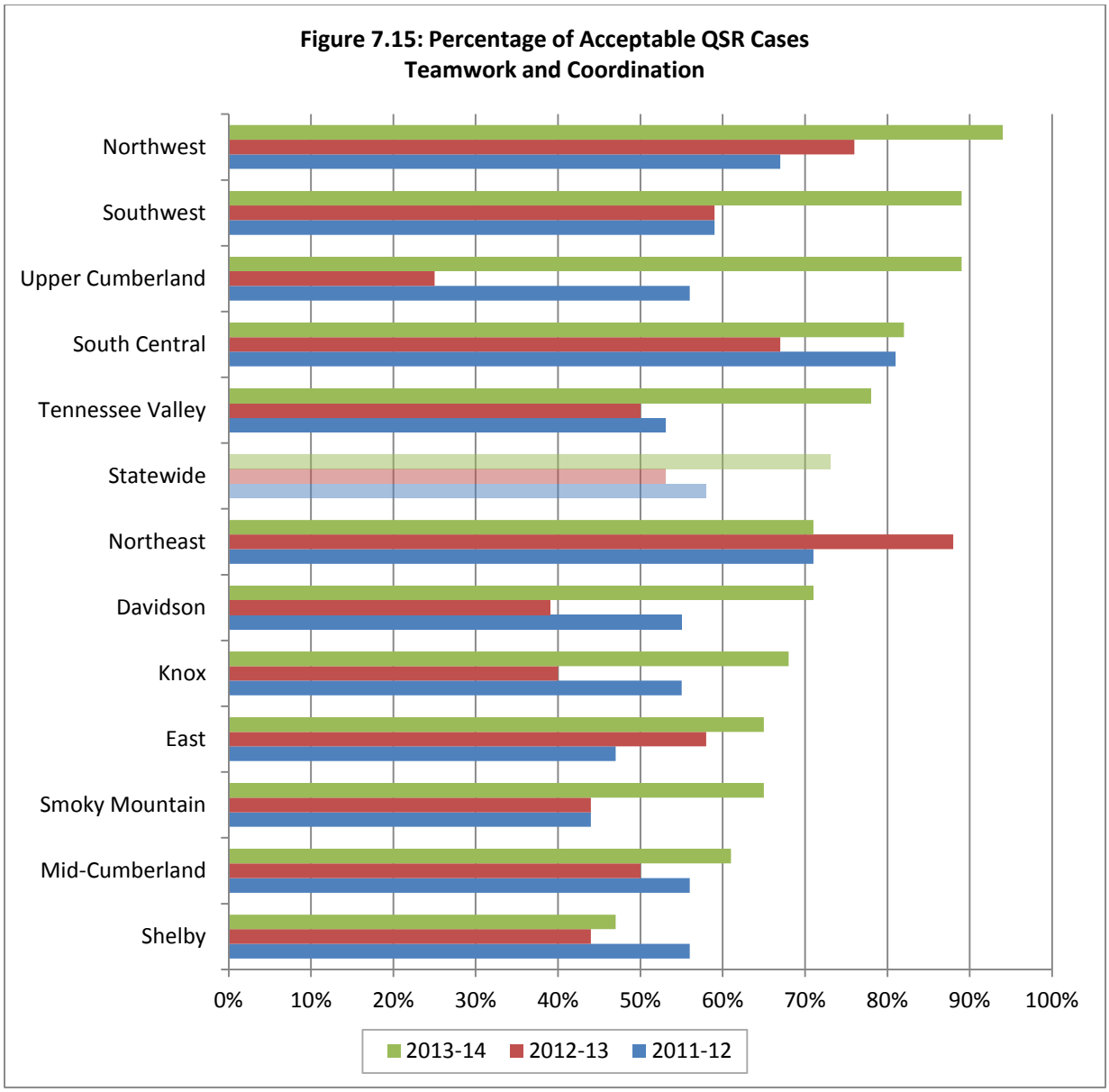


Source: QSR Databases.



Source: QSR Databases.

Figure 7.15 presents the percentage of *Brian A.* cases receiving acceptable scores for Teamwork and Coordination in the past three annual QSRs. The statewide scores for Teamwork and Coordination remained in the 50%s for the past couple of years (58% in 2011-12 and 53% in 2012-13), but increased significantly in the 2013-14 year to 78%.

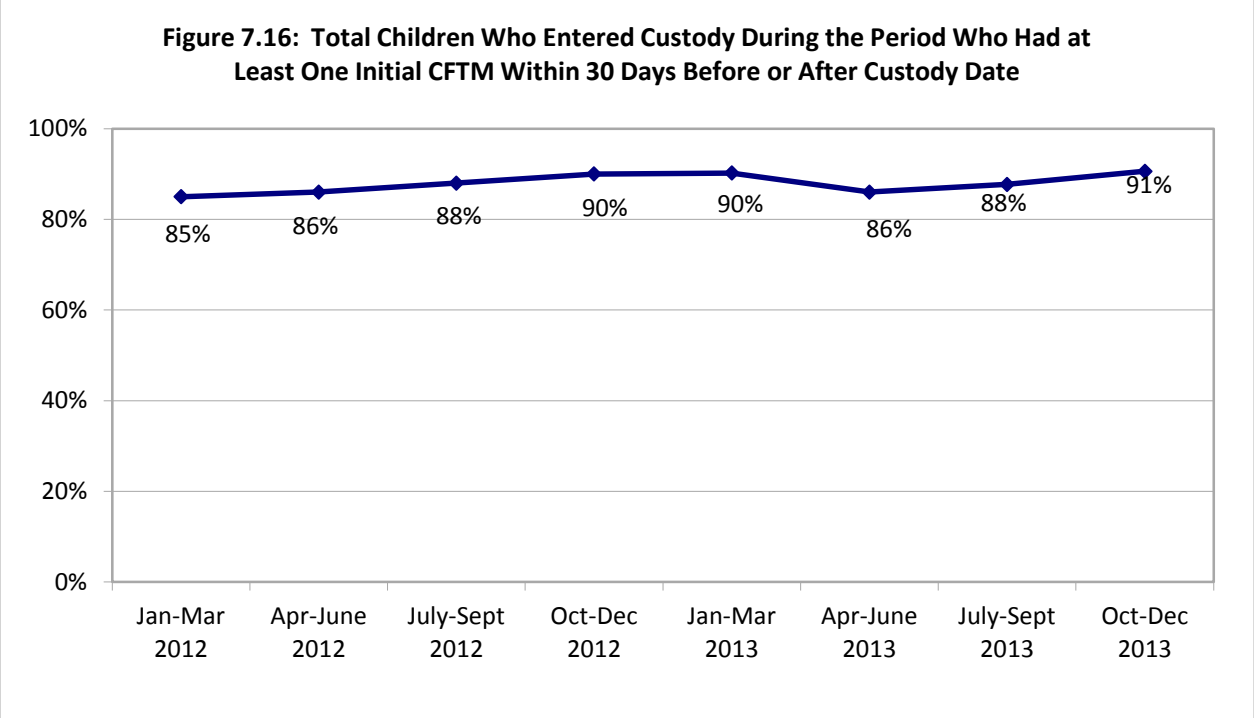


Source: QSR Databases.

C. The Initial CFTM

The Settlement Agreement requires that the Department begin the process of building a team, assessing, and convening a formal meeting prior to children entering state custody, except when an emergency removal is warranted. In the case of an emergency removal, an Initial CFTM is to be convened no later than seven days after a child enters state custody. The Settlement Agreement also requires that DCS make efforts to ensure the parents' participation at the Initial CFTM (including providing transportation and/or child care and/or a brief rescheduling) and that such efforts be documented in the child's case file.

The figure below reflects the Department's quarterly performance, according to CFTM reports, with respect to the requirement that an Initial Child and Family Team Meeting be held for every child entering custody.[396]



Source: TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the four quarters of 2012 and the four quarters of 2013.

D. The Initial Permanency Planning CFTM

The Settlement Agreement requires that the Initial Permanency Planning CFTM occur within 30 calendar days of a child entering custody. If the parents cannot be located or refuse to meet with the worker, the DCS case manager is to document all efforts made to locate the parents and to ensure that the meeting takes place.

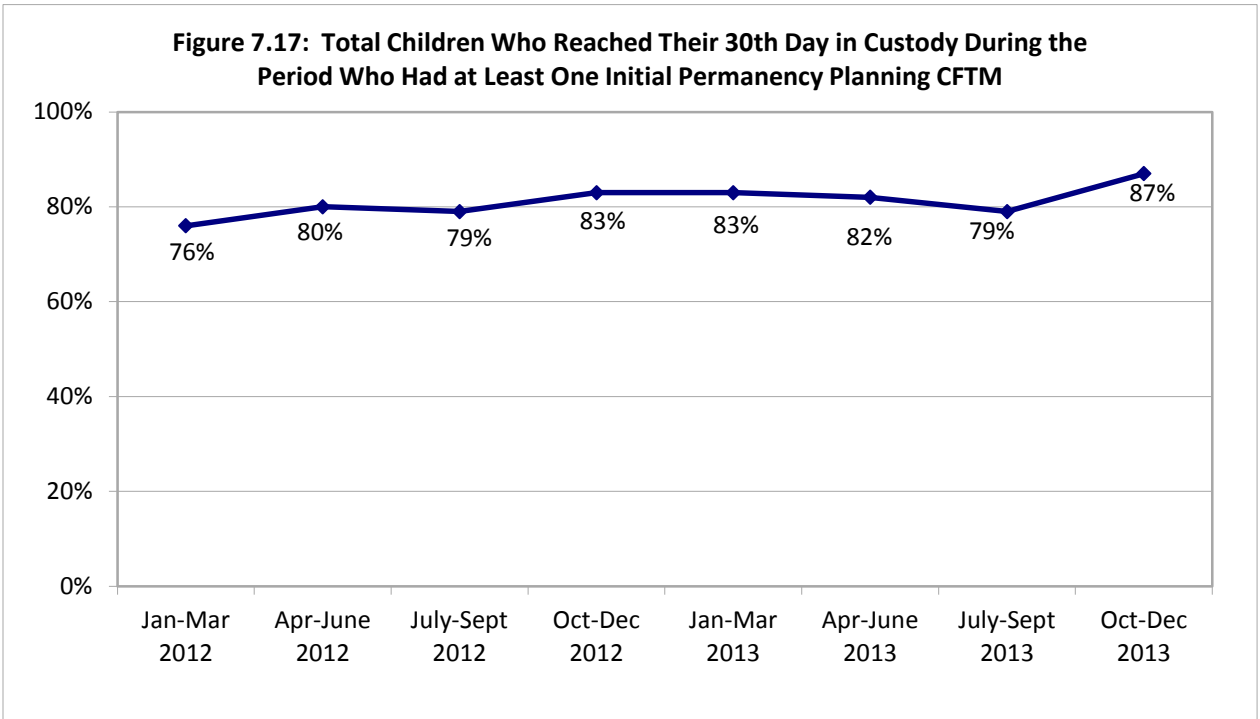
The Settlement Agreement further provides that all services documented in the record as necessary for the achievement of the permanency goal be provided within the time period in which they are needed. (See Subsection VII.J. below for discussion of this provision.)

Within 60 calendar days of a child entering custody, an individualized, completed and signed permanency plan for that child must be presented to the court. Birth parents are to have a

[396] CFTM reporting captures children who had *at least* one CFTM of that type (Initial, Placement Stability, etc.). The child and family's circumstances may bring the team together several times in an effort to support the family or make a decision. For example, the family may have a CFTM a few days before coming into care in an effort to find an alternative placement for the child and then another "initial" meeting when the decision is made to bring the child into care. Similarly, if the child and resource family are struggling and the team is trying to stabilize the placement, they may have more than one Placement Stability CFTM.

meaningful opportunity to review and sign a completed handwritten or typewritten plan at the conclusion of the Initial Permanency Planning CFTM or before the plan is submitted to the court.

The figure below reflects the Department's quarterly performance, based on its CFTM reports, with respect to the requirement that an Initial Permanency Planning Child and Family Team Meeting be held for every child with a length of stay of 30 days or more.



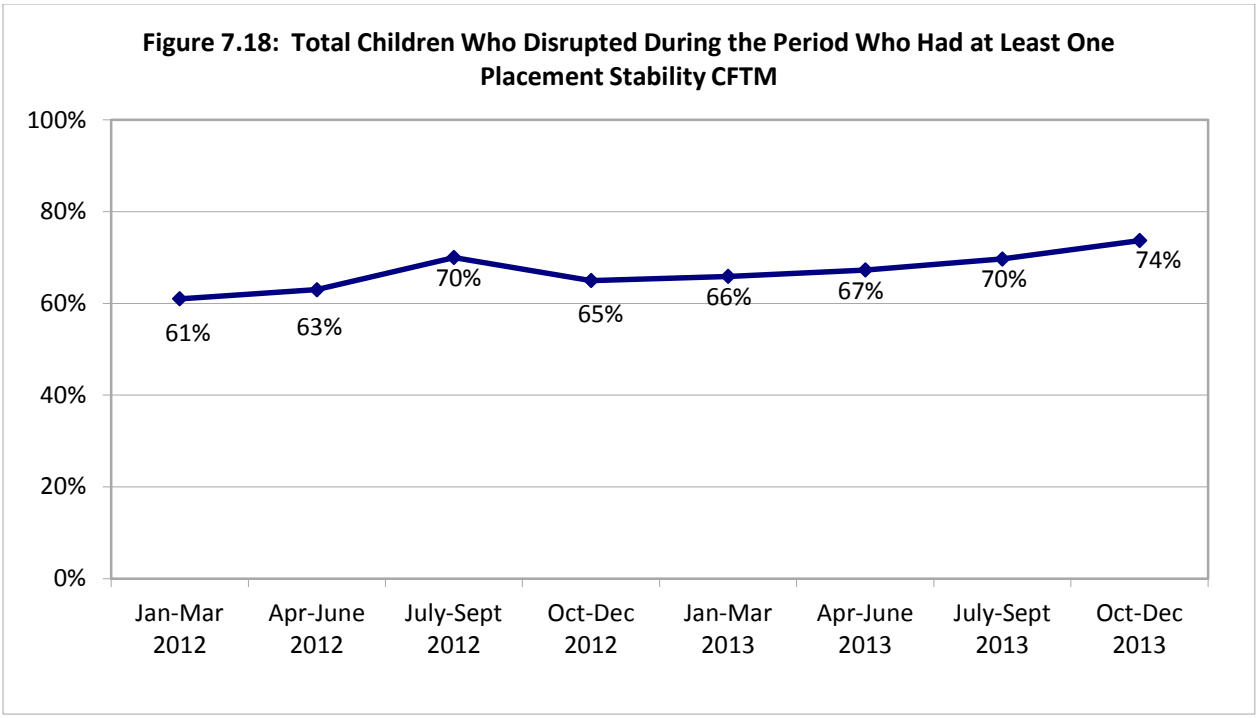
Source: TFACTS Initial Permanency Planning Child and Family Team Meeting (CFTM) Statewide Summary Reports for the four quarters of 2012 and the four quarters of 2013.

E. The Placement Stability CFTM

The Settlement Agreement requires the Department to convene a Placement Stability CFTM prior to any child or youth potentially disrupting from a placement while in state custody, or in the event of an emergency change in placement, as soon as team members can be convened, but in no event later than 15 days before or after the placement change.

The figure below reflects the Department's quarterly performance with respect to the requirement that a Placement Stability Child and Family Team Meeting be held for every child who experiences a placement disruption.[397]

[397] For those children who had a Placement Stability CFTM, 92% of their meetings occurred within 15 days before or after the placement disruption in the first quarter of 2013, 92% in the second quarter of 2013, 90% in the third quarter of 2013, and 92% in the fourth quarter of 2013.



Source: TFACTS Placement Stability Child and Family Team Meeting (CFTM) Statewide Summary Reports for the four quarters of 2012 through the four quarters of 2013.

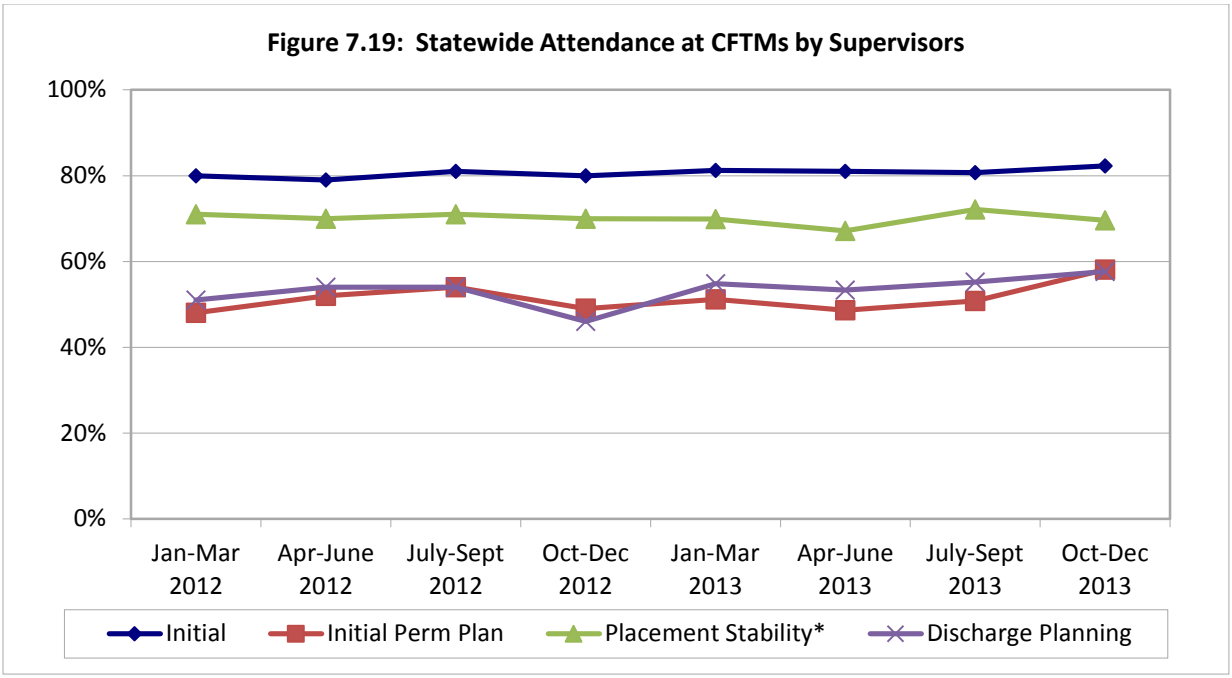
F. Participation by DCS Supervisor

The Settlement Agreement requires that the DCS supervisor assigned to a case participate in the Initial CFTM, the Initial Permanency Planning CFTM, and the Discharge Planning CFTM.[398] For all other CFTMs, the supervisor is to make a decision about his or her participation based on the complexity of the case; the availability of other supports, such as a full-time or skilled facilitator; and the case manager's experience. However, at minimum, the supervisor is to participate in one CFTM every six months for each child on his or her supervisory caseload.

The Department is also required to develop a process for supervisors to review, monitor, and validate the results of CFTMs to ensure supervisors remain engaged and responsible for quality casework.

The figure below reflects the Department's quarterly performance, during 2012 and 2013, with respect to supervisor attendance at Child and Family Team Meetings.

[398] The Department's CFTM reporting also captures supervisor attendance at Placement Stability CFTMs. These data are included in the figure below.



Source: Child and Family Team Meeting (CFTM) Summary reports for the four quarters of 2012 and the four quarters of 2013.

G. Special Requirements for Establishing a Goal of Planned Permanent Living Arrangement

The Settlement Agreement provides that no child be assigned a permanency goal of Planned Permanent Living Arrangement (PPLA) unless it is consistent with the January 2008 PPLA Protocol.

PPLA as a sole or concurrent goal is approved in only a small percentage of cases. As of December 26, 2013, 29 (0.42%) of the 6,874 *Brian A.* class members had a goal of PPLA. (For 13, PPLA was the sole goal and for 16 it was a concurrent goal).

TAC monitoring staff track and review PPLA data, conduct spot checks of cases with a PPLA goal, and meet regularly with the Central Office staff person responsible for review and approval of PPLA goals. These monitoring activities continue to confirm that DCS practice with respect to establishing PPLA as a permanency goal is consistent with the January 2008 PPLA Protocol.

H. Clarification of Term "Independent Living"

The Settlement Agreement states that *"independent living is no longer used, and shall not be used, as a permanency goal, but rather is used as a service array to enable older youth to transition into independent adult life."* DCS policy and practice remains consistent with this provision.

I. Clarification with Respect to Concurrent Permanency Goals

The Settlement Agreement recognizes that children with an initial goal of return home may also have another concurrently planned permanency goal and specifies that record keeping and tracking for any child in the class with more than one concurrently planned permanency goal is to be consistent with a goal of return home until return home is no longer an option. DCS record keeping and tracking remains consistent with this provision.

J. Permanency Plan Content and Implementation

The Settlement Agreement provides that each child have an individualized permanency plan and that all services documented as necessary for the achievement of the permanency goal be provided within the time period in which they are needed. (VII.D)

The Settlement Agreement (VII.J) further provides that the child's DCS case manager and his/her supervisor have ongoing responsibility to assure:

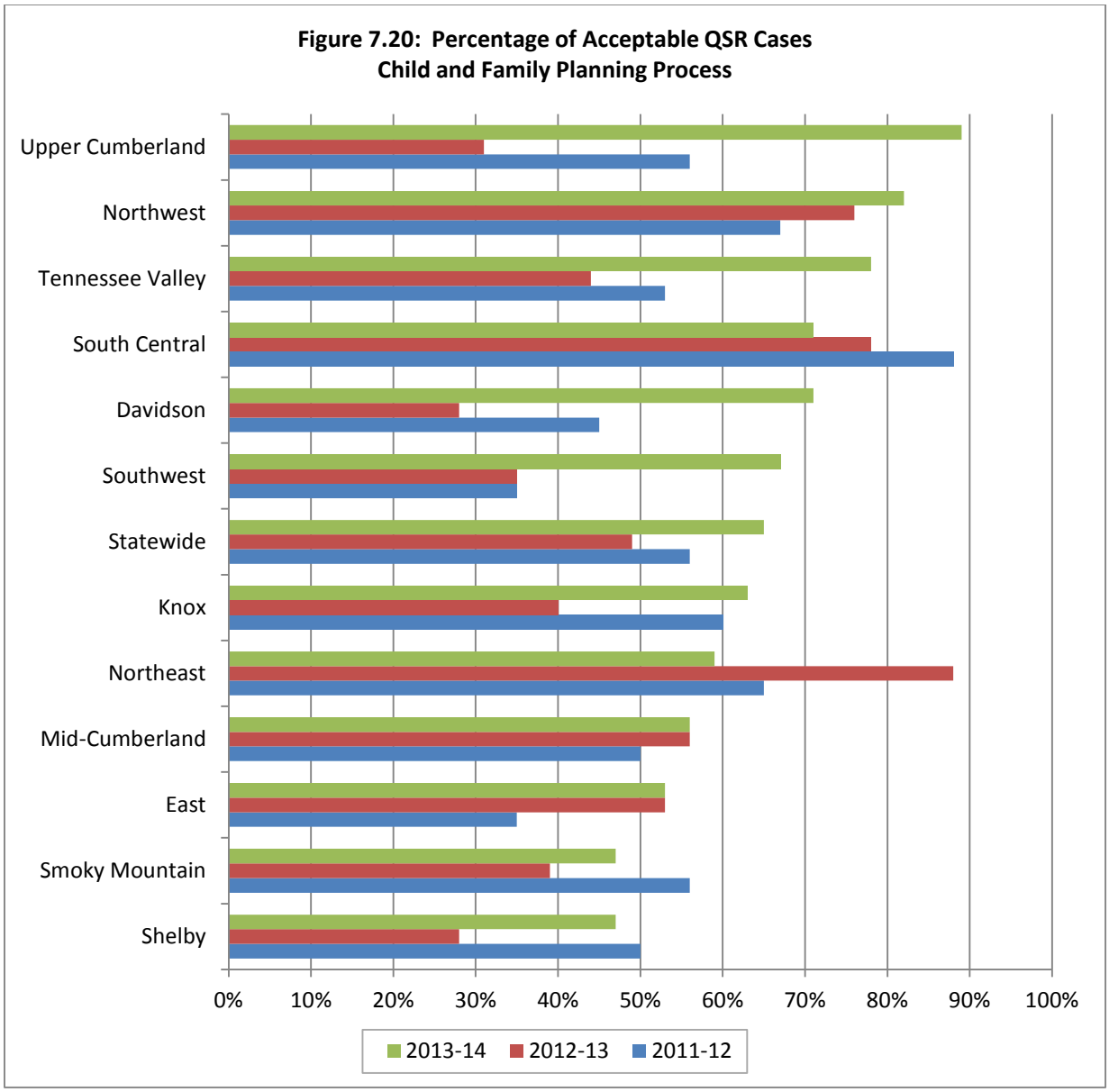
- that the child's permanency goal is appropriate, or to change it if it is not;
- that the child's services and placement are appropriate and meeting the child's specific needs;
- that the parents and other appropriate family members are receiving the specific services mandated by the permanency plan;
- that they are progressing toward the specific objectives identified in the plan; and
- that any private service providers identified in the plan or with whom the child is in placement are delivering appropriate services.

The Department determines its own level of performance on these requirements based on the QSR results for five indicators, which collectively include each of these bulleted elements of permanency planning set forth in the Settlement Agreement: Child and Family Planning Process, Plan Implementation, Tracking and Adjustment, Appropriate Placement, and Informal and Community Supports.[399]

The Department reasonably considers cases that score "acceptable" on each of these indicators as meeting the requirements of the Settlement Agreement and similarly considers cases that receive an unacceptable score on one or more of these indicators to fall short of the expectations of the Settlement Agreement.

Figure 7.20 presents the percentage of *Brian A.* cases receiving acceptable scores for Child and Family Planning Process in the past three annual QSRs. The statewide score for 2013-14 was 65%, an increase over past years (56% in 2011-12 and 49% in 2012-13).

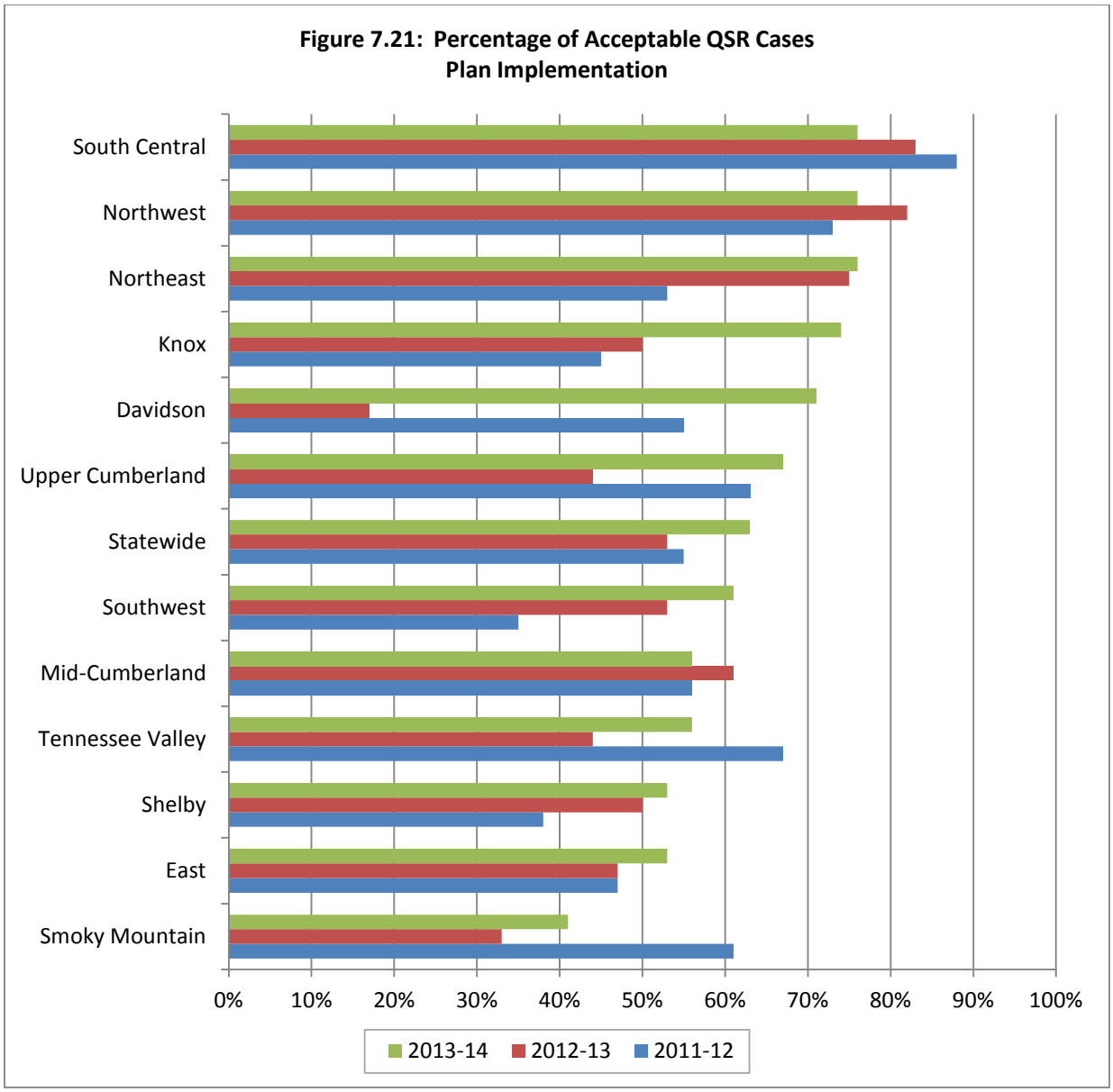
[399] This indicator was added to the 2012-13 QSR protocol and process to combine elements of the Resource Availability and Informal Support and Community Involvement indicators.



Source: QSR Databases.

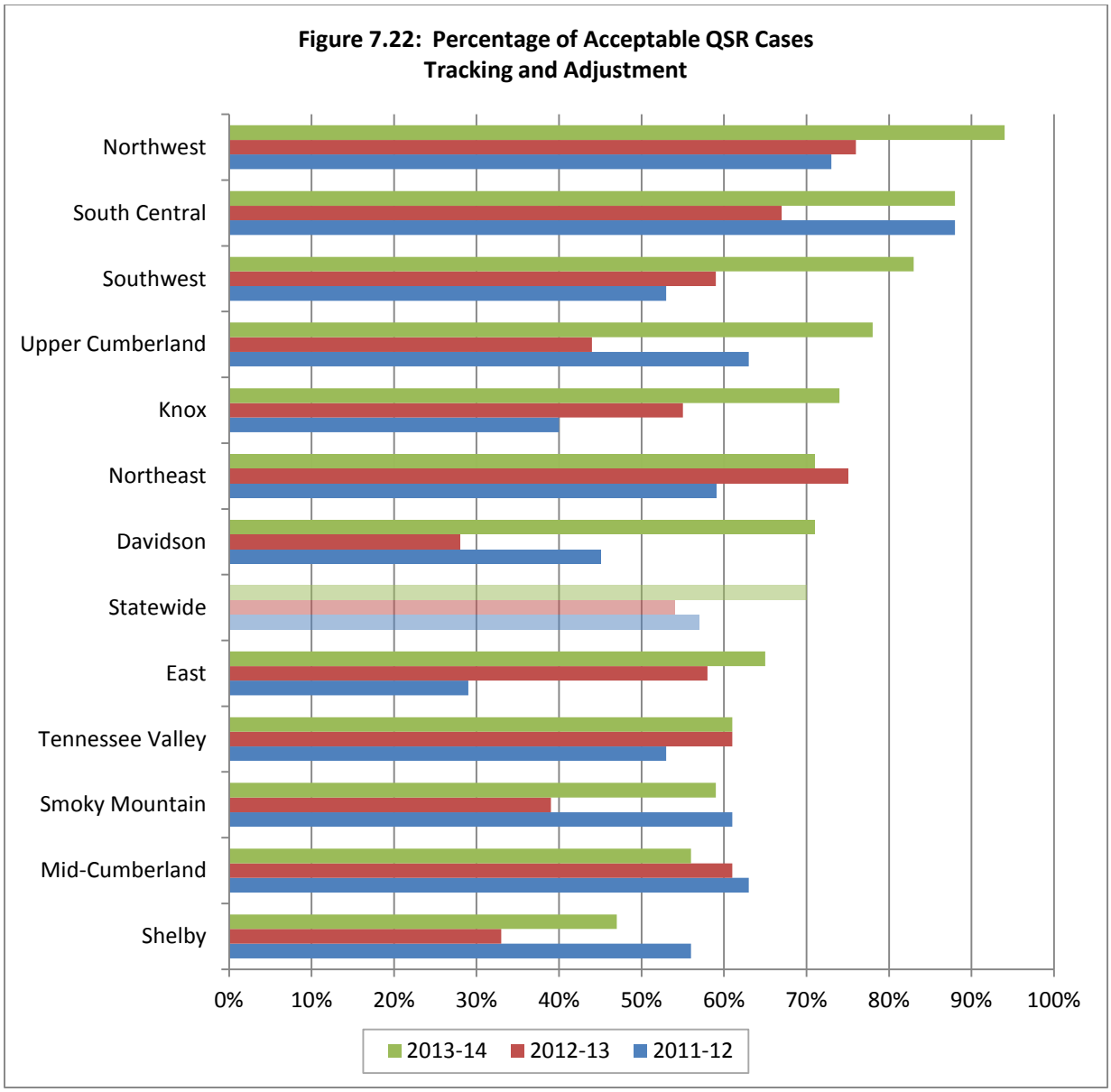
The Plan Implementation and Tracking and Adjustment indicators are used by the Department to measure the extent to which it is meeting the Settlement Agreement requirements that the services that the child and family need be provided in a timely manner (consistent with the provisions of the permanency plan) and that appropriate progress is being made toward the objectives identified in the permanency plan.

Figure 7.21 presents the percentage of *Brian A.* cases receiving acceptable scores for Plan Implementation in the past three annual QSRs. The statewide scores for Plan Implementation have increased from the mid-50%s in 2011-12 (55%) and 2012-13 (53%) to 63% in 2013-14.



Source: QSR Databases.

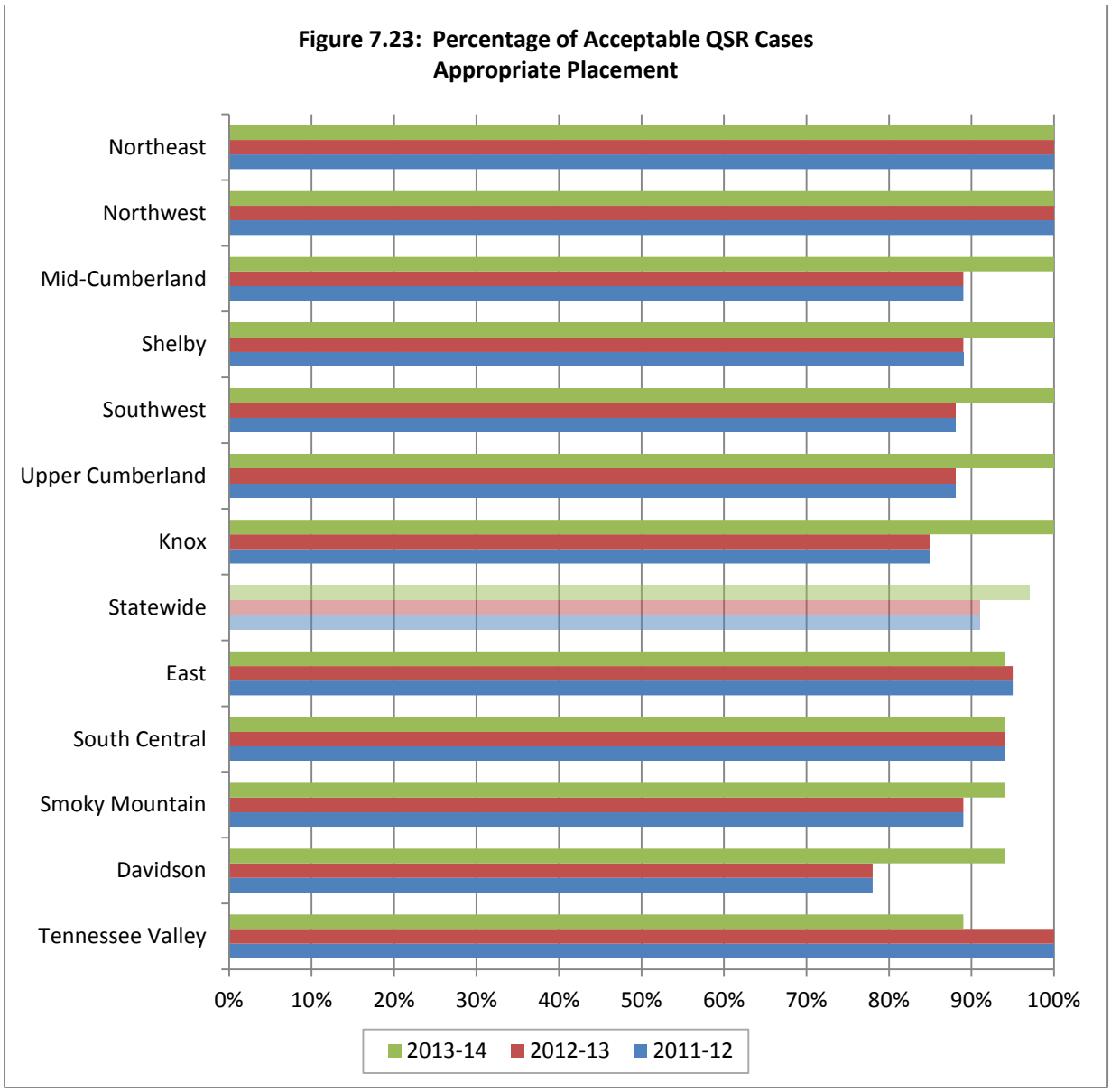
Figure 7.22 presents the percentage of *Brian A.* cases receiving acceptable scores for Tracking and Adjustment in the past three annual QSRs. The statewide scores for Tracking and Adjustment have increased significantly from 57% in 2011-12 and 54% in 2012-13 to 70% in the 2013-14 annual QSR.



Source: QSR Databases.

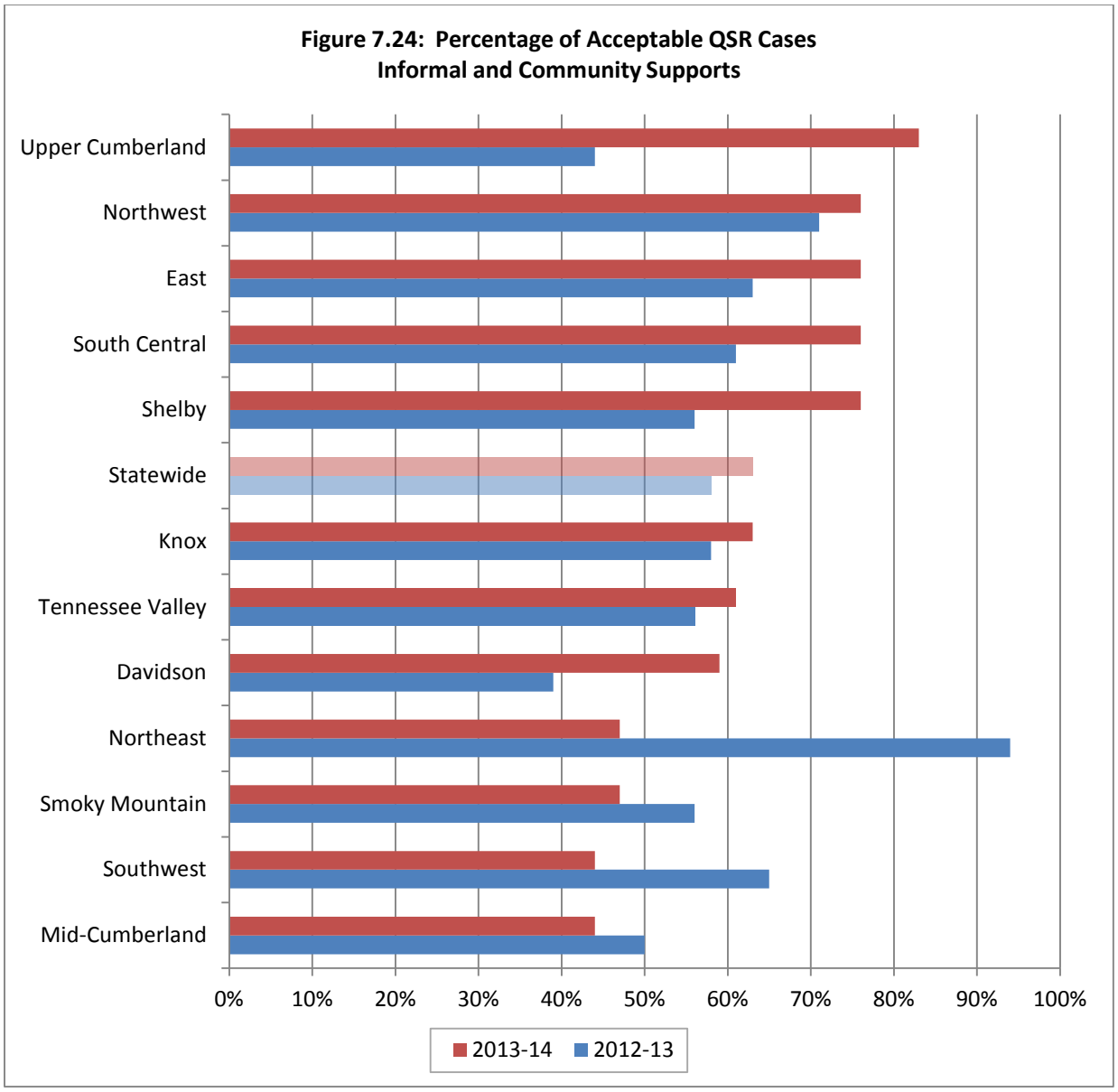
The QSR indicator for Appropriate Placement requires the reviewer to consider whether the child, at the time of the review, is in the "most appropriate placement" consistent with the child's needs, age, ability, and peer group; the child's language and culture; and the child's goals for development or independence (as appropriate to life stage). The indicator for Informal and Community Supports asks the reviewer to determine if the child and family have an array of informal supports and community resources necessary to fulfill the plan requirements, maintain safety and stability, and sustain the long-term view.

Figure 7.23 presents the percentage of *Brian A.* cases receiving acceptable scores for Appropriate Placement in the past three annual QSRs. The statewide scores for Appropriate Placement have increased from 91% in both the 2011-12 and 2012-13 annual QSRs to 97% in the 2013-14 QSR.



Source: QSR Databases.

Figure 7.24 presents the percentage of *Brian A.* cases receiving acceptable scores for Informal and Community Supports in the past two annual QSRs. The statewide scores for Informal and Community Supports have increased from 58% in the 2012-13 annual QSR to 63% in the 2013-14 QSR.



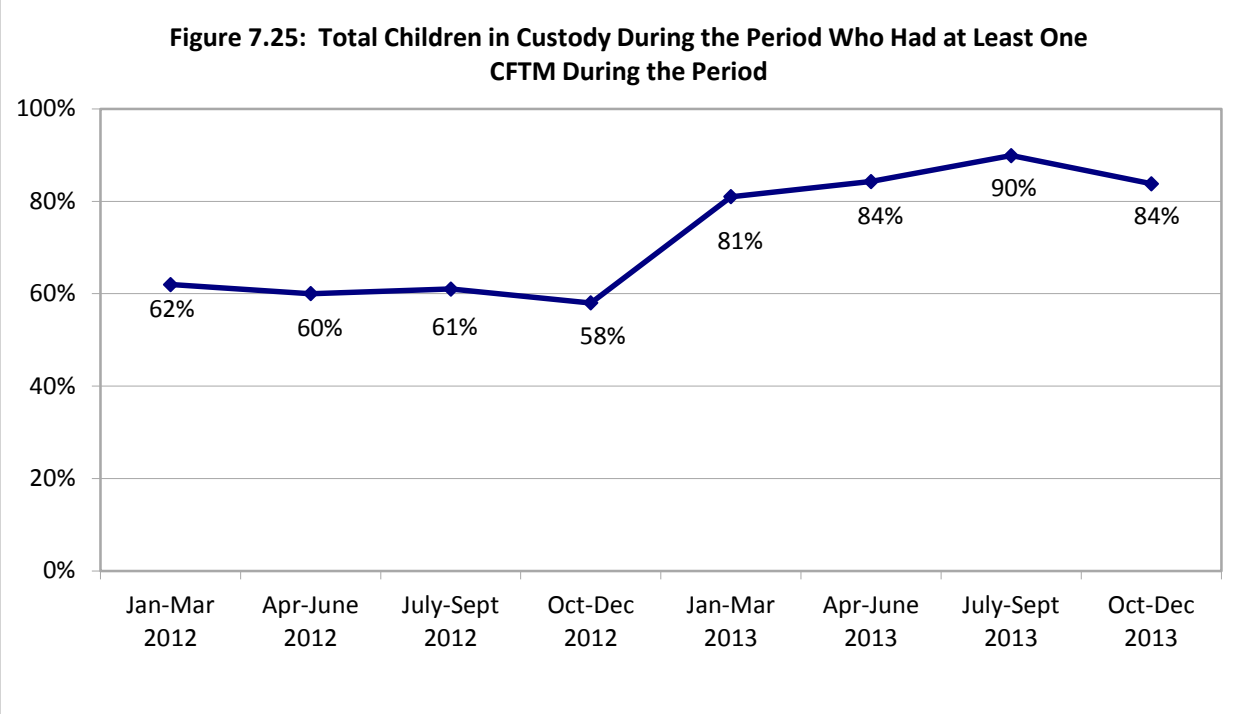
Source: QSR Databases.

K. CFTM to Review/Revise Permanency Goal (VII.K)

The Settlement Agreement requires that a CFTM be convened whenever the permanency plan goal needs to be revised, and that, in any event, the child's permanency plan be reviewed and updated at CFTMs at least every three months.[400]

[400] These meetings must be separate and distinct from any court hearings, foster care review board meetings, or other judicial or administrative reviews of the child's permanency plan. The permanency plan shall be reviewed and updated if necessary at each of these CFTMs.

Department policy and training regarding the CFT process establish expectations for CFTMs to review and, if necessary, revise the permanency plan that meet the requirements of the Settlement Agreement.



Source: TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the four quarters of 2012 and the four quarters of 2013.

L. Requirement that DCS Recommend Trial Home Visits Prior to Discharge

The Settlement Agreement (VII.L) requires, for all children for whom a decision is made to return them to their parents or to place them in the custody of a relative, that DCS recommend to the Juvenile Court a 90-day trial home visit (THV) before the child or youth is projected to exit state custody. An exception to this general rule is allowed if there are specific findings (and a signed certification of the case manager, supervisor, and regional administrator for the child) that a trial home visit shorter than 90 days (but of no less than 30 days) is *"appropriate to ensure the specific safety and well-being issues involved in the child's case."*

As discussed in some detail in the November 2010 Monitoring Report, data from TNKids reflected that THVs of less than 90 days were fairly routine, not the relatively infrequent exceptions contemplated by the Settlement Agreement. In response to this THV data, the regional administrators undertook quarterly reviews to better understand regional practice related to the trial home visit requirement and to ensure compliance with the Settlement Agreement provision. After a brief interruption during the transition to TFACTS, that work resumed, with

the regional administrators (using a list generated by TAC monitoring staff from the TFACTS Mega Reports) reviewing each month those children with THVs lasting less than 90 days.[401]

As previously reported, between 2009 and 2012, there was a significant reduction in the percentage of THVs lasting less than 90 days. Of the 1,679 trial home visits reported for 2012, 24% (403) lasted less than 90 days, compared with 40% for 2009.[402] That progress has been sustained during 2013.

Of the 1,650 trial home visits reported for 2013, 26% (437) lasted less than 90 days. Between January and December 2013, there were an average of 138 THV exits each month and 36 THV exits that were shorter than 90 days.[403] The results of the regional administrator reviews continue to suggest that in the large majority of these cases, the Department was acting responsibly and in keeping with the intent of the provision.

More than half, or 57% (248 of 437), of the shortened THVs were between 80 and 89 days.[404] The regional administrators found these cases to have sufficient indicia of stability (and to be sufficiently close to 90 days in length) that they considered these cases to be consistent with the intent of the 90-day general rule. In many of these cases (with THVs between 80 and 89 days), the child's THV was adjusted to coincide with a previously scheduled court date that was set shortly before the 90th day; in other cases children were released to permanency as a result of a self-executing order that terminated the THV short of 90 days.

In 30% (129) of the cases, children were released prior to 90 days on the court's own initiative or in response to a formal motion or petition. A significant number of these releases occurred as a result of requests or recommendations made by parents, their attorneys, and/or guardians *ad litem*. In many, but not all, of these cases, the release was contrary to the Department's recommendation.

There were an additional 1% (5) of the cases, involving children with an adjudication of unruly, in which the juvenile courts took the position that the Juvenile Court Act provides specifically

[401] The THV less than 90-day tracking is done on a monthly basis, to include a listing of the children who exited on THV during the previous month. The month, however, is an "approximate month" because the Mega Report is issued several days throughout the month (April 7th, 14th, 21st, and 28th, for example) and does not cover the entire/total month. The tracking that is considered the count of children on THVs less than 90 days ending in April 2013, for example, was actually the children exiting between March 23rd and April 25th.

[402] This indicates a decrease in shortened trial home visits. As reported in the November 2010 Monitoring Report, of the 1,343 trial home visits reported for 2009, 40% (539) lasted less than 90 days.

[403] The 2013 monthly Mega Report THV tracking misidentified 62 children as having experienced THVs that lasted less than 90 days when they had in fact been on trial home visits that lasted at least 90 days. Those children are not included in the number of THVs lasting less than 90 days.

[404] The regional administrators had originally treated THVs lasting between 70 and 90 days as "almost 90 days;" however, last year they decided to use the stricter standard of between 80 and 90 days.

for a 30-day trial home visit and that the child was therefore entitled to be discharged after a successful 30-day THV.[405]

Seventeen children (4%) exiting care without a THV, or a THV less than 90 days, were those exiting custody at a preliminary or adjudicatory hearing (that may or may not have occurred within the first 30 days of custody). In a number of these cases, while the child/youth's legal status changed as a result of the court's decision, the region opened a non-custodial Family Support Services (FSS) case and continued to provide services in an effort to ensure stability and family independence from the child welfare system.

Twenty-three children (5%) had been living with relatives for more than 90 days when they exited care to the custody of those relatives.

Thirteen children (3%) exited custody through reunification or to the custody of relatives after a shorter THV that was approved after consultation with the regional administrator. In these cases, the regional administrators concluded that the shorter THV did not compromise the family's stability and sufficient supports were in place to ensure permanency was sustained.

There were two children who fell into the 'other' category for the reason for a THV that lasted less than 90 days. In one case, the child was re-adjudicated delinquent and released after a 30-day THV. In the second case, the DCS attorney put an incorrect date in a self-executing order submitted to and signed by the Court, which resulted in the THV ending about 30 days earlier than everyone had originally intended.

M. Discharge Planning CFTM and Case Manager Responsibility during Trial Home Visit (VII.M)

1. Discharge Planning CFTMs

The Settlement Agreement requires that:

- a Discharge Planning CFTM be convened within 30 days of a child returning home on trial home visit, exiting custody to a newly created permanent family, or aging out of the system;

- participants identify all services necessary to ensure that the conditions leading to the child's placement have been addressed and that safety will be assured, and that participants identify necessary services to support the child and family and the trial home visit; and

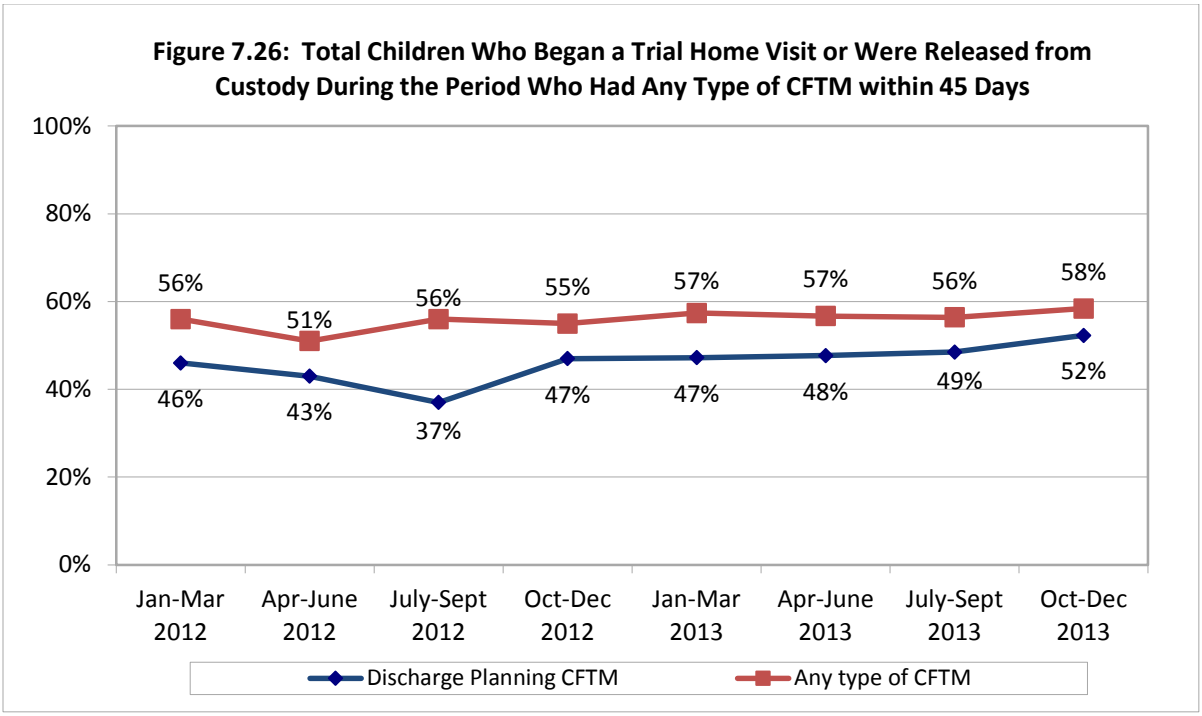
[405] The process and timelines related to trial home visits are governed by the Juvenile Court Act as well as by DCS policy. In implementing the requirements of the Settlement Agreement, the Department must also comply with the statutory requirements of Tennessee Code Annotated 37-1-130 (generally requiring a 90-day trial home visit for dependent and neglected children that DCS is returning home) and Tennessee Code Annotated 37-1-132 (generally requiring a 30-day trial home visit for unruly children that DCS is returning home).

- if exiting custody is determined inappropriate, DCS make the appropriate application to extend the child's placement in DCS custody before expiration of the trial home visit.

Department policy and revised training regarding the CFT process establish expectations for a Discharge Planning CFTM.

As discussed in previous monitoring reports, it appears that because of the variation in the way Discharge CFTMs are being coded when entered into TFACTS by field staff, more Discharge CFTMs are being held than the CFTM reporting reflects. Therefore, CFTM reporting also identifies all CFTMs held within 45 days of the beginning of a trial home visit, which allows for better identification of CFTMs that are serving as a Discharge Planning CFTM, even if they are coded as a different CFTM type.

The figure below reflects the percentage of children who began a trial home visit or were released from custody who had any type of CFTM within 45 days (the red line) as it compares to the percentage of children who had a CFTM solely identified as a Discharge Planning CFTM[406] prior to THV or exit (the blue line). The reporting confirms that the new additional data captures more of the meetings that are serving as Discharge Planning CFTMs.



Source: TFACTS Discharge Planning Child and Family Team Meeting (CFTM) Statewide Summary Reports and CFTM-THV 45 Days and Custody End Reports for the four quarters of 2012 and the four quarters of 2013

[406] For those children who had at least one Discharge Planning CFTM, 95% of their meetings occurred within 30 days prior to the THV or custody end date in the first quarter of 2013, 94% in the second quarter of 2013, 95% in the third quarter of 2013, and 93% in the fourth quarter of 2013.

2. Case Manager Responsibility During Trial Home Visit

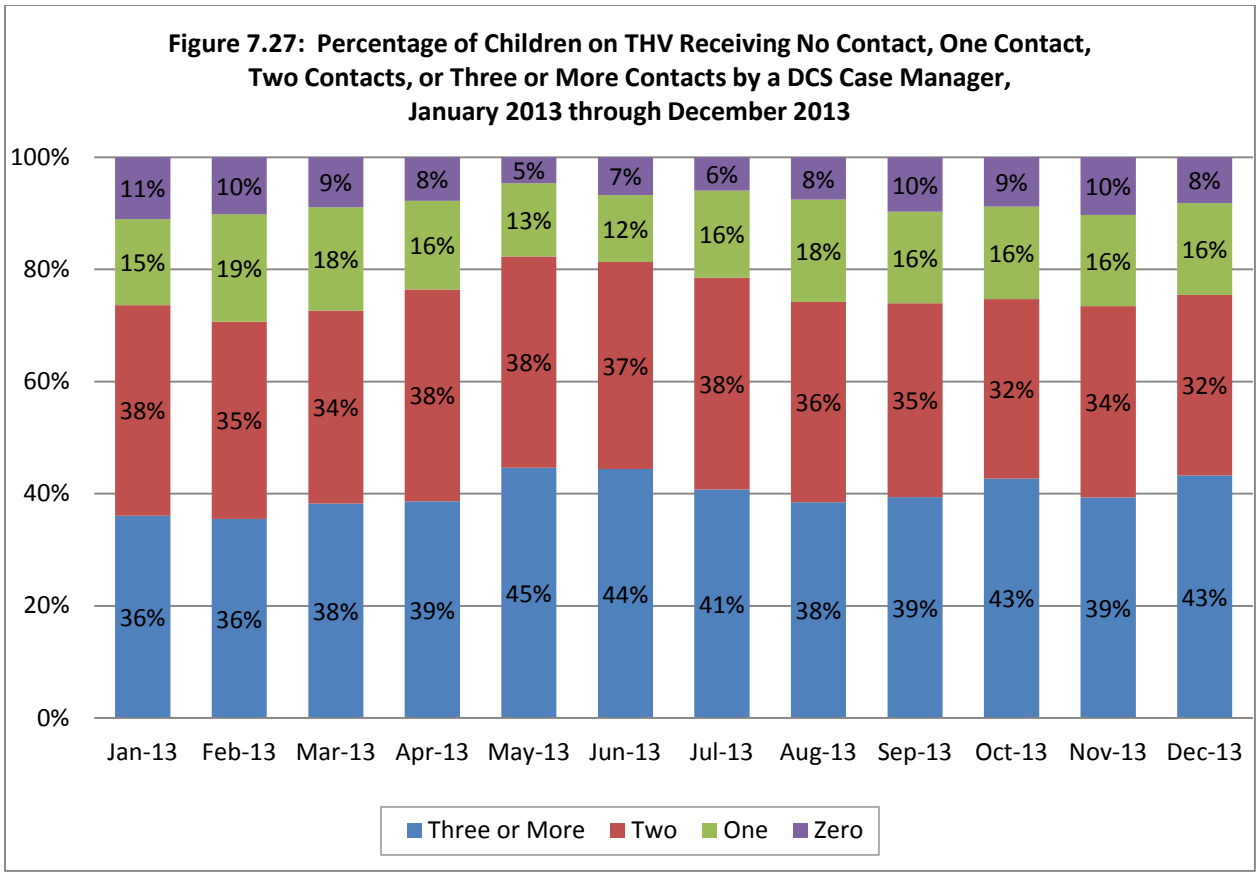
During the THV, the case manager is required to:

- visit the child in person at least three times in the first month and two times a month thereafter, with each of these visits occurring outside the parent or other caretaker's presence;[407]
- contact service providers;
- visit the school of all school-age children at least one time per month during the THV;
- interview the child's teacher; and
- ascertain the child's progress in school and whether the school placement is appropriate.[408] (VII.M)

The following figure presents data on the frequency of face-to-face contact during each month for all children on trial home visit irrespective of the number of days they have been on a THV.

[407] This does not preclude the case manager from spending some additional time, either immediately before or immediately after the private visit with the child, observing the child with the caretaker and/or having conversations with the caretaker and others in the household.

[408] If, prior to or during the trial home visit, exiting custody is determined to be inappropriate, DCS is to make the appropriate application to extend the child's placement in the custody of DCS before the expiration of the trial home visit.



Source: *Brian A.* THV F2F Visits Summary Two Months Back Reports, January through December 2013.

Previous case file spot checks by TAC monitoring staff have found considerable variation in the extent to which there is documentation of case managers spending private time with the child; TAC monitoring staff also found relatively little documentation of case manager involvement with service providers and schools during the time the child is on THV.[409]

The TAC has not conducted any recent spot checks; however, at the point that the Department believes its performance is meeting the requirements of this provision of the Settlement Agreement, the TAC will conduct an appropriate targeted review.

[409] There is no aggregate reporting presently available to document the extent to which case manager visits include private time with the child; nor is there aggregate reporting available to document the extent to which case managers are contacting service providers or talking with children's teachers and/or ascertaining their progress in school and the appropriateness of their school placement.

SECTION EIGHT: FREEING A CHILD FOR ADOPTION

A. General Requirement Related to Adoption Process

As is the case in most child welfare systems, the large majority of children who come into foster care in Tennessee achieve permanency through reunification with their parents or relatives. However, for children who cannot be safely returned to the custody of their families or extended families within a reasonable period of time, both federal law and the Settlement Agreement require that the Department act promptly to terminate parental rights and place the child with an adoptive family, unless there are exceptional circumstances that would make adoption contrary to the best interests of the child.

The Settlement Agreement (VIII.A) requires that the process for freeing a child for adoption begin:

- as soon as a child's permanency goal becomes adoption;[410]
- in no event later than required by federal law; and
- immediately for a child for whom a diligent search has failed to locate the whereabouts of a parent and for whom no appropriate family member is available to assume custody.

The Department's policies are consistent with these general requirements and the processes and administrative reviews discussed in the subsections below are designed to implement the requirements.

B. Replacement of "Legal Risk Placement Process" by "Dual Licensing"

As the Settlement Agreement reflects (VIII.B), the Department has replaced its process for making legal risk placements with policies and procedures for the "dual licensing" of resource families as foster parents and adoptive parents.

C. Diligent Searches and Case Review Timelines

1. Diligent Search Requirements

The Settlement Agreement (VIII.C.1) requires that diligent searches for parents and relatives be conducted and documented:

- by the case manager;

[410] Under provisions of the Settlement Agreement regarding children with concurrent goals, this first bulleted provision is interpreted as applying only when adoption is the sole goal. The change of a child's permanency goal to the sole goal of adoption by definition constitutes the beginning of the adoption process.

- prior to the child entering custody or no later than 30 days after the child enters custody; and
- thereafter as needed, but at least within three months of the child entering custody and again within six months from when the child entered custody.

The primary purpose of the diligent search is to identify potential placements and sources of support from within a child's natural "circles of support": relatives, friends, mentors, and others with whom the child has enjoyed a family-like connection, including those with whom the child has not had recent contact.[411]

The Settlement Agreement requirements are set forth in Department policy,[412] and the Department has created a protocol for conducting diligent searches and developed a diligent search letter, a checklist, and a genogram template to assist case managers in conducting diligent searches. These forms are to be completed by the case manager and updated throughout the life of the case until the child reaches permanency.

The Department's policy states that information regarding diligent search efforts and outcomes should be documented in TFACTS by the case manager within 30 days of the date of the occurrence and also added to the Family Functional Assessment. The team leader is responsible for ensuring that the case manager documents all diligent search efforts in TFACTS, including ensuring that the forms (letter, checklist, and genogram) are in the case file.

As discussed in previous monitoring reports, data entry of diligent search information into the relevant TFACTS fields is complex and cumbersome, often requiring navigation of several different TFACTS sections to enter the data necessary to ensure it gets captured in diligent search activity reports. After attempting to address the problem by providing a round of special training to regional staff on diligent search data entry, the Department recognized that the design flaws were such an obstacle to accurate data entry and reliable aggregate reporting that a significant redesign of the diligent search section was required.

In December of 2012, the Director of Permanency Planning met with the Department's Office of Information Technology (OIT) staff to discuss the development of a new Diligent Search module that would provide easy access for entering data about absent parents, establishing their relationships with custodial children and capturing all search activities in one location. In January 2013, permanency staff submitted a document describing what they saw as the needed revisions to make the diligent search section functional for the field staff. However, as discussed in the TAC's September 2013 TFACTS Status Update, the Department's leadership team determined that there were other TFACTS projects and enhancements that were more important to the Department's overall operation and that those should therefore be addressed before the

[411] An aggressive approach to diligent search for parents and relatives from the outset of the case also ensures that the legal process can proceed quickly and efficiently. The Department expects that as the diligent search policy is effectively implemented, it will be reflected in increased utilization of kinship placements, reduction in delays in the Termination of Parental Rights (TPR) process, and improvements in Child and Family Team (CFT) data and Quality Service Review (QSR) data related to the participation of relatives and other informal supports in the CFT process.

[412] Both Policy 16.48 Diligent Search and the various diligent search forms and tools have been revised to match the new diligent search and family notification requirements of H.R. 6893 Fostering Connections to Success and Increasing Adoption Act.

Diligent Search redesign. Now that progress has been made on a number of those other projects, the Department has convened a team of permanency staff and OIT staff to work on the new Diligent Search module. Once those revisions are made, the Department anticipates being able to produce reliable aggregate TFACTS reporting related to diligent search activity.

The Department continues to rely on periodic case reviews to monitor compliance with DCS diligent search policies. The most recent review[413] of 10 randomly selected recent entry cases from each region began in March 2014 and is scheduled to be completed in September 2014. The review has been combined with diligent search training for front-line staff that includes the use of tools such as social media to find family members and techniques for engaging reluctant parents and relatives. As of April 30, 2014, the case reviews have been completed and parallel diligent search training provided in five regions.

The Department continues to work to improve diligent search practice, particularly with respect to absent fathers, and the Department is placing special emphasis on meeting the expectations of federal law that every grandparent of a child in foster care be promptly identified, located, and contacted. However, based on both case reviews and the on-going work being done with the regions around diligent search, the Department acknowledges that its diligent search practice does not yet meet the requirements of the Settlement Agreement.

2. Requirement of Attorney Review of Cases of Severe Abuse Within 45 Days

The Settlement Agreement (VIII.C.2) requires in cases in which parents have been indicated for severe abuse that, within 45 days of that determination, a discussion take place with a DCS attorney to decide whether to file for Termination of Parental Rights (TPR) and that the decision is to be documented in the child's case record.

The Department produces a semi-monthly report, sorted by region, which identifies all children who fall within this category. The regional administrator or his/her designee is expected to meet with the regional general counsel (RGC) to discuss each of the recently filed cases that include a severe abuse allegation and decide whether to file for TPR.[414] That attorney review is expected to be documented in the case conference notes and/or other case recordings, and those notes and/or recordings should provide sufficient information to:

- determine that the attorney in fact participated in the review;
- establish that there was a specific discussion of whether to file TPR; and
- understand any action steps to be taken based on the decision.

[413] As mentioned in the June 2013 Monitoring Report, the Department conducted a relevant review (the primary focus of which was not diligent search) in April and May of 2013 that included a set of cases in which parent-child visits were not occurring (during 2012) and the reason given by the regional staff was "absent parent—unable to locate." The Office of Permanency staff reviewed the TFACTS case file to look for documentation in case notes of the efforts made to locate the absent parent. With a few exceptions, there was little evidence in TFACTS case notes of any search for the parent.

[414] As discussed in the November 2010 Monitoring Report, there had been considerable regional variation in the process for conducting these reviews and in the process for ensuring appropriate documentation of the reviews in the child's case file.

Each region has established a review process for these cases and is currently required to submit documentation of these reviews to the Central Office. A Central Office staff member is responsible for the review of documentation submitted by each region to ensure that the expectations related to both the review itself and documentation of the review are being met. The TAC is in the process of designing a review of both the processes used by the regions to ensure identification and review of the cases falling within this provision of the Settlement Agreement and the Central Office review process designed to ensure that the regions are meeting the expectations related to both the quality of the review and documentation.

3. Requirement of Attorney Review of Children in Custody at Nine Months

The Settlement Agreement (VIII.C.3) requires that within nine months of a child entering state custody, the permanency plans be reviewed with the DCS attorney for the following purposes:

- if the child is to return home or be placed in the custody of a relative, a timetable for supervised visits, trial home visit, and hearings to be returned to the parent/relative shall be established;

- if the child is not returning home, a timetable for providing documentation and information to the DCS attorney shall be established in order to file a TPR; and

- if the decision to file a TPR has been made and the child is not in a pre-adoptive home, the case manager along with the members of the Child and Family Team shall continue to search for relatives as placement options.

As discussed in previous monitoring reports, while each region has established and implemented a review process for these cases, there has been some lack of clarity about the expectations for documenting in the case file the specific considerations and related action steps that are envisioned for this nine-month review. A Central Office staff member is now responsible for the review of documentation submitted by each region to ensure that the expectations related to both the review itself and documentation of the review are being met. The Department believes that these reviews are being conducted and that regional staff understand the expectations regarding documentation of nine-month reviews in TFACTS. The TAC expects to conduct an appropriate review focused on implementation of this provision and anticipates reporting the results of this review in the next monitoring report.

4. Requirements Regarding Children in Custody for More than 12 Months

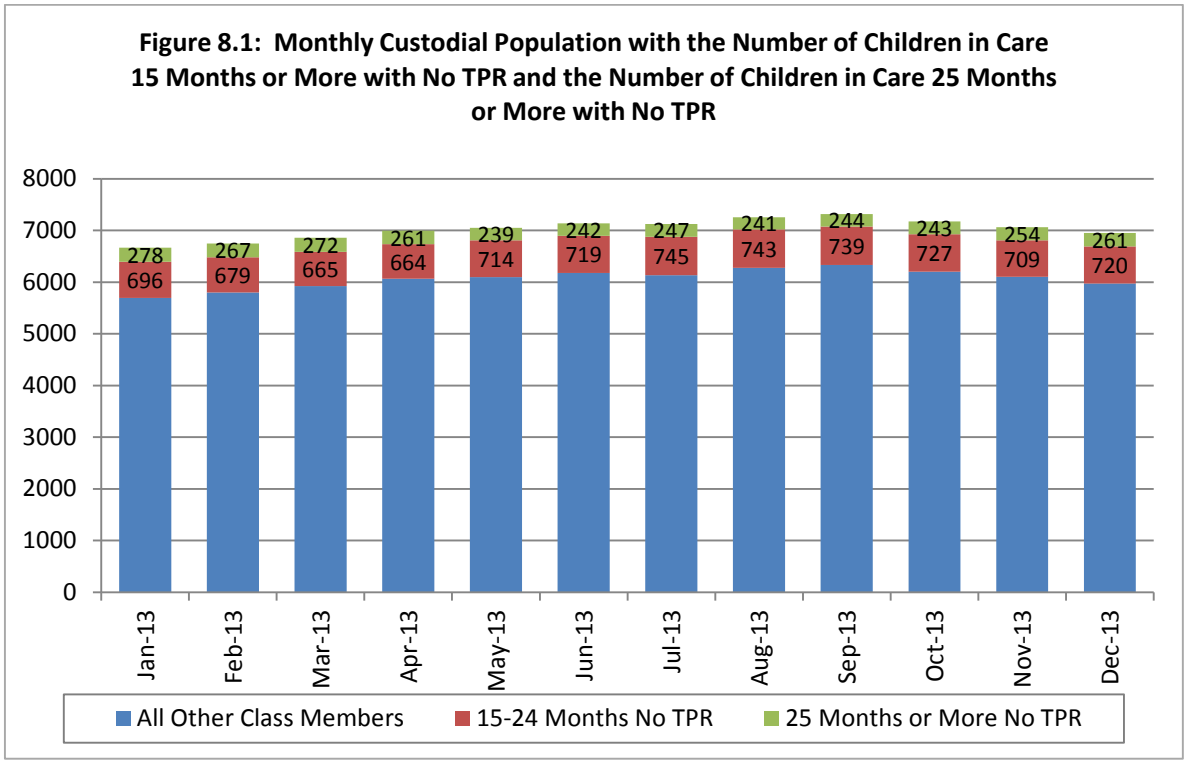
If return home or other permanent placement out of custody (relative or guardianship) without termination of parental rights is inappropriate at both 12 and 15 months, the Settlement Agreement (VIII.C.4) requires that a TPR petition be filed no later than 15 months after the date the child was placed in DCS custody, unless there are compelling reasons for not doing so and those reasons are documented in the case file. This requirement is consistent with the Adoption

and Safe Families Act (ASFA) requirement that TPR be filed for any child who has been in care for at least 15 of the past 22 months, unless there are compelling reasons for not filing.

As discussed in previous monitoring reports, periodic targeted reviews and spot checks have consistently found that the Department is routinely making appropriate compelling reasons findings for those children for whom TPR was not filed within 15 months and is moving appropriately to file TPR if at some point those findings are no longer valid.

As part of ensuring the quality of this particular element of case practice, the Deputy Commissioner of Child Programs and Deputy General Counsel continue to conduct monthly reviews with each region (discussed further in Subsection C.5.d below).

Figure 8.1 below presents the monthly custodial population with the number of children in custody for 15 months or more for whom TPR has not been filed (red) and the number who have been in custody for 25 months or more for whom TPR has not been filed (green).

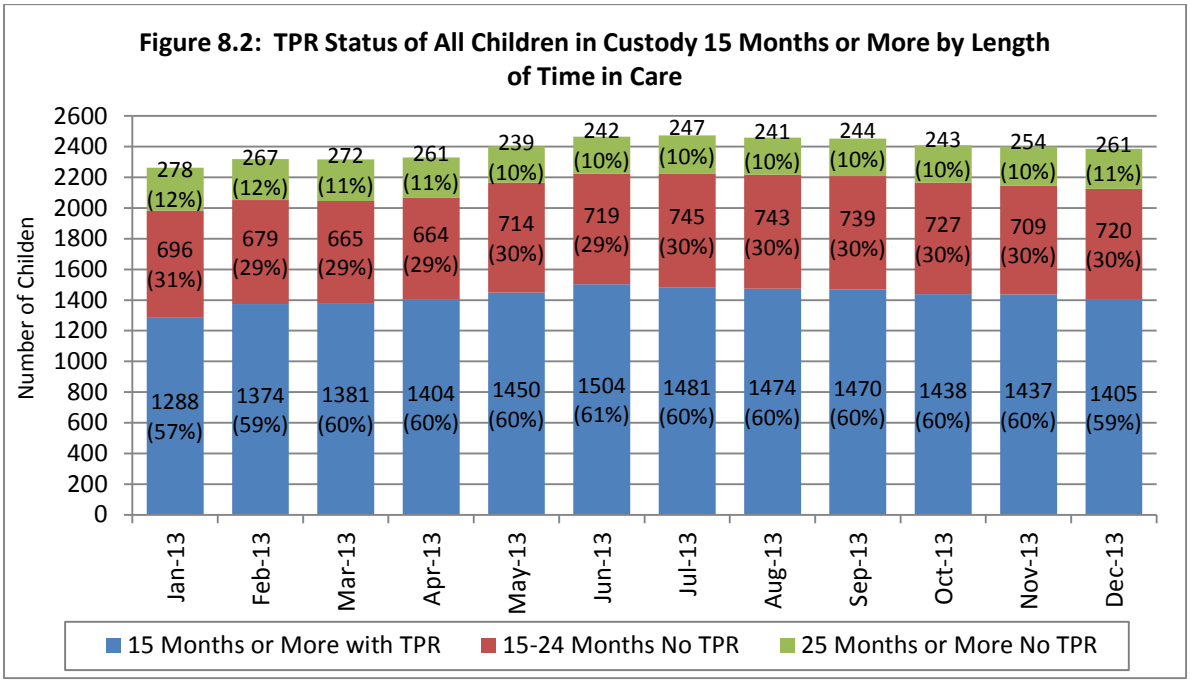


Source: "*Brian A.* Mega Report," from January 2013 through December 2013.

Figure 8.2 below presents all children in custody for 15 months or more, broken down into three groups:

- those children in custody for ***15 months or more for whom TPR had been filed***;
- those who have been in custody for ***15 to 24 months for whom TPR had not been filed***; and
- those who have been in custody for ***25 months or more for whom TPR had not been filed***.

Of those children in care for 15 months, the percentage for whom TPR has not been filed (represented by a combination of the red and green bars) ranged between 39% and 43% for calendar year 2013.



Source: "*Brian A.* Mega Report," from January 2013 through December 2013.

5. Time Frames Related to the Adoption Process (VIII.C.5)

The Settlement Agreement establishes time frames related to critical activities in the adoption process.

a. Requirement That TPR Be Filed Within 90 Days of Establishment of Sole Permanency Goal of Adoption

The Settlement Agreement provides that within 90 days of the permanency goal changing to Adoption, the DCS attorney is expected to file a TPR petition, unless there is a legal impediment, in which case the petition is to be filed as soon as possible once that legal impediment is resolved. (VIII.C.5.a)

The TAC worked with the Office of Information Technology (OIT) to develop, the "TAC Sole Goal of Adoption Cohort Report," identifying all children who had a sole goal of adoption established in a cohort year. As discussed in Section One, the Department's practice is consistent with this requirement.[415]

[415] See pg. ___.

Of the 652 children who had a sole goal of adoption established in 2013, 605 (93%) had TPR activity[416] prior to or within three months of the sole goal establish date and 626 (96 %) had TPR activity prior to or within six months of the sole goal establish date. In an additional six cases, TPR activity occurred more than six months after the sole goal establish date. In three cases, TPR activity occurred, but the time between the establishment of the sole goal of adoption and the TPR activity was not readily apparent. The following is a breakdown by type of TPR activity:

- Filing of a TPR petition was the TPR activity in 516 cases. TPR petitions were filed prior to the sole goal establish date in 436 cases; within three months of the sole goal establish date in 57 cases; between three and six months in 15 cases; and after six months in six cases. In two cases, TPR had been filed, but the time between the establishment of the sole goal of adoption and the filing of the TPR petition was not readily apparent.[417]

- The execution of surrenders, waivers of interest, or death certificates was the TPR activity in 119 cases. Surrenders, waivers of interest, or death certificates were executed prior to the sole goal establish date in 86 cases; within three months of the sole goal date in 26 cases; and between three and six months in six cases. In one case, a surrender, waiver of interest, or death certificate had been filed, but the time between the establishment of the sole goal of adoption and the execution of the relevant document was not readily apparent.[418]

In the cohort of 652 children, there were only 17 children for whom no evidence of TPR activity was found. In four cases, the permanency goal had been changed and the goal was no longer solely adoption. Eight children had exited custody between one and nine months after the date that adoption was established as the sole goal (five to live with relatives, two to their parents, and one to emancipation). For each of the five remaining children with sole goals of adoption and no TPR activity, TPR referral packets had been submitted to the DCS Legal Division.

b. Ensuring Order of Guardianship within Eight Months of Filing of TPR

The Settlement Agreement requires the Department to take all reasonable steps to ensure that the date of the trial court order granting full guardianship is entered within eight months of the filing of the TPR petition. (VIII.C.5.b)

The monthly reviews conducted by the Deputy Commissioner of Child Programs and Deputy General Counsel with each of the regions of every child in care for 15 months or more include a specific focus on those children for whom TPR has been filed, but not yet achieved, to identify and discuss any delays in the court process and to ensure that legal counsel and program staff are taking all reasonable steps to bring the case to trial and/or resolve any appeals expeditiously.

[416] The term "TPR activity" refers to either the filing of a TPR petition, the execution of a surrender or waiver of interest, or the execution of a death certificate.
[417] Both children were adopted two months after the sole goal of adoption was established.
[418] The child is in full guardianship of the state because both parents are deceased.

For purposes of reporting on this provision, the TAC worked with the Department's OIT staff to produce a detail report ("TAC TPR Activity Report") identifying all children for whom a TPR was filed during the 2012 calendar year.

Of the 1012 children for whom a TPR was filed in 2012, the Department had obtained (as of March 12, 2014) a court order of full guardianship for 845 children. Of the 845 children, 649 (77%) had a court order obtaining guardianship in eight or less months, 134 (16%) in nine to 12 months, and 62 (7%) in 13 months or more.

c. Ensuring Adoption Finalization or Transfer to Permanent Guardianship within 12 Months of Guardianship Order

Once an order of guardianship is obtained, the Settlement Agreement requires the Department to move expeditiously to ensure that the child achieves permanency either through adoption or permanent guardianship. (VIII.C.5.c) The Department is expected to take *"all reasonable steps to ensure that the date of the finalization of the adoption or the date the child achieves permanent guardianship will be within 12 months of full guardianship."*

As discussed in Section One, of the 1,036 children for whom parental rights were terminated or surrendered between January 1, 2012 and January 1, 2013, 80% (826) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship.[419] The Department's success rate in achieving adoption or subsidized permanent guardianship within 12 months of termination of parental rights is evidence that the Department is taking the "reasonable steps" required by this provision.

For the one child out of five for whom adoption or permanent guardianship is not achieved within 12 months, the Finding Our Children Unconditional Supports (FOCUS) process, discussed in Subsection D below, is designed to ensure compliance with this requirement.[420] While the process does not guarantee that a child achieves permanency within 12 months of full guardianship, the required actions steps, frequent reviews, and ongoing tracking and reporting, if done diligently, should ensure that "all reasonable steps" are being taken in each case.

d. Special Administrative Review of Children in Custody for 15 Months or More For Whom TPR Has Not Been Filed

The Settlement Agreement requires that all children who have been in custody for 15 months or more with no TPR petition filed be reviewed by the Commissioner or the Commissioner's designee. (VIII.C.5.d)

[419] This is an improvement over performance from the previous reporting period. Of the 858 children for whom parental rights were terminated or surrendered between January 1, 2011 and January 1, 2012, 74% (631) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship.

[420] In addition, the monthly reviews of children in care for 15 months or more conducted by the Deputy Commissioner of Child Programs and Deputy General Counsel with the regions, while focused on children for whom guardianship has not yet been achieved, include review and discussion of those cases of children in full guardianship for whom there appear to be delays in moving to permanency.

Regional administrators and regional supervising attorneys have been designated by the Commissioner to review and monitor all cases of children in care for 15 months or more in their respective regions to ensure that TPR has been filed (or is in the process of being filed) unless compelling reasons exist for not filing. To assist with this review process, the Department continues to produce (initially from TNKids and now from TFACTS) a monthly report, by region, that identifies all children who have been in care for 15 months or more for whom no TPR petition had been filed. As discussed in previous monitoring reports, each of the regions developed a process for reviewing these cases.

In addition, these cases are included in the Central Office review conducted with the regions and led by the Deputy Commissioner of Child Programs and Deputy General Counsel. These conference calls, which are held monthly with each region, examine the status of not only those children who have been in custody for 15 months or more for whom TPR has not been filed, but also those for whom TPR has been filed but guardianship not yet achieved. The Deputy Commissioner of Child Programs and Deputy General Counsel are using these reviews to identify and address issues related to the timeliness and quality of the "compelling reasons" findings, the periodic review of those findings, and the timeliness of filing for TPR in cases in which there are no compelling reasons (or are no longer any compelling reasons) for not filing TPR.

As part of the TAC's ongoing monitoring, TAC monitoring staff continue to periodically review the spreadsheets that are the basis for these reviews and call into the monthly conference calls in order to better understand both the review process and the quality of the discussions. Based on the observations of the review process, the TAC is satisfied that the reviews being conducted are rigorous and that the process is ensuring that either there are compelling reasons for not filing TPR or, if there are not, that the region is taking appropriate action to terminate parental rights.

6. Special Preference for Resource Parents in Adoption Process

The Settlement Agreement provides that a resource parent who has been providing foster care for a child for 12 months is entitled to a preference as an adoptive parent for that child, should the child become legally free for adoption. (VIII.C.6)

The Department has implemented a single resource parent approval process that qualifies resource parents as both foster and adoptive parents and the adoption preference for a resource parent who has been caring for a child for 12 months or more is reflected in both DCS policy and state statute.

D. "FOCUS" Team Process for Children in Full Guardianship

In an effort to ensure that children in full guardianship move more quickly towards permanency, the Department has implemented an innovative case tracking and permanency support process referred to as "FOCUS Teams" (Finding Our Children Unconditional Supports). The Modified Settlement Agreement embraces the FOCUS process.

1. Requirement of Prompt FOCUS Team Review of Each Child Entering Full Guardianship

The Settlement Agreement provides that the FOCUS Team *"will ensure that all children or youth entering full guardianship each month will be reviewed to determine whether or not these children or youth have a permanent family identified and that the needed supports and services are in place to ensure timely permanency."*(VIII.D.1)

The FOCUS process, discussed at length in previous monitoring reports, has evolved over time; however, the core elements of the process remain. Each child who enters full guardianship is to be promptly reviewed to determine whether a permanent family has been identified for that child. If the child does have a family identified, a plan is to be developed to move that child to permanency with that family.[421] If the child does not have a family identified, special attention and support is to be given to that case, including, at a minimum, ensuring that a full, updated "archeological dig" is conducted, that a strong, well-functioning Child and Family Team is formed, and that an appropriate and up-to-date Individual Recruitment Plan is developed and implemented.

The Department contracts with Harmony Family Center ("Harmony") to provide services related to the FOCUS process. Harmony staff with special expertise in adoptive family recruitment (referred to as Regional Case Coordinators or RCCs) are available to provide a range of supports, from assisting with a particular task in a case to assuming lead responsibility for conducting the archaeological dig, building the team, and developing the recruitment plan and ensuring that it is implemented. In addition, private providers are increasingly expected to take on the "Harmony" role for the children in their respective programs who are in full guardianship and without an identified family.

Regions are responsible for conducting "FOCUS reviews" and completing and updating each month the FOCUS spreadsheets which serve as the tracking documents for the FOCUS reviews. The regions have some flexibility about how they conduct their reviews of children in full guardianship, and that flexibility allows them to conduct the "FOCUS Reviews" (as that term is used in the Settlement Agreement) as part of other regular monthly case reviews rather than as a free-standing review. The Department believes that consolidation of what have been separate free-standing reviews makes sense because the separate reviews often involve the same cases

[421] The Department has refined its process to distinguish between a prospective adoptive family for whom all issues have been fully explored and resolved and an intent to adopt form has been signed (now designated as "permanent family identified") and a specific family that the region is actively working toward adoption with but for whom some steps remain to be taken—"full disclosure" needs to be made, adoption subsidy issues need to be addressed—before an intent to adopt can be signed (designated as "anticipated permanent family").

and the same participating staff members. Each region has a monthly conference call with Central Office staff to review the results of the regions' "FOCUS reviews."[422]

As part of this process, Central Office permanency staff regularly review the case tracking documents in an effort to ensure that spreadsheets are complete and that key action steps are being taken, and to identify and follow up on any cases which raise concerns (whether because of lack of key information, delays in completing action steps, the length of time the child has been in FOCUS, or some other reason).[423]

Finally, in an effort to ensure the quality of FOCUS related casework, the Central Office has initiated a periodic targeted case file review of cases of children in FOCUS.

The FOCUS process contemplates that children who enter full guardianship during a given month should come to the attention of the FOCUS team the following month. Consistent with this design, the time from the date the child comes into full guardianship to the time of the initial FOCUS team review should not exceed 60 days.[424]

For purposes of reporting on this provision, the TAC worked with the Department's OIT staff to produce a report (the "TAC Full Guardianship Report") that identifies children who enter full guardianship during a specified reporting period. TAC monitoring staff compared the detail generated from this report with the children appearing on the FOCUS tracking lists to determine the time between a child entering full guardianship and the child initially appearing on the FOCUS tracking list.[425] A preliminary analysis of this data, which was conducted on May 1, 2014, in regard to the 1,203 children who entered full guardianship in 2013 according to the full

[422] Central Office permanency staff speak regularly with regional administrators about FOCUS and provide training for regional and private provider staff related to the FOCUS process. Central Office permanency staff also use the quarterly staff meetings of regional permanency specialists as an opportunity to discuss the way in which regional FOCUS case reviews are being conducted. The regional permanency specialists (who are required to participate in the regional FOCUS reviews) are expected to help ensure the integrity of the FOCUS process, and help other regional staff and private providers understand what is expected of review participants. The composition of the regional FOCUS review teams varies, with regional administrators participating in the reviews in some regions but not in others. The only present requirement related to team composition is that the regional permanency specialist must be on the team

[423] All cases of children who have been in custody for 15 months or more and are in full guardianship are also subject to the monthly reviews of children in care for more than 15 months held with the regions and led by the Deputy Commissioner of Child Programs and Deputy General Counsel (as described in Subsection C.5.d above).

[424] The maximum time that could elapse would actually be 61 days for a child who comes into full guardianship on July 1 and whose case received its initial FOCUS review on August 31.

[425] A FOCUS tracking process that works well for day-to-day management of individual cases does not necessarily provide easily aggregated data for evaluating the impact of that process over time. In addition, some of the most important information in the FOCUS spreadsheets is in specific notes about individual cases in narrative form providing contextual detail. Nevertheless, the TAC has been able to use a combination of the FOCUS spreadsheets and a specially run guardianship report from TFACTS to create sufficient aggregate reporting to understand FOCUS outcomes of children who had a family identified or an anticipated family identified. As discussed in Subsection D.4 below, the TAC hopes to be able to use this same combination of data sources to provide aggregate reporting to provide data on FOCUS outcomes of children who had no family identified.

guardianship report and appear on the FOCUS sheets, found that approximately three quarters of the children came into the FOCUS process within 60 days of entering into full guardianship.[426]

The Department is working to better understand and address the factors contributing to the delay of some cases coming into the FOCUS process.

2. Children with Permanent Family Identified: Assessment of and Response to Barriers to Permanency and Monthly Tracking

If there is a specific potential permanent family identified for a child, the Settlement Agreement requires that there be an assessment regarding any barriers to permanency. If there are identified barriers to permanency, appropriate referrals are to be made to the regions or private provider agency or agencies as may be needed and appropriate. Children and youth with an identified permanent family are to be reviewed monthly to assess whether the identified permanent family is still a viable permanency option.

Once a child enters the FOCUS process, the FOCUS reviews and tracking process are designed to meet this requirement. The Department has created a tracking spreadsheet that includes specific fields to record the core activities that must be undertaken, issues that must be addressed, and services and supports that must be provided in order for the "intent to adopt" to be signed and the adoption to be finalized (or other "permanent family status" achieved).

The tracking process, including the Central Office review of the tracking spreadsheets, is intended to ensure that for each case with a potential family identified, barriers to permanency are identified, action steps for addressing those barriers are established, and either permanency achieved or, if the barriers cannot be addressed, appropriate action taken to find an alternative family.[427]

TAC monitoring staff analyzed the monthly FOCUS spreadsheets for the first two quarters of 2013 to identify children who entered the FOCUS process during those first two quarters.

Of the 231 children who appeared on the FOCUS tracking and the "TAC Full Guardianship Report" in first quarter 2013, 118 children were initially listed as having an adoptive family identified, 64 children were initially listed as having an anticipated family identified, and three children were initially listed as having an approved PPLA goal.

Of the 118 children with a family identified, 112 (95%) have exited custody: 111 (94%) to adoption (105 in 12 months or less and six in more than 12 months); and one (1%) to emancipation.

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[426] This is the first time that the TAC has used a combination of TFACTS reporting and FOCUS tracking documents to develop a data set for aggregate reporting on the FOCUS process. Because of the impending filing deadline for the completion of this report, the TAC has had limited time to follow up on those cases falling outside of the 60-day time frame. The Department believes that its performance is significantly better than what this preliminary analysis suggests and the TAC will be working with the Department to determine whether this is in fact the case.

[427] This tracking system should also provide data that help the Department identify and respond in a more systematic way to certain kinds of obstacles that appear to affect large numbers of cases.

Of the 64 children who had an anticipated family identified, 58 (91%) have exited custody: 57 (89%) exited to adoption (55 within 12 months and two in more than 12); and one (2%) child exited to emancipation.

Of the 363 children who appeared on the FOCUS tracking and the "TAC Full Guardianship Report" in the second quarter of 2013, 195 children were listed as having an adoptive family identified and 89 children were listed as having an anticipated family identified. Of the 195 children with a family identified, 194 (99%) have exited custody: 191 (97%) exited to adoption (all within 12 months or less); one exited to permanent guardianship, one exited to live with a relative/kin, and one child aged-out.

Of the 89 children who were listed as having an anticipated family identified, 72 (81%) have exited custody: 71 (80%) have exited to adoption (70 in less than 12 months and one adopted in 13 months); and one (1%) child exited to emancipation.

There were a total of 30 children from the first and second quarter cohorts combined who were designated at the initial FOCUS review as having a family identified or an anticipated family identified, but who remained on the FOCUS tracking sheets as of February 6, 2014. Of these 30 children, 20 were designated as family identified or an anticipated family identified, one was identified as "approved PPLA", and nine had been re-designated as "no family identified."[428]

Remaining barriers to permanency for the 20 who continued to be designated as family identified or anticipated family identified were: timelines associated with the ICPC process (eight children); the negotiation of the adoption subsidy (one child); a decision to wait until all children in a sibling group were legally free or all placed in the same resource home so that the resource parent could adopt all the children at the same time (seven children from two sibling groups); and the resource parent and/or child changed their mind about adoption and either the team is working to stabilize the home or recruiting a new home (four children). FOCUS documentation reflected that actions were being taken in each of these cases to address the relevant barriers to permanency.

3. Children without Permanent Families Identified: Required Action Steps

For children and youth without a potential permanent family identified, the Settlement Agreement requires that the following steps be taken to ensure timely permanency:

- the Child and Family Team is to ensure the development and implementation of the child or youth's Individualized Recruitment Plan, which is to include time frames, roles, and responsibilities;

[428] Five of those nine children had been placed in residential programs for purposes of stabilization; one, who remained in the resource home when her brother disrupted and was placed in a residential facility, had been redesignated "no family identified," although the resource family was still considered a potential adoptive placement for her; two children had been redesignated because the resource parents who had originally indicated an interest in adoption had reconsidered; and in one case the team had recently selected a family and plans to start visits between the child and the family.

- the Child and Family Team is to ensure that the child or youth is registered on AdoptUSKids to help match the child or youth with potential families; and

- the Child and Family Team is to ensure the use of archeological digs, family searches, interviews, and other options to build a team of informal and formal supports to assist in finding permanency.

The FOCUS case review and tracking process is designed to ensure that these core activities are promptly carried out (or to flag cases in which these expected actions are not occurring with a sufficient sense of urgency).

The Department has worked with regional staff, Harmony, and the private providers to ensure that their combined resources are sufficient and that the process for assignment of responsibility efficiently allocates those resources. Harmony continues to be involved to some degree in a significant number of cases. Based on feedback from both Harmony and the regional staff, Central Office permanency staff believe that the regions are satisfied with Harmony's responsiveness to requests for assistance and Harmony is comfortable with (and staffed sufficiently to respond to) the region's requests.

Based on its own internal reviews of the process, the Department is satisfied that Child and Family Teams are routinely developing good quality individual recruitment plans and ensuring that thorough archaeological digs for relatives and families are being conducted in cases in which no family has been identified. The Department is also confident that children with no families identified are being promptly registered on AdoptUSKids.

The TAC anticipates conducting a targeted review and presenting the results of that review in the next monitoring report.

4. Requirement of Individual Tracking and Monitoring and Outcome Data Analysis and Reporting

The Settlement Agreement requires that the FOCUS Team:

- monitor case progress;

- provide tracking and outcome data to measure the effectiveness of the FOCUS process in moving children and youth toward permanency; and

- use aggregate and qualitative data to report on trends that promote and prevent timely permanency for children.

The Settlement Agreement calls for specific reporting and analysis on those children and youth disrupting from placements while in full guardianship.

As discussed, the individual tracking data in the spreadsheets allow regional and Central Office staff to monitor case progress. The Department has been using this tracking data primarily to ensure the timely entry of cases into the FOCUS process. With respect to children who are designated at the time they enter FOCUS as having families identified or anticipated families identified, the aggregate data and the TAC's review of individual cases discussed above, as well as the aggregate data reported in Section One related to exits to adoption and timeliness of those exits, appears to confirm the effectiveness of the Department's processes, including the FOCUS process, in moving those children and youth toward permanency.

The Department, based on its own internal assessment, is satisfied that the FOCUS process, in combination with the other processes in place, has been similarly effective in ensuring appropriate actions are being taken with respect to children who either enter the FOCUS process with no family identified or who move to a "no family identified" status during the course of their time in FOCUS. The TAC anticipates that a combination of the planned targeted review discussed above and some additional analysis of the full guardianship and FOCUS tracking data discussed in Subsection D.2 above will provide additional data to assess this aspect of FOCUS performance.

E. Post-Adoption Services

The Settlement Agreement (VIII.E) requires that DCS maintain a system of post-adoptive subsidies and services and provide notice of and facilitate access to those services at the earliest possible time to all potential adoptive families and resource families.

The Department requires all resource parents who are interested in adopting a particular child to complete an "*Intent to Adopt/Application for Adoption Assistance Form*" as one vehicle for ensuring that adoptive parents have knowledge of the availability of adoption assistance. The form includes the application for assistance and also serves as the file documentation required by this provision of the Settlement Agreement. The form also provides information about access to the post-adoption services which the Department provides through the Adoption Support and Preservation (ASAP) Program.

As discussed in previous monitoring reports, the Department contracts with ASAP (Adoption Support and Preservation), a program that offers preparation training, crisis intervention and intensive in-home services, counseling, support groups, educational forums, training opportunities, and help lines for adoptive parents. These services are available to Tennessee families who have either made their intent to adopt known or who already have finalized adoptions through DCS. Since 2004, ASAP has served approximately 3,690 children. ASAP also provides post-permanency support to the subsidized permanent guardianship families to prevent disruption and reentry into care. ASAP provides pre-adoption counseling to adopting parents and children that includes help with parenting skills, self-awareness of triggers, and other aspects of being an adoptive parent.

ASAP provides monthly updates to the Department detailing clients served, services provided, and other information for the previous month and year to date. As of March 2014, the ASAP

program has provided services to 474 clients for the current fiscal year, and reports both pre-adopt disruption and post-adopt dissolution rates of less than 1%. As of March 2014, according to these reports, no adoptive family receiving services dissolved their adoption in fiscal year 2013-2014, and only one family receiving services experienced a disruption. Two pre-adoptive families receiving services experienced a disruption in the same time period.

The original contract liability limit for the contract that includes ASAP for fiscal year 2012-13 was $3.2 million. Actual expenditures for this contract for the ASAP program in 2012-13 were approximately $2 million. The contract liability limit for the current fiscal year for the contract that includes ASAP is $2.9 million. Actual expenditures for the period from July 1, 2013 through March 31, 2014 were $1,272,661.

Some regions do have a waiting list for families referred for services. Currently, the longest wait times are in East Tennessee, and the average wait time is 2-3 weeks. Wait times in Middle Tennessee remain around 10 days. There are currently no wait times in West Tennessee. The Department is working with the National Resource Center for Adoption (NRCA) to identify strategies to shorten wait times and expand the range of services available to families. The Department has also engaged NRCA to complete an evaluation of ASAP service delivery and quality as well as appropriateness of services provided to adoptive families. One of the goals of this project is to increase awareness of available services, including involving ASAP provider staff in conversations with families prior to adoption.

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.

SECTION NINE: RESOURCE PARENT RECUITMENT, RETENTION, AND APPROVAL

A. General Requirement to Maintain Resource Parent Recruitment Program

The Settlement Agreement requires DCS to establish and maintain a statewide, regional and local program of resource parent recruitment[429] and to ensure the availability of a toll-free phone number in all regions of the state to provide information concerning the availability of adoption information, training, the approval process, and children available for adoption. (IX.A)

1. Recruitment and Retention Efforts

a. Regional Recruitment Plans

As discussed in previous monitoring reports, the Department's recruitment and retention efforts in recent years have focused on the regional recruitment plans, developed by each region with support (including the provision of relevant TFACTS data) from the Central Office, with specific recruitment targets and strategies for achieving those targets set by each region. The regions continue to develop and refine regional recruitment plans that focus on utilizing data to both set goals and measure progress. The recruitment plans each include an analysis of the characteristics of the foster care population in the region and the characteristics of the present resource homes (DCS and private provider) in the region. Central Office and regional Resource Parent Support staff meet quarterly in three grand regional meetings where regions share progress, challenges and successful strategies with each other.

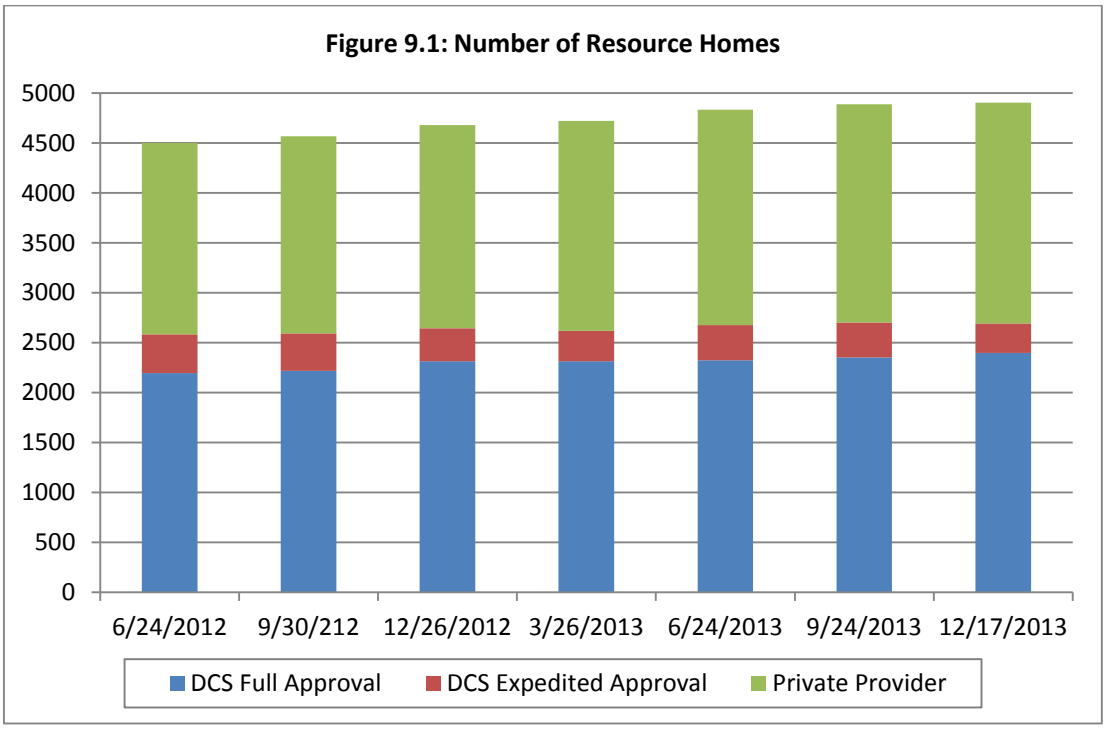
Most of the current regional plans include goals focused on retaining current resource parents and maintaining the total number of resource homes; placing children closer to their home of origin and targeted recruitment in specific counties or zip codes; continued focus on placement with kin; and recruitment for specific age groups such as teenagers.

Since adopting this approach to resource home recruitment planning and implementation, the Department has seen an overall increase in resource home capacity, with successful recruitment of new resource parents (by both the Department and private providers) outpacing resource parent attrition for the past several years.[430] Some of this increase in capacity can be attributed to increased utilization of kinship resource homes.

Figure 9.1 shows the number of fully approved DCS resource homes (segment shaded blue), the number of kinship resource homes that only have an expedited approval (segment shaded red), and the number of private provider resource homes (segment shaded green). This figure shows

[429] Under Tennessee's dual approval process, both foster and adoptive parents are considered to be resource parents.
[430] TFACTS reporting on the number of resource homes became available in the summer of 2012. Under TNKids reporting, the number of resource homes showed a steady decline for years. Because TFACTS reporting is more sophisticated and accurate, the TAC does not directly compare the two, however is comfortable comparing the steady decline with the recent steady increase in number of homes.

an increase in the number of homes over the 20-month period, from 4,502 homes in June 2012 to 4,905 homes in December 2013.



Source: TFACTS Resource Home Mega Report

b. Central Office Recruitment Efforts

In addition to supporting the regional recruitment efforts, the Central Office under the current administration has taken an active role in developing and implementing special recruitment initiatives.

One such initiative focuses on outreach to the faith community, to make religious leaders and congregations aware of the need for resource homes, the process for becoming a resource parent, and the additional opportunities to faith community members who do not feel they can take a child into their home but who want to help to support resource parents. The first event of this effort, referred to as Wait No More, was a gathering attended by over 800 people from Middle Tennessee organized collaboratively with Focus on the Family, local churches, and community leaders. The Department was encouraged by the attendance at this event and is following up with attendees.[431] The Department anticipates organizing similar events in East Tennessee and West Tennessee.

[431] The Department set up a special email service by which it hopes to be able to track responses to follow-up communications related to the event. This allows the Department to identify individuals who provided their contact information by region, county, area of interest (fostering, mentoring, and support), determine whether they opened particular emails, and provide targeted communications to particular segments. The Department also hopes to be able to use this follow-up process to evaluate the effectiveness of this kind of large scale event in generating additional resource homes, mentors, or sources of additional support for resource parents and children in foster care.

2. Toll Free Number and Availability of Information for Prospective Resource Parents

As discussed in previous monitoring reports, prospective resource parents can inquire about becoming a resource parent by calling the Department's 1-877 number for prospective resource parents or through contacting the regional offices directly. In addition, several websites contain information about fostering and adopting children. Information about the Department's programs and processes related to fostering and adoption is available online at www.tn.gov/youth/adoption.htm. The website www.parentachild.org also contains information regarding recruitment and retention and a link to the AdoptUSKids www.adoptuskids.org website, which has profiles for the children in state custody who are in need of adoptive homes.

Additionally, the State of Tennessee has centralized information about initiatives related to Tennessee children at www.kidcentraltn.com, which compiles information and resources from a number of agencies.

B. Resource Parent Recruitment and Approval Process

The Settlement Agreement requires DCS to develop and maintain standards to approve only appropriate resource families. All such approvals are to be handled within the regions or by private provider agencies, which must be adequately staffed and trained.

The Department's policy regarding the regular approval process conforms to the requirements of the Settlement Agreement. The Department, in consultation with the TAC, has established standards and a process for approval of resource families that is consistent with nationally accepted standards and that apply equally to DCS and private provider resource parents. The Department's resource parent approval process is handled by regional and local offices. The Department's resource parent approval process qualifies any resource parent who successfully completes that process for both fostering and adoption. The Department requires private provider resource parents to meet the same standards, receive comparable training, and be subject to the same approval criteria as DCS resource families.

The Department has established the Department Resource Home Eligibility Team (DRHET for DCS homes and RHET for provider homes), through which the Department internally maintains all documents relating to the Title IV-E eligibility of resource homes. The documents required for IV-E eligibility include fingerprint results, criminal records checks, DCS background checks, several abuse and offender registry checks, and completion of Parents As Tender Healers (PATH) training.[432]

As of April 2014, there were 84 resource parent support workers (RPS) across the state.[433] Responsibilities vary by region, but resource parent support staff are generally responsible for

[432] While RHET maintains electronic copies of these eligibility documents, private providers remain contractually responsible for ensuring that their resource homes and their residential facilities are meeting the requirements for IV-E eligibility and that copies of the required documentation are furnished to the Department.

[433] Some regions have separate staff who do resource parent support work and write home studies, and some regions chose to have all staff do both duties.

monthly home visits with resource parents, for approvals and re-approvals of resource homes including expedited approval of kinship homes, for home studies, for recruitment events, and for offering additional support to resource parents.

The Department has determined that a resource parent support worker can be reasonably expected to support between 30 and 35 resource homes. The Department has included RPS worker workloads in the manual caseload tracking reports discussed in Section Five.[434] The January 2014 manual caseload tracking report lists 82 workers supporting at least one resource home. Of those workers, 56 (68%) support 35 or fewer homes; 23 (28%) support between 36 and 49 homes; and 3 (4%) workers support 50 or more homes (including one worker who is supporting 65 homes).[435]

As discussed in previous monitoring reports, the recruitment and retention staff resources within the Department have been supplemented by contracts with four private provider agencies serving four grand regions of the Department. The goal of the contracts is to expedite the approval process by assisting with home studies and conducting individual Parents as Tender Healers (PATH) training when needed, particularly with home studies for kin resource parents. This contract for fiscal year 2011-12 was $513,060 and the contract for fiscal year 2012-13 is $497,164. The maximum liability for the contract entered into in fiscal year 2013-14, which will cover a period of three fiscal years, is $7,210,640.[436]

1. Time to Respond to Inquiries

The Settlement Agreement requires all inquiries from prospective resource parents to be responded to within seven days after receipt.

When calls come to the 1-877 number referenced in Section A.1 above, they are answered by Central Office Foster Care staff and a letter containing general information is mailed from Central Office to the prospective resource parent. Information about the prospective resource parent is then emailed to the appropriate region. Regions are expected to contact the prospective resource parent and enter the home into TFACTS as an inquiry. A staff person in Central Office tracks all of the inquiries to the 1-877 number and ensures that inquiry and response information are entered into TFACTS.

Some inquiries are made to the region directly rather than through the 1-877 number. The regions are expected to process and respond to these inquiries in the same manner that they respond to inquiries they receive from Central Office: by recording these inquiries in TFACTS and responding within seven days. (Central Office staff track inquiries in TFACTS and also mail a letter to those prospective resource parents, irrespective of whether those inquiries came

[434] As part of the Case Assignment enhancement discussed in the June 2014 TFACTS Evaluation Update, resource parent support staff will be assigned to resource families in TFACTS in a manner that will allow aggregate reporting from TFACTS of RPS workloads.
[435] See Subsection B.4.b below for more information about RPS workers.
[436] Setting the high liability limit allows the Department flexibility should the regions find value in taking greater advantage of these home study contracts.

through the region or through the 1-877 number.)

The TFACTS Resource Home Inquiry Report provides a percentage of inquiries responded to within seven days, for all of the inquiries that are entered into TFACTS. The statewide performance for inquiries responded to within seven days for the 1,130 inquiries entered into TFACTS for 2013[437] was 97%, the same percentage as 2012 and compared with 94% in 2011, with six regions responding to 100% of the inquiries within seven days and the lowest performing region responding to 88% within seven days.

2. Time to Complete Home Studies

The Settlement Agreement requires that home studies be completed within 90 days of the applicant's completion of the approved training curriculum, unless the applicant defaults or refuses to cooperate.

Of 239 DCS resource homes approved in the last quarter of 2013, 81% (194) were approved within 90 days of PATH Completion.[438] An additional 28 homes (12%) were approved between 91(?) and 120 days, and the remaining 17 homes (7%) were approved within 150 days. This is an increase in performance compared to the Department's past annual performance: during the period from 2007 through 2011 the annual percentage of both DCS and private provider resource homes approved within 90 days ranged from 62% to 66% and compared to 2012 when 65% of DCS homes were approved within 90 days.[439]

3. Exit Interview Requirement

The Settlement Agreement requires that identified staff persons conduct exit interviews with all resource families who voluntarily resign as resource parents and that DCS issue annual reports on why resource families leave DCS and what steps are necessary to ensure their retention.

As discussed in the June 2013 Monitoring Report, for a number of years, the Department attempted to rely on in-person or telephone surveys with exiting resource parents as the vehicle for conducting exit interviews. The Department's experience with these approaches, whether undertaken by DCS Central Office staff, or pursuant to a contract with a private agency, or conducted by the TAC monitoring staff in collaboration with the Department, was disappointing

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[437] The period covered by this report is January 9, 2013 through January 9, 2014.

[438] Homes that were re-activated during this time period were excluded from this report because by policy, they are required to have completed PATH training within the past two years. An additional 11 homes were also excluded because their PATH completion information was not entered completely or accurately in TFACTS. As discussed in Subsection B below, the Department's RHET process ensures that there is a PATH certificate on all homes at initial approval. TAC monitoring staff reviewed documentation of PATH training for nine of the eleven homes. For the two remaining homes, the homes were located in another state and children from Tennessee were placed there through an Interstate Compact for the Placement of Children. Such homes are trained and approved by the states in which they are located.

[439] Reports from TNKids used in previous monitoring reports included both DCS and private provider homes, while the TFACTS report only includes DCS homes.

in terms of the response rate. Nevertheless, each of those survey efforts was carried out conscientiously and reflected a good faith effort to contact resource parents and to report and analyze the feedback received from those resource parents who were contacted. For that reason, those efforts were found to have been sufficient to support a maintenance designation for this Settlement Agreement requirement.

In an effort to increase the response rate and more effectively and efficiently capture feedback from exiting resource parents, the Department decided to implement an online exit survey for closed resource homes. The survey included a place for the resource parent to indicate if they would also like to be personally interviewed. The Department adopted a policy requiring all regional staff to send letters to resource homes when they close, and the letter contained a link to the online survey.[440] Unfortunately, as discussed in the June 2013 Monitoring Report, the Department's monitoring of the online survey completion process was insufficient. As a result, this provision of the Settlement Agreement was taken out of maintenance following the June 2103 Monitoring Report.

Rather than investing more time and energy into the on-line exit survey that the Department concluded, based on its experience, would likely remain an ineffective approach to getting resource parent feedback, the Department decided to redesign the exit survey process again. The Department adopted a strategy for reaching out to exiting resource parents to get them to respond to exit interview survey questions and also created opportunities (and incentives) for resource parents to provide periodic feedback to the Department throughout their tenure as resource parents, rather than just when they exit.[441]

The current exit survey process, which the Department began implementing in January of 2014, returns to the telephone interview as the vehicle for obtaining survey information. Staff members in the regions are expected to complete, or attempt to complete, phone interviews with resource parents who have voluntarily closed their homes, with those interviews being conducted during the month following the closure.[442] Under the current protocol, the resource parent has the option to request to speak with someone outside of the region; in which case, a Central Office staff person will contact the family. The person administering the survey is responsible for entering the results into an online survey tool. The Department anticipates that the data collected will be aggregated quarterly and provided to the Quality Assurance division for distribution to regional Recruitment and Retention Teams for use in quarterly planning and evaluation

[440] The Court had some concern about the viability of an online survey, since it presumes that resource parents have access to a computer. This is a legitimate concern and one that the Department would need to consider, so that specific accommodations could be made to reach out by alternative means to those without computer access. However, based on the fact that more than two-thirds of resource parents presently use the Department's online service for submitting payment information, a significant percentage of resource parents appear to have access.

[441] The Department recognizes and the TAC agrees that having resource parents participate in periodic online surveys and/or telephone surveys while they are serving as resource parents not only would allow the Department to understand and respond to concerns of current resource parents at a time when a response may help retain them, but might also develop among the resource parents a comfort level and familiarity with such surveys so that those who ultimately do exit might be more likely to complete an exit survey.

[442] Each region selected specific staff members to complete the interviews. Under the current protocol, after a period of time, if the worker has been unsuccessful reaching the resource parent by phone, regions attempt an in-person visit.

meetings. The Quality Assurance Division will produce semi-annual evaluation reports for the Central Office leadership.

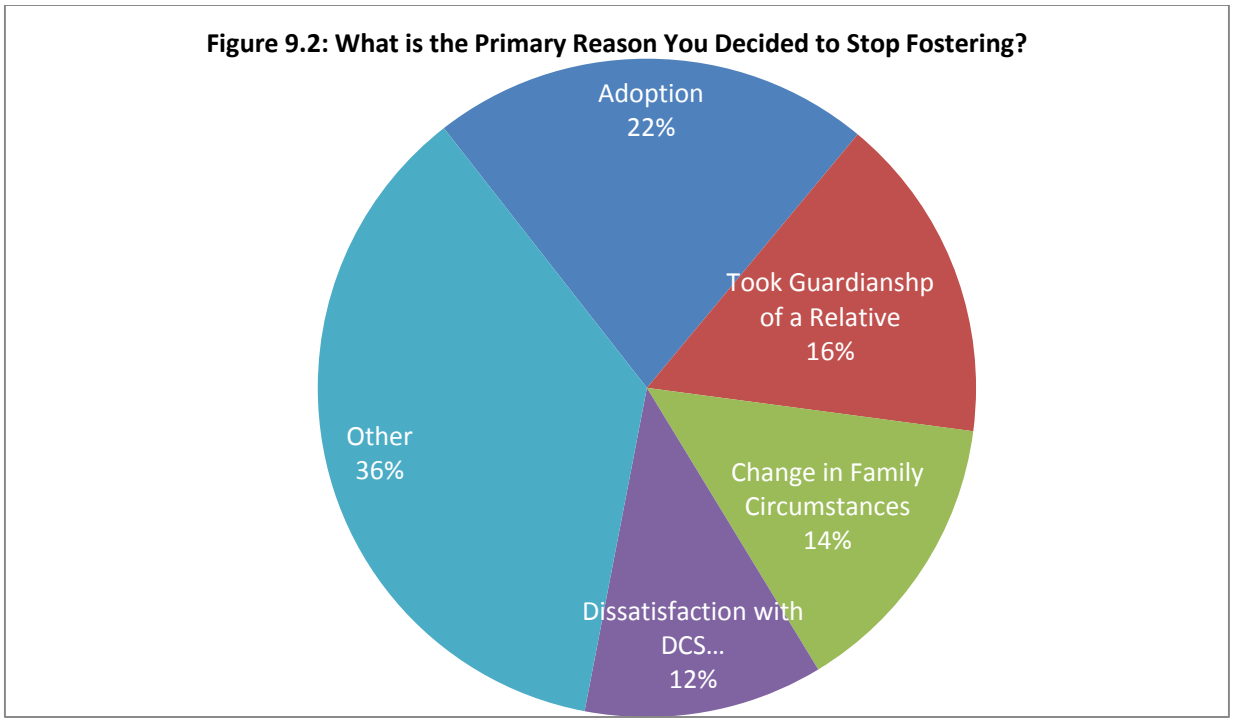
The Department has used this new approach beginning in January 2014, starting with homes that closed voluntarily in the month of November 2013. The Department generated a list of 251 resource homes that voluntarily closed during the period from November 2013 to early February 2014. The list was distributed to the regions with the expectation that regional staff would have until March 31, 2014 to attempt to contact and conduct exit interviews with every former resource family on that list. According to data that the Department has shared with the TAC, out of that list of 251 closed homes identified for exit surveys, 166 survey interviews were successfully completed and the survey answers entered into the online survey tool as of March 31, 2014.[443] This response rate of 67% far exceeds the response rates achieved by any of the previous survey approaches.[444] Going forward, the Department intends to generate a list each month of resource homes that voluntarily closed during the previous month and provide the regions with that list and an appropriate cut-off date by which the regions are expected to complete the exit interviews.

Figure 9.2 below reflects the reasons given by the resource parents interviewed during the first quarter of 2014 for their decision to stop being a resource parent.[445]

[443] Although the Department does not expect the regions to continue to attempt to interview those in this initial group whom they had not succeeded in interviewing by the March 31 cut-off date, if one of those resource parents responds after March 31 and is willing to be interviewed, the regions are expected to conduct the interview and record the survey answers using the on line tool.

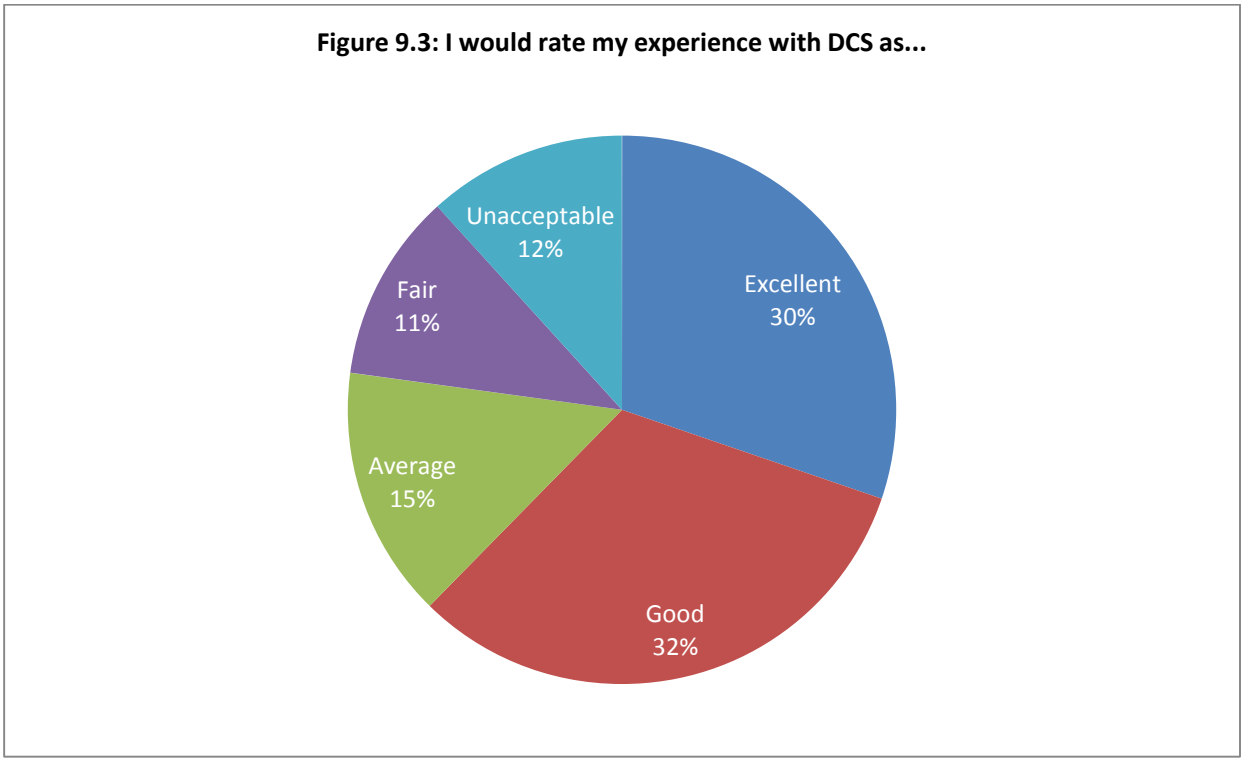
[444] For example, for the six-month resource parent exit period (January 1 through June 30, 2011) for which the TAC monitoring staff took responsibility for contacting closed resources homes and attempting to personally interview them by telephone, the response rate was lower than 30%.

[445] As reflected in the Figure, there were a large percentage of respondents for whom the reason captured by the survey was "Other" and the information from the surveys was not collected and recorded in a way that would allow a good understanding and analysis of the "reasons" that qualify as "other". The Department recognizes that it needs to re-examine and revise the survey protocol based on this initial experience.



Source: Results of Exit Interviews conducted by the Department.

Figure 9.3 below reflects the rating that the resource parents interviewed gave for their experience with DCS.



Source: Results of Exit Interviews conducted by the Department.

While the Department has moved back to phone surveys as the approach for conducting exit interviews, the Department is also intending to use computer technology to survey current resource parents. Resource parents currently provide the Department with verification required for payment every two weeks, and as of May 2014, more than two-thirds of resource parents are utilizing an online system to complete this process. The Department has developed a survey that will accompany this verification process for all resource parents accessing the online system.[446] The Department plans to require resource parents to answer three questions prior to proceeding to the verification process.[447] The Department plans to change the questions each quarter to seek feedback on different topics. The responses from each quarter will be aggregated shortly following the close of the quarter and distributed to Central Office and regional staff and used to inform practice and planning decisions. The Department has contracted with an external partner to update the existing portal to support the ongoing survey.

The Department also continues to look for opportunities to solicit feedback during resource parent training sessions and other gatherings of resource parents. A survey is always made available to resource parents who attend the Annual Resource Parent Conference, and the results of the survey are shared with the regions and Central Office staff. In addition, the annual conference provides resource parents with two days of immediate access to DCS decision makers and numerous opportunities to comment on the quality of practice. DCS also surveys all participants in both PATH and ongoing trainings regarding the range and quality of training provided by the Department. This feedback guides the development of new training as well as identifying opportunities for improvement.

4. Utilizing Experienced Resource Parents in Recruitment and Retention Efforts; Maintaining a Statewide and Regional Support System for Resource Parents

The Settlement Agreement provides that, to the extent possible, DCS is to use existing resource families to recruit and retain new resource families. In addition, DCS is required to maintain a statewide and regional support system for resource families.

a. Utilization of Resource Parents in Recruitment and Retention Efforts

The Department continues to make a concerted effort to include resource parents in recruitment planning and outreach. Each region is expected to have a resource parent as a part of the team creating the region's annual recruitment and retention plan. Many regions have regularly scheduled meetings, called Quality Practice Teams or Quality Circles, on the topic of recruitment

[446] The survey cannot be accessed by phone.

[447] Examples of questions the Department anticipates including during the verification process over the next year include the following: My foster child's FSW treats me as a valuable member of the team; My Resource Parent Support worker communicates with me monthly; The Department responds promptly during stressful or crisis situations; I am invited to CFTMs and court hearings; I receive copies of permanency plans, CFTM summaries and other relevant documents; The Department keeps me informed about plans for the child/ren in my home; Department staff is considerate of my schedule when planning visits or meetings; I feel respected as a foster parent; I am aware of the foster parent advocate program; I would recruit other resource parents based upon my experience with the Department; I feel the Department offers training to support my ability to parent the children in my home; Training is flexible enough to meet my needs (through classroom, online, conference).

and retention that have resource parents as members. In addition, some regions have included in their recruitment and retention plans specific action steps related to involving resource parents in recruitment efforts.

b. Support System for Resource Parents

The Department engages in a variety of formal resource parent support activities including: support of and coordination with the Tennessee Foster Adoptive Care Association (TFACA) and the Foster Parent Advocate Program; provision of formal services, such as those offered through the Adoption Support and Preservation (ASAP) program; and inclusion of resource parents in regional and Central Office planning meetings and initiatives.

In addition, each DCS resource parent has a Resource Parent Support (RPS) worker whose purpose is to provide support directly to the resource parent.[448] The RPS worker is required to meet at least monthly with each resource family on her/his caseload and is expected to respond directly to the particular needs of each resource family. They also assess the family's individual training needs (and can provide feedback to Central Office if additional training is needed).

Finally, perhaps the most important supports, from the perspective of resource parents, are those that come from the daily interactions between the resource parents and the case managers responsible for the children in their care and with the other regional staff with whom they interact. As discussed in previous monitoring reports, the TAC has identified examples of high-quality casework with resource parents in every region, where training, mentoring, day-to-day supports, and case manager responsiveness won praise from resource parents.

5. Requirement of Respite Services for Resource Parents with Special Needs Children

The Settlement Agreement requires that DCS provide adequate and appropriate respite services on a regional basis to resource parents with special needs children. As discussed in previous monitoring reports, the Department continues to allocate an additional $600 per year (the annual cost of two days of respite care each month) for every resource family to allow those families to purchase respite services. Each resource family receives this additional payment whether they actually use respite or not. Additionally, the Department has approved a Delegated Purchase Authority (DPA) to purchase additional respite care when the needs of the child or family require it.

In the variety of activities that have involved contacts between TAC monitoring staff and resource parents about issues of concern to resource parents, lack of respite care has not been identified as an area of significant concern.

[448] The Department's work in this area is in line with the recommendations for federal law in *When Child Welfare Works: A Working Paper* released by the Annie E. Casey Foundation and Jim Casey Youth Opportunities Initiative on October 23, 2013, which recommends support for family foster homes through the use of dedicated workers (p.9).

C. Requirement that Resource Parent Room and Board Rates Meet United States Department of Agriculture (USDA) Standards

The Settlement Agreement requires that all resource parent room and board rates (including rates for DCS resource parents, private provider resource parents, and certified relatives and kin) at a minimum meet USDA standards and are adjusted annually to be no lower than USDA standards for the cost of raising children within this region of the country. As reported in previous monitoring reports, board rates have generally met or exceeded USDA standards.[449]

The Department is presently using the USDA daily cost of living for the ***"lowest income level, urban south"*** as the USDA guideline that resource home board rates must meet or exceed.[450] The minimum board rates that DCS currently pays its resource parents far exceed the "lowest income level, urban south" and for some age groups meet or exceed the USDA "middle income level, urban south" guideline for 2012.[451] The Department raised its resource parent board rates effective July 1, 2013. The new rates are displayed in Table 9.1 below.

1. DCS Resource Parents

All DCS resource parents, both fully-approved kinship homes[452] and non-relative homes, receive the same room and board rates. The present rates are reflected in Table 9.1.

Table 9.1: Resource Parent Board Rates (Effective July 1, 2013)

	Age	Foster Care	Adoption Assistance	Subsidized Permanent Guardianship
Regular Board Rates	0-11 years	$24.42 per day	$24.37 per day	$24.37 per day
	12 years and older	$27.94 per day	$27.89 per day	$27.89 per day
Special Circumstances	0-11 years	$26.86 per day	$26.81 per day	$26.81 per day
	12 years and older	$30.74 per day	$30.69 per day	$30.69 per day

Source: DCS Intranet Website.

Regular resource home board payments are available for all children in DCS custody or guardianship who are placed in approved homes. Special circumstance rates are designed for

[449] The board rates have at least exceeded the daily rates established by USDA for the lowest income level.
[450] Because the Department has also referenced the middle income level in discussions related to resource parent board rates, USDA rates for both the lowest and middle income levels are included in Table 9.1.
[451] The 2012 USDA report is the most recent available report.
[452] As discussed in Subsection E.3 below, kinship caregivers can receive an expedited approval from the Department to care for their custodial relatives or kin. They do not get paid a board rate until they complete the full approval process.

children with unique needs.[453] Extraordinary room and board rates (in excess of the special circumstances rate) can also be established on a case-by-case basis if the child's needs are so unique and extensive that they cannot be met at the regular or special circumstance rate.[454]

The following table compares the Department's standard and special circumstance board rates (set forth in the third column) to the USDA guidelines for the daily cost of raising children for the lower and middle income levels for two USDA regional designations: "urban south" and "rural areas" (set forth in the first two columns), excluding expenditures for health care and child care.[455]

Table 9.2: Comparison of USDA Guidelines and DCS Board Rates

Age of Child	Estimated Daily Expenditures for the "Urban South" Lowest/Middle	Estimated Daily Expenditures for "Rural Areas" Lowest/Middle	DCS Board Rates Regular/Special Circumstances (effective 7/1/13)
0-2	$16.55/$22.66	$14.47/$19.89	$24.42/$26.86
3-5	$17.18/$23.23	$15.10/$20.47	$24.42/$26.86
6-8	$19.04/$25.56	$16.90/$22.74	$24.42/$26.86
9-11	$19.84/$26.52	$17.62/$23.59	$24.42/$26.86
12-13	$21.18/$27.97	$18.93/$24.99	$27.94/$30.74
15-17	$21.37/$28.25	$19.12/$25.26	$27.94/$30.74

Source: USDA Center for Nutrition Policy and Promotion's publication: Expenditures on Children by Families and DCS Intranet Website.

The DCS room and board rates exceed the USDA guidelines for the cost of raising children for the lowest income level designated by the guidelines in both the "urban south" and "rural areas," and for all of the age ranges for the middle income level for "rural areas." The rates exceed the USDA guidelines for the middle income level in the "urban south" for some of the age ranges, but are slightly lower for other age ranges.

2. Private Provider Resource Parents

Department Policy 16.29 requires that private provider agencies must provide board payments to resource families that meet the USDA guidelines and by contract provision, private provider

[453] According to the policy, the unique needs may be related to a diagnosed medical or mental health condition. They may also apply if a child requires a level of supervision exceeding that of his or her peers or extra care because of physical, emotional, or mental disabilities. Children with special behavioral problems or alcohol and drug issues may also be eligible.
[454] DCS Policy 16.29 Resource Home Board Rates.
[455] Tennessee provides health care and child care as a separate benefit and covers all costs associated with these areas. Therefore, resource parents are not financially responsible for these expenditures.

agencies are required to pay their resource families a daily rate that meets the Settlement Agreement provision requirements.

In the fall of 2013, the TAC conducted a survey of private providers to determine the extent to which the minimum board rate paid by those agencies to resource parents met or exceeded the USDA guidelines. The minimum board rates reported by each of the 19 agencies with whom the Department contracts for resource homes[456] met or exceeded the USDA guidelines for the "***lowest income level, rural areas"*** for all age groups, and the lowest board rates for 11 of those agencies met or exceeded the guidelines for the "***middle income level, rural areas***" for all age groups. The lowest rates reported by 17 of the 19 agencies met or exceeded the "***lowest income level, urban south***" for all age groups, and the lowest board rates for five of those agencies met or exceeded the guidelines for the "***middle income level, urban south***" for all age groups.[457]

It should also be noted that because providers were asked to submit their lowest board rate, the rates reported in this subsection are usually for Level I children. Providers were not asked to provide their minimum board rates for resource homes serving children with a higher level of need. As of November 14, 2013 (the month in which the survey was conducted), 31% of those class members placed in private provider resource homes were served through a Level I contract.

D. Special Provisions Related to Rates, Training, and Private Provider Contracts for Special Needs Children

The Settlement Agreement requires DCS to provide specialized rates for DCS and private provider resource parents providing services to special needs children. The Department is also required to supply (for DCS resource families) and ensure that private providers supply (for their resource families) any specialized training necessary for the care of special needs children placed in their homes. The Settlement Agreement requires that DCS continue to contract with private providers for medically fragile and therapeutic foster care services.

The Department continues to contract with private provider agencies for therapeutic foster care services and medically fragile foster care services. The scope of services for both medically fragile and therapeutic foster care contracts includes a requirement for specialized resource parent training. In addition to the standard training required of all resource parents, resource parents serving as medically fragile or therapeutic resource homes are required to have an additional 15 hours of specialized pre-placement training, and the Department has created a list of suggested topics for this training. The Department requires that in the case of a "medically fragile" child, resource parents receive specific training on the individual needs of that specific child. (This "specific child" training can count toward the additional 15 hours of training.)

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[456] The 19 agencies were those contracted with at the time the survey request was sent out.

[457] It is worth noting that even for those agencies with board rates that fell below the USDA standard, the board rates met or exceeded the standard for some of the age groups. For example, an additional four agencies met or exceeded the middle income level, rural areas for every age category except the oldest (for which their rates were 26 cents per day below the standard). And for the two provider agencies that did not meet the lowest income level, urban south, one met the standard for all but one age group and the other met the standard for all but two age groups.

The Department recognizes that providers of therapeutic foster care generally have adopted a specific therapeutic foster care model and provide specialized training to their resource parents in that model. For those agencies, the Department accepts that training as meeting the "specialized training requirements" of the Settlement Agreement and relies on the RHET process and Program Accountability Reviews (PAR) to ensure that the training is being delivered.

As has been the case for a number of recent monitoring report periods, the Department's actions demonstrate their understanding that quality therapeutic foster care is key to a successful child welfare system and continues to work with its provider network to develop and ensure quality training for this resource.

E. Provision of Resource Parent Training; General Requirement to Complete Training Prior to Child Placement; Exception for Expedited Placement with Relatives/Kin

The Settlement Agreement requires that DCS schedule resource parent training classes, including individual training as needed, every 30 days in every region at times convenient to prospective resource parents.

In general, the Settlement Agreement requires resource parents to complete such training before receiving a child into their home. However, the Department may waive this requirement for relatives and kin and make an expedited placement of a child into a kinship resource home pending the completion of the training and approval process, as long as the Department completes a home visit and local criminal records check (and after doing so concludes that expedited placement is appropriate). Relatives and kin must complete all remaining approval requirements within 150 days of placement.

1. Availability of Resource Parent Training Classes

The Department uses the Parents as Tender Healers (PATH) curriculum, a nationally recognized curriculum, for pre-service training for resource parents. For PATH training, the Department has contracted with four private agencies to deliver PATH training to prospective resource parents beginning with the 2012-13 fiscal year.

The Department maintains a list of regionally offered resource parent training classes, and the training schedules are available online through the Department's website at http://www.tn.gov/youth/training/rptraining.shtml.

According to the fiscal year 2012-13 PATH training calendars, 10 of twelve regions had a PATH class beginning every month. The remaining two regions had classes beginning in 11 of the 12 months, with no class beginning in December 2012 because of the holiday season. Both regions offered two classes in January and offered a total of 12 PATH classes during the fiscal year. The fiscal year 2013-14 calendars show PATH classes beginning in every month in all 12 regions. Convenience of PATH class offerings varies by region. It is much easier for prospective resource parents to find easily accessible PATH training when they live in geographically

smaller urban regions than when they live in some of the geographically larger rural regions. The review of the online PATH class schedule did show that in the rural regions, classes were held in different counties and towns throughout the region.

2. Tracking of Compliance with the Approval Process Requirements

In order to ensure that each DCS resource family is receiving the required training as a part of the initial approval and assessment process,[458] regional resource parent support units are required to review documentation that training has been completed. According to the Department, corrective action plans are issued and resource homes will not be re-approved without documentation of annual training. As discussed in Subsection B above, initial PATH training is verified as part of the RHET process for all DCS and private provider homes.

As discussed in previous monitoring reports, in order to ensure that each private provider resource family is receiving the required training, the DCS Licensing Unit and Program Accountability Review (PAR) Team review resource parent files during site visits.[459]

3. Expedited Approval Process for Kinship Resource Homes

The Department's present policy regarding the expedited approval process for relatives conforms to the requirements of the Settlement Agreement.

Since reporting has become available from TFACTS on this measure beginning in 2012, the Department has consistently met the timeline. The TAC has conducted and reported on targeted reviews related to this provision in past monitoring reports, and the Department has met this timeline in the majority of cases. Of the 1,024 homes with expedited placements in 2013, 972 (95%) were fully approved (or closed) within 150 days.

In 2013, TAC monitoring staff conducted a targeted review in an effort to determine the extent to which the Department is completing the initial home visit and records check required at the time that an expedited placement is initially made. Using the July 25, 2013 TFACTS Mega Report listing the placement settings of class members, TAC monitoring staff pulled a sample of 71 expedited homes with children placed in them and collected documentation from the regions on the home visit and background checks done prior to placement.[460] Home visits prior to or on the

[458] As reported in the June 2012 Monitoring Report, the Department previously required annual reassessments of resource homes, but began requiring reassessments every two years effective October 2011, with the approval of the Administration for Children and Families.
[459] See Appendix O of this report to view the PAR Annual Report for PBC providers for fiscal year 2012-13.
[460] A total of 267 expedited homes, having at least one custodial child placed on that date, were listed. A sample of 71 homes was randomly selected, stratified by region. This represents a confidence level of 95% and a confidence interval of plus/minus 10.

same day as the child's date of placement into the home were documented in 69 (97%) cases.[461] In each of the remaining two cases, the monitoring staff spoke with supervisors who certified that they had personal knowledge that the home visits had in fact been completed, and indicated that the visits were inadvertently documented neither in TFACTS nor on the appropriate DCS Form. Local law enforcement checks, including National Crime Information Center checks, prior to or on the same day as the child's date of placement into the home were documented for all adults living in the home in 69 (97%) cases.[462] In the remaining two cases, one of which was also a case that did not have documentation of a home visit, a supervisor on the case certified that they had personal knowledge that the background checks were done, and indicated that the background checks were inadvertently documented neither in TFACTS nor on the appropriate DCS Form.

The Department has appropriately placed increased emphasis on identifying and engaging relatives and fictive kin as soon as possible, providing those members of the child's extended family with information about the option of becoming a kinship resource family, including the supports provided to kinship families and the availability of the expedited approval process for such families. As discussed in Section One of this monitoring report, there has been an increase in the percentage of children placed with kin in recent years as compared to previous years.

F. Maintaining a Diverse Pool of Resource Parents

The Settlement Agreement requires the Department to implement a statewide resource parent recruitment and retention program to ensure that the pool of resource families is proportionate to the race and ethnicity of the children and families for whom DCS provides placement and services.[463]

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[461] For 63 of the cases, documentation of a home visit done prior to placement was provided with Home Visit dates marked on DCS Form 0682 that were made before or on the same day as the placement date recorded in TFACTS. In the remaining eight cases, the reviewer followed up with the region for additional information. In two of these cases, further information was provided that showed clear documentation that a home visit already existed in the TFACTS system. In three other cases, it was not clear from the original documentation provided that the home visits were done prior to placement; however from follow-up with supervisory staff, a regional administrator, and further TFACTS review, these were cases in which a bench order for legal custody was entered before physical custody was obtained by the Department and the home visits were completed before the child was physically placed in the home. In the remaining case, a placement correction was made to correct the date of the child's placement, which had initially been incorrectly entered.

[462] For 66 of the cases, documentation of local criminal records checks, including National Crime Information Center checks, was provided with dates on DCS Form 0687 or 0751 or by supplying the documentation of the check itself when done electronically or in written form that were made before or on the same day as the placement date recorded in TFACTS. In the remaining five cases, the reviewer followed up with the region for additional information. In three of these cases, it was not clear from the original documentation provided that the records checks were done prior to placement; however from follow-up with supervisory staff, a regional administrator, and TFACTS review, these were cases in which a bench order for legal custody had been entered before physical custody was obtained by the Department and the records checks were completed before the child was physically placed in the home.

[463] Individual children, however, are to be placed in resource families without regard to race or ethnicity.

As discussed in previous monitoring reports (based on data available from TNKids), the Department has been successful in developing a resource parent pool with a racial and ethnic composition that is proportionate to the racial and ethnic composition of the custodial population.

Reporting from TFACTS on the racial and ethnic composition of the current resource parent population is available; however, because "race" has not been a required field in TFACTS and entry of this data has been inconsistent, there are a significant number of resource parents for whom the race/ethnicity field has been left blank. (The Department is developing a TFACTS enhancement to address this issue and to improve practice for entering race data into the system.)

One approach that the TAC considered was to simply exclude from the analysis all those resource parents for whom the race field was blank. Of 4,905 resource parents on the December Resource Home Mega Report (see Table 9.3 below), 723 (15%) had no information entered in the race/ethnicity field in TFACTS.

The following table compares the race of resource parents (both DCS and private provider) with the race of the custodial population as of December 2013, excluding those with a blank for race in TFACTS from the percentages.

Table 9.3: Custody and Resource Parent Race Comparison as of December 2013 (DCS and Private Provider Homes)

Race	Custody	Percentage	Primary Caretaker	Percentage
White	4863	73%	2945	70%
African American	1749	26%	1133	27%
Asian	12	0.2%	6	0.1%
Native Hawaiian/Other Pacific Islander	11	0.2%	6	0.1%
American Indian/Alaska Native	25	0.4%	10	0.2%
Unable to Determine	51	0.8%	82	2%
Total with Blanks excluded	6711		4182	
Blanks	163		723	

Source: TFACTS Resource Home Mega Report for December 17, 2013 and *Brian A.* Class Mega Report for December 26, 2013.

However, rather than simply exclude these 15% of resource homes from the analysis; TAC monitoring staff conducted a targeted review of a random statistically significant sample of resource parents whose race field was blank to determine the racial mix of this group. TAC monitoring staff obtained race data by following up with the relevant field staff and private

provider staff. Based on those findings, the TAC included in the analysis all those resource parents whose TFACTS race fields had been left blank by assigning them to one race group or another according to their proportion in the targeted review. The 178 class members (2%) with a blank for race are simply excluded from the following table. That analysis is reflected in the Table below.

Table 9.4: Race Comparison Projection After Targeted Review of Resource Parents with a Blank for Race as of December 2013 (DCS and Private Provider Homes)

Race	Custody	Percentage	Primary Caretaker	Percentage
White	4863	73%	3574	73%
African American	1749	26%	1220	25%
Asian	12	0.2%	6	0.1%
Native Hawaiian/Other Pacific Islander	11	0.2%	6	0.1%
American Indian/Alaska Native	25	0.4%	10	0.2%
Unable to Determine	51	0.8%	89	1.8%

Source: TFACTS Resource Home Mega Report for December 17, 2013; *Brian A.* Class Mega Report for December 26, 2013; and information collected from DCS and provider staff.

SECTION TEN: STATEWIDE INFORMATION SYSTEM

The Settlement Agreement (X.A, X.B) requires the Department to establish and maintain a statewide computerized information system for all children in DCS custody that:

- is accessible in all regional offices;
- ensures user accountability;
- uniformly presents data, including the Adoption and Foster Care Analysis and Reporting System (AFCARS) elements;
- provides an immediately visible audit trail to the database administrators of all information entered, added, deleted or modified; and
- has necessary security to protect data integrity.

TFACTS satisfies the first four of those requirements, and the Department has work underway to meet the fifth. Specifically, TFACTS (1) is accessible in all regional offices across the state; (2) ensures user accountability by providing each end user with a unique access code that they must use to log in to TFACTS, allowing DCS to limit access to the database to appropriate personnel and to identify who has accessed the database; (3) uniformly presents data, including the AFCARS elements;[464] and (4) provides an immediately visible audit trail to the database administrators of all information entered, added, deleted or modified. The Department most recently deployed the last of those, the audit trail, which documents all changes to data in the database, who made those changes, when they were made, and the previous state of the data before the change, meeting the requirements of the Settlement Agreement.

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[464] The Settlement Agreement requires that TFACTS "include uniform data presentation including but not limited to AFCARS elements from DCS for all children in the plaintiff class." Settlement Agreement (X.B.) While this provision is unclear on its face, the TAC interprets it to require DCS to adopt one of the practices that the General Accountability Office noted that child welfare systems had employed to improve AFCARS data quality:

> To improve data reliability, some states have designed their information systems with special features to encourage caseworkers to enter the information. Four states responding to our survey and 3 states we visited designed their SACWIS with color-coded fields to draw attention to the data elements that caseworker are required to enter. For example, the AFCARS data fields in Oklahoma's system are coded red until the data are entered, after which the fields change to blue.

Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved, GAO Report 03-809 (July 2003).

In TFACTS, all AFCARS-required data elements are uniformly labeled in bold red font, as opposed to non-AFCARS elements that are labeled in blue font. In addition, in the event that a user is unable to see color, the AFCARS elements are also all labeled with a "+." That uniform presentation of the AFCARS elements meets the requirements of the Settlement Agreement.

Separate and apart from the Settlement Agreement, the Department is subject to federal guidelines and directives related to AFCARS reporting. An April 2013 review by the Children's Bureau of the Department's AFCARS reporting identified a number of modifications that were required for Tennessee to meet federal AFCARS reporting standards. The Department prepared an AFCARS improvement plan that was approved by the Children's Bureau on April 11, 2014. In that plan the Department documented that it has made the majority of the requested changes to AFCARS reporting already and has plans to address the remaining changes by early 2015.

The only outstanding requirement, that TFACTS must include necessary security to protect data integrity, is still in process. As a threshold matter, it is important to note that information technology risks are constantly evolving; one has to merely read the paper daily to see all of the new cybersecurity threats that develop. As a result, the Department's work here will never be complete (because new cybersecurity threats will likely never cease to arise). In order to meet this requirement, then, the Department must develop the capacity, by maintaining qualified staff and implementing necessary hardware and software, to protect against, identify, and remediate security threats as they arise.

To that end, as discussed in the September 2013 TFACTS Update, the Department added a staff member who is a Certified Information Systems Security Professional (CISSP) to work on promulgating and implementing TFACTS security policies. The Department also requested that the State's Office of Information Resources (OIR) and an outside IT security vendor conduct vulnerability and penetration testing on the TFACTS application to assess potential areas of weakness.[465] Those reviews, as discussed in the September Report, validated much of the Department's approach to security, but also identified issues that the Department must continue to address going forward.

To respond to those issues the Department has to both perform software remediation and to deploy tools to help identify and remediate security vulnerabilities. The Department has begun remediating the most significant software issues and plans to retain an outside consultant to target closing the remaining issues by the end of this calendar year. The Department is also considering the purchase and implementation of additional products that will enhance its ability to guard against cybersecurity threats. OIT is currently developing a proposal for the Management Advisory Committee's (MAC's) consideration to that end. The TAC will continue to monitor this work going forward to ensure the Department is on a path to meet this commitment on a reasonable time frame.

The Settlement Agreement (X.C) also requires an intensive data cleanup process to ensure data accuracy. Improvements in the design of the TFACTS case file fields, including the creation of appropriate "guardrails" and refinement of data elements and drop down boxes, as well as improvements in TFACTS training and support for field staff, reduce the risks of data entry error, and a range of regular data cleanup and audit processes are in place to help ensure the accuracy of data.

[465] Because of the constantly-evolving portfolio of cybersecurity threats, DCS has decided to perform these assessments again in July 2014 to ensure that the most current risks are identified.

SECTION ELEVEN: QUALITY ASSURANCE

A. Required Establishment of a Quality Assurance Program

The Settlement Agreement (XI.A) requires the Department to create a quality assurance program directed by a quality assurance (QA) division. The QA division is to:

- assure external case file reviews and monitoring;
- assure an internal method for special administrative reviews;
- track, coordinate, and integrate all DCS quality assurance activities; and
- provide attention to the follow-up needed to improve services and outcomes.

Under the reorganization announced on April 15, 2013, a newly designated Quality Control (QC) Division, headed by an Assistant Commissioner and reporting directly to the Commissioner, has replaced the Office of Performance Excellence (OPE) as the division with the responsibility for performing the quality assurance functions enumerated in the Settlement Agreement.[466]

B. Requirement of Regular Reporting and Specialized Reviews

Pursuant to the Settlement Agreement (XI.B), the QA division is expected to provide regular reports and also to conduct specialized case record reviews on issues relevant to the Settlement Agreement and other issues affecting the care of children.

The major review and reporting effort of the Department's QC Division is the Quality Service Review (QSR), and the QC Division has continued to do that QSR reporting and analysis throughout 2013 and 2014 (including completing the annual analysis and reporting of results from the 2012-13 and 2013-14 reviews).

Among the other reviews conducted by the QC Division during 2013 were SIU Investigations case reviews and critical incident/serious incident reviews. The QC Division conducted both case reviews and surveys as part of the Council on Accreditation (COA) re-accreditation process, and also conducted reviews and surveys in support of *In Home Tennessee* (discussed at length in Section Four).

C. Staffing of the Quality Assurance Division

The Settlement Agreement (XI.C) requires that the QA division be adequately staffed and that staff receive special training to fulfill its responsibilities.

Under the previous administration, the Department had significantly increased the positions allocated to the predecessor QA division (the Office of Performance Excellence). Most notably,

[466] This new division also has responsibilities related to policy development and accreditation.

the Department created the CQI Unit, adding 15 CQI coordinators distributed among the 12 regions who are supported by a CQI Unit Director and two assistant directors.[467] The recent reorganization has largely left the staff of that CQI Unit intact, with a CQI coordinator in each region and a director, who, along with four support staff, is also responsible for policy development.[468] Along with the CQI Unit, the current DCS QC Division maintains responsibility for COA accreditation[469] and the Quality Service Review (QSR).[470]

In order to facilitate communication among entities within the Department having responsibility related to oversight and quality assurance, the Department moved the Licensing and Program Accountability Review (PAR) units into the QC Division. The Department intends to hire a Director of Provider Quality if the position is established.[471]

In total, there are 53 positions (two of which were vacant as of May 28, 2014) under an Assistant Commissioner in the QC Division.

D. Requirement of Annual Case File Review

The Settlement Agreement (XI.D) requires that, at a minimum, the QA division, once every 12 months; review a statistically significant number of cases from each region. These case file reviews are required to include interviews and an independent assessment of the status of children in the plaintiff class. As part of this annual review, the QA division, Central Office, and other designated staff are required to develop a measure of appropriate and professional decision making concerning the care, protection, supervision, planning and provision of services and permanency for children in the class. This measure is to be utilized in conjunction with the case file reviews to measure the Department's performance.

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[467] As discussed in the June 2013 monitoring report, because many of those CQI unit staff have served as reviewers and/or coordinators for the QSR process, the TAC and TAC monitoring staff have had an opportunity to interact with many of them and have been impressed by the depth of their experience and the quality of their work. Most have had QSR training and many serve as QSR coaches; many have been trained in the Lean process and have experience as Lean process facilitators (The Lean process is used throughout the agency to improve overall service delivery and customer satisfaction. "Lean events" (or "kaizan" events as they are sometimes called) refer to a CQI approach that involves convening a cross functional team for a short term effort to quickly improve a process, primarily by identifying and eliminating waste or inefficiency in the process.); and each has received some specialized training relevant to their particular CQI role.

[468] As a part of the reorganization of the QC Division under the previous administration, the CQI coordinators were largely focused on statewide projects and traveling to most, if not all, of the regional QSRs. As part of the recent reorganization, the CQI coordinators now spend most of their time supporting CQI work in their region. They each participate in a minimum of six QSRs a year.

[469] The Central Office, Northwest, and East regions have completed their COA reviews (in April and May, 2014), and the Central Office, who was reviewed first, has been accredited. The other regions (and Youth Development Centers) will be reviewed between June and December, 2014.

[470] The Director of QSR is also responsible for activities related to the Department's participation in the Baldridge Performance Excellence Program, a National Institute of Standards and Technology sponsored program that provides tools and resources to help organizations assess and improve their performance. There are five staff (four in the QC Division and one in Risk Management) who have been trained as Tennessee Center for Performance Excellence (the state-level arm of the Baldridge program) examiners.

[471] The Director, if established, would be responsible for leading the provider quality team.

As discussed in previous monitoring reports, the Quality Service Review (QSR) serves as the annual review required by this provision. The QSR had been conducted by the Department in collaboration with the Tennessee Commission on Children and Youth (TCCY) and the Tennessee Consortium for Child Welfare (TCCW). The Department terminated its QSR partnership with TCCY and TCCW after the conclusion of the 2011-12 annual review; however, the Department remains committed to ensuring that a significant number of reviews are conducted by external reviewers.[472]

The Department has not been as successful in recruiting external reviewers as it had hoped.[473] During the 2012-13 QSR there were no external reviewers serving as lead reviewers and in 2013-14, there was one person from outside the Department training to be a lead; however the Department has recently developed a plan to certify those who are interested in becoming lead reviewers so that they may become "official" volunteers (and be reimbursed for their hotel room and meals). The Department has already identified a number of other people from outside the Department who have expressed an interest in becoming regular lead reviewers.

Of the 199 shadow reviewers in the 2012-13 reviews, 75 (38%) were external partners.[474] Of the 142 shadow reviewers in the 2013-14 reviews, 45 (32%) were external partners. Forty-five (21%) of the 210 cases reviewed during the 2013-14 QSR year were reviewed by teams that included external partners.

Notwithstanding the fact that almost all of the lead reviewers and many of the shadow reviewers for the past two QSR cycles have been DCS staff, [475] there is no indication that the reviews are any less rigorous or the scoring any more charitable. In fact, in the reviews that the TAC and TAC monitoring staff have participated in, the case feedback discussions with regional staff and

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[472] The Department's view of the purpose of involving external reviewers is somewhat different than what had driven the past partnership with TCCY and TCCW. While TCCY and TCCW provided reviewers who were not employed by DCS, and while many of those reviewers had prior experience with child welfare practice, they were not drawn from "stakeholder groups"—private provider agency staff, therapists, educators, resource parents, advocates, court staff and others who interact with the Department and the children and family it serves on a regular basis—and therefore bring a current, but different, perspective than that of DCS staff. By involving representatives from these groups as reviewers, the Department not only expects to get the benefit of an external perspective on their work, but hopes to be able to build a better understanding with its partners of the Department's practice model and thus strengthen the quality of the work that these partners do with the children and families that the Department serves.

[473] The time demands on reviewers are significant. Each QSR is a four-day regional process. There are approximately 24 cases reviewed over those four days, 12 in the first two days, and 12 in the second two days, with time built into each review for technical assistance with scoring, and debriefing with regional staff.

[474] External partners include juvenile court staff, private provider agency staff, community partners and service providers, foster care review board (FCRB) members, court appointed special advocates (CASA), resource parents, and partners from colleges and universities. There was a wide variation in the number of external reviewers each region was able to recruit. The regional breakdown of external partners is as follows: Four regions had between five and 10, another six regions had either two or three, and the remaining two regions had either zero or one. Another external reviewer participated in a QSR of a Youth Development Center.

[475] Lead and shadow reviewers in the 2013-14 QSR came from the Department's regional staff and the following divisions: Quality Control, Safety, Training and Development, Juvenile Justice, Permanency, Customer Focused Government, Information Technology, Finance, and Child Health and Well-being. A member of the Children's Rights staff also served as a shadow reviewer in the 2012-13 QSR and the Commissioner of the Department of Children's Services served as a shadow in the 2013-14 QSR.

technical assistance sessions appear to hold the Department to a high rating standard that is as rigorous, if not more rigorous, than it has been in past years.

Following each regional review, the Director and/or Assistant Director of QSR, the CQI coordinators, and in some cases, other Quality Control Division staff with leadership roles in the QSR process have been working with the regions to explore their QSR results and design practice improvement strategies from needs highlighted in the QSR. Each region has focused on particular practice improvement opportunities identified by the QSR, established improvement goals, and developed a set of action steps to achieve those goals. The regions identified particular system performance indicators (Engagement, Ongoing Assessment Process, and Child and Family Planning Process, for example) to focus on, and according to the Director of QSR, many have been creative with their strategies for improvement. Under the current QSR process, the QSR leadership team and regional leadership are expected to reconvene six months after the region's QSR to review and discuss the progress the region has made on their post-QSR goals; and the Department expects to see improvement in these targeted areas reflected in the following year's QSR scores. All of the regions recognize the importance of using the QSR results to guide and inform ongoing quality improvement work.

During the first review cycle of the Department's revised approach to QSR (2012-13) a TAC consultant with special expertise in QSR and a long history of involvement in Tennessee's QSR process provided technical assistance to support the Department's efforts to improve the QSR protocol and to refine the random case selection process. That consultant had the opportunity to observe one week of reviews in December 2012 and a second week of reviews in April 2013 and will assist the Department in assessing the 2013-14 QSR. He will be returning to Tennessee in June 2014 to provide additional training to QSR coaches. A TAC member and several TAC monitoring staff have also participated in the new QSR process, shadowing DCS reviewers, and participating in the group debriefing sessions conducted as part of those reviews.

In addition, the Department has contracted with the Vanderbilt Center of Excellence (COE) to evaluate the QSR process and Vanderbilt COE staff have been observing reviews and gathering data over the course of the 2012-13 and 2013-14 review years as part of that evaluation. The Vanderbilt COE issued its *Quality Service Review Deliverables* in July 2013 that focused on the timing, size, and scope of the sample of cases for review, a continued focus on monitoring inter-rater reliability and increasing the pool of external partners, and the clarity of the QSR week (and regional follow-up) materials and process.[476]

The QC Division will reconvene a group to review the second year of experience with this revised QSR process and make appropriate modifications for the 2014-15 review. That group includes the TAC's QSR consultant as well as members of the Vanderbilt evaluation team.

E. Special Requirements Related to Designated Categories of Cases

The Settlement Agreement (XI.E) provides that the QA division, utilizing aggregate data and

[476] The Department has implemented the majority of the recommendations from the evaluation, and continues to work closely with Vanderbilt to assess and strengthen the process.

case reviews as appropriate, is responsible for tracking, reporting and ensuring that appropriate action is taken with respect to nine specific categories of cases.

At the time that the TAC issued its June 2013 Monitoring Report, the Assistant Commissioner of the new Quality Control Division had designated staff to work collaboratively with the TAC monitoring staff to develop the QC Division approach to meeting the XI.E oversight responsibilities. The following subsections reflect the current status of that work.

1. Children who have experienced three different placements, excluding a return home, within the preceding 12 months.

As discussed in previous monitoring reports, the Department has utilized a very sophisticated analysis of aggregate data compiled by Chapin Hall to both understand issues related to placement stability and to develop, implement, and track the impact of strategies to improve placement stability. The QC Division has not yet determined what, if any, further action it will need to take to ensure that appropriate action is being taken with respect to those children experiencing three placements within 12 months.

2. All cases in which a child has been in more than two shelters or other emergency or temporary placements within the past 12 months, and all cases in which a child has been in a shelter or other emergency or temporary placement for more than 30 days.

Information about children in primary treatment center (PTC) placements is currently available weekly using the TFACTS Mega Report. Utilizing a combination of the Mega Report and manual spreadsheets maintained by the regions, Network Development staff identify children in PTC placements approaching or over 30 days and works with the regions to find placements for these children, if needed.[477] Not only are the Network Development staff experienced in helping the regions find more appropriate placements for these children, but as a result of their experience, they have a good understanding of the factors that contribute to children exceeding the 30-day limit (and, to the extent that these children are also among those experiencing multiple placements, information relevant to understanding the situations of children who experience multiple placements).

Beginning in April 2014, the QC Division implemented a review process that parallels the Network Development process and that focuses on identifying and reviewing both cases of children in PTC placements for more than 30 days and children who have had repeat PTC placements within a 12-month period. Using the tracking information maintained by the Network Development staff, specially assigned QC Division staff are expected each week to identify these children, contact Network Development staff to get additional information, complete a written form for each child with relevant information on their situation, and submit that information to the Assistant Commissioner of the QC Division by the end of the week for her review.

[477] See Section Six for more information about the Network Development process, as well as the revision to the Placement Exception Request process that will generate data about these placements.

3. Children with a permanency goal of return home that has remained in effect for more than 24 months.

Children in this category also fall into one of three groups discussed in Section Eight of this monitoring report: children in care for 15 months or more for whom termination of parental rights (TPR) has not been filed; children for whom TPR has been filed, but for whom full guardianship has not yet been achieved; and, in a few cases, children in full guardianship who have not yet achieved permanency and for whom biological family are being considered as potential permanency options.[478]

The rigor of the monthly reviews with each region (discussed in Section Eight) convened by the Deputy Commissioner of Child Programs and Deputy General Counsel to review all cases of children who have been in care for 15 months or more (originally focused on those for whom TPR has not been filed, but now encompassing all children in care for 15 months or more) provides a reasonable assurance that appropriate action is being taken with respect to the subset of those children for whom the permanency goal of return home has remained in effect for more than 24 months.[479] And with respect to those few cases in which a child in full guardianship nevertheless has a permanency goal of return to the parent whose rights had been terminated, the Finding Our Children Unconditional Supports (FOCUS) process (discussed in detail in Section Eight) provides another layer of case oversight to ensure that appropriate action is being taken.

4. Children who have returned home and reentered care more than twice and have a permanency goal to return to that home.

As discussed in previous monitoring reports, there are very few children who fall into this category within any given year and periodic targeted reviews of these cases provide sufficient information to ensure that appropriate action is being taken with respect to this category of cases. The QC Division intends to conduct reviews once every six months of recent entrants into custody who have at least three prior custody episodes and have a goal of return to parent or relative. The first of these reviews was completed in May 2014. Using a new TFACTS report that identified 39 children who entered custody in calendar year 2013 and for whom this was at least the fourth custody episode and who had a current goal of return to parent or relative,[480] QC Division staff reviewed the cases of those children in that group who had been in custody (for the

[478] Figures 8.1 and 8.2 include a breakdown of those children who have been in care for 15 months or more without TPR being filed, irrespective of whether they have a sole or concurrent goal of reunification.

[479] According to the December 26, 2013 Mega Report, of the 6,874 children who were in custody, there were 379 children who were in care for 25 or more months and had either a sole or concurrent goal of return to parent. Of the 379, 39 had a sole goal of return to parent, and the remaining 340 had concurrent goals.

[480] The TAC has not had the opportunity to complete the validation process with respect to this report, but the number of children identified is consistent with previous reviews conducted by the TAC of children with four or more custody episodes who still have a goal of return to parent or relative.

current custody episode) less than nine months.[481]

5. Children with a sole permanency goal of adoption for more than 12 months for whom a petition to terminate parental rights has not been filed.

As discussed in previous monitoring reports, there have been very few children who fall into this category, and periodic reviews of those cases suggest that the processes discussed in Section Eight of this report (with respect to children who have been in care for 15 months or more for whom TPR has not been filed) are ensuring that appropriate action is being taken with respect to this category of cases.

TAC monitoring staff conducted its most recent review using the first quarter of 2013 from the *2013 TAC Sole Goal of Adoption Report.* During that quarter the only children falling into this category were a sibling group of four for whom adoption had been the sole goal for twelve months or more, but for whom a TPR had not been filed.[482]

6. Children with a sole permanency goal of adoption for more than one year who have not been placed in an adoptive home.

As discussed in previous monitoring reports, the large majority of children who have had a sole goal of adoption for more than one year are in full guardianship and the QC Division can reasonably rely on the FOCUS process (and periodic review of that process) to ensure that appropriate action is being taken with respect to any of those children in full guardianship with sole goals of adoption who have not been placed in an adoptive home.

With respect to those children with a sole permanency goal of adoption for more than one year who are not in full guardianship, but for whom TPR has been filed, if the child is not already in a home that has expressed an interest in adopting, once full guardianship is achieved, the FOCUS process should address that issue.

With respect to those children with a sole permanency goal of adoption for more than one year for whom TPR has not been filed, the review processes described in Section Eight and referred to in Subsection E.3 above and Subsection E.9 below with respect to children in custody for 15 months or more without TPR filed are sufficient to ensure that appropriate actions are being taken in this small subset of this category of cases.

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[481] The QC Division's rationale for excluding children whose present custody episode was nine months or more is that those children would have already been subject to the nine month reviews discussed in Section Eight C of this report.

[482] The siblings (all teenagers) had been in custody for 24 months as of the review. Three of the four children are placed in the same resource home and one child is placed in a residential treatment facility. Case documentation reflects that the children's mother has been deceased since 2012 and that the Department is working to identify the father(s) of the children to terminate parental rights. Three of the children remain in the same home that they were placed in upon entering custody in April 2012. It is not a pre-adoptive home so the Department will have to recruit a family for all four children once the termination is obtained.

7. Children in custody more than 60 days who do not have a permanency plan.

As discussed in previous monitoring reports, the Department has generally relied on a "data cleanup" process to identify children falling into this category and to ensure that appropriate action is taken with respect to these cases. In the recent past, the Department was using the Mega Report to identify the children falling into this category, and providing that list to the regional cleaning coordinators with a "due date" for correcting the case records in TFACTS (for those cases for which a permanency plan had been created but not yet entered into TFACTS). The field did not find this report or process to be useful. The Department has recently created a new report that will enable QC staff to track and ensure that appropriate actions are being taken with respect to this category of children.[483]

8. Children for whom the permanency goal has not been updated for more than 12 months.

As discussed in previous monitoring reports, the Department has generally relied on a "data cleanup" process to identify children falling into this category and to ensure that appropriate action is taken with respect to these cases. The Department had been using the Mega Report to identify the children falling into this category, and providing that list to the regional cleaning coordinators with a "due date" for correcting the case records in TFACTS (for those cases for which a permanency plan had been updated but not yet entered into TFACTS). The field, however, did not find the report or process useful. The Department has recently created a new report that will provide QC staff the opportunity to track and ensure that appropriate action is being taken with respect to children in this category.[484]

9. Children who have been in custody for 15 months or more with no TPR petition filed.

As discussed in Subsection 3 above, the Department has resumed the rigorous monthly reviews with each region convened by the Deputy Commissioner and Deputy General Counsel to review all cases of children who have been in care for more than 15 months for whom TPR has not been filed. These reviews provide a reasonable assurance that appropriate action is being taken.

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[483] According to the data in this new report, the "*Brian A.* Custody Entry Time to First Plan Report," during calendar year 2013 there were 125 children in care for more than 60 days without a permanency plan. Ninety-seven percent of plans, statewide, were completed within 60 days of a child's entry into care, with no region completing less than 93% within that time frame. The TAC has not finished its validation process for this report, but based on validation work thus far, is sufficiently confident in the accuracy of the report to include this data.

[484] The TAC has not finished its validation process of this report (*the* "*Brian A.* Annual Perm Plan Update Report"*).* Unlike the detail in the "*Brian A.* Custody Entry Time to First Plan Report," the detail in the Perm Plan Update report is more complex and requires some additional manipulation to identify children who were in custody in calendar year 2013, had been in custody for more than 13 months, and had not had a plan updated for more than 12 months. The TAC anticipates being able to provide that information in its next monitoring report.

F. Implementation of Racial Disparity Report Recommendations

The Settlement Agreement (XI.F) requires that DCS continue its implementation of the recommendations in the Racial Disparity Report set forth in the plan approved by the Court on August 19, 2004.

The recommendations of the report focused primarily on three areas—data analysis and reporting, resource family and relative caregiver recruitment and support, and workforce development. The November 2010 Monitoring Report discussed the variety of activities undertaken by the Department in response to the recommendations. The Department has substantially implemented those recommendations and for those recommendations that contemplate ongoing activities, the Department continues to demonstrate an appropriate "maintenance of effort."

The Department continues to include race and ethnicity in its data analysis and reporting and the Department's Leadership has recently directed the Department's Office of Information Technology to move ahead with an enhancement of TFACTS that will make race/ethnicity fields mandatory. This action is in response to the problem discussed in the June 2013 Monitoring Report of the frequency with which the race/ethnicity field in TFACTS was left blank.

The Department implemented Subsidized Permanent Guardianship and continues to fund the Relative Caregiver Programs in every region.[485] The Department continues to emphasize kinship resource home recruitment and support. Kinship resource homes receive the same board rate as non-kinship homes and both the Office of Child Programs (for best practice reasons) and the DCS Budget and Finance Division (because of Targeted Case Management claiming requirements) are focused on ensuring that kinship resource parents and children in their home are visited with the same minimum frequency as non-kin resource homes. The Deputy Commissioner of the Office of Child Programs reviews data on regional utilization of kinship homes and has engaged regions with lower regional utilization rates in discussions to ensure that relatives are receiving a full explanation of the range of options available to them and are not being "steered away" from becoming kinship resource homes.

The Department continues to be sensitive to the need to recruit and maintain a resource parent pool that reflects the diversity of children in need of resource families and the process for development of regional recruitment and retention plans is informed by data related to the ethnic and racial mix of the regional resource parent pool.

The Department continues to require cultural competency training for staff. DCS policy requires that staff take at least one of the Department's cultural competency in-service training offerings every two years.[486] In addition, cultural competency content is included in many of the other substantive trainings, including the pre-service curriculum.

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[485] The Relative Caregiver Programs received $3,270,631 from the Department in Fiscal Year 2012-13 and served 2,321 caregivers and 3,323 children during that year.

[486] The Department's training division currently offers nine different in-service cultural competency options.

Data produced by the Department's Division of Human Resources continues to reflect the racial and ethnic diversity of the Department's workforce.[487]

The Department has been working over the years with Chapin Hall at the University of Chicago both to better understand the factors that might contribute to racial and ethnic disparities in Tennessee's foster care system and to identify possible strategies to address those disparities. In December 2006, Chapin Hall completed an analysis of race and ethnicity data related to entry into and exit from foster care. (The findings and recommendations from that research are summarized in their published report, *Entry and Exit Disparities in the Tennessee Foster Care System*, which was reproduced as Appendix A to the January 2007 Monitoring Report).[488]

Chapin Hall's current work for the Department includes research and analysis focused on isolating disparities and relating variation in disparities to the underlying social context. Utilizing census data variables that are available at the census tract level—data such as child poverty rates, unemployment, education levels, single-mother households, racial composition of the neighborhoods in which children live—the research examines whether children living in similar situations have similar interactions with the child welfare system. By understanding how the social context in which families live relates to the child welfare system disparities observed, the Department can be more strategic in targeting areas where, after controlling for social context, racial and ethnic disparities are the greatest. In addition, the information related to social context can more broadly be used to make investments and target resources to communities with particular attributes that are associated with higher levels of abuse or neglect.

G. Status of Present Class Members Who Entered DCS Custody Prior to October 1, 1998

The Settlement Agreement (XI.G) requires that the TAC continue to report on the status of all foster children in DCS custody who entered DCS custody prior to October 1, 1998. There are no longer any children in DCS custody who entered custody prior to October 1, 1998.

[487] The January 2014 Performance Audit issued by the Comptroller's Office includes an Appendix referencing the Department's Title VI Implementation plan and providing a break down by race/ethnicity and gender of DCS staff by job position. See 2014 Performance Audit, Appendix 1, pp 93-97. As of October 2013, of a total of 4,025 DCS employees (3,148 of whom were female, and 877 of whom were male), 2,444 were White, 1,499 were Black, and 102 were American Indian, Asian or Hispanic.

[488] The TAC has discussed with Chapin Hall whether there would be value in conducting an "update" of the 2006 study. From those discussions, it does not appear that there has been a significant change in the underlying conditions relevant to that study. Because there is no reason to believe that the results would be any different, Chapin Hall does not believe an update of the study would be a good use of the Department's resources.

SECTION TWELVE: SUPERVISION OF PRIVATE PROVIDER AGENCIES

At any given time during 2013, approximately 40% of *Brian A.* class members were placed with private providers.[489] Many of the children served in private provider placements are identified as needing a higher level of support and supervision (Level II or higher) than those children served in DCS managed placements (primarily Level I). They live in the homes of resource parents who are supervised and supported by private providers or in congregate care settings run by those providers. The services they and their families receive are organized by and in many cases delivered directly by the private providers. Achieving the goals set out in the Settlement Agreement therefore requires not only high-quality work by DCS, but also high-quality work by private providers. For this reason, the Settlement Agreement includes a number of specific requirements, reviewed in this section, concerning the Department's oversight of private providers, including the Department's licensing, evaluation, and contracting functions.

A. Requirement of Performance Based Contracting

The Settlement Agreement requires that all DCS contracts for placements and services with private provider agencies be "*pursuant to annual performance-based contracts issued by DCS.*" (XII.A)

As discussed in detail in previous monitoring reports, the Department, with ongoing assistance from Chapin Hall at the University of Chicago, has implemented Performance Based Contracting (PBC) covering every private provider that contracts with DCS for placements.

Private providers are measured on performance related to three main standards: reduction in the number of care days, increase in the number of permanent exits, and reduction in reentries. Those whose performance exceeds contract expectations receive "reinvestment dollars" and those whose performance falls short of expectations are assessed penalties.[490]

In the fall of 2013, following a series of discussions involving DCS leadership, private providers, and staff from Chapin Hall, the approach to PBC was modified (as one would expect to occur as the process reached full implementation and maturation). The modifications include the following: basing provider baselines on grand regional data (rather than provider-specific past performance); evaluating the admissions population over a three-year time frame (rather than

[489] The percentage of class members served as of the last Mega Report of each month in 2013 ranged between 40% and 44%.

[490] For the 2009-10 contract year, 18 private providers earned $5,398,221.15 in reinvestment dollars and five private providers were assessed penalties totaling $529,589.61. An additional five private providers would have been assessed penalties, had they not been in their "no-risk" period, totaling $277,051. For the 2010-11 contract year, 27 private providers earned $5,037,847.56 in reinvestment dollars and three private providers were assessed penalties totaling $154,344.70. For the 2011-12 contract year, 19 private providers earned $3,871,650.43 in reinvestment dollars and nine private providers were assessed penalties totaling $2,703,578.06. For the 2012-13 contract year 17 private providers earned $3,715,943.06 in reinvestment dollars and 10 private providers were assessed penalties totaling $1,756,221.11.

one-year); and basing incentives and baselines on a provider-specific blended rate to simplify the model.

B. Licensing Requirements and Professional Standards

The Settlement Agreement (XII.B) requires that the Department:

- contract only with those agencies that meet the provisions of the Settlement Agreement that specifically apply to those agencies and that meet state standards governing the operation of child care facilities;[491] and

- not contract with any agency that has not been licensed by the State to provide placements for children in the plaintiff class.

The Department's *Private Provider Manual* requires that private provider agencies adhere to the applicable mandates set forth in the *Brian A.* Settlement Agreement. All private providers that the Department contracts with for the placement of children in the plaintiff class are licensed by DCS, the Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS), and/or the Department of Intellectual and Developmental Disabilities (DIDD).[492]

As discussed in previous monitoring reports, for the past several years the Department has had residential contracts with 28 to 30 private providers.[493] For fiscal year 2013-14, the Department has residential contracts with 28 private providers. Many of these private providers have multiple licenses for separate programs.[494]

Of the 28 private providers with whom the Department has residential contracts, the Department licenses all 21 private providers that provide foster care services (operate resource homes) for the Department. In addition for fiscal year 2013-14, there are 16 providers that have at least one license from DCS to operate a group care facility, 12 providers that have at least one license from DMHSAS to operate a group care facility or subcontract with a facility with a license from DMHSAS; and two providers that have at least one license from DIDD to operate a group care facility. Many of these facilities are operated by private providers that have a license from both DCS and another Department.

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[491] These state standards are to reflect reasonable professional standards.

[492] In addition, one facility located in Georgia that is operated by one of the largest providers in Tennessee is used primarily by regions in the eastern half of the state.

[493] The term "residential contracts" refers to the contracts for placement and accompanying services. For purposes of *Brian A.* reporting, residential contracts for detention are excluded from this analysis; however, it is possible that some private providers that serve only juvenile justice children are included among the 28 agencies with residential contracts. The Department also contracts for a variety of non-residential services, including contracts for in-home and family preservation services, legal services, and child abuse prevention services.

[494] For example, a large private provider that provides therapeutic foster care services but also operates residential treatment facilities would obtain separate licenses for each program.

The DCS Licensing Division is responsible for ensuring that every private provider that is licensed by the Department of Children's Services has a current license. If the Licensing Division suspends, revokes, or fails to renew the license of a provider, the Licensing Division immediately brings this to the attention of appropriate DCS staff, and would now bring this information to the attention of the newly formed Provider Quality Team.

The Department of Children's Services currently coordinates with the Licensing Division of DMHSAS pursuant to a Memorandum of Understanding outlining basic protocols for interdepartmental notification and information sharing. These protocols address such matters as the sharing of reports generated from licensing or contract monitoring functions, notifications of changes in licensing status, suspension of admissions, and termination of contracts. The Department has improved communication and coordination with DMHSAS, and at times DCS and DMHSAS staff have conducted site visits together. DIDD began issuing licenses effective January 2013 and the Department is working with DIDD to develop the process for coordination with this licensing body.

The DCS Licensing Division coordinates internally with the DCS Contracts Management Unit to ensure that any private providers that contract or apply to contract with the Department are appropriately licensed and that their licensure is in good standing. As discussed in previous monitoring reports, the Department had been maintaining a spreadsheet tracking the licensure status of all private providers for each of their programs.

C. Non-Discrimination Requirement

The Settlement Agreement (XII.C) requires that DCS not contract with (and shall immediately cease contracting with) any program or private provider that gives placement preference by race, ethnicity, or religion. The Department has incorporated this non-discrimination requirement into its policies related to contract agencies and there are provisions in the private provider contract that prohibit private providers from giving placement preferences based on race, ethnicity, or religion.

D. Requirement to Accept Children for Placement

The Settlement Agreement (XII.D) requires that any agency or program contracting with DCS be prohibited from refusing to accept a child referred by DCS as appropriate for the particular placement or program. The Department has incorporated this requirement into its policies related to contract agencies and there are provisions in the private provider contract that prohibit private providers contracting with DCS from refusing to accept a child referred by DCS as appropriate for the particular placement or program.

The January 2014 Performance Audit of DCS, covering the period from May 2007 through October 2013, conducted by the Comptroller of the Treasury noted that "placement staff across the state consistently reported that many private providers are selective in accepting children and discourage the placement of difficult-to-treat children in their care."

As noted in their response to the audit and the discussion in Section Six A, the Department has redesigned the Placement Exception Review process, and the new PER form that is to be filled out any time an exceptional placement is being made has a field for indicating any private provider who was contacted by DCS for placement of that child and declined to accept the child. This will allow the Department to gather data on provider refusals and to conduct reviews of these cases to determine whether the refusals are contrary to the policy and contract requirements.

In addition, the Department has hired a licensed doctoral level mental health clinician in the new Network Development Division who is in the process of evaluating each of the residential facilities serving DCS children. One of the purposes of that evaluation is to get a clear understanding of the therapeutic approaches used by those programs (to ensure that they are evidence based/evidence informed) and to determine the types of children that their programs are designed to serve. This will help regional staff make appropriate referrals to these placements and will help inform conversations with private providers when disputes arise about whether a refusal to accept a referred child was appropriate.

E. Inspections and Monitoring of Contract Agency Placements

The Settlement Agreement (XII.E) requires that:

- all contract agencies providing placements for children in the plaintiff class be inspected annually by DCS oversight staff in an unannounced visit;[495]

- DCS determine in a written report whether the agency complies with state licensing standards; and

- the DCS Licensing Unit collaborate with the DCS Quality Assurance Unit and the Central Office Resource Management Unit to determine agency compliance with the terms of this Settlement Agreement.

The Settlement Agreement also requires that DCS maintain sufficient staff to allow for appropriate monitoring and oversight of private providers.

1. PAR and Licensing Unit Reviews

The Program Accountability Review (PAR) Unit and the Licensing Unit are responsible for these oversight responsibilities.

The Licensing Unit reviews a sample of files for compliance with licensing standards, and the PAR Unit reviews a sample of files for compliance with contract requirements and requirements

[495] The Department of Children's Services is also required by Tennessee Code Annotated 37-5-513 to conduct inspections "at regular intervals, without previous notice" of all programs licensed by DCS.

outlined in the *Private Provider Manual*.[496] Each Licensing and PAR review is documented in a written report that is provided to the private provider, a member of the Network Development Division, the Quality Assurance Division, the TAC Monitoring Office, the appropriate regional administrators, identified DCS program stakeholders, and subject matter experts.

With respect to the requirement of "unannounced visits," the Licensing Division is responsible for conducting at least one unannounced visit annually to each program licensed by DCS. These unannounced visits are in addition to annual scheduled or announced visits conducted by the Licensing Division. The PAR team is responsible for conducting at least one unannounced visit annually to those residential programs serving DCS children that are licensed by Departments other than DCS.[497]

The Department has expressed its confidence that for each of the past three fiscal years, each congregate care facility serving DCS children was the subject of at least one unannounced DCS inspection during each fiscal year, and that each inspection should have been documented by a report. However, the Department does not yet appear to have a process for tracking and documenting these visits that would allow the TAC to verify at this point that the Department is meeting this requirement of the Settlement Agreement. The Department was able to produce for the TAC more unannounced visit reports this year than in any of the previous fiscal year periods; however, in some of the visit reports it is not clear that the reviewer toured all of the group homes, cottages, or units on the campus of each facility. The TAC anticipates that as a part of the work being done by the Department on the provider oversight process, the expectations around unannounced visits will be clarified and supporting documentation will be ensured.

2. Provider Scorecard

As discussed in greater detail in previous monitoring reports, the Department, in consultation with private providers (and at times with the TAC), has developed various versions of what it refers to as the Provider Scorecard. The purpose of the Provider Scorecard, as the Department had envisioned it, is to communicate an overall assessment of the quality of each private provider's work, consolidating various measurements related to provider performance, and emphasizing the areas of measurement that represent DCS priorities for system improvement.

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[496] PAR reviews Performance Based Contracting (PBC) providers annually, unless the provider is going through accreditation, in which case the provider may be exempted from the PAR review during that accreditation year. Subcontracted providers of PBC providers are reviewed every other year, but primary contractors are expected to monitor them continuously and PAR does check for documentation of subcontractor monitoring during reviews of PBC providers.

[497] Annual licensing visits are also conducted by DMHSAS for those agencies licensed by that Department. DMHSAS is required by Tennessee Code Annotated 33-2-413 "to make at least one unannounced…inspection of each licensed service or facility yearly." DMHSAS coordinates with the Department regarding the private providers that it licenses through reports and correspondence.

3. Coordination of Provider Monitoring Within the Department

While the DCS Licensing and PAR Divisions have specific responsibilities related to monitoring and oversight of the private providers, there are a variety of other staff from other units and divisions of DCS whose responsibilities include aspects of private provider monitoring.[498] The Network Development Division has primary responsibility for communication with private providers, facilitates the Resource Home Quality Team related to private provider resource homes subject to investigations described in Section Three of this report, and manages the Performance Based Contracting initiative. The Contracts Management Unit in the Finance and Budget Division is responsible for issuing and maintaining contracts. And the Special Investigations Unit (discussed in Section Three) in the Office of Child Safety has responsibility for investigating allegations of abuse and neglect that take place in private provider operated placements. The Division of Quality Control has responsibility for tracking Incident Reports (IR) submitted by private providers.

A Provider Quality Team has been reconstituted with responsibility for reviewing and responding to concerns about provider placements. Beginning in March 2014, representatives from the various units described above began meeting weekly.

F. Avoiding Conflict of Interest in Placement Process

The Settlement Agreement (XII.F) prohibits the Department from contracting with any agency for which an owner or board member holds any other position that may influence placements provided to children in the plaintiff class (including judges, referees, and other court officers) and requires that all contracts and contract renewals contain this policy as a binding term of the contract.

Department policy is consistent with these provisions and each contract signed by a private provider includes language confirming the private provider's compliance with these provisions. Beginning with the 2009-10 contract year, the Department has required each private provider to file annually with the Department a current list of board members and owners (and to update that list during the year if new board members or owners are added) and to also file, from each such person, an individual conflict of interest statement attesting to compliance with the conflict of interest provision.

The Department has clarified its expectations with private providers, and the process in place for receiving and reviewing the required documentation is well-designed to ensure that private providers (and their owners and board members) understand and are meeting the requirements of this provision. TAC monitoring staff have reviewed the documentation for contract year 2013-14 maintained by the DCS staff person responsible for the process and have been impressed by her attention to detail. The Department requires that any lawyers who serve on boards provide additional information related to their practice and that any judges who serve on boards provide

[498] Under the previous administration the PAR and Licensure units were moved out of the division of the Department responsible for quality improvement, called the Office of Performance Excellence at that time. Those two units have recently been moved back into the Office of Quality Control.

additional information related to the jurisdiction of their court and the cases over which they preside. The Department receives the statements prior to the beginning of the current fiscal year and resolves any issues prior to the beginning of the contract period.[499] The Department is currently reviewing the forms for fiscal year 2014-15.

[499] For example, prior to fiscal year 2013-14, two provider agencies were identified as having persons with a potential for conflict and those people either resigned or ceased serving as members of the board.

SECTION THIRTEEN: FINANCIAL DEVELOPMENT

A. Maximizing of Federal Funding

The Settlement Agreement (XIII.A) requires the Department to develop and implement policies and procedures to maximize Title IV-B and Title IV-E funding.

As discussed in previous monitoring reports, the Department has approached and continues to approach revenue maximization in a conscientious and responsible manner. Staff in the Department's Division of Finance and Budget lead quarterly regional fiscal review meetings focused on maximizing child eligibility for IV-E funding and Targeted Case Management.

DCS fiscal data, including that related to penetration rates, claiming success, and audit results,[500] continue to reflect that the Department's policies and procedures meet the requirements of this provision. The Tennessee Family and Child Tracking System (TFACTS) problems that had created additional burdens on DCS staff to ensure the documentation necessary to maintain IV-E funding levels have been addressed.

The Department has addressed, through a TFACTS enhancement that was implemented during the last quarter of 2013, a TFACTS design issue related to cases of older youth in care who at age 18 choose to take advantage of IV-E reimbursable services and supports available under the "extended foster care" discussed in Section Six F of this report. As a result, the Department has been able to seek reimbursement for services for all those young adults for whom IV-E reimbursable services have been provided since July 1, 2012, the day that "extended foster care" became an option in Tennessee.

B. Appropriate Utilization of Federal Funding

The Settlement Agreement (XIII.B) requires that all funds remitted for children in the plaintiff class to the state of Tennessee by the United States Department of Health and Human Services be committed exclusively to the provision of services and staff serving class members. The Settlement Agreement further provides that it is the intent of the state that dollars committed to DCS for the provision of services and resources to benefit children in the class and children at risk of entering the class not be decreased if efforts to maximize federal dollars result in additional federal funding.[501]

As discussed in prior monitoring reports, Tennessee has faced significant budgetary challenges over the past several years, which have required all state agencies to undergo some degree of

[500] The most recent IV-E audit was completed in the summer of 2012. The findings of that audit were the subject of a February 13, 2013 letter to DCS from the Administration for Children and Families (ACF), advising the Department that its IV-E program was found to be in substantial compliance with federal requirements. The audit found claiming errors in 6% of the sample of cases reviewed for IV-E compliance, well within the 10% error rate established by ACF as the maximum allowable.

[501] The Settlement Agreement further provides that *"Nothing in this provision shall reduce the defendants' financial obligations to comply with the terms of this agreement."*

budget cuts. The Department has consistently engaged in a sound process to identify those budget cuts that would have the least negative impact on the reform effort and has managed over the past five budget cycles to avoid the kinds of budget cuts that would significantly undermine the progress that the Department has made.

Notwithstanding funding challenges, consistent with the expressed intent of the Settlement Agreement, the Department, during the time since the entry of the Settlement Agreement, has succeeded in increasing both federal funding and state funding of its child welfare system. The state has supported reasonable budget improvements requested by the Department over and above the allocation of Needs Assessment dollars specified in the original Settlement Agreement, and the Department has been thoughtful and responsible in achieving the budget adjustments necessitated by the reduction in state revenue.

As discussed in the June 2013 Monitoring Report, consistent with this approach, the Department's budget for 2013-14, while reducing funds allocated to some functions, included funding for: 13 additional lawyers; 29 additional CPS staff and the upgrade of 198 CPS positions to CM3; 20 additional *Brian A.* case managers; additional adoption assistance and for foster care and residential rate and caseload adjustments; and additional funds to address Medicaid's Federal Medical Assistance Percentages (FMAP) match rate reduction.

The Department's budget for 2014-15 includes funding for: 40 additional Family Services Workers; 45 additional CPS investigative and assessment staff, upgrading the remaining 134 CPS investigative staff to CM3; the upgrading of 132 CPS assessment staff to CM3; adjusting DCS Foster Care Board Rates based on current USDA guidelines; and both maintaining the current relationship between the Foster Care rate structure and current Adoption Assistance rates and accommodating the increase in the number of children receiving Adoption Assistance.

C. Financial Management System

The Settlement Agreement (XIII.C) requires DCS to maintain an appropriate financial management system capable of ensuring timely and accurate payments to family resource homes, adoptive homes, and private providers.

As discussed in the June 2013 Monitoring Report, the transition to the TFACTS financial functions was beset by problems, resulting both in delays in payment of resource parents and providers and in overpayments and duplicate payments. Those specific problems have been addressed.

Over the past year, the OIT staff have worked closely with the DCS Fiscal Staff to implement additional enhancements that, while not completely eliminating some need for manual reconciliation of overpayments, has, through implementation of a number of guardrails, reduced to an insignificant level the number of cases requiring manual reconciliation.

The January 2014 Performance Audit of DCS conducted by the Comptroller of the Treasury found that the combination of TFACTS improvements and manual reconciliation process has

satisfactorily addressed the concerns raised in prior audits related to TFACTS financial functions. While the Department anticipates continuing to improve TFACTS financials over time, the current financial management system adequately ensures the timely and accurate payments to resource families, adoptive homes, and private providers.

APPENDIX A

Regional and Statewide
Section XVI Outcome and Performance Measure Data

This appendix presents the Section XVI outcome and performance measure data for the two most recent reporting periods: January 1, 2012 through January 1, 2013 and January 1, 2013 through January 1, 2014. A separate table is included for each outcome and performance measure.[1] Each table presents the percentage reflecting the level of achievement of each of the regions individually with respect to the outcome or performance measure, the percentage reflecting the statewide level of achievement with respect to the outcome or performance measure, and the Settlement Agreement requirement. The applicable Settlement Agreement provision appears in the title to each table.

[1] Achievement measures upon discharge data is unavailable for this reporting period. The Department has recently developed a 31 question Transitional Survey (the source of the achievement measures data) that has replaced the previous questionnaire, and the questions related to the achievement measures have been worded more clearly. That new survey has been available in TFACTS since November 2013, and the Department has been generating some preliminary reporting from that survey, beginning with the first quarter of 2014. The Department is still working with the field to ensure that these surveys are being conscientiously filled out.

XVI.A.1 Reunification or Living with Relatives within 12 Months of Custody						
	Children Exiting Care to Reunification or Relative Placement Between 1/1/13 and 1/1/14			**Children Exiting Care to Reunification or Relative Placement Between 1/1/12 and 1/1/13**		
Region	Within 12 Months	Within 24 Months	Over 24 Months	Within 12 Months	Within 24 Months	Over 24 Months
Davidson	80%	71%	29%	78%	83%	17%
East	81%	83%	17%	72%	83%	17%
Knox	56%	88%	12%	58%	74%	26%
Mid-Cumberland	72%	84%	16%	68%	81%	19%
Northeast	61%	81%	19%	70%	82%	18%
Northwest	60%	92%	8%	62%	85%	15%
Shelby	70%	68%	32%	71%	72%	28%
Smoky Mountain	64%	87%	13%	64%	70%	30%
South Central	69%	79%	21%	59%	75%	25%
Southwest	71%	59%	42%	58%	82%	18%
Tennessee Valley	72%	81%	19%	72%	80%	20%
Upper Cumberland	65%	81%	19%	64%	86%	14%
Statewide	**69%**	**80%**	**20%**	**67%**	**78%**	**22%**
Settlement Agreement Requirement	**80%**	**75%**		**80%**	**75%**	

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.2 Adoptions Finalized Within 12 Months of Full Guardianship		
Region	**Full Guardianship Obtained Between 1/1/12 and 1/1/13**	**Full Guardianship Obtained Between 1/1/11 and 1/1/12**
Davidson	75%	81%
East	85%	85%
Knox	83%	75%
Mid-Cumberland	79%	80%
Northeast	71%	72%
Northwest	65%	50%
Shelby	78%	83%
Smoky Mountain	86%	79%
South Central	86%	69%
Southwest	79%	87%
Tennessee Valley	71%	59%
Upper Cumberland	82%	62%
Statewide	**80%**	**74%**
Settlement Agreement Requirement	**75%**	**75%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.3 Number of Placements				
	Children in Custody Between 1/1/13 and 1/1/14		**Children in Custody Between 1/1/12 and 1/1/13**	
Region	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody
Davidson	93%	80%	93%	81%
East	93%	79%	92%	82%
Knox	93%	80%	92%	83%
Mid-Cumberland	93%	81%	94%	84%
Northeast	95%	85%	95%	86%
Northwest	93%	80%	91%	79%
Shelby	93%	84%	92%	82%
Smoky Mountain	93%	83%	93%	82%
South Central	92%	77%	90%	77%
Southwest	92%	81%	93%	83%
Tennessee Valley	94%	84%	92%	81%
Upper Cumberland	92%	82%	95%	87%
Statewide	**93%**	**82%**	**93%**	**83%**
Settlement Agreement Requirement	**90%**	**85%**	**90%**	**85%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.4 Length of Time in Placement						
	Children in Custody Between 1/1/13 and 1/1/14			**Children in Custody Between 1/1/12 and 1/1/13**		
Region	Two Years or Less	Between Two and Three Years	More than Three Years	Two Years or Less	Between Two and Three Years	More than Three Years
Davidson	81%	12%	8%	84%	9%	7%
East	84%	10%	6%	86%	8%	6%
Knox	83%	10%	8%	84%	10%	7%
Mid-Cumberland	87%	9%	4%	86%	9%	6%
Northeast	79%	14%	8%	81%	12%	6%
Northwest	87%	9%	4%	89%	6%	5%
Shelby	80%	11%	10%	81%	11%	8%
Smoky Mountain	80%	11%	9%	81%	12%	8%
South Central	79%	11%	10%	80%	10%	10%
Southwest	81%	10%	9%	76%	14%	10%
Tennessee Valley	79%	13%	8%	80%	11%	9%
Upper Cumberland	89%	8%	4%	88%	8%	5%
Statewide	**82%**	**11%**	**7%**	**83%**	**10%**	**7%**
Settlement Agreement Requirement	**75%**	**no more than 17%**	**no more than 8%**	**75%**	**no more than 17%**	**no more than 8%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.5 Reentry Within 12 Months of Most Recent Discharge Date		
Region	**Children Exiting Custody Between 1/1/12 and 1/1/13**	**Children Exiting Custody Between 1/1/11 and 1/1/12**
Davidson	6%	6%
East	10%	6%
Knox	5%	3%
Mid-Cumberland	4%	4%
Northeast	5%	5%
Northwest	4%	5%
Shelby	6%	8%
Smoky Mountain	4%	6%
South Central	6%	7%
Southwest	5%	3%
Tennessee Valley	6%	6%
Upper Cumberland	5%	3%
Statewide	**6%**	**6%**
Settlement Agreement Requirement	**no more than 5%**	**no more than 5%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.B.1 Parent-Child Visiting				
	Children in Out-of-Home Placement with Reunification Goals During December 2013		**Children in Out-of-Home Placement with Reunification Goals During December 2012**	
Region	Twice per Month	Once Per Month	Twice per Month	Once Per Month
Davidson	30%	35%	29%	37%
East	37%	28%	28%	29%
Knox	44%	29%	24%	36%
Mid-Cumberland	27%	28%	35%	29%
Northeast	27%	24%	30%	20%
Northwest	51%	25%	56%	53%
Shelby	35%	38%	13%	29%
Smoky Mountain	34%	34%	33%	29%
South Central	41%	34%	23%	38%
Southwest	35%	28%	39%	46%
Tennessee Valley	38%	27%	26%	29%
Upper Cumberland	31%	49%	16%	28%
Statewide	**34%**	**32%**	**27%**	**30%**
Settlement Agreement Requirement	**50%**	**60%**	**50%**	**60%**

Source: TFACTS "Parent Child Visit *Brian A.* Summary Report" for December 2012 and December 2013.

XVI.B.2 Placing Siblings Together		
Region	**Sibling Groups Entering Custody Within 30 Days of Each Other During Fiscal Year 2012-13**	**Sibling Groups Entering Custody Within 30 Days of Each Other During Fiscal Year 2011-12**
Davidson	88%	76%
East	87%	79%
Knox	89%	78%
Mid-Cumberland	88%	88%
Northeast	85%	82%
Northwest	77%	61%
Shelby	68%	81%
Smoky Mountain	76%	85%
South Central	84%	98%
Southwest	70%	81%
Tennessee Valley	83%	79%
Upper Cumberland	85%	86%
Statewide	**82%**	**82%**
Settlement Agreement Requirement	**85%**	**85%**

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

XVI.B.3 Sibling Visiting		
Region	**Sibling Groups Entering Custody Within 30 Days of Each Other Who Were Separated During December 2013: % Visiting at Least Once During the Month**	**Sibling Groups Entering Custody Within 30 Days of Each Other Who Were Separated During December 2012: % Visiting at Least Once During the Month**
Davidson	69%	61%
East	54%	57%
Knox	66%	35%
Mid-Cumberland	54%	16%
Northeast	34%	30%
Northwest	66%	90%
Shelby	64%	40%
Smoky Mountain	48%	37%
South Central	61%	55%
Southwest	33%	67%
Tennessee Valley	64%	70%
Upper Cumberland	43%	38%
Statewide	**55%**	**48%**
Settlement Agreement Requirement	**90%**	**90%**

Source: TFACTS "Sibling Visitation Summary" report for December 2012 and December 2013.

XVI.B.4 Filing a Petition to Terminate Parental Rights				
	Children with Sole Adoption Established Between 1/1/13 and 12/31/13		**Children with Sole Adoption Goals Established Between 1/1/12 and 12/31/12**	
Region	TPR Activity within 3 Months	TPR Activity within 6 Months	TPR Activity within 3 Months	TPR Activity within 6 Months
Davidson	63%	71%	65%	85%
East	94%	94%	94%	98%
Knox	98%	99%	95%	99%
Mid-Cumberland	93%	100%	90%	92%
Northeast	100%	100%	88%	96%
Northwest	100%	100%	93%	100%
Shelby	86%	91%	48%	67%
Smoky Mountain	90%	94%	86%	96%
South Central	100%	100%	97%	100%
Southwest	60%	100%	76%	83%
Tennessee Valley	80%	83%	83%	84%
Upper Cumberland	94%	100%	87%	87%
Statewide	**93%**	**96%**	**85%**	**91%**
Settlement Agreement Requirement	**70%**	**85%**	**70%**	**85%**

Source: "TAC Sole Goal of Adoption Report ", 2012 and 2013 cohort years.

XVI.B.5 PPLA Goals		
Region	**Children in Custody on December 26, 2013 Who Had Sole PPLA goals**	**Children in Custody on December 30, 2012 Who Had Sole PPLA goals**
Davidson	0.3%	0.3%
East	0.0%	0.0%
Knox	0.2%	0.0%
Mid-Cumberland	0.0%	0.2%
Northeast	0.0%	0.2%
Northwest	0.0%	0.0%
Shelby	0.0%	0.1%
Smoky Mountain	0.1%	0.6%
South Central	0.5%	0.5%
Southwest	0.0%	0.8%
Tennessee Valley	0.9%	0.5%
Upper Cumberland	0.3%	0.0%
Statewide	**0.2%**	**0.2%**
Settlement Agreement Requirement	**no more than 5%**	**no more than 5%**

Source: TFACTS *Brian A.* "Mega Reports" for December 30, 2012 and December 26, 2013.

XVI.B.6 Placements Within 75 Miles		
Region	**Children in Custody January through March, 2014**	**Children in Custody During April 2013 (Approach 1/Approach 2)[2]**
Davidson	89%	86%/82%
East	89%	86%/84%
Knox	90%	83%/80%
Mid-Cumberland	87%	87%/85%
Northeast	70%	89%/89%
Northwest	87%	82%/79%
Shelby	98%	93%/90%
Smoky Mountain	87%	85%/84%
South Central	86%	88%/88%
Southwest	93%	90%/88%
Tennessee Valley	90%	89%/87%
Upper Cumberland	85%	82%/81%
Statewide	**90%**	**87%/85%**
Settlement Agreement Requirement	**85%**	**85%**

Source: TFACTS *Brian A.* 75 Mile Placement Detail for April 2013 and the Vanderbilt Center of Excellence DCS Network Adequacy Report for the first quarter of 2014.

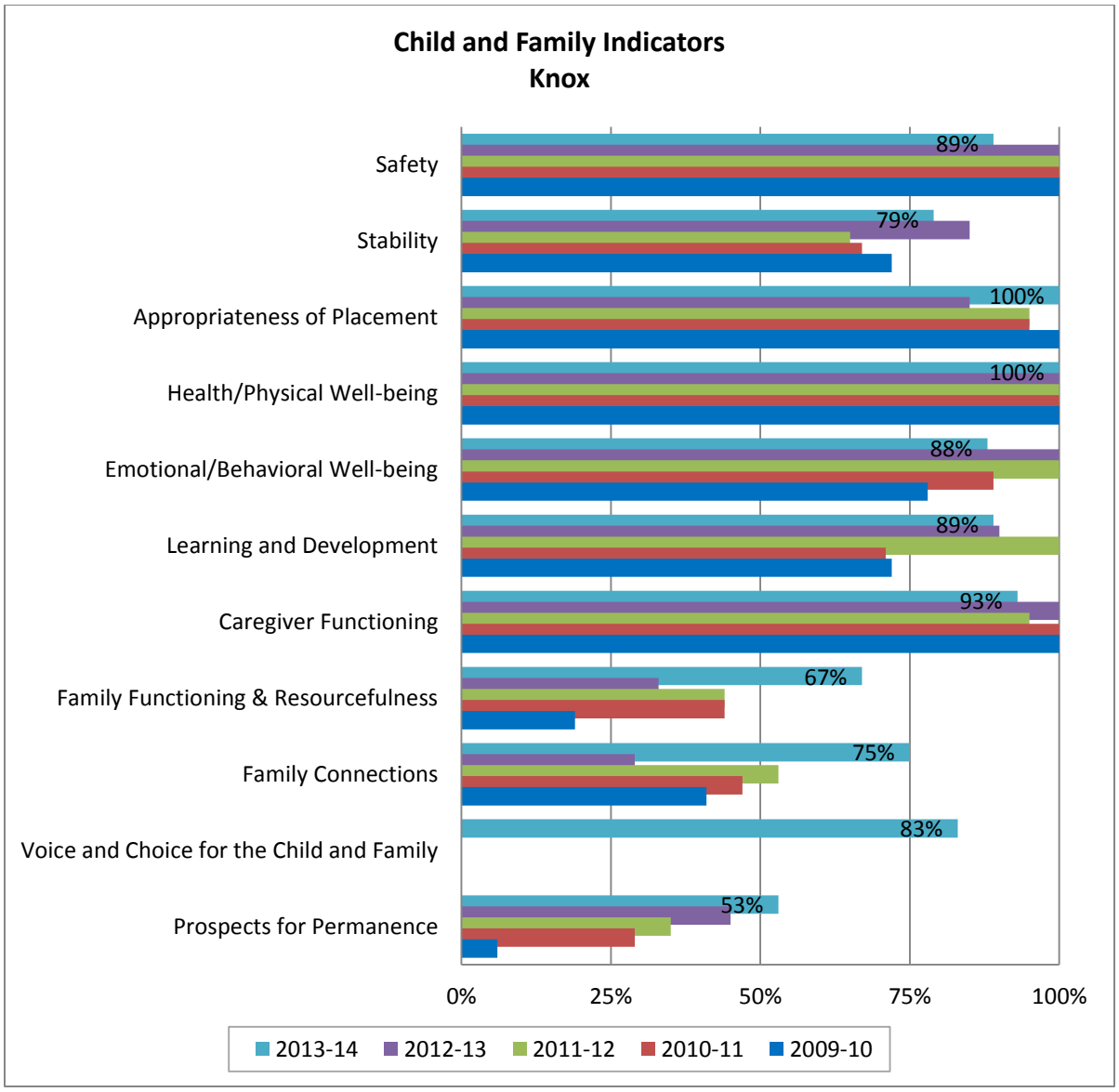
[2] The two percentages in this table represent the two approaches that the TAC took to reporting on this requirement. See Section One of the June 2013 Monitoring Report beginning at page 36 for explanation of the two approaches.

APPENDIX B

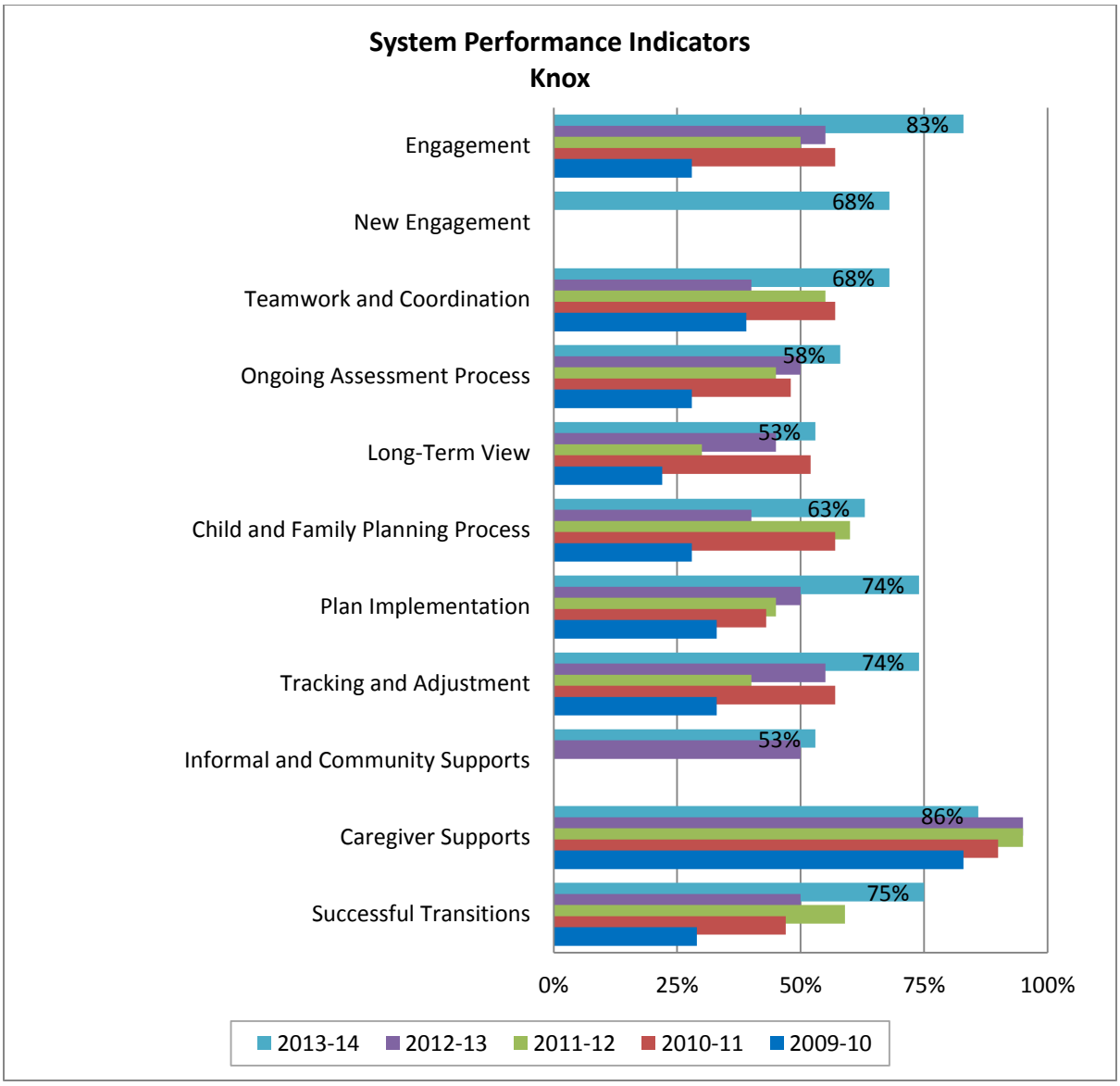
Regional QSR Figures

This appendix includes the percentage of acceptable Quality Service Review (QSR) scores for each region for the last five review years, 2009-10 through 2013-14. The regions' figures are presented in the order in which they were reviewed in the 2013-14 QSR process.[1]

[1] The new Voice and Choice of the Child and Family indicator (much as the prior version of the Engagement indicator has in past QSRs) measures the extent to which the child and family are active and committed participants in the "change process." The revised Engagement indicator (beginning with the 2013-14 QSR) now focuses on "the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change." To compare scores over time, the 2013-14 Engagement score is for the Voice and Choice for the Child and Family indicator because this new indicator now measures what the Engagement indicator had in previous QSR years. The Informal and Community Supports indicator was added to the 2012-13 QSR protocol and process to combine elements of the Resource Availability and Informal Support and Community Involvement indicators.



Source: QSR Databases.



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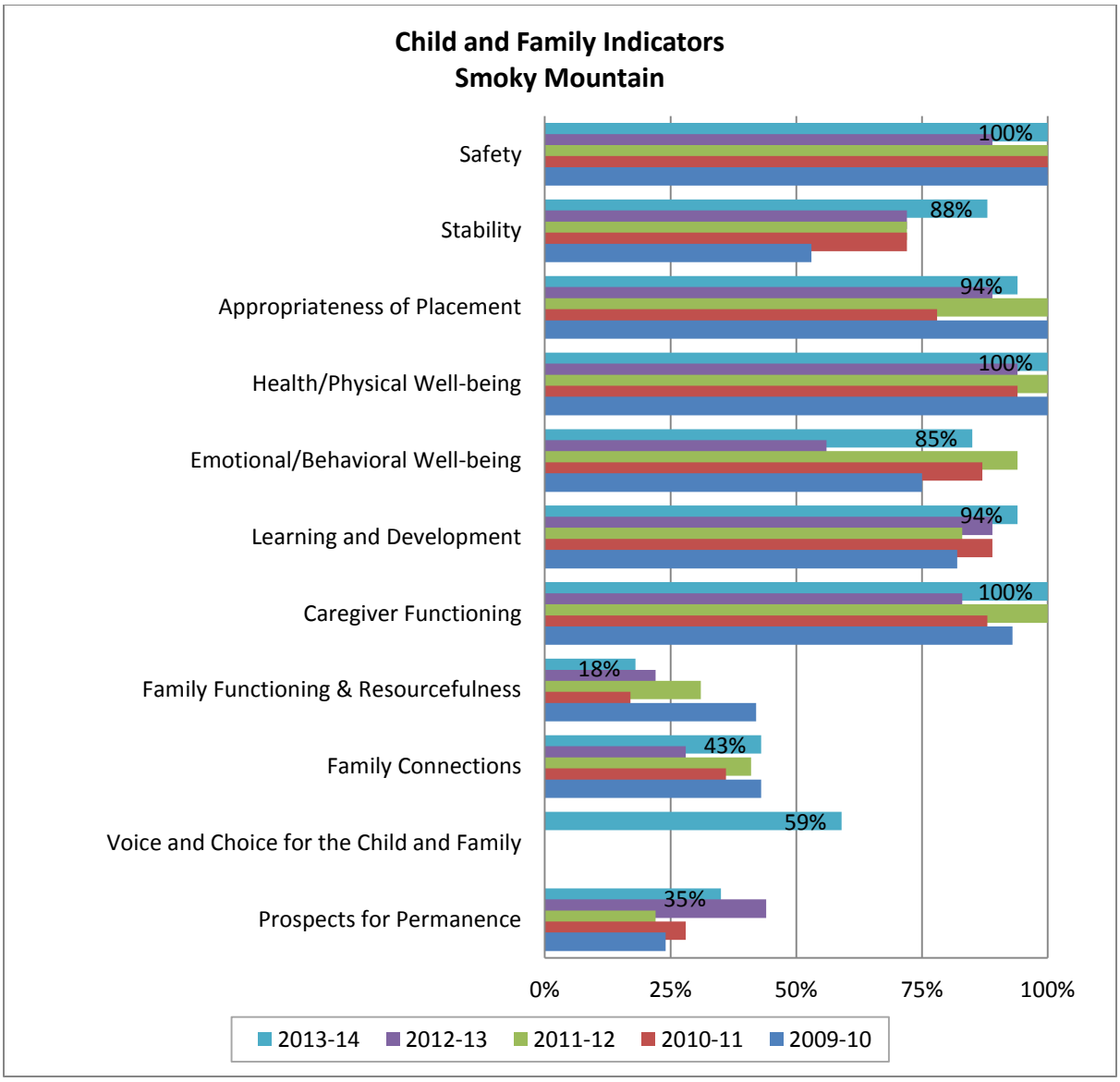

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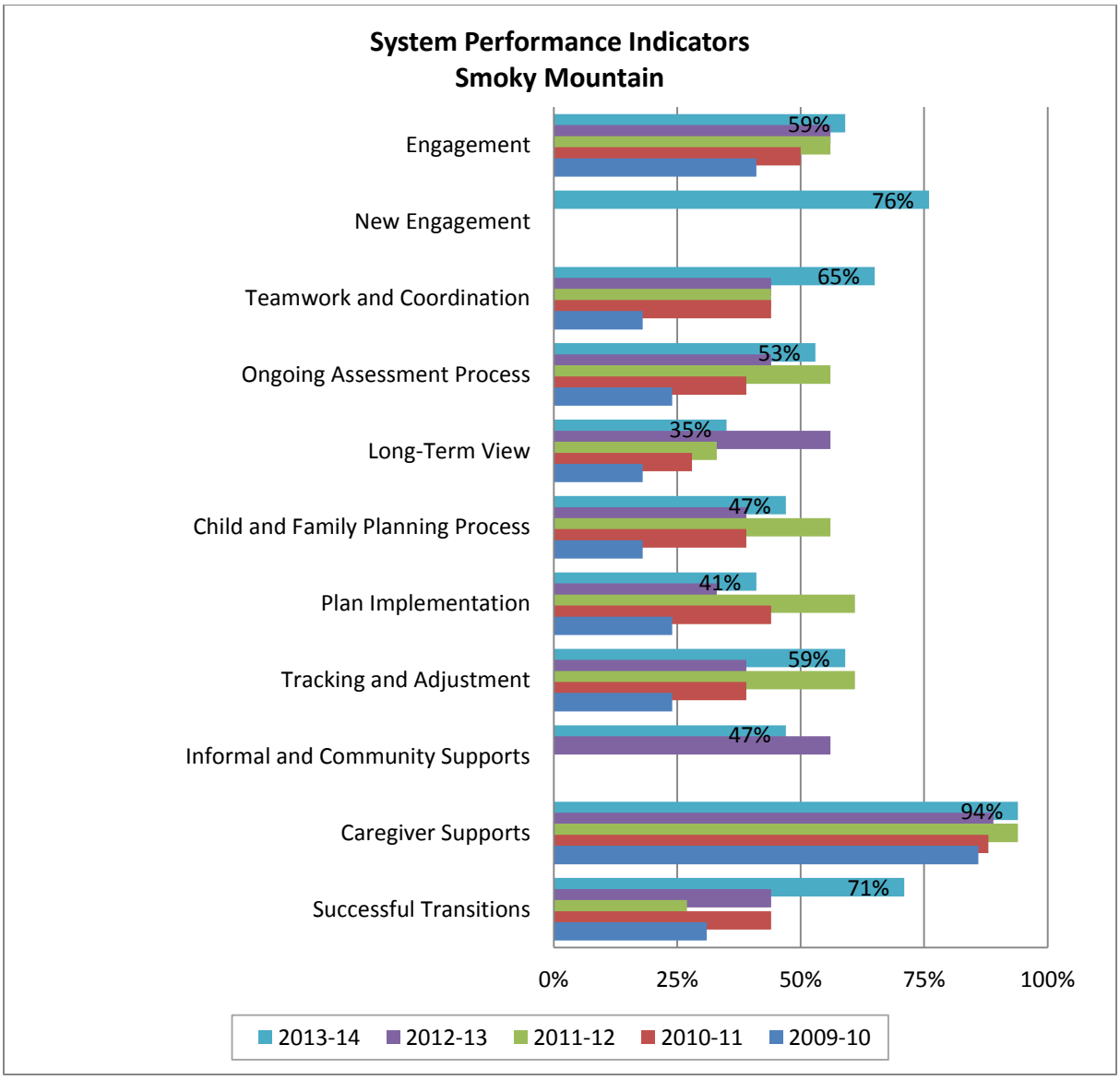

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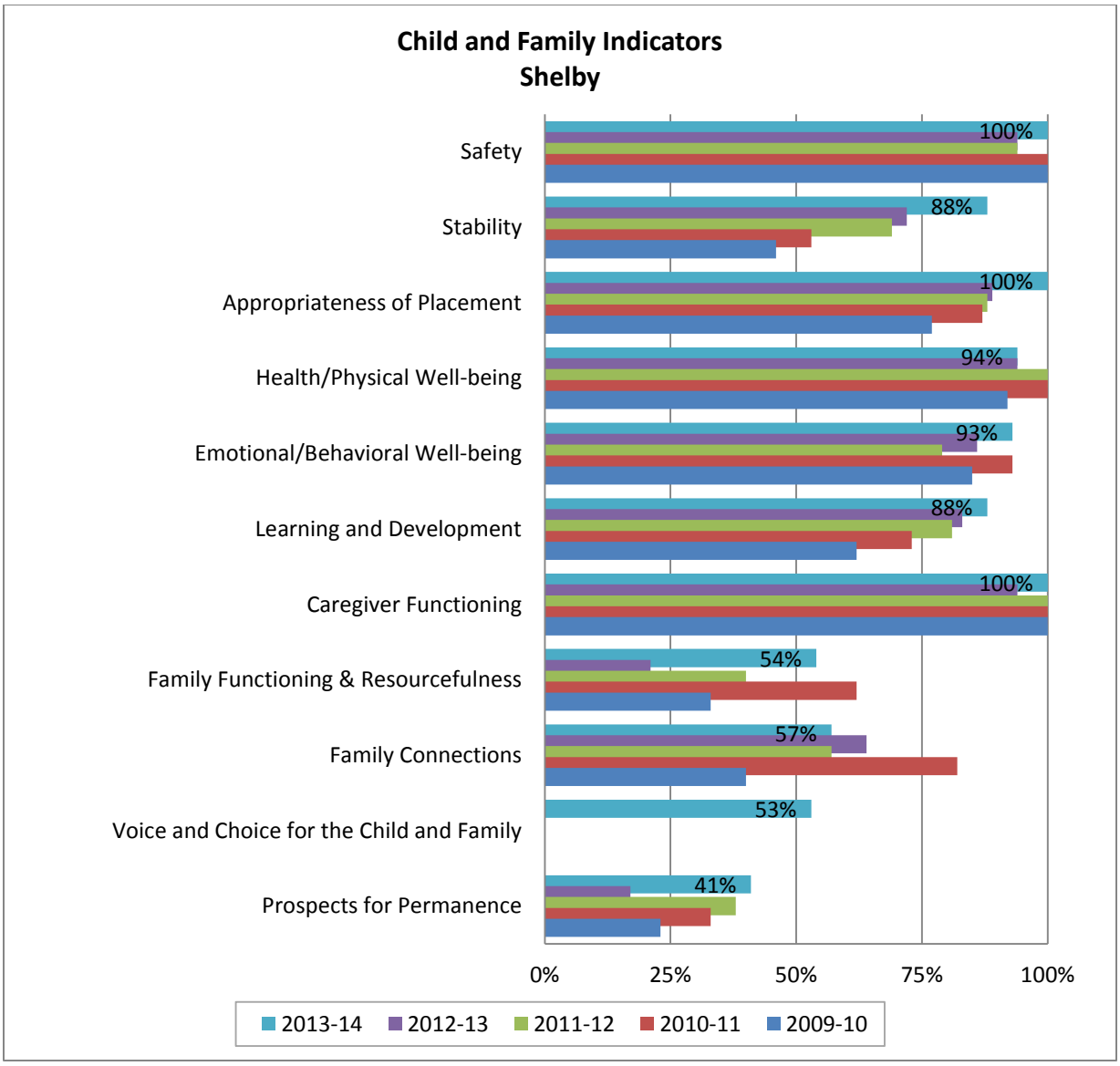

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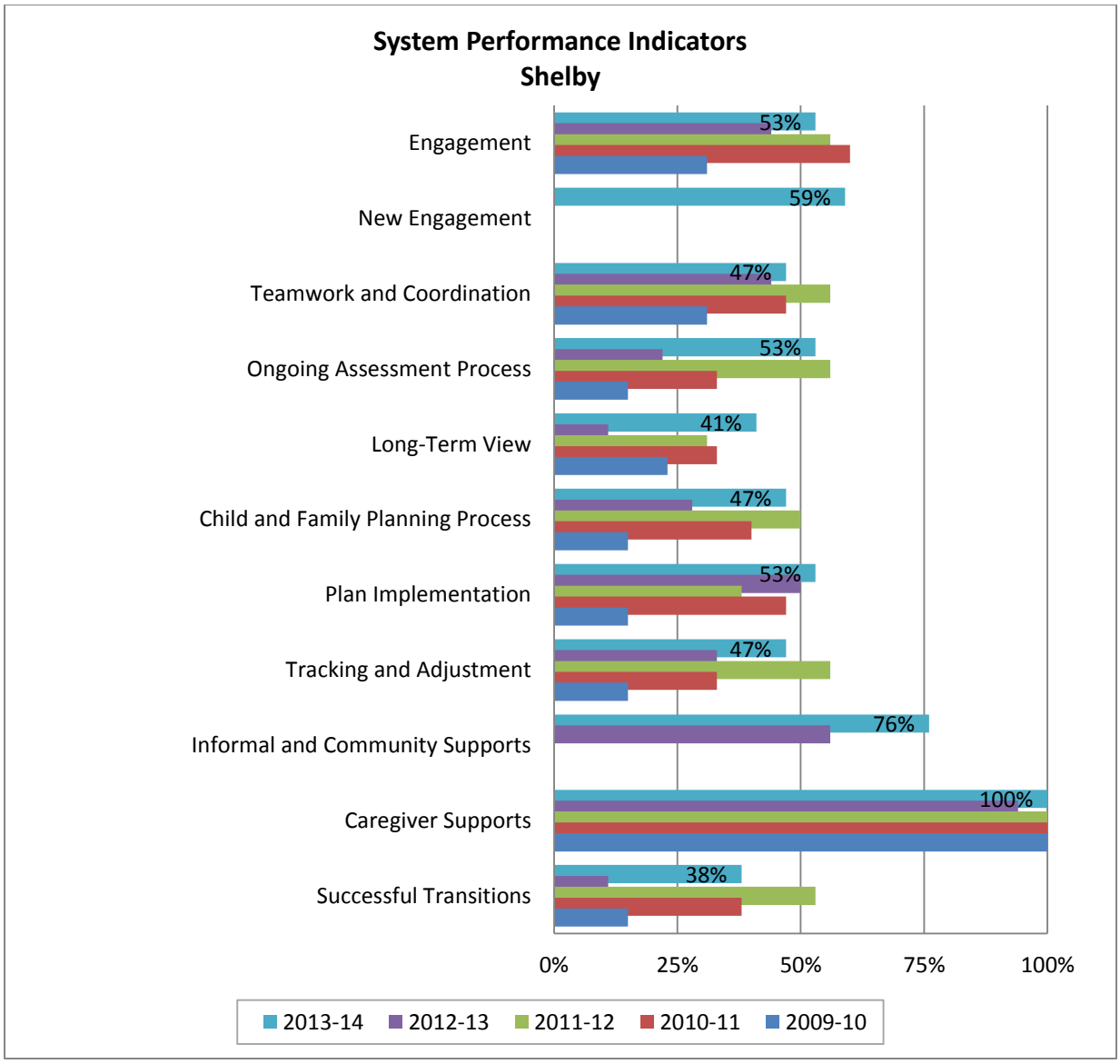

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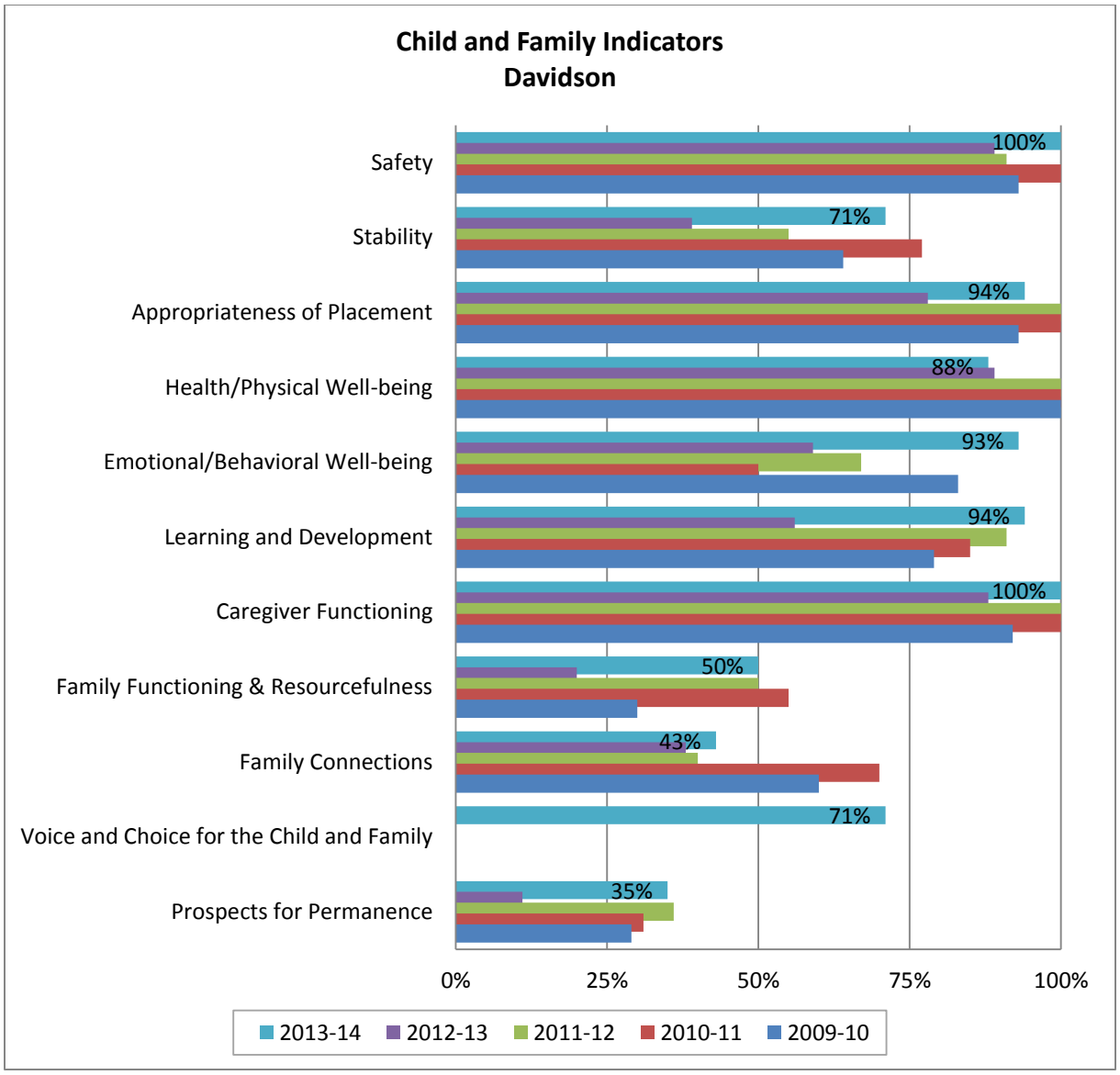

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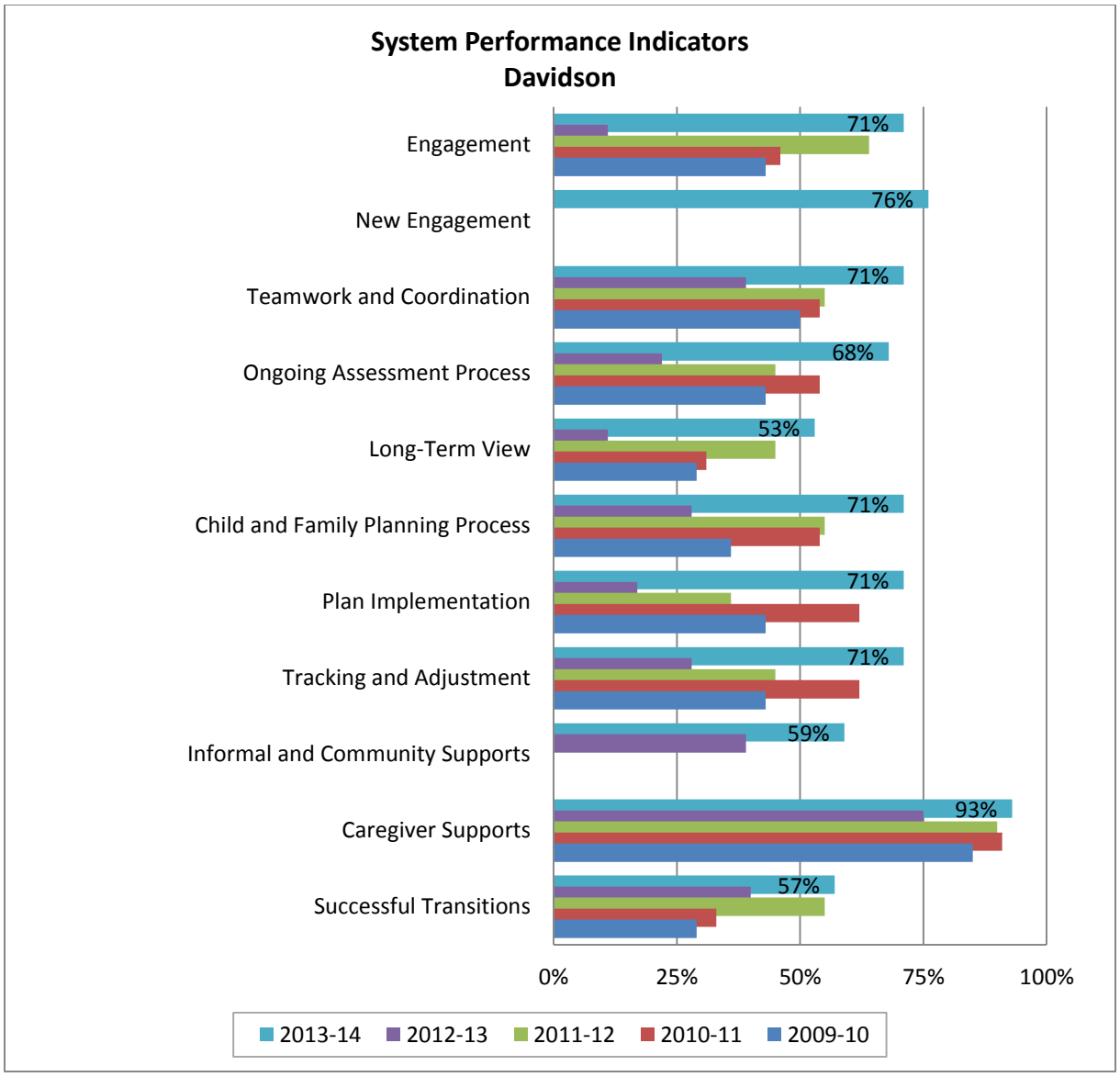

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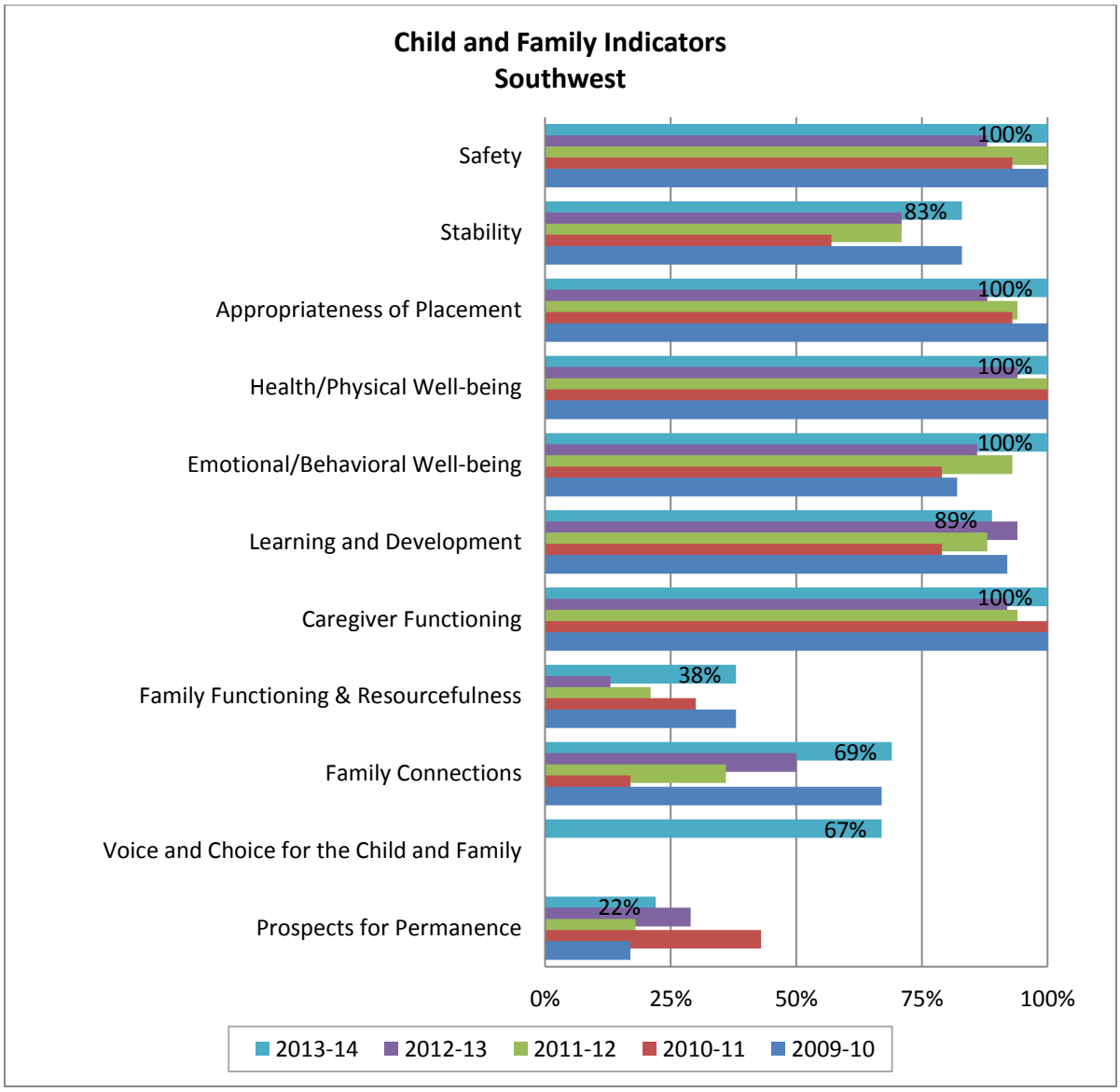

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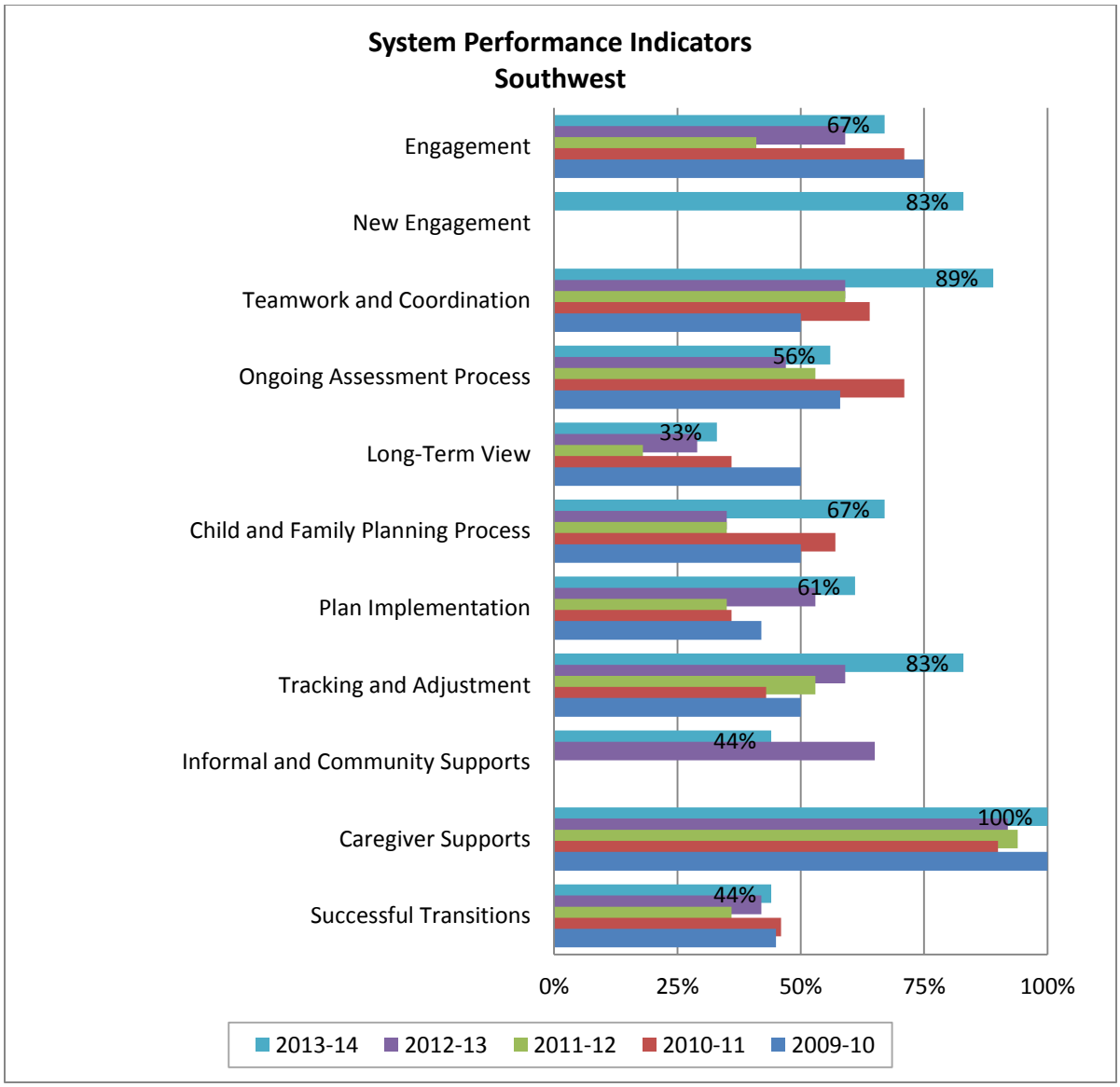

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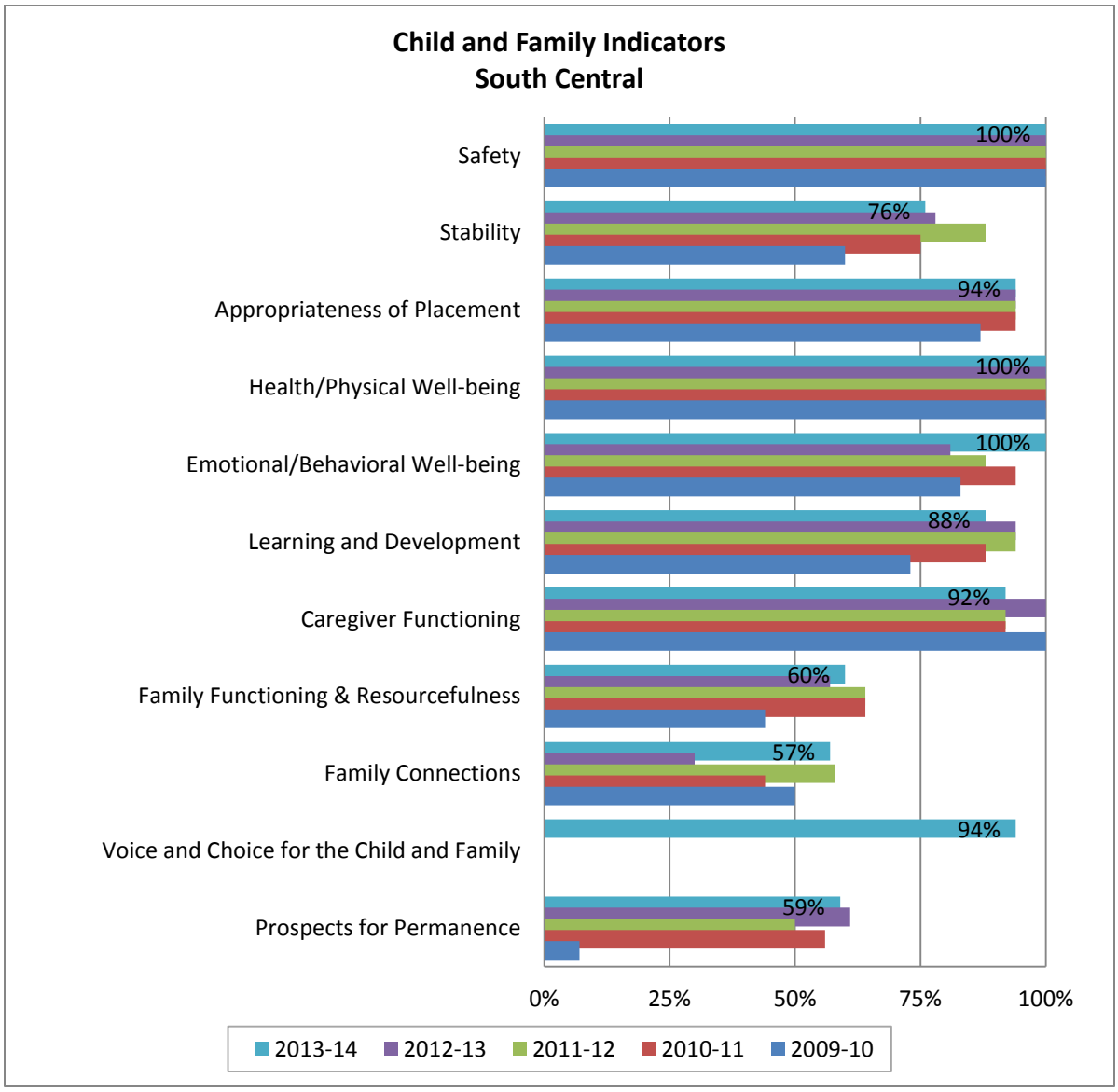

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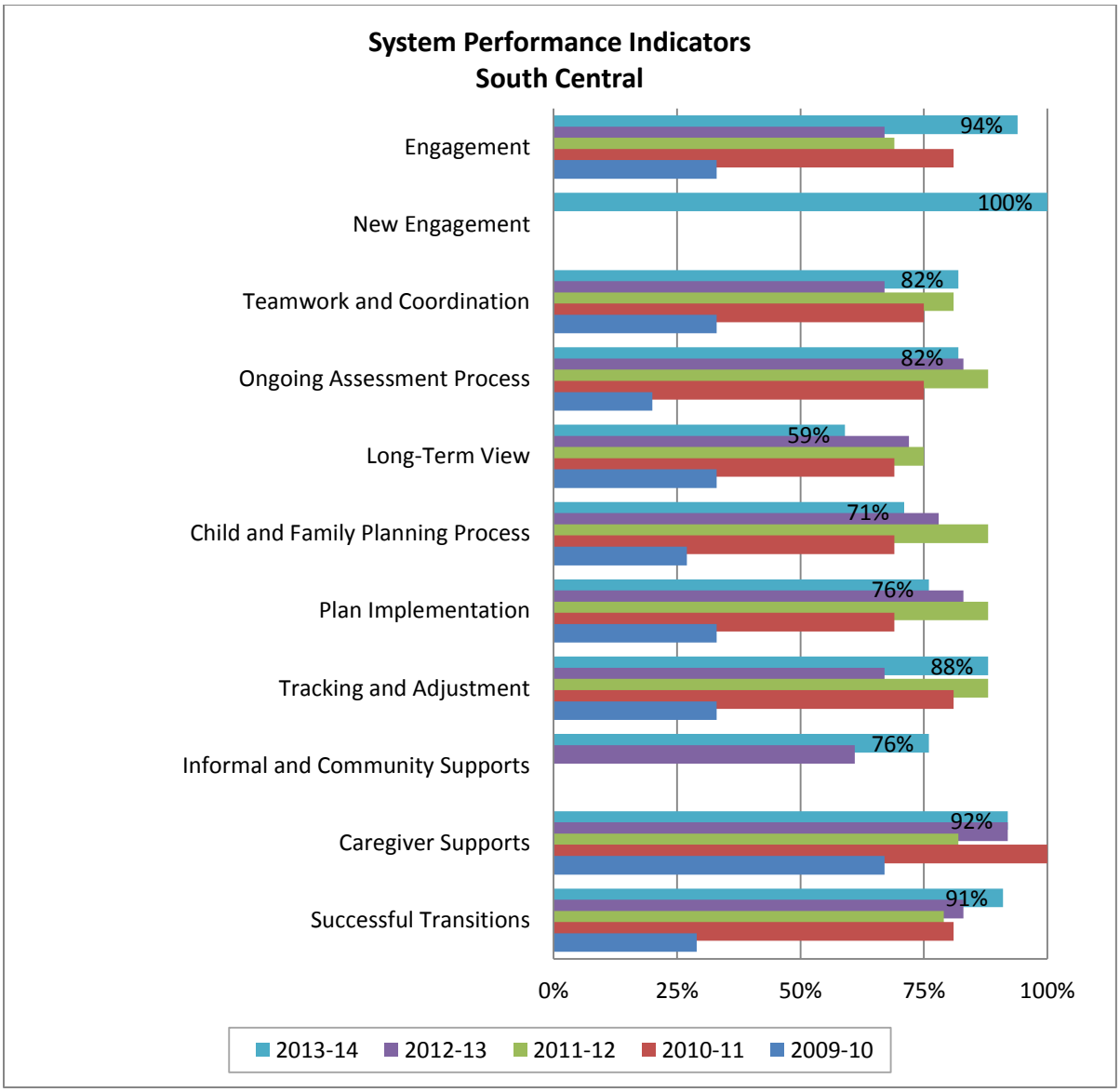

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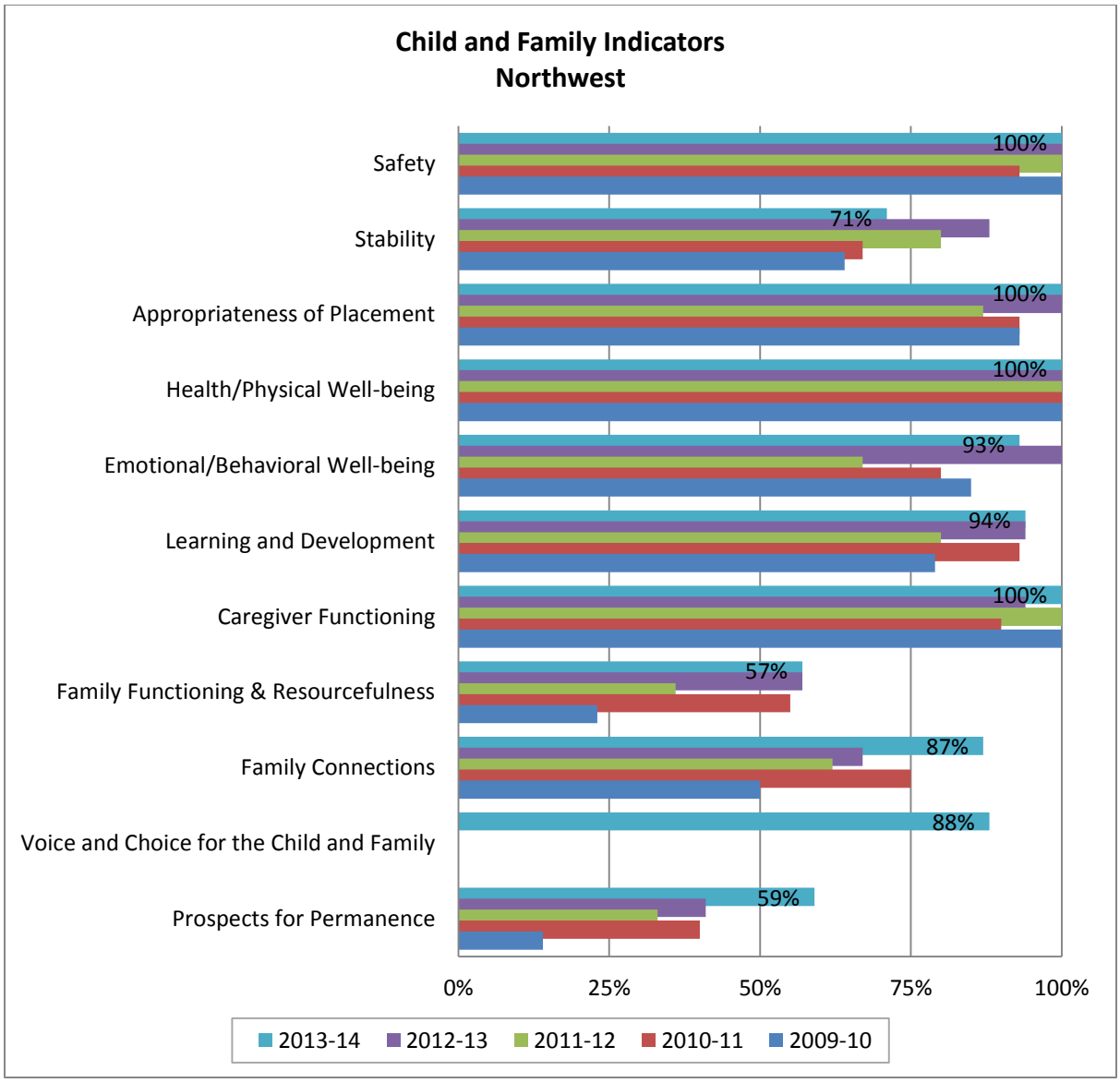

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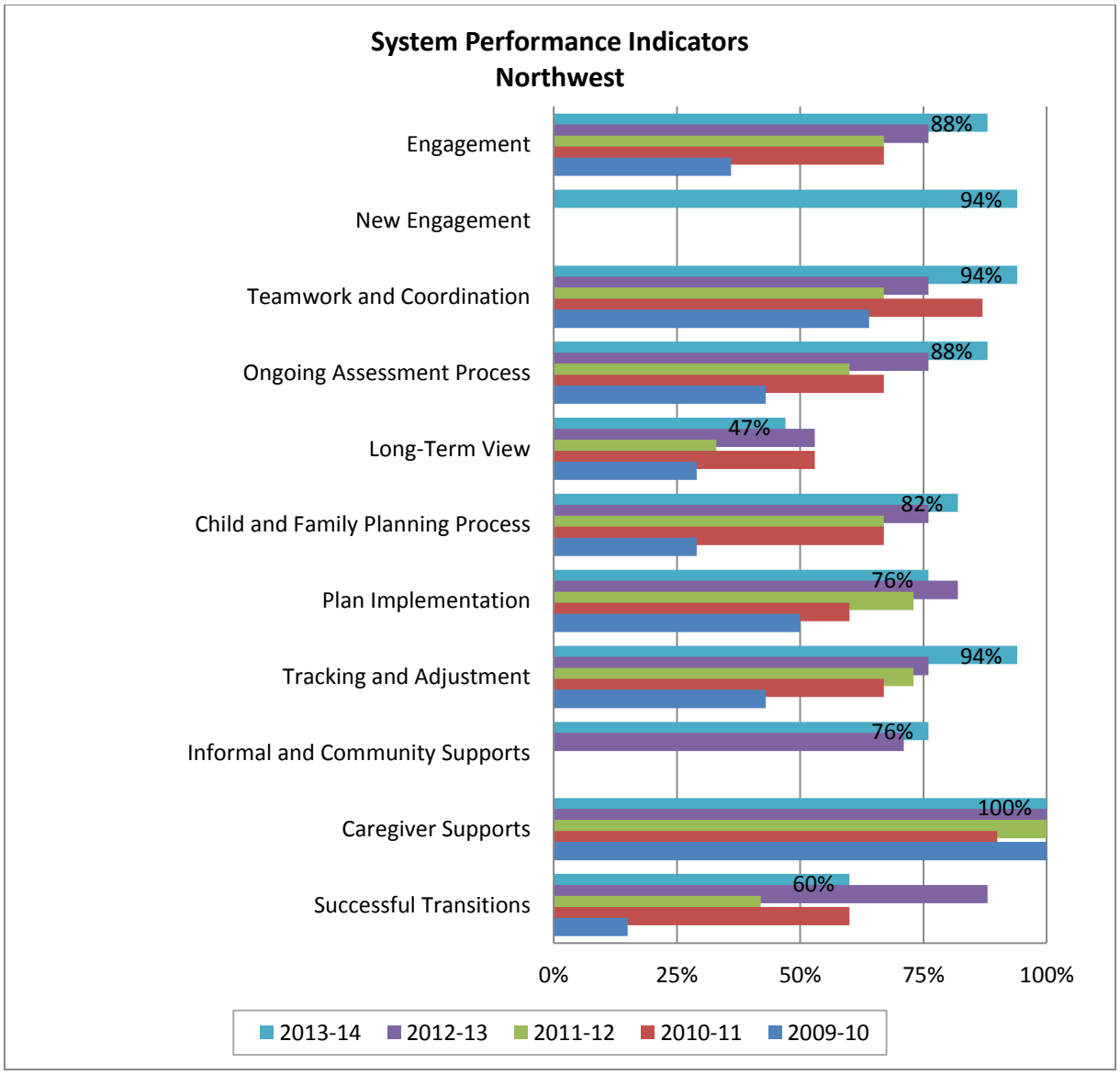

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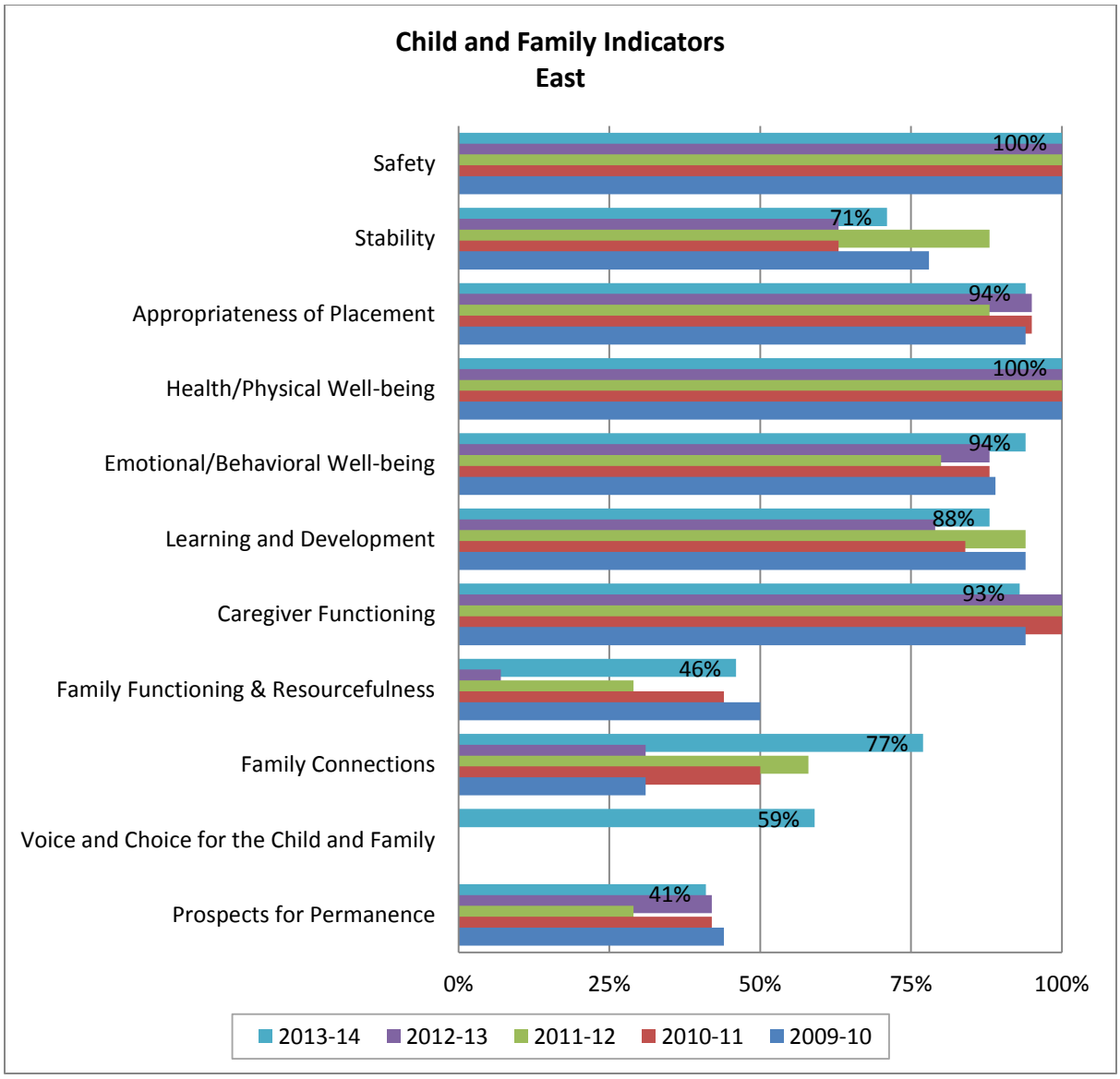

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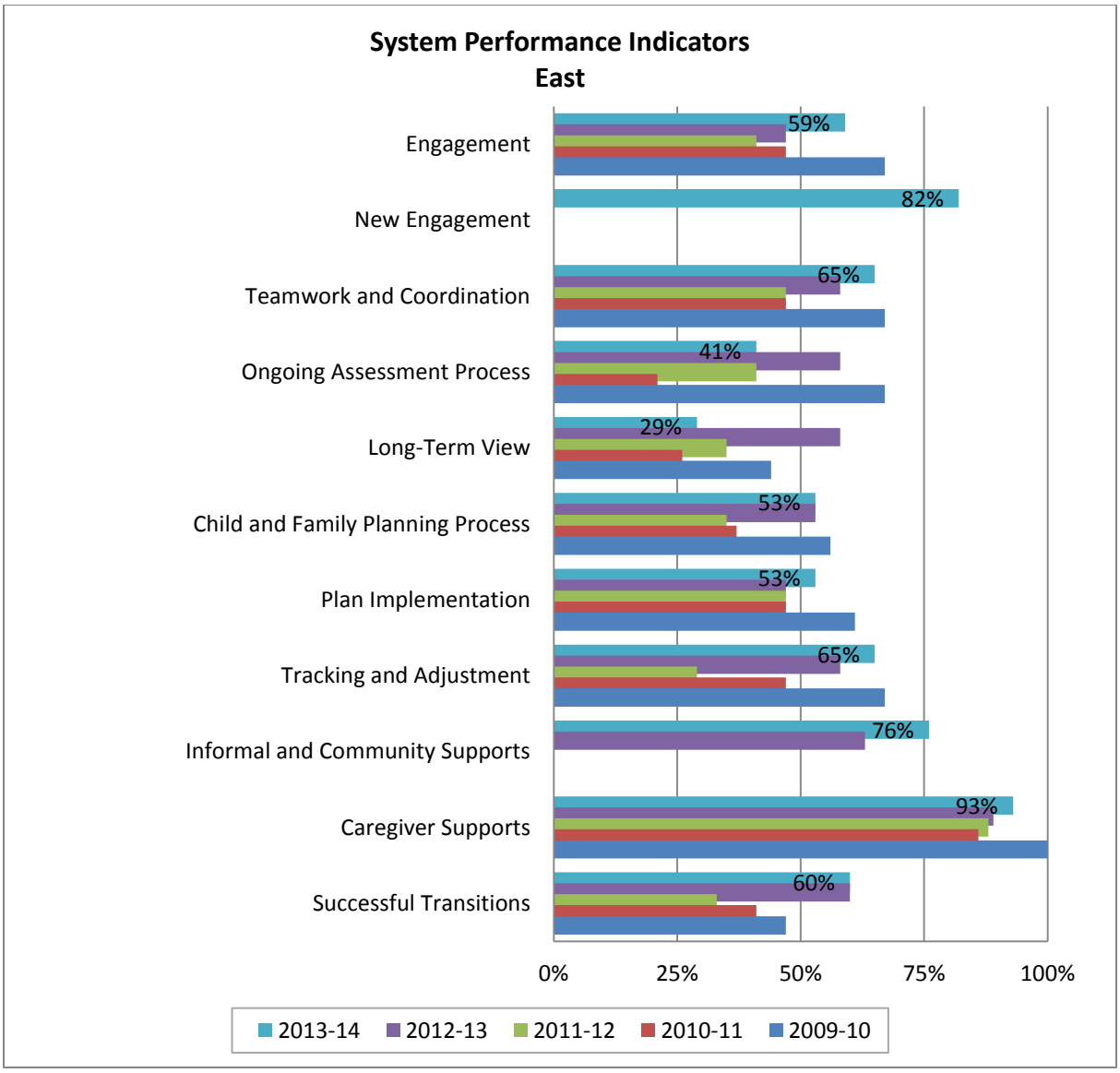

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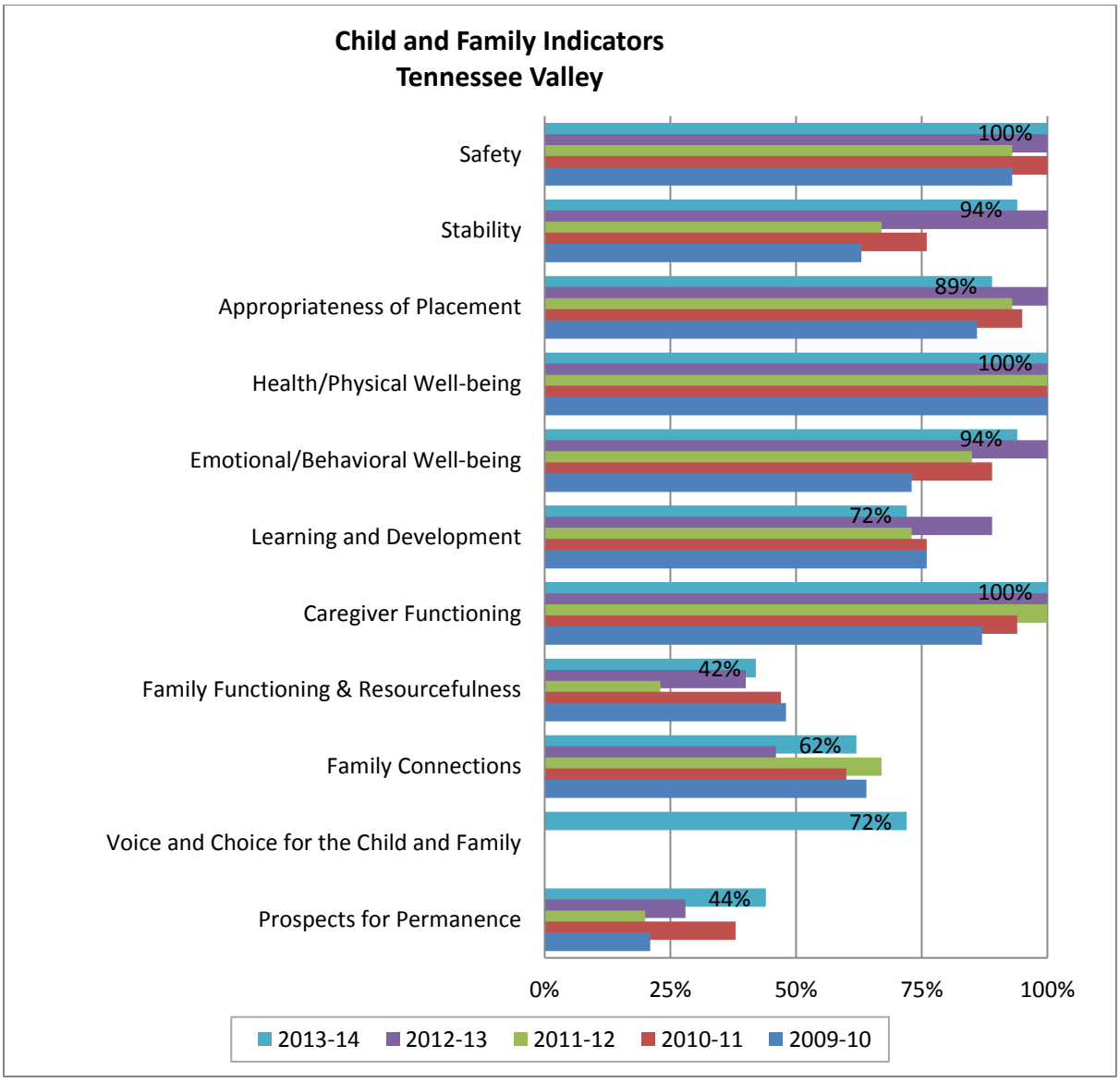

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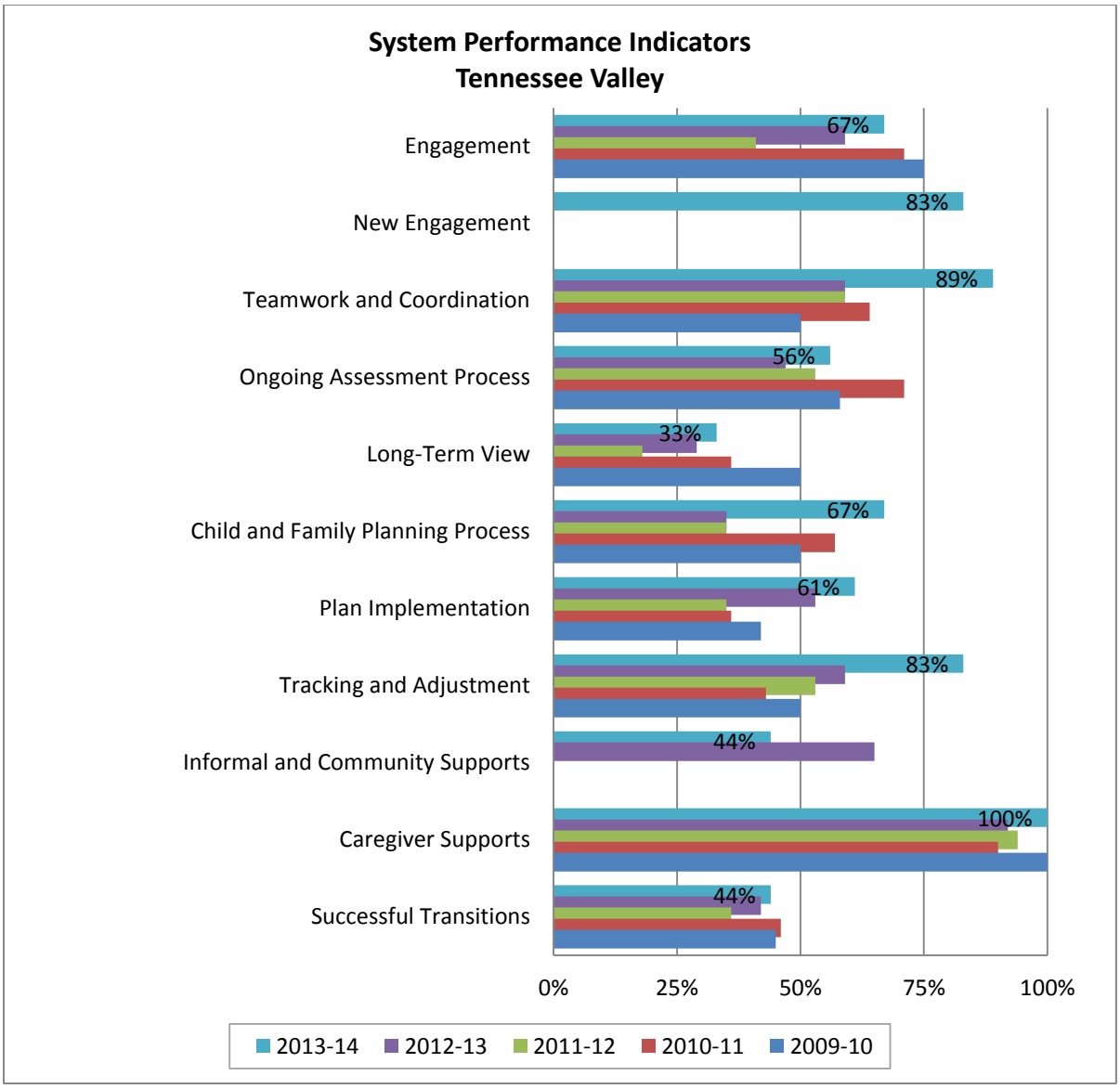

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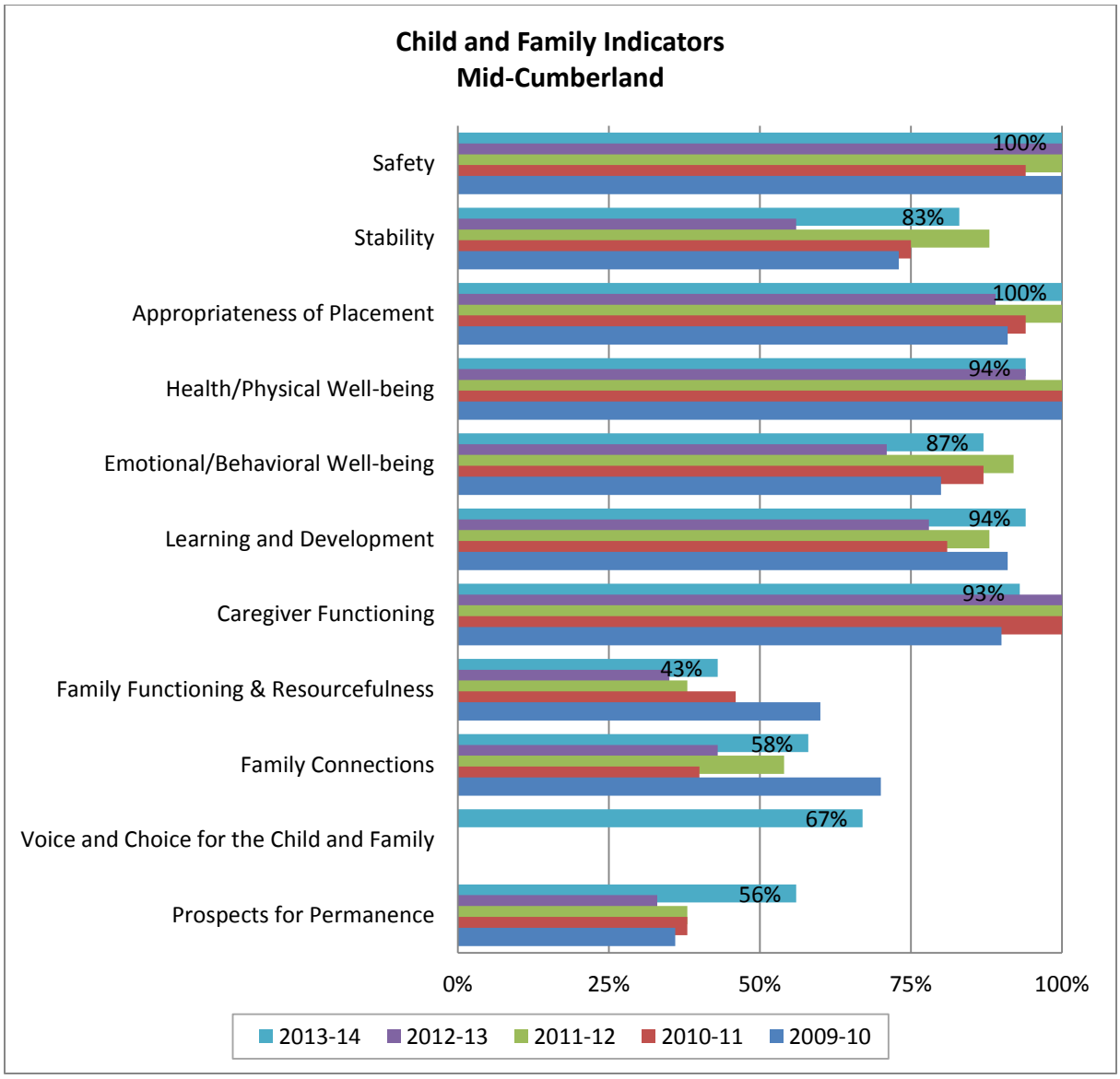

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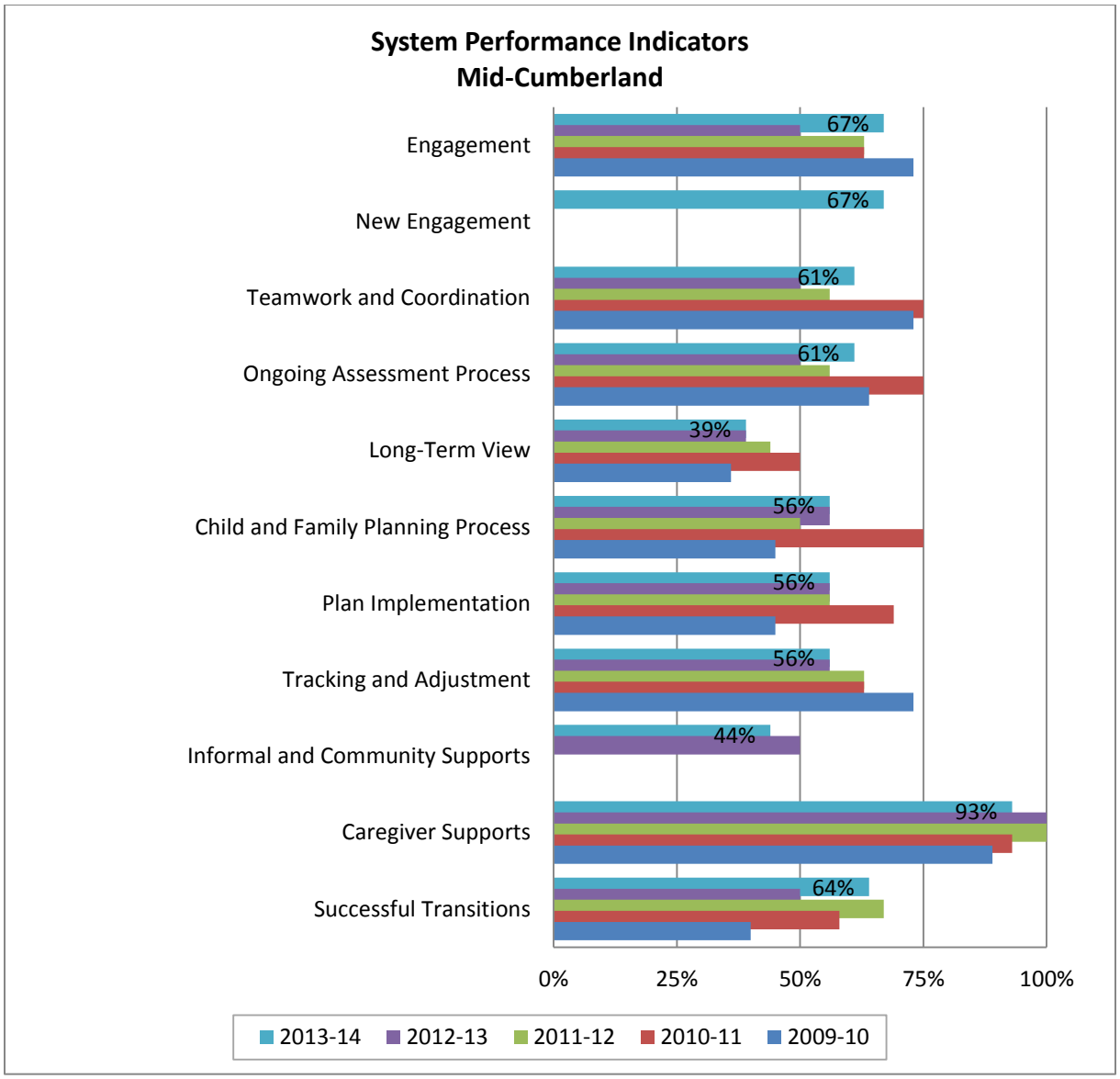

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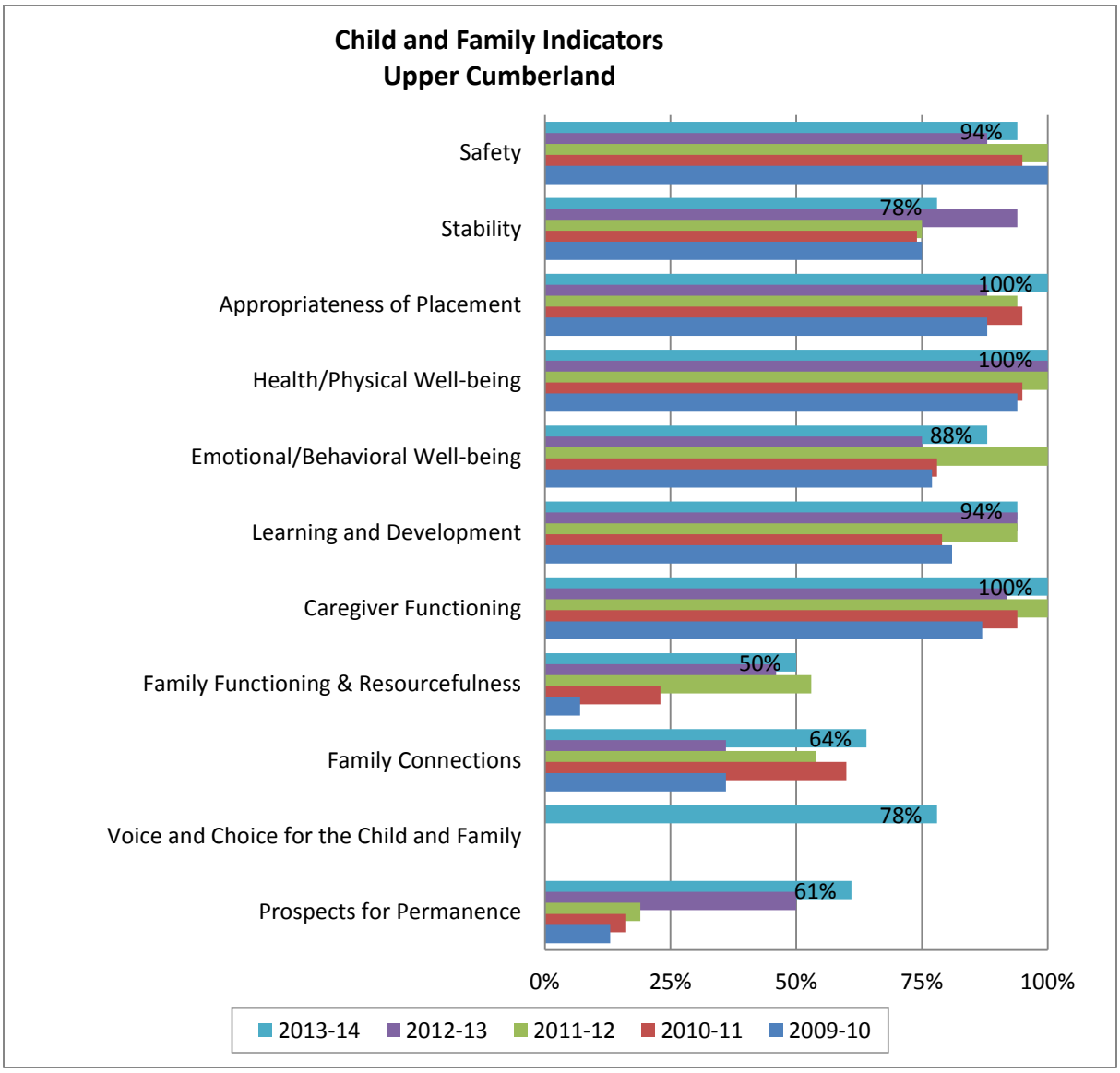

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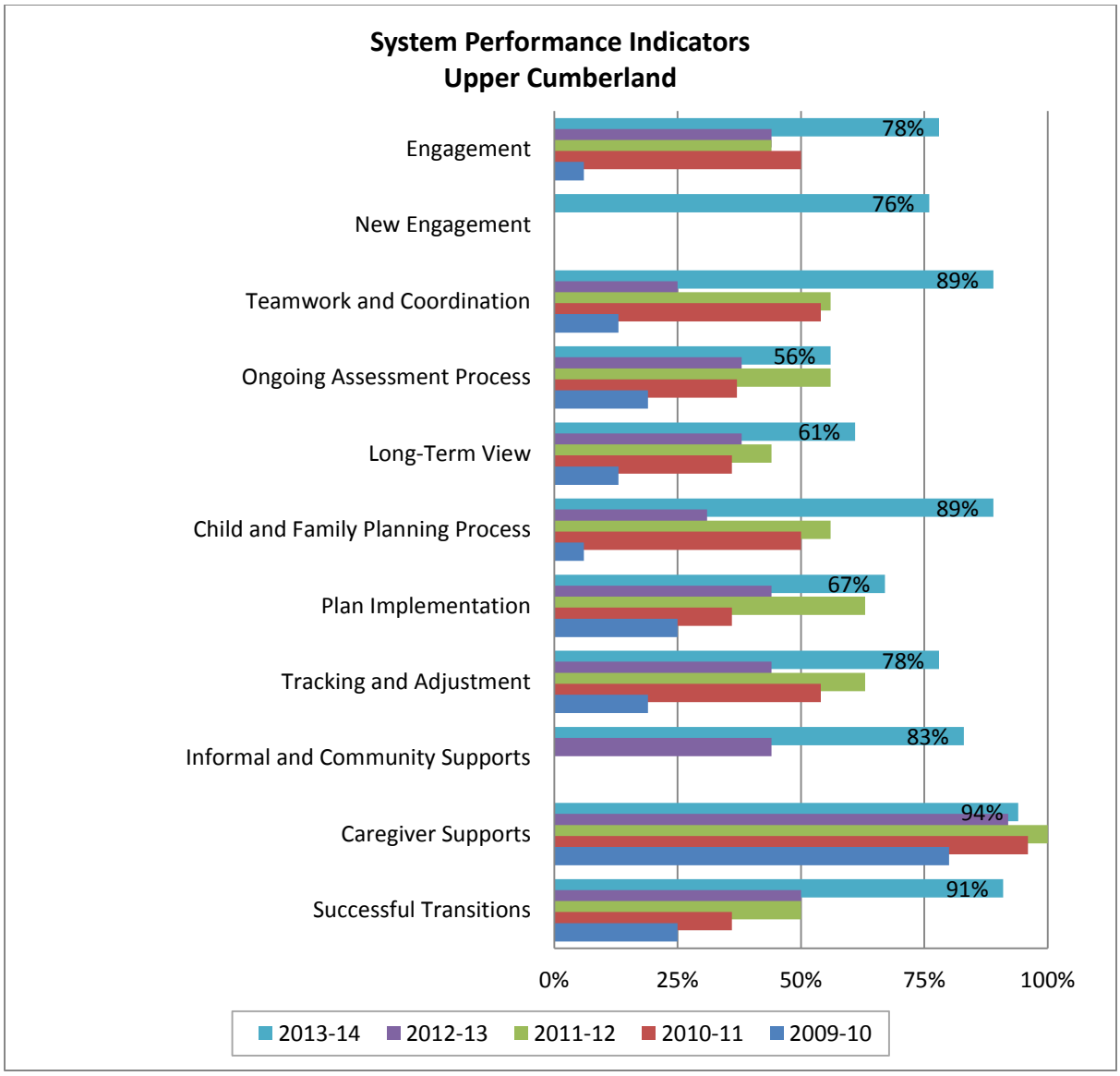

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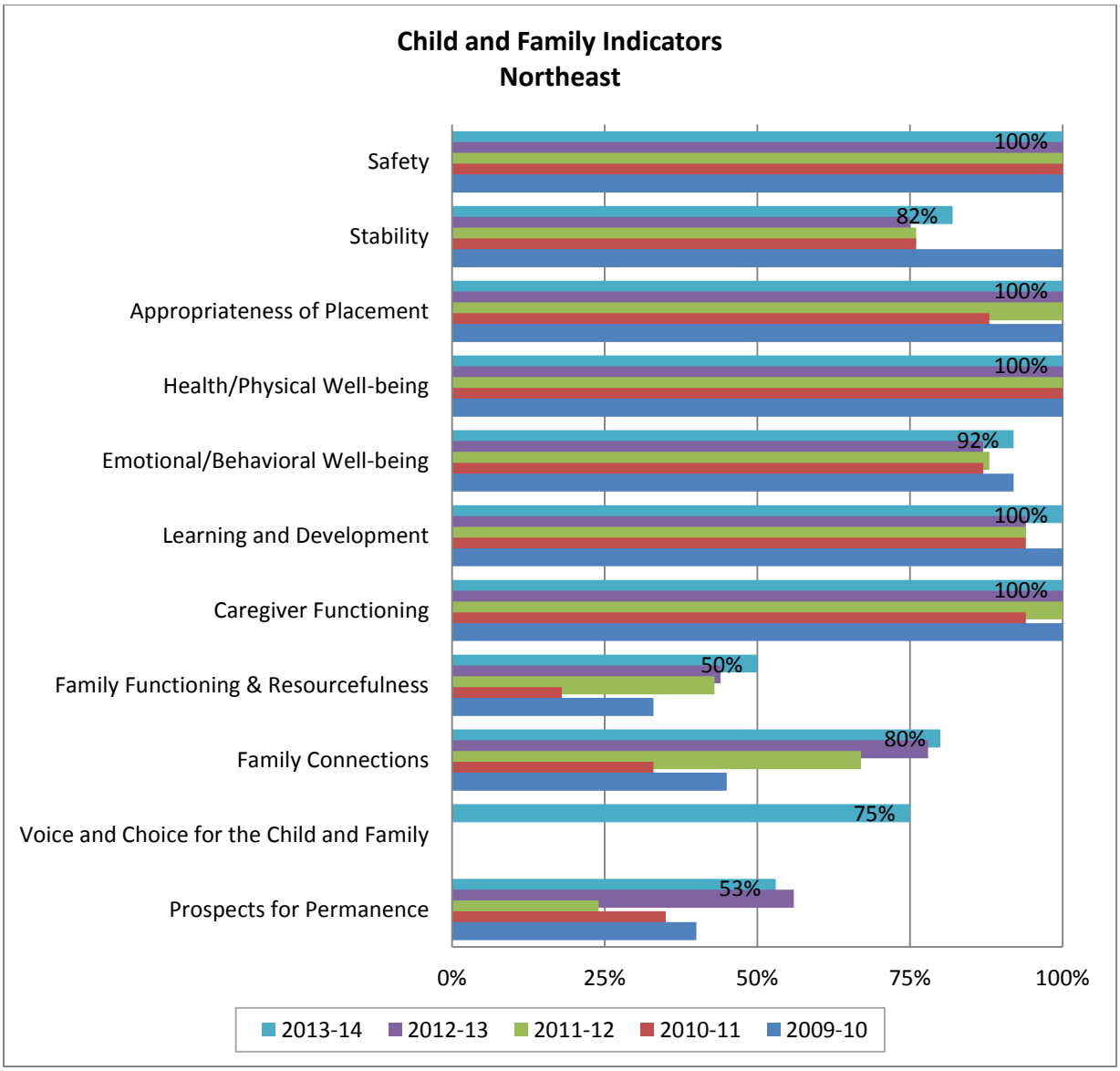

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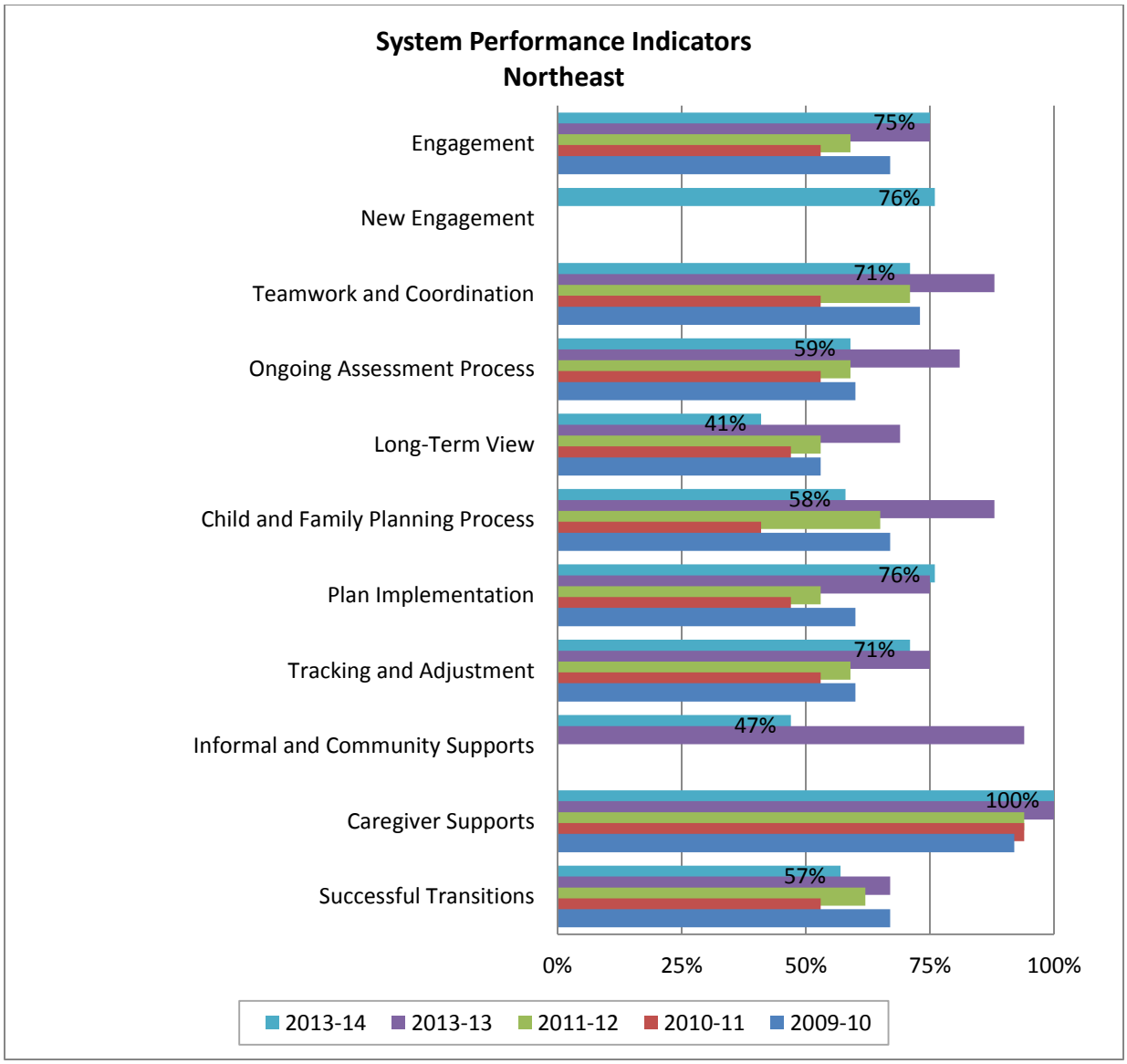

Source: QSR Databases.

APPENDIX C

Sources of Information

This appendix describes the primary sources of information relied on and referred to in Section One of this report.

1. Aggregate Data Reports

These reports are produced by University of Chicago Chapin Hall Center for Children (Chapin Hall) from TFACTS, the Department's new SACWIS system. Most of these are reports that the Department produces on a regular basis for its own planning, tracking, and management needs. Entry cohorts are used for the majority of these reports. In addition, the entry cohort view is refined for most measures by showing information about "first placements," a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).[4] The focus on "first placements" is also a recognition that children who are removed from their homes (or placed "out-of-home") have a much different experience in the child welfare system than children who remain with their families when the Department assumes legal custody.[5]

2. Quality Service Review (QSR)

The Tennessee Quality Service Review serves as the annual case file review of a statistically significant number of cases required by Section XI of the Settlement Agreement. The QSR provides quantitative and qualitative data on both child and family status (how well parents and children with whom the Department is working are doing) and system performance (how well the Department is doing in implementing the quality of case practice that is linked to better outcomes for children and families). The QSR process includes both case file reviews and interviews with children, parents, resource parents, professionals working with the family (both DCS and private provider staff), and others. The QSR protocol focuses on 11 indicators of child and family status and 10 indicators of system performance.[6]

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[4] Although many of the measures use first placement entry cohorts, some use entry cohorts including all entries (both first placements as well as reentries), and some use discharge cohorts. In addition, some measures exclude custody episodes lasting fewer than five days. The specific parameters used for each measure are noted in the text.

[5] Some of the percentages for earlier cohorts presented in Section One of this report are slightly different than the percentages presented in previous monitoring reports for those cohorts. These slight changes can be attributed to TFACTS enhancements and data cleaning efforts occurring since the data were pulled for the earlier reports.

[6] The 11 child and family status indicators are Safety, Stability, Appropriateness of Placement, Health/Physical Well-being, Emotional/Behavioral Well-being, Learning and Development, Caregiver Functioning, Family Functioning and Resourcefulness, Family Connections, Voice and Choice of the Child and Family, and Prospects for Permanence. The 10 indicators of system performance are Engagement, Teamwork and Coordination, Ongoing Assessment Process, Long-Term View, Child and Family Planning Process, Plan Implementation, Tracking and Adjustment, Informal and Community Supports, Caregiver Supports, and Successful Transitions.

3. DCS Office of Information Technology "Brian A. Reports"

These are a series of reports generated from TFACTS by the Department[7] and used by the Department to report on progress in meeting the requirements of certain specific provisions of the Settlement Agreement. These include, but are not limited to, a set of measures called for by Section XVI of the Settlement Agreement and reported on in greater detail in Key Outcome and Performance Measures at a Glance, Section One, and Appendices __ and __.[8]

[7] Some of these reports, which had previously been produced by the Department, are now being produced by Chapin Hall for DCS. These reports are separate from what is referred to as the "Chapin Hall Reports."

[8] Unlike the aggregate data reports produced by Chapin Hall that generally use entry cohorts including out-of-home placements only, the majority of these reports include all children in custody, regardless of when they entered custody or where they are placed. The specific parameters used for each measure are noted in the text.

APPENDIX D

A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help convey information about the children who are served by the child welfare system, one of three viewpoints is presented. The "viewpoints" are: "point-in-time" data, "entry cohort" data, and "exit cohort" data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a "point-in-time" viewpoint. For example, we would use point-in-time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Point-in-time data also tell us whether the number of children in care on any given day is increasing, decreasing, or staying the same. A graph that compares snapshots of the population for several years on the same day every month (the same "point in time") provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been increasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at "point-in-time data." For example, were more children committed to DCS custody in 2012 than in past years? Or is the increase the result of children staying in the system for longer time periods (fewer children getting released from custody during 2012) than in previous years? For this answer we need to look at "cohort data."

The question whether more children entered custody in 2012 than entered in 2011 is answered by comparing the total number of children who entered custody in 2012 (the 2012 entry cohort) with the number of children who entered custody in 2011 (the 2011 entry cohort).

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2012 than with the children who entered in 2011? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year-to-year improvement in these and other important areas of system performance.

There are certain questions for which "exit cohort" data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2011 (the 2011 exit cohort) with the reentry rates of those children who exited care in 2010 (the 2010 exit cohort) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.

APPENDIX E

Key Outcome and Performance Measures by Race and Ethnicity

This appendix presents race breakouts of those key outcome measures and performance indicators for which race data are currently available.[9] Race data are currently available for the measures listed below.

- From the Settlement Agreement Outcome and Performance Measures:
  - Reunification within 12 months (XVI.A.1),
  - Adoption finalization within 12 months of full guardianship (XVI.A.2),
  - Number of placements within the previous 12 months (XVI.A.3),
  - Length of time in placement (XVI.A.4),
  - Reentry into placement (XVI.A.5), and
  - Planned Permanent Living Arrangement (PPLA) goals (XVI.B.5);

- From the Regional Outcome reports produced by Chapin Hall:
  - Reduce the rate of children entering out-of-home care (Purpose No. 1),
  - Increase the proportion of children initially placed in home county (Purpose No. 2),
  - Increase the proportion of children initially placed in a family setting (Purpose No. 3),
  - Increase placement stability (Purpose No. 7), and
  - Increase the number and rate of siblings placed together initially (Purpose No. 8).

Settlement Agreement Section XVI Outcome and Performance Measures

In the following tables, "Other" includes American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Multiracial, Undetermined, Unknown, and Missing.[10]

[9] Achievement measures upon discharge data is unavailable for this reporting period. The Department has recently developed a 31 question Transitional Survey (the source of the achievement measures data) that has replaced the previous questionnaire, and the questions related to the achievement measures have been worded more clearly. That new survey has been available in TFACTS since November, 2013 and the Department has been generating some preliminary reporting from that survey, beginning with the first quarter of 2014. The Department is still working with the field to ensure that these surveys are being conscientiously filled out.

[10] Reporting from TFACTS on the racial and ethnic composition of the *Brian A.* class population is available; however, because field staff have not been as conscientious in entering race/ethnicity data as they should, there are a significant number of children for whom the race/ethnicity field has been left blank. Race is not a required field in TFACTS as it was in TNKids, which has contributed to a larger number of blanks in TFACTS reporting than was present in TNKids reporting.

XVI.A.1 Reunification
Children Exiting Care Between 1/1/13 and 1/1/14
Number and Percent Who Were Reunified with Parents or Exited to Relatives Within 12 Months of Entry

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	205	164	80.0%	57	44	77.2%	102	81	79.4%	18	15	83.3%	28	24	85.7%
East	302	243	80.5%	265	212	80.0%	11	9	81.8%	6	5	83.3%	20	17	85.0%
Knox	250	139	55.6%	150	85	56.7%	51	27	52.9%	18	4	22.2%	31	23	74.2%
Mid-Cumberland	510	366	71.8%	302	219	72.5%	66	40	60.6%	51	35	68.6%	91	72	79.1%
Northeast	295	181	61.4%	262	157	59.9%	2	0	0.0%	13	11	84.6%	18	13	72.2%
Northwest	156	93	59.6%	111	67	60.4%	30	17	56.7%	4	2	50.0%	11	7	63.6%
Shelby	565	393	69.6%	47	41	87.2%	477	323	67.7%	19	11	57.9%	22	18	81.8%
Smoky Mountain	330	210	63.6%	282	185	65.6%	16	10	62.5%	15	10	66.7%	17	5	29.4%
South Central	204	141	69.1%	154	105	68.2%	19	12	63.2%	8	7	87.5%	23	17	73.9%
Southwest	185	132	71.4%	101	72	71.3%	57	39	68.4%	11	10	90.9%	16	11	68.8%
Tennessee Valley	348	249	71.6%	258	197	76.4%	58	23	39.7%	22	20	90.9%	10	9	90.0%
Upper Cumberland	289	187	64.7%	265	174	65.7%	3	0	0.0%	15	12	80.0%	6	1	16.7%
Statewide	**3639**	**2498**	**68.6%**	**2254**	**1558**	**69.1%**	**892**	**581**	**65.1%**	**200**	**142**	**71.0%**	**293**	**217**	**74.1%**
Outcome Goal			**80.0%**			**80.0%**			**80.0%**			**80.0%**			**80.0%**

XVI.A.2 Adoption Finalization
Full Guardianship Obtained Between 1/1/12 and 1/1/13
Number and Percent of Adoption Finalizations Within 12 Months of Full Guardianship

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	48	36	75.0%	16	12	75.0%	22	15	68.2%	8	7	87.5%	2	2	100.0%
East	122	104	85.2%	116	99	85.3%	2	2	100.0%	2	1	50.0%	2	2	100.0%
Knox	155	129	83.2%	120	100	83.3%	9	6	66.7%	16	14	87.5%	10	9	90.0%
Mid-Cumberland	103	81	78.6%	68	58	85.3%	19	15	78.9%	8	6	75.0%	8	2	25.0%
Northeast	102	72	70.6%	90	64	71.1%	5	3	60.0%	2	2	100.0%	5	3	60.0%
Northwest	20	13	65.0%	12	6	50.0%	5	4	80.0%	2	2	100.0%	1	1	100.0%
Shelby	37	29	78.4%	9	9	100.0%	27	19	70.4%	0	0		1	1	100.0%
Smoky Mountain	137	118	86.1%	122	108	88.5%	0	0		12	8	66.7%	3	2	66.7%
South Central	50	43	86.0%	40	34	85.0%	1	1	100.0%	7	7	100.0%	2	1	50.0%
Southwest	28	22	78.6%	17	14	82.4%	10	8	80.0%	0	0		1	0	0.0%
Tennessee Valley	114	81	71.1%	87	63	72.4%	11	8	72.7%	12	7	58.3%	4	3	75.0%
Upper Cumberland	120	98	81.7%	112	91	81.3%	0	0		4	4	100.0%	4	3	75.0%
Statewide	**1036**	**826**	**79.7%**	**809**	**658**	**81.3%**	**111**	**81**	**73.0%**	**73**	**58**	**79.5%**	**43**	**29**	**67.4%**
Outcome Goal			**75.0%**			**75.0%**			**75.0%**			**75.0%**			**75.0%**

XVI.A.3 Number of Placements
Children in Custody Between 1/1/13 and 1/1/14
Number and Percent of Children Experiencing Two or Fewer Placements During Previous 12 Months

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	592	551	93.1%	197	187	94.9%	288	262	91.0%	53	52	98.1%	54	50	92.6%
East	908	843	92.8%	804	746	92.8%	27	23	85.2%	35	35	100.0%	42	39	92.9%
Knox	1133	1058	93.4%	711	663	93.2%	223	202	90.6%	94	93	98.9%	105	100	95.2%
Mid-Cumberland	1358	1260	92.8%	847	784	92.6%	211	198	93.8%	119	110	92.4%	181	168	92.8%
Northeast	1100	1041	94.6%	985	934	94.8%	20	17	85.0%	48	44	91.7%	47	46	97.9%
Northwest	544	504	92.6%	385	360	93.5%	92	83	90.2%	25	22	88.0%	42	39	92.9%
Shelby	1438	1338	93.0%	118	114	96.6%	1229	1136	92.4%	51	50	98.0%	40	38	95.0%
Smoky Mountain	1252	1158	92.5%	1072	986	92.0%	38	36	94.7%	89	87	97.8%	53	49	92.5%
South Central	672	616	91.7%	529	487	92.1%	43	39	90.7%	46	43	93.5%	54	47	87.0%
Southwest	548	503	91.8%	295	274	92.9%	168	155	92.3%	35	29	82.9%	50	45	90.0%
Tennessee Valley	1143	1071	93.7%	849	803	94.6%	177	161	91.0%	64	59	92.2%	53	48	90.6%
Upper Cumberland	1147	1060	92.4%	1014	933	92.0%	18	17	94.4%	64	59	92.2%	51	51	100.0%
Statewide	**11835**	**11003**	**93.0%**	**7806**	**7271**	**93.1%**	**2534**	**2329**	**91.9%**	**723**	**683**	**94.5%**	**772**	**720**	**93.3%**
Outcome Goal			**90.0%**			**90.0%**			**90%**			**90.0%**			**90.0%**

XVI.A.4 Length of Time in Placement
Children in Custody Between 1/1/13 and 1/1/14
Number and Percent of Children Who Had Been in Custody for Two Years or Less

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	613	495	80.8%	200	156	78.0%	298	244	81.9%	57	47	82.5%	58	48	82.8%
East	923	773	83.7%	814	690	84.8%	30	21	70.0%	36	32	88.9%	43	30	69.8%
Knox	1144	948	82.9%	720	592	82.2%	224	178	79.5%	94	86	91.5%	106	92	86.8%
Mid-Cumberland	1380	1205	87.3%	864	755	87.4%	213	182	85.4%	119	103	86.6%	184	165	89.7%
Northeast	1115	877	78.7%	997	783	78.5%	20	14	70.0%	50	41	82.0%	48	39	81.3%
Northwest	550	479	87.1%	390	334	85.6%	93	82	88.2%	25	22	88.0%	42	41	97.6%
Shelby	1461	1166	79.8%	119	107	89.9%	1251	996	79.6%	51	31	60.8%	40	32	80.0%
Smoky Mountain	1262	1008	79.9%	1081	879	81.3%	38	32	84.2%	90	57	63.3%	53	40	75.5%
South Central	681	537	78.9%	538	423	78.6%	43	36	83.7%	46	39	84.8%	54	39	72.2%
Southwest	565	457	80.9%	301	256	85.0%	177	130	73.4%	36	33	91.7%	51	38	74.5%
Tennessee Valley	1160	921	79.4%	863	686	79.5%	180	152	84.4%	64	45	70.3%	53	38	71.7%
Upper Cumberland	1150	1018	88.5%	1017	903	88.8%	18	17	94.4%	64	57	89.1%	51	41	80.4%
Statewide	**12004**	**9884**	**82.3%**	**7904**	**6564**	**83.0%**	**2585**	**2084**	**80.6%**	**732**	**593**	**81.0%**	**783**	**643**	**82.1%**
Outcome Goal			**75.0%**			**75.0%**			**75.0%**			**75.0%**			**75.0%**

XVI.A.5 Reentry into Placement
Children Exiting Custody Between 1/1/12 and 1/1/13
Number and Percent of Children Who Reentered Custody Within 12 Months of Discharge

	Total Population			White			Black/African American			Hispanic			Other		
Region	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	296	18	6.1%	88	7	8.0%	122	10	8.2%	34	0	0.0%	52	1	1.9%
East	454	43	9.5%	358	36	10.1%	7	2	28.6%	21	2	9.5%	68	3	4.4%
Knox	445	22	4.9%	303	7	2.3%	66	11	16.7%	28	1	3.6%	48	3	6.3%
Mid-Cumberland	541	24	4.4%	272	14	5.1%	88	4	4.5%	45	3	6.7%	136	3	2.2%
Northeast	472	23	4.9%	355	23	6.5%	16	0	0.0%	13	0	0.0%	88	0	0.0%
Northwest	166	6	3.6%	103	5	4.9%	27	1	3.7%	14	0	0.0%	22	0	0.0%
Shelby	707	43	6.1%	72	6	8.3%	522	34	6.5%	11	2	18.2%	102	1	1.0%
Smoky Mountain	602	23	3.8%	481	20	4.2%	8	3	37.5%	27	0	0.0%	86	0	0.0%
South Central	326	18	5.5%	256	12	4.7%	28	4	14.3%	24	2	8.3%	18	0	0.0%
Southwest	202	10	5.0%	106	7	6.6%	71	3	4.2%	10	0	0.0%	15	0	0.0%
Tennessee Valley	481	27	5.6%	335	14	4.2%	74	11	14.9%	31	1	3.2%	41	1	2.4%
Upper Cumberland	502	27	5.4%	443	24	5.4%	3	0	0.0%	20	3	15.0%	36	0	0.0%
Statewide	**5194**	**284**	**5.5%**	**3172**	**175**	**5.5%**	**1032**	**83**	**8.0%**	**278**	**14**	**5.0%**	**712**	**12**	**1.7%**
Outcome Goal			**<= 8%**			**<= 8%**			**<= 8%**			**<= 8%**			**<= 8%**

XVI.B.4 Timeliness of TPR Filing
Children Who Had a Sole Goal of Adoption Established Between 1/1/2013 and 12/31/2013
Number and Percent of Children Who Had a TPR Filed Within Six Months of the Establishment of the Sole Goal of Adoption

	Total Population			White			Black/African American			Hispanic			Other		
Region	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	24	17	71%	14	14	100%	8	2	25%	0	0	0%	2	1	50%
East	53	51	96%	45	43	96%	6	6	100%	0	0	0%	2	2	100%
Knox	103	102	99%	69	68	99%	18	18	100%	8	8	100%	8	8	100%
Mid-Cumberland	43	43	100%	30	30	100%	5	5	100%	6	6	100%	2	2	100%
Northeast	97	97	100%	85	85	100%	2	2	100%	4	4	100%	6	6	100%
Northwest	22	22	100%	12	12	100%	4	4	100%	4	4	100%	2	2	100%
Shelby	22	20	91%	1	1	100%	20	18	90%	1	1	100%	0	0	0&
Smoky Mountain	99	93	94%	89	83	93%	2	2	100%	7	7	100%	1	1	100%
South Central	54	54	100%	44	44	100%	2	2	100%	5	5	100%	3	3	100%
Southwest	10	10	100%	4	4	100%	5	5	100%	0	0	0%	1	1	100%
Tennessee Valley	41	33	80%	37	30	81%	1	1	100%	2	2	100%	1		100%
Upper Cumberland	84	84	100%	75	75	100%	2	2	100%	2	2	100%	5	5	100%
Statewide	**652**	**627**	**96%**	**505**	**489**	**97%**	**75**	**67**	**89%**	**39**	**39**	**100%**	**33**	**32**	**91%**
Outcome Goal			**85%**			**85%**			**85%**			**85%**			**85%**

XVI.B.5 Goal of Planned Permanent Living Arrangement Children in Custody on December 26, 2013 Number and Percent of Children with a Sole PPLA Goal												
	Total Population			White			Black/African American			Other		
Region	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	370	1	0.3%	157	0	0.0%	197	1	0.5%	16	0	0.0%
East	469	0	0.0%	437	0	0.0%	24	0	0.0%	8	0	0.0%
Knox	665	1	0.2%	454	1	0.2%	188	0	0.0%	23	0	0.0%
Mid-Cumberland	829	0	0.0%	608	0	0.0%	170	0	0.0%	51	0	0.0%
Northeast	682	0	0.0%	622	0	0.0%	34	0	0.0%	26	0	0.0%
Northwest	238	0	0.0%	156	0	0.0%	65	0	0.0%	17	0	0.0%
Shelby	779	0	0.0%	74	0	0.0%	694	1	0.0%	11	0	0.0%
Smoky Mountain	749	1	0.1%	693	1	0.1%	47	0	0.0%	9	0	0.0%
South Central	380	2	0.5%	340	2	0.6%	35	0	0.0%	5	0	0.0%
Southwest	329	0	0.0%	197	0	0.0%	127	0	0.0%	5	0	0.0%
Tennessee Valley	682	6	0.9%	515	5	1.0%	137	1	0.7%	30	0	0.0%
Upper Cumberland	702	2	0.3%	610	2	0.3%	31	0	0.0%	61	0	0.0%
Statewide	**6874**	**13**	**0.2%**	**4863**	**11**	**0.2%**	**1749**	**2**	**0.1%**	**262**	**0**	**0.0%**
Outcome Goal			**<= 5%**			**<= 5%**			**<= 5%**			**<= 5%**

Rate (per 1,000) of Children Entering Out-of-Home Placement Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2012-13				
Region	**Total Population**	**White**	**Black/ African American**	**Hispanic**
Davidson	1.8	1.3	2.5	1.3
East	5.5	5.3	4.7	7.4
Knox	4.0	3.1	6.3	8.9
Mid-Cumberland	2.3	1.7	3.2	3.9
Northeast	3.8	3.6	2.1	5.8
Northwest	4.0	3.6	4.8	7.2
Shelby	2.4	0.8	3.3	1.9
Smoky Mountain	5.3	5.5	3.3	3.5
South Central	3.0	2.8	2.6	3.1
Southwest	2.3	2.2	1.8	5.2
Tennessee Valley	2.8	2.8	2.4	5.1
Upper Cumberland	6.7	6.7	4.9	7.2
Statewide	**3.2**	**3.0**	**3.1**	**3.7**

Percent of Children Placed In-County or with Relatives/Kin Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2012-13			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	87%	84%	90%
East	46%	46%	67%
Knox	77%	77%	73%
Mid-Cumberland	46%	41%	55%
Northeast	53%	52%	71%
Northwest	46%	54%	41%
Shelby	95%	97%	95%
Smoky Mountain	45%	46%	33%
South Central	50%	53%	33%
Southwest	28%	28%	35%
Tennessee Valley	55%	47%	91%
Upper Cumberland	53%	53%	43%
Statewide	**59%**	**52%**	**81%**

Percentage of Children Initially Placed in a Family Setting Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2012-13			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	95%	90%	93%
East	89%	86%	75%
Knox	92%	91%	93%
Mid-Cumberland	94%	93%	93%
Northeast	86%	87%	100%
Northwest	93%	92%	92%
Shelby	94%	92%	93%
Smoky Mountain	85%	85%	89%
South Central	88%	90%	72%
Southwest	90%	92%	85%
Tennessee Valley	90%	89%	88%
Upper Cumberland	90%	89%	86%
Statewide	**91%**	**89%**	**92%**

Percentage of Children Experiencing Two or Fewer Placements Over Two-Year Window Children in Out-of-Home Placement on July 1, 2011 (Observed Through June 30, 2013)			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	81%	83%	80%
East	85%	85%	75%
Knox	83%	86%	78%
Mid-Cumberland	87%	87%	86%
Northeast	89%	88%	75%
Northwest	84%	83%	83%
Shelby	88%	85%	88%
Smoky Mountain	89%	88%	71%
South Central	87%	87%	90%
Southwest	90%	93%	85%
Tennessee Valley	87%	88%	88%
Upper Cumberland	87%	87%	100%
Statewide	**87%**	**87%**	**85%**

Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window Children Entering Out-of-Home Placement During Fiscal Year 2011-12 (Observed through June 30, 2013)			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	74%	74%	69%
East	80%	79%	88%
Knox	76%	79%	69%
Mid-Cumberland	74%	70%	77%
Northeast	80%	79%	64%
Northwest	81%	82%	76%
Shelby	79%	77%	79%
Smoky Mountain	78%	77%	58%
South Central	75%	76%	63%
Southwest	83%	87%	75%
Tennessee Valley	79%	80%	70%
Upper Cumberland	85%	84%	88%
Statewide	**79%**	**79%**	**74%**

XVI.B.2 Placing Siblings Together Percent of Sibling Groups Placed Together Initially Sibling Groups Entering Out-of-Home Placement Together for the First Time During Fiscal Year 2012-13			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	88%	88%	86%
East	87%	86%	100%
Knox	89%	91%	89%
Mid-Cumberland	88%	92%	88%
Northeast	85%	85%	100%
Northwest	77%	74%	88%
Shelby	68%	80%	66%
Smoky Mountain	76%	76%	0%
South Central	84%	85%	50%
Southwest	70%	77%	63%
Tennessee Valley	83%	84%	70
Upper Cumberland	85%	87%	100%
Statewide	**82%**	**84%**	**73%**
Outcome Goal	**85%**	**85%**	**85%**

APPENDIX F

Supplemental Information on Placement Stability

This appendix presents additional information supplementing the data discussion on pages 46 of this monitoring report regarding placement stability.

A. Placement Moves by Exit Status

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children who remain in care might. The table below breaks down the data presented in Figure 1.18 on page 48 of this monitoring report by whether or not the children had exited care as of December 31, 2013.

Movements as of December 31, 2013 for Children First Entering Care in 2012

First Entrants	Total	Exited Care	Still in Care
Total	4,660	3,368	1,292
Children w/ no moves to date	2,360	1,960	400
Children w/ one move to date	1,310	913	397
Children w/ more than one move to date	990	495	495
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	72%	28%
Children w/ no moves to date	100%	83%	17%
Children w/ one move to date	100%	70%	30%
Children w/ more than one move to date	100%	50%	50%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	51%	58%	31%
Children w/ one move to date	28%	27%	31%
Children w/ more than one move to date	21%	15%	38%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The table shows that of the 4,660 children who entered out-of-home placement for the first time in 2012, 72% had exited placement and 28% still remained in out-of-home placement as of December 31, 2013. The vast majority (83%) of the 2,360 children who experienced no moves had exited care as of December 31, 2013. Of the 990 children who experienced more than one

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move, 50% exited care as of December 31, 2013, and 50% of those children still remained in care as of that date.

Of the 1,292 children in the 2012 entry cohort who were still in care as of December 31, 2013, 31% had not experienced a placement move while in care; 31% had experienced one placement move; and 38% had experienced two or more placement moves.

The majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time.

This trend becomes more pronounced over time, as seen in the table below. The table below presents these same data regarding placement moves by exit status as of December 31, 2013 for the 2011 entry cohort (children entering out-of-home care for the first time in 2011), allowing observation of trends for a maximum of 36 months (compared to a maximum window of 24 months for the table above). As of December 31, 2013, 95% of the 2,355 children who did not experience a placement move had exited placement while only 79% of the 1,129 children who experienced more than one move had exited placement. Of the 473 children in the 2011 entry cohort who were still in care as of December 31, 2013, 25% had not experienced a placement move while in care; 26% had experienced one placement move; and 49% had experienced two or more placement moves.

Movements as of December 31, 2013 for Children First Entering Care in 2011			
First Entrants	**Total**	**Exited Care**	**Still in Care**
Total	4,489	4,316	473
Children w/ no moves to date	2,355	2,239	116
Children w/ one move to date	1,305	1,180	125
Children w/ more than one move to date	1,129	897	232
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	96%	11%
Children w/ no moves to date	100%	95%	5%
Children w/ one move to date	100%	90%	10%
Children w/ more than one move to date	100%	79%	21%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	52%	52%	25%
Children w/ one move to date	29%	27%	26%
Children w/ more than one move to date	25%	21%	49%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

B. Placement Moves by Time in Care

The table below provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care. The table describes when placement moves tend to occur for children who experience placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2011 ("Total Children"), the number of children entering out-of-home placement in 2011 who have not experienced a placement move as of December 31, 2013 ("Stayers"), and the number of children entering out-of-home placement in 2011 who have experienced at least one placement move as of December 31, 2013 ("Movers"). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of December 31, 2013. For example, 4,754 children experienced six or fewer months in out-of-home placement as of December 31, 2013; 2,683 of those children also

experienced seven to 12 months in out-of-home placement; and 1,729 of those children also experienced 13 to 18 months in out-of-home placement.[11]

[11] There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2011 and has not had time to experience that period(s) in out-of-home placement.

Period Specific Movements for Children First Placed in Foster Care in 2011 as of December 31, 2013						
	Placement Intervals (Duration in Months)					
Children by Moves	6 and under	7 to 12	13 to 18	19 to 24	25 to 30	31 to 36
Total Children	4,754	2,683	1,729	1,128	660	158
Stayers	2,355	980	555	303	161	38
Movers	2,399	1,703	1,174	825	499	120
Number of Moves						
0	285	1,252	886	669	422	110
1	1,373	353	223	108	58	7
2	497	66	52	28	15	2
3	147	17	9	12	2	1
4	50	10	2	6	2	0
5	25	1	1	2	0	0
6	12	3	1	0	0	0
7	3	0	0	0	0	0
8	7	1	0	0	0	0
Total Movers	2,399	1,703	1,174	825	499	120
	As a Percent of Total Children by Placement Interval					
Total Children	100%	100%	100%	100%	100%	100%
Stayers	50%	37%	32%	27%	24%	24%
Movers	50%	63%	68%	73%	76%	76%
Number of Moves	As a Percent of Total Movers by Placement Interval					
0	12%	74%	75%	81%	85%	92%
1	57%	21%	19%	13%	12%	6%
2	21%	4%	4%	3%	3%	2%
3	6%	1%	1%	1%	0%	1%
4	2%	1%	0%	1%	0%	0%
5	1%	0%	0%	0%	0%	0%
6	1%	0%	0%	0%	0%	0%
7	0%	0%	0%	0%	0%	0%
8	0%	0%	0%	0%	0%	0%
Total Movers	100%	100%	100%	100%	100%	100%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.
Outliers (children experiencing more than eight moves) are not included in this analysis.

Breaking this data into groups by whether or not the child has experienced a placement move as of December 31, 2013 shows that about half of the children entering out-of-home placement in 2011 have experienced at least one placement move. It also shows that the children who remain

in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 4,754 total children entering out-of-home placement in 2011 and experiencing the "six or fewer months" period, only 50% (2,399) experienced a placement move at some point during their stay in out-of-home placement as of December 31, 2013. Conversely, of the 1,729 children who experienced the "13 to 18 months" period, 68% (1,174) experienced a placement move at some point in their stay in out-of-home placement as of December 31, 2013.

The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 2,399 "movers" who experienced six or fewer months in out-of-home placement, 12% (285) did not experience the placement move (or moves) during that period, but 88% (2,114) did. (The 88% of children who experienced a move during the first six months in out-of-home placement experienced those moves as follows: 57% experienced one move, 21% experienced two moves, and so on.) Of the 1,174 "movers" who experienced 13 to 18 months in out-of-home placement, 75% (886) did not experience the move (or moves) during that period, and only 25% (288) did. This indicates that most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

The following table presents the number of movements per child by duration interval for children first admitted into out-of-home placement in each of the entry years listed on the left of the table. This table shows, for each entry year, the total number of moves experienced in a duration interval divided by the total number of children present at the start of the duration interval. This table also illustrates that for children in each entry cohort year, the likelihood of movement is greatest in the first six months of care.

Number of Movements Observed per Child by Duration Interval

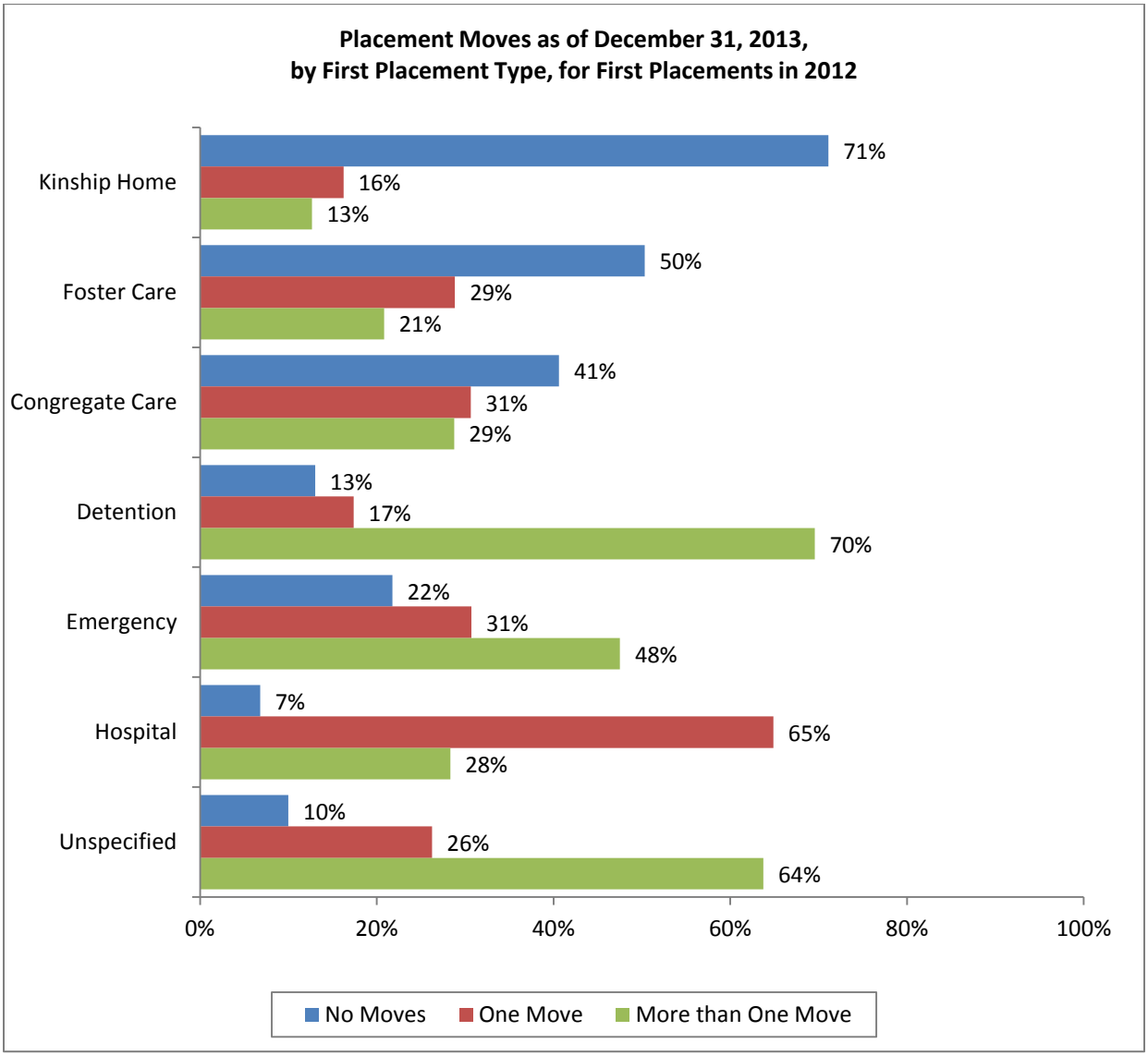
	Duration Intervals (Duration in Months)						
Entry Year	**6 and Under**	**7 to 12**	**13 to 18**	**19 to 24**	**25 to 30**	**30 to 36**	**37 to 42**
2006	0.72	0.24	0.22	0.24	0.25	0.33	0.27
2007	0.66	0.28	0.25	0.22	0.23	0.30	0.22
2008	0.69	0.30	0.30	0.24	0.37	0.37	0.36
2009	0.61	0.27	0.22	0.23	0.26	0.36	0.21
2010	0.61	0.23	0.24	0.24	0.21	0.27	
2011	0.70	0.22	0.21	0.22			
2012	0.69	0.22					

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

These patterns were also seen for children entering out-of-home placement for the first time in earlier entry cohorts, as reported in previous monitoring reports.

C. Placement Moves by Type of Placement

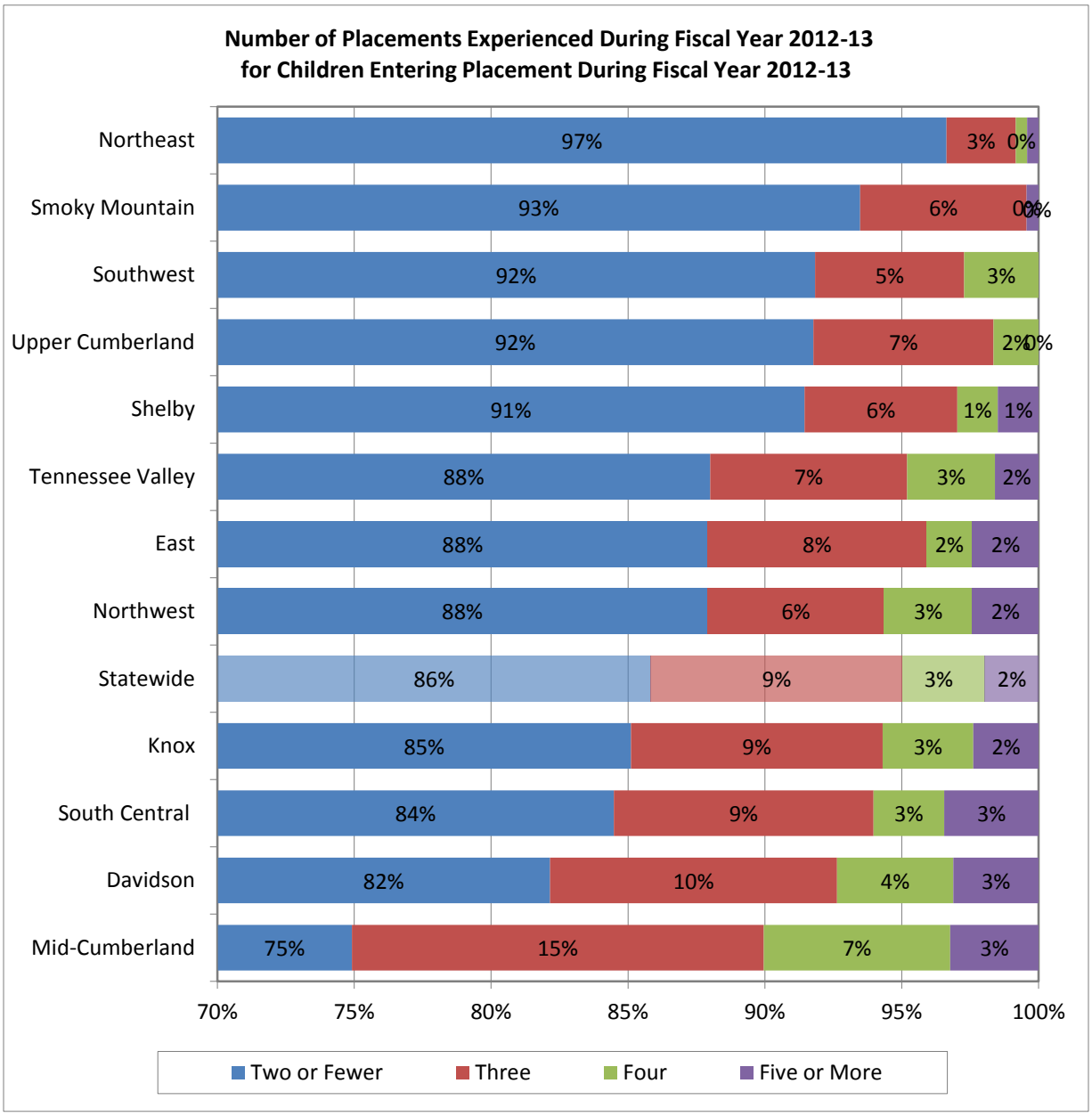
The figure below provides a breakdown of placement stability data by the child's first placement type when entering out-of-home care. As reflected in the figure, children who were first placed with relatives or kin are less likely to experience a placement move in custody. Seventy-one percent of children initially placed in kinship homes had not experienced a placement move while in care as of December 31, 2013, compared with 50% of children first placed in traditional resource homes.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

D. Number of Placement Moves by Region

The figure below provides a more detailed look, by region, at the number of placements experienced during fiscal year 2012-13 by children who entered care for the first time during fiscal year 2012-13.

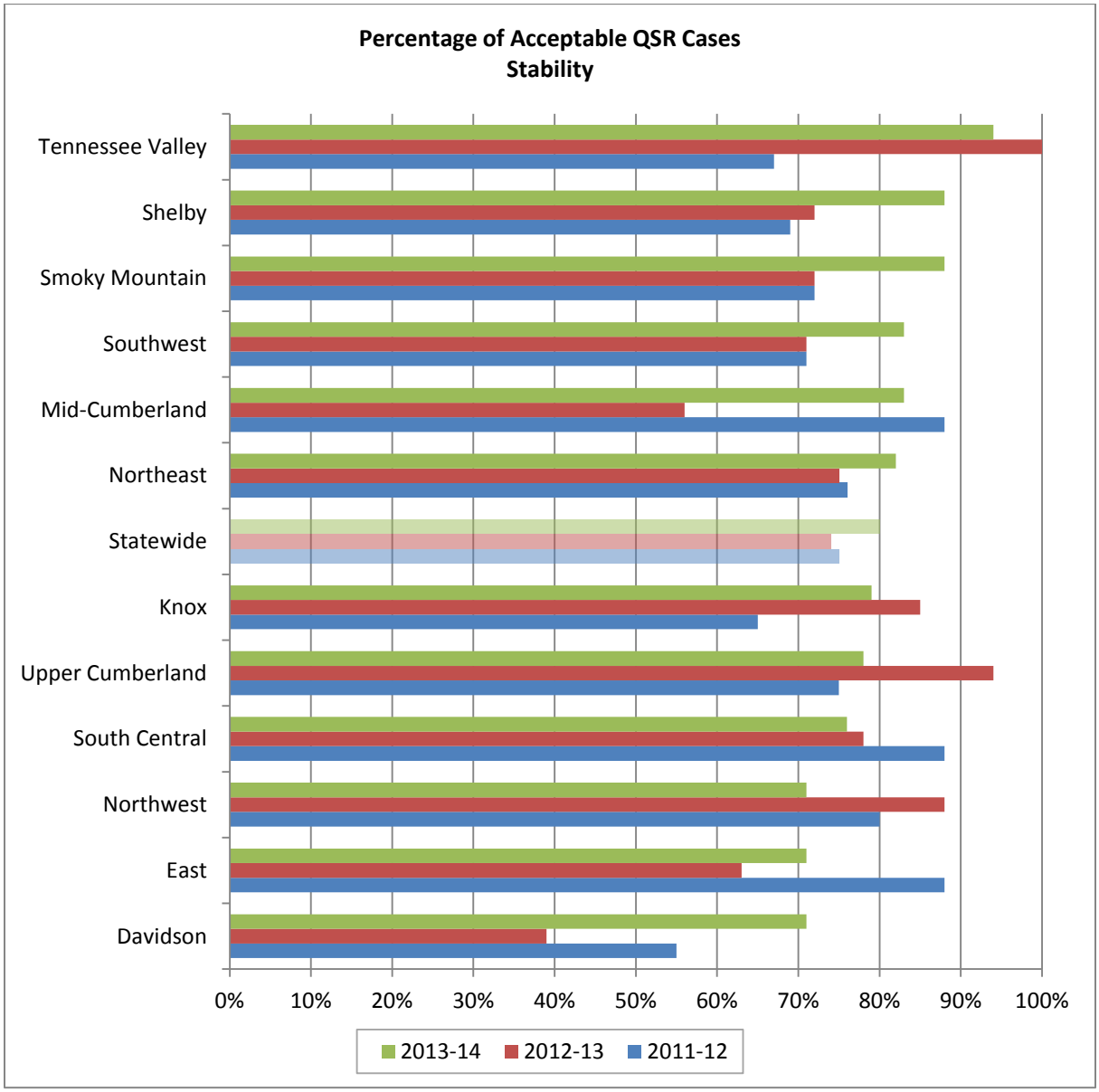


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

E. QSR Stability Indicator

Stability is also measured by the Quality Service Review (QSR). The focus of the QSR is not just on placement stability but also on stability of school settings and stability of relationships.

Generally, a case cannot receive an acceptable score for Stability if the child has experienced more than two placements in the 12-month period prior to the review. However, a case in which the child had experienced two or fewer placements might nevertheless be scored unacceptable for Stability if the child experienced disruption in school settings or disruption of important personal, therapeutic, or professional relationships. For the 2011-12 and 2012-13 QSRs, 75% and 74% of the cases scored "acceptable" for Stability, respectively. For the 2013-14 QSR, 80% of the cases scored "acceptable." The following figure presents the percentage of *Brian A.* cases receiving acceptable scores for Stability by region in the past three annual QSRs.



Source: QSR Databases.

APPENDIX G

Definitions of Each Incident Type

Tennessee Department of Children's Services

Terms and Definitions of Incidents

Supplemental to DCS Policy: 1.4

While the list below is not inclusive, it is meant to be used as a guide by those individuals charged with reporting incidents.

1. Abduction – A child/youth is taken from a placement by unauthorized individuals (*e.g.*, alleged perpetrators of abuse, non-custodial parents or relatives, *etc*.)

2. Arrest/Police Involvement with Child or Youth – A child/youth that is either arrested while in the custody of DCS and the arrest has been confirmed by a law enforcement agency; or a child/youth is involved in direct contact with a law enforcement agency and they are not arrested.

3. Assault – An assault is a willful and malicious attack by a child/youth on another person (this does not include "horseplay"). A physical fight between youth is the willful participation between two or more youth in a physical altercation.

4. Assault by Youth on Staff – A youth in DCS custody physically attacks a staff member and the assault may or may not require medical attention.

5. Confinement – The secure detainment of a youth for the purpose of control or discipline. Control is utilized when a youth is deemed a threat of harm to themselves or others. Protective custody is when a youth voluntarily requests to be placed in confinement due to a legitimate fear for his/her safety. Emergency confinement is when a youth advocates to other youth that they act in a concerted effort and there is clear and present danger that actions would cause harm to other youth/staff; take control of any part of the institution; or cause destruction of property which may significantly alter the living conditions of other youth or jeopardize the security of the facility.

6. Contraband – Any item possessed by an individual or found within the facility that is illegal by law or that is expressly prohibited by those legally charged with the responsibility for the administration and operation of the facility or program and is rationally related to legitimate security, safety or treatment concerns.

7. Disturbance - Disruption to the overall functioning of the program AND necessitates notifying an emergency official.

8. Emergency Medical Treatment – A child/youth is injured or suffered an illness that requires emergency medical attention.

Effective Date: 05/05/14

9. Emergency Use of Psychotropic Medication(s) – An emergency one-time dose of a psychotropic medication in the event of a psychiatric emergency when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others.

10. Major Event at Agency – An event at a congregate care location causing a significant disruption to the overall functioning of the program AND necessitates notifying an emergency official. This event affects all, or nearly all, of the children and staff at the location, (*e.g.*, riot, fire, flood, *etc*.).

11. Mechanical Restraints – The application of a mechanical device, material, or equipment attached or adjacent to the child/youth's body, including ambulatory restraints, which the child/youth cannot easily remove and that restrict freedom of movement or normal access to the child/youth's body.

12. Medication Error – A medication error is when a medication is not administered according to the prescribing provider and/or according to DCS policies and procedures.

13. Mental Health Crisis – A child/youth is engaged in or experiencing self-injurious behavior, suicidal ideation or behavior, homicidal ideation or behavior, or acute psychotic episode.

14. Physical Restraint – The use of body contact by staff with a child/youth to restrict freedom of movement or normal access to his or her body.

15. Property – Any state property that is lost, stolen, missing or damaged with or without intent. Any personal property that is damaged, missing or stolen while the owner is in the performance of their duties for the State or on State property.

16. Runaway/Escape – A child/youth who is away from home, residence or any other residential placement of the child/youth's parent, guardian or other legal custodian (DCS) without their consent. Escape is defined as a youth who leaves the grounds of a YDC without permission or who leaves the care and custody of those transporting them off campus without permission.

17. Search – A strip search is a visual inspection of the youth's body. A body cavity search is an in-depth search of a youth's body only by medical, or health care, personnel when probable cause exists that contraband is concealed within a body cavity that would threaten the safety and security of the YDC or its personnel.

18. Seclusion – The confinement of a child/youth alone in a room or an area where the child/youth is physically prevented from leaving. This definition is not limited to instances in which a child/youth is confined by a locked or closed door.

19. Security Breach – A violation of established security procedures that occurs either on campus or during the transport of a child/youth that places staff or youth at risk. May also include the loss of security equipment such as keys, restraints, radios or tools.

20. Sexual Abuse – sexual abuse of a student by another student, or by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the student:

a. Contact, penetration, any other intentional touching that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

b. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in 20 (a).

c. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a student.

d. Voyeurism by a staff member, contractor, or volunteer.

21. Sexual Harassment – Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one student directed toward another student, or to a student by a staff member, contractor, or volunteer.

22. Use of Chemical Defense Spray – The discharge, either purposeful or accidental, of chemical defense spray assigned to a staff member.

APPENDIX H

DCS Pharmacy Data Summary, Calendar Year 2013

Tennessee Department of Children's Services
Psychotropic Pharmacy Data
Annual Aggregated Analysis
January-December 2013

The Tennessee Department of Children's Services (DCS) has received Psychotropic Pharmacy Claims Data from 2006 to the present. Psychotropic pharmacy claims data initially was received from the Managed Care Organization for DCS (TennCare Select aka Blue Cross/Blue Shield). Since 2010, claims data has been provided by the Bureau of TennCare. Currently the Pharmacy Benefits Manager supplying claims data information to the Bureau of TennCare is Magellan. The information each month used in the annual aggregated analysis includes:

- the name of child
- social security number of the child
- the date of birth
- the age of child
- the prescriber's name, specialty, and address
- the date the medication was dispensed
- the medication's name, strength, and the quantity dispensed
- the amount paid
- the pharmacy's name and address

The information within the pharmacy claims data provided each month is matched with data from the Tennessee DCS Statewide Automated Child Welfare Information System (SACWIS), Tennessee Family and Child Tracking System (TFACTS).

- Summary information is calculated on demographic information, such as adjudication, gender, and race.
- Summary information on the medication as well as the prescribing provider is provided.

The information from each month is totaled and averaged for the year. Please note the following:

- Average number of medications is based on the number of unique medications prescribed for a child each month.
- Medications prescribed within a single month are not necessarily administered to the child/youth simultaneously. A medication may have been discontinued mid-month and another began.
- Inflation of averages will occur as some medications that are included are also used for non-psychiatric purposes (e.g., Depakote for seizure disorder rather than mood stabilization).
- Medications may be prescribed simultaneously with the intent of cross-titration. This occurs frequently as one medication is titrated down and discontinued as another medication is begun and titrated to therapeutic dosages. This is acceptable and often preferred standard of practice.
- Data regarding prescriber information (e.g., specialty) is not as complete as previous years. The majority of prescribers and their specialties are not provided. This is an artifact of changing the data source from TennCare's system to Magellan's. The Bureau of TennCare is in the process of cleaning up prescriber information to be provided to Magellan. This information will be sent to Magellan so that it can be incorporated into the first quarter 2014 results.

Principal 2013 findings:

Statewide

- The average number of DCS children prescribed at least one medication per month was 2096 children (25.4%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one medication during the calendar year:
  - Approximately thirty-one percent (30.8%) of the children were prescribed at least one medication (annual prevalence).
  - A child's average age was approximately thirteen years (12.9).
  - A child's average length of time in custody during the calendar year was ten months (10.1).
  - A child's average number of months being prescribed at least one medication was approximately six months (5.8).
  - The child's average number of medications being prescribed each month was approximately two prescriptions (1.8).
  - Thirteen percent (12.8%) of the children prescribed at least one medication were prescribed a medication every month of the calendar year.
    - The average age of the child was 12.1 years.
    - The average number of months the child had 4 or more medications prescribed was 6.4 months.
    - The average number of medications prescribed each month was 2.6 medications.
- Fifteen percent (14.7%) of the children prescribed at least one medication were prescribed 4 or more medications for at least one month of the calendar year.
  - Average age of the child was 13.6 years.
  - The average number of months the child had 4 or more medications prescribed was 4.3 months.
  - Thirty-two (32.3%) percent of the children were prescribed 4 medications only one month during the calendar year.
  - Approximately five percent (4.5%) of the children were prescribed four or more medications all twelve months of the calendar year.
  - The child's average length of stay in custody for the calendar year was 10.7 months.
  - The average number of medications prescribed each month was 4.2 medications.
- The five medications prescribed the most during the calendar year:
  1. Guanfacine
  2. Vyvanse
  3. Clonidine
  4. Hydroxyzine
  5. Trazodone
- The five classes of medications prescribed the most during the calendar year:

	Medication Class	Medication1	Medication2
1)	Anti-depressants	Trazodone HCL	Zoloft
2)	Stimulants	Vyvanse	Methylphenidate
3)	Anti-psychotic	Risperdal	Abilify
4)	Anti-hypertensives	Guanfacine	Clonidine

5) Mood Stabilizers Lamotrigine Depakote

- A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect and approximately thirteen years of age; and the child is prescribed approximately two medications (1.8) per month.

Brian A Children

- The average number of Brian A children prescribed at least one medication per month was 1630 children.
- For the Brian A children who were in DCS custody for at least one day during the calendar year and prescribed at least one medication during the calendar year:
  - Twenty-eight percent (27.8%) of the children were prescribed at least one medication.
  - A child's average age was approximately twelve years (11.8).
  - A child's average length of time in custody for the calendar year was ten months (10.2).
  - Brian A child's average number of months being prescribed at least one medication was approximately six months (6.1).
  - Brian A child's average number of medications being prescribed each month was approximately two prescriptions (1.8).
  - Sixteen percent (15.5%) of the Brian A children prescribed at least one medication were prescribed a medication every month of the calendar year.
    - The average age of the child was 11.7 years.
    - The average number of months the child had 4 or more medications prescribed was 6.5 months.
    - The average number of medications prescribed each month was 2.6 medications.
- Approximately sixteen percent (15.9%) of the Brian A children prescribed at least one medication were prescribed 4 or more medications for at least one month of the calendar year.
  - Average age of the child was 13.1 years.
  - The average number of months the child had 4 or more medications prescribed was 4.6 months.
  - Thirty percent (30.3%) of the children were prescribed 4 medications only one month during the calendar year.
  - Approximately five percent (5.1%) of the Brian A children were prescribed four or more medications all twelve months of the calendar year.
  - The child's average length of stay in custody for the calendar year is 10.6 months.
  - The average number of medications prescribed each month is 4.2 medications.
- The five medications prescribed the most during the calendar year were
  1. Guanfacine
  2. Clonidine
  3. Vyvanse
  4. Hydroxyzine
  5. Risperdal
- The five classes of medications prescribed the most during the calendar year:

	Medication Class	Medication1	Medication2
1)	Anti-depressants	Trazodone HCL	Zoloft
2)	Stimulants	Vyvanse	Methylphenidate

3) Anti-psychotic	Risperdal	Abilify
4) Anti-hypertensives	Guanfacine	Clonidine
5) Mood Stabilizers	Lamotrigine	Depakote

A Brian child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect, twelve years of age; and the child was prescribed approximately two medications (1.8) per month.

Chart 1

Number of Children in DCS Custody Prescribed at Least One Medication By Month

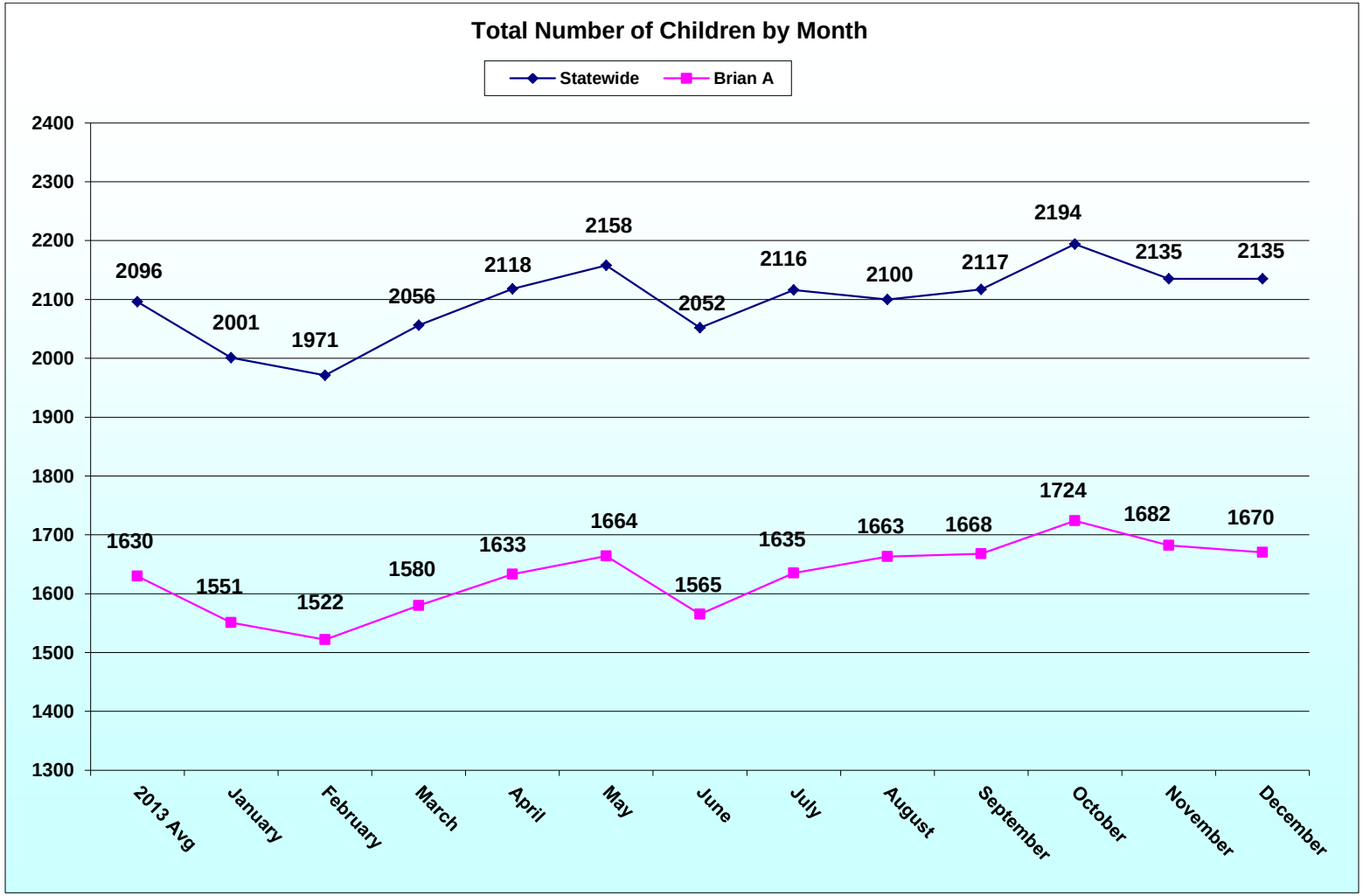
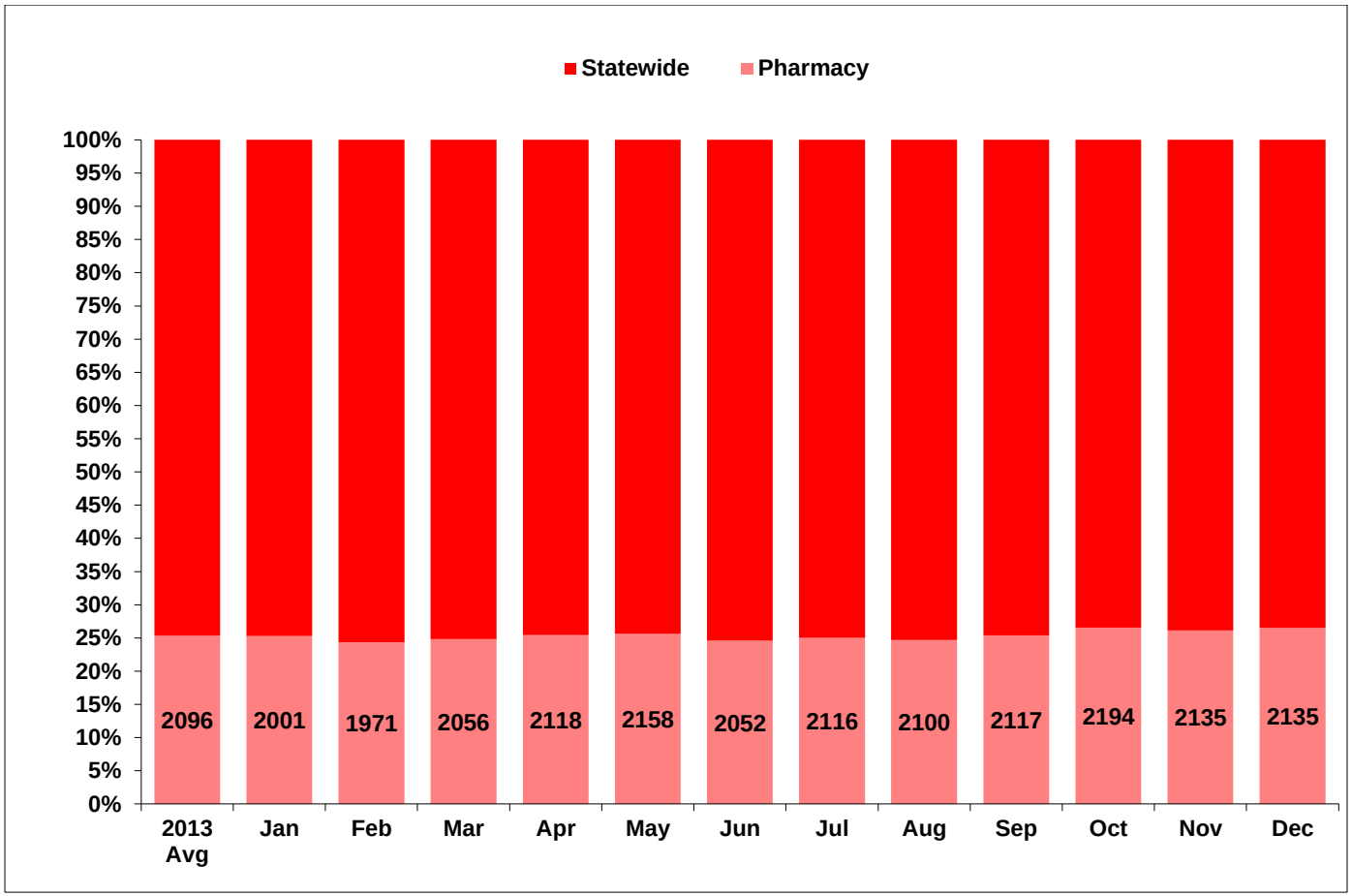


Chart 2A

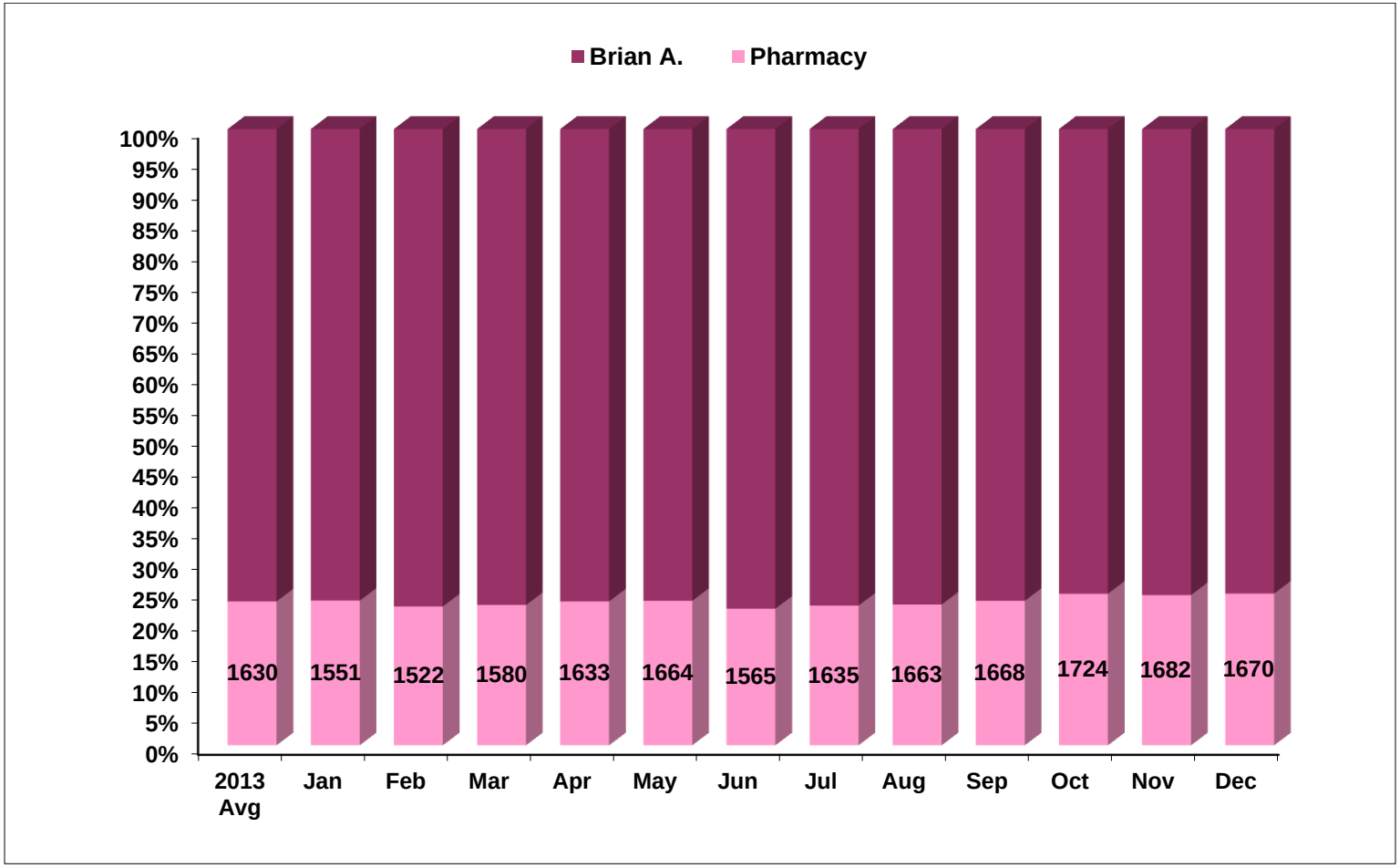
Percentage of Children in DCS Custody Prescribed at Least One Medication
By Month



2013 Average Number of Children - 8263

Chart 2B

Percentage of Brian A Children in DCS Custody Prescribed at Least One Medication By Month



2013 Average Number of Brian A. Children - 6925

Table 1A

--Statewide-Demographics--
January-December 2013

Number of Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**2096**	**2001**	**1971**	**2056**	**2118**	**2158**	**2052**	**2116**	**2100**	**2117**	**2194**	**2135**	**2135**
Adjudication													
Dependent/Neglect	1581	1496	1467	1525	1578	1609	1525	1591	1616	1623	1681	1630	1626
Delinquent	459	450	449	474	483	491	478	469	427	438	456	446	449
Unruly	56	55	55	57	57	58	49	56	57	56	57	59	60
Gender													
Male	1313	1269	1264	1305	1329	1357	1290	1316	1306	1325	1345	1332	1322
Female	783	732	707	751	789	801	762	800	794	792	849	803	813
Age Range													
<= 5	81	83	86	86	86	93	70	83	68	77	87	82	74
6 - 10	442	397	408	425	438	456	423	450	458	448	468	469	458
11 - 14	587	594	553	596	591	612	588	585	582	600	598	569	575
15 - 17	934	884	890	898	957	948	918	931	947	938	982	958	962
18 +	52	43	34	51	46	49	53	67	45	54	59	57	66
Race													
White	1525	1429	1436	1495	1566	1586	1490	1528	1539	1533	1590	1552	1556
Black/African American	462	449	424	450	454	455	450	471	460	475	493	480	480
American Indian/Alaska Native	4	6	5	4	4	5	3	4	2	2	4	4	4
Asian	1	1	1	1	2	1	1	1	1	1	1	1	1
Multi Racial	90	91	87	92	80	101	97	98	84	94	91	85	84
Native Hawaiian/Other Pacific Islander	3	4	3	3	3	3	3	3	3	4	4	3	3
Unable to Determine	11	21	15	11	9	7	8	11	11	8	11	10	7

Table 1B

--Brian A-Demographics--
January-December 2013

Brian A. Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**1630**	**1551**	**1522**	**1580**	**1633**	**1664**	**1565**	**1635**	**1663**	**1668**	**1724**	**1682**	**1670**
Adjudication													
Dependent/Neglect	1574	1496	1467	1523	1576	1606	1516	1580	1607	1613	1668	1624	1611
Unruly	56	55	55	57	57	58	49	55	56	55	56	58	59
Gender													
Male	978	935	931	958	975	996	942	967	998	1010	1021	1014	987
Female	652	616	591	622	658	668	623	668	665	658	703	668	683
Age Range													
<= 5	81	83	86	86	86	93	70	83	68	77	87	82	74
6 - 10	441	397	407	424	437	455	422	450	458	448	468	469	458
11 - 14	519	518	479	517	514	534	513	516	524	540	542	511	515
15 - 17	589	553	550	553	596	582	560	586	613	603	627	620	623
Race													
White	1215	1130	1123	1174	1239	1254	1164	1223	1257	1236	1284	1251	1245
Black/African American	329	326	312	320	319	320	313	326	328	343	355	346	340
American Indian/Alaska Native	3	3	3	2	3	3	3	3	2	2	3	3	3
Asian	1	1	1	1	2	1	1	1	1	1	1	1	1
Multi Racial	72	71	69	72	62	79	77	73	65	77	71	72	74
Native Hawaiian/Other Pacific Islander	3	4	3	3	3	3	3	3	3	4	4	3	3
Unable to Determine	7	16	11	8	5	4	4	6	7	5	6	6	4

Table 1C

--Statewide-Children in DCS Custody--
January-December 2013

Number of Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**8263**	**7910**	**8092**	**8273**	**8322**	**8426**	**8348**	**8466**	**8512**	**8336**	**8255**	**8169**	**8050**
Adjudication													
Dependent/Neglect	6802	6430	6570	6759	6802	6911	6878	7033	7101	6948	6845	6730	6615
Delinquent	1335	1350	1389	1381	1381	1382	1340	1305	1286	1273	1295	1322	1319
Unruly	126	130	133	133	139	133	130	128	125	115	115	117	116
Gender													
Male	4695	4551	4664	4701	4721	4779	4727	4768	4812	4732	4667	4639	4582
Female	3568	3359	3428	3572	3601	3647	3621	3698	3700	3604	3588	3530	3468
Age Range													
<= 5	2661	2533	2569	2645	2649	2684	2677	2750	2814	2742	2693	2628	2550
6 - 10	1569	1442	1470	1562	1576	1603	1594	1647	1656	1606	1579	1553	1544
11 - 14	1385	1356	1382	1405	1414	1450	1427	1439	1410	1371	1348	1324	1295
15 - 17	2441	2367	2436	2431	2461	2476	2445	2433	2452	2431	2442	2463	2453
18 +	207	212	235	230	222	213	205	197	180	186	193	201	208
Race													
White	5735	5444	5603	5756	5782	5862	5820	5879	5892	5790	5731	5677	5586
Black/African American	2073	2019	2046	2063	2069	2078	2053	2121	2148	2102	2080	2059	2037
American Indian/Alaska Native	15	16	16	16	14	14	16	15	15	15	14	12	12
Asian	7	5	5	6	7	8	8	8	8	8	7	7	9
Multi Racial	396	376	376	390	413	425	419	412	416	390	388	380	369
Native Hawaiian/Other Pacific Islander	10	10	10	9	9	9	9	9	9	10	10	10	11
Unable to Determine	28	40	36	33	28	30	23	22	24	21	25	24	26

Table 1D

--Brian A-Children in DCS Custody--
January-December 2013

Number of Brian A. Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**6925**	**6558**	**6700**	**6889**	**6937**	**7041**	**7004**	**7157**	**7222**	**7060**	**6958**	**6845**	**6729**
Adjudication													
Dependent/Neglect	6799	6428	6567	6756	6798	6908	6874	7029	7097	6945	6843	6728	6613
Unruly	126	130	133	133	139	133	130	128	125	115	115	117	116
Gender													
Male	3593	3421	3507	3562	3587	3644	3629	3701	3762	3676	3599	3541	3488
Female	3332	3137	3193	3327	3350	3397	3375	3456	3460	3384	3359	3304	3241
Age Range													
<= 5	2661	2533	2569	2645	2649	2684	2677	2750	2814	2742	2693	2628	2550
6 - 10	1569	1442	1469	1561	1575	1602	1593	1647	1656	1606	1579	1553	1544
11 - 14	1256	1218	1245	1267	1273	1301	1282	1307	1285	1259	1241	1212	1184
15 - 17	1439	1365	1417	1416	1440	1454	1452	1453	1467	1453	1445	1452	1451
Race													
White	5040	4761	4882	5035	5048	5128	5113	5201	5231	5130	5060	4987	4899
Black/African American	1485	1406	1432	1458	1473	1487	1473	1544	1572	1537	1507	1473	1453
American Indian/Alaska Native	13	13	13	13	12	12	14	14	14	13	12	10	11
Asian	3	3	3	3	3	3	3	4	3	3	3	3	4
Multi Racial	353	333	332	345	369	375	372	366	372	349	348	344	334
Native Hawaiian/Other Pacific Islander	9	10	10	9	9	9	9	9	9	10	9	9	10
Unable to Determine	23	32	28	26	23	27	20	19	21	18	19	19	18

Table 1E

--Statewide-Placement Type Information--
January-December 2013

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total ...	**8263**	**2096**	**2001**	**1971**	**2056**	**2118**	**2158**	**2052**	**2116**	**2100**	**2117**	**2194**	**2135**	**2135**
Contract Foster Care	763	49	63	57	63	55	50	45	50	40	47	42	37	40
DCS Foster Care	2957	278	272	258	285	312	309	258	269	278	266	292	263	272
DCS Foster Care-Expedited	337	24	26	27	18	17	23	22	34	31	27	23	21	19
DCS Overnight Office Placement	1	1	0	0	0	1	0	0	1	0	0	0	0	0
In-Home	61	3	3	4	6	3	3	4	1	2	4	2	2	2
Independent Living Placement	1	1	0	0	0	0	0	0	1	1	0	0	0	0
Inpatient	13	2	0	1	3	0	1	0	0	0	0	0	0	0
Instate County Jail Placment	4	1	0	0	0	0	0	0	0	0	1	0	0	0
Judicial Detention	79	11	11	6	11	6	12	8	16	11	15	15	7	12
Level 2	19	11	13	11	15	19	18	8	5	9	5	8	9	7
Level 2 Continuum	1477	569	520	528	532	557	576	554	577	585	590	618	605	591
Level 2 Enhanced	16	4	4	3	4	2	3	7	7	4	1	1	1	8
Level 2 Special Needs	10	7	5	6	7	7	8	8	7	7	6	5	6	6
Level 2 Special Needs Continuum	16	8	9	7	11	9	12	10	10	4	7	6	8	6
Level 2 Special Population	181	107	96	106	110	119	131	102	100	100	105	108	101	103
Level 3	123	97	87	88	95	97	95	106	101	95	100	103	101	99
Level 3 Continuum	154	98	91	90	93	92	97	94	100	96	105	106	110	105
Level 3 Continuum Enhanced	23	11	9	9	13	13	12	12	11	10	11	12	12	11
Level 3 Continuum Special Needs	778	553	530	519	537	548	554	549	561	544	553	590	574	578
Level 3 Enhanced	63	47	50	52	49	54	50	44	42	46	43	44	45	41
Level 4	77	72	72	73	78	78	77	74	78	80	75	64	59	58
Level 4 Special Needs	49	46	31	27	30	29	43	39	46	53	57	61	67	70
Medically Fragile Foster Home	52	8	10	10	9	10	7	7	8	7	8	7	9	7
Primary Treatment Center (PTC)	47	19	22	27	17	27	11	16	16	19	15	15	22	16
Runaway	116	3	3	3	4	3	3	7	5	3	4	1	1	1
Trial Home Visit	485	67	70	55	61	54	62	75	67	69	70	70	75	80
Youth Development Center Placement	361	3	3	3	4	5	1	3	3	6	2	1	0	3

Table 1F

--Brian A-Placement Type Information--
January-December 2013

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total …	**6925**	**1630**	**1551**	**1522**	**1580**	**1633**	**1664**	**1565**	**1635**	**1663**	**1668**	**1724**	**1682**	**1670**
Contract Foster Care	760	48	62	56	63	55	50	44	49	39	46	41	36	39
DCS Foster Care	2933	272	267	252	278	308	301	251	261	274	258	285	258	266
DCS Foster Care-Expedited	333	24	25	27	18	17	23	22	32	31	26	23	20	18
DCS Overnight Office Placement	1	1	0	0	0	1	0	0	1	0	0	0	0	0
In-Home	60	3	3	4	6	3	3	4	1	2	3	1	2	2
Independent Living Placement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient	12	1		1	2		1	0	0	0	0	0	0	0
Instate County Jail Placment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Judicial Detention	7	2	0	0	0	0	0	0	4	2	2	3	1	1
Level 2	4	3	4	4	5	6	5	2	2	1	1	1	2	3
Level 2 Continuum	1313	505	458	467	473	493	501	484	505	516	527	554	553	532
Level 2 Enhanced	5	2	0	2	2	0	0	0	3	2	1	0	0	2
Level 2 Special Needs	10	7	5	6	7	7	8	8	7	7	6	5	6	6
Level 2 Special Needs Continuum	1	1	1	0	0	0	1	0	0	0	0	0	0	1
Level 2 Special Population	55	36	27	26	33	38	45	36	35	40	43	41	35	36
Level 3	82	72	65	69	69	69	70	73	71	69	73	76	78	80
Level 3 Continuum	101	66	66	59	64	60	64	59	71	68	73	72	70	71
Level 3 Continuum Enhanced	2	2	3	2	2	2	2	2	1	2	1	1	1	1
Level 3 Continuum Special Needs	545	400	388	382	391	401	401	394	398	403	401	420	410	411
Level 3 Enhanced	30	24	23	20	21	25	26	24	23	25	20	26	28	25
Level 4	62	58	57	56	61	60	62	58	62	65	62	54	51	47
Level 4 Special Needs	41	38	25	21	23	24	36	34	38	45	48	51	54	52
Medically Fragile Foster Home	52	8	10	10	9	10	7	7	8	7	8	7	9	7
Primary Treatment Center (PTC)	24	10	9	13	8	17	9	9	13	12	10	7	9	8
Runaway	63	2	1	1	1	1	2	4	2	1	3	0	1	0
Trial Home Visit	429	50	52	44	44	36	47	50	48	52	56	56	58	62

Table 2A

--Statewide-Number of Prescriptions--
January-December 2013

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**8263**	**2096**	**817**	**652**	**395**	**232**
January	7910	2001	771	628	371	231
February	8092	1971	772	623	365	211
March	8273	2056	769	674	390	223
April	8322	2118	826	650	411	231
May	8426	2158	875	638	412	233
June	8348	2052	832	633	376	211
July	8466	2116	831	640	406	239
August	8512	2100	820	632	395	253
September	8336	2117	804	656	414	243
October	8255	2194	832	696	421	245
November	8169	2135	858	660	384	233
December	8050	2135	817	692	390	236

Table 2B

--Brian A-Number of Prescriptions--
January-December 2013

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**6925**	**1630**	**622**	**502**	**314**	**192**
January	6558	1551	593	490	286	182
February	6700	1522	585	485	284	168
March	6889	1580	601	501	296	182
April	6937	1633	639	497	316	181
May	7041	1664	671	482	329	182
June	7004	1565	612	478	299	176
July	7157	1635	615	492	328	200
August	7222	1663	626	494	330	213
September	7060	1668	615	505	342	206
October	6958	1724	628	549	340	207
November	6845	1682	649	527	304	202
December	6729	1670	626	526	316	202

Table 3A

--Statewide-Number of Children with 4+ Prescriptions by Age Group-- January-December 2013

Number of Children By Age Group With 4+ Prescriptions	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**8263**	**2096**	**0**	**39**	**80**	**108**	**6**
January	7910	2001	0	34	76	116	5
February	8092	1971	1	31	68	108	3
March	8273	2056	0	38	71	109	5
April	8322	2118	0	38	78	109	6
May	8426	2158	0	35	79	111	8
June	8348	2052	0	36	73	98	4
July	8466	2116	1	43	83	109	3
August	8512	2100	0	50	88	109	6
September	8336	2117	0	44	86	106	7
October	8255	2194	0	40	84	114	7
November	8169	2135	0	35	89	102	7
December	8050	2135	0	41	81	106	8

Table 3B

--Brian A-Number Children with 4+ Prescriptions by Age Group-- January-December 2013

Number of Brian A. Children By Age Group With 4+	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**6925**	**1630**	**0**	**38**	**73**	**80**	
January	658	1551	0	34	68	80	
February	6700	1522	1	30	64	73	
March	6889	1580	0	37	66	79	
April	6937	1633	0	37	71	73	
May	7041	1664	0	35	70	77	
June	7004	1565	0	35	69	72	
July	7157	1635	1	43	76	80	
August	7222	1663	0	50	80	83	
September	7060	1668	0	44	78	84	
October	6958	1724	0	40	79	88	
November	6845	1682	0	35	84	83	
December	6729	1670	0	41	76	85	

Table 3C

--Statewide-Children in DCS Custody with 4+ Prescriptions--
January-December 2013

Number of Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**232**	**231**	**211**	**223**	**231**	**233**	**211**	**239**	**253**	**243**	**245**	**233**	**236**
Adjudication													
Dependent/Neglect	187	176	166	177	177	180	171	193	207	203	200	199	200
Delinquent	40	49	43	40	49	49	35	39	39	36	38	31	32
Unruly	5	6	2	6	5	4	5	7	7	4	7	3	4
Gender													
Male	159	153	142	153	159	157	141	164	176	165	169	163	160
Female	74	78	69	70	72	76	70	75	77	78	76	70	76
Age Range													
<= 5	1	0	1	0	0	0	0	1	0	0	0	0	0
6 - 10	39	34	31	38	38	35	36	43	50	44	40	35	41
11 - 14	80	76	68	71	78	79	73	83	88	86	84	89	81
15 - 17	108	116	108	109	109	111	98	109	109	106	114	102	106
18 +	6	5	3	5	6	8	4	3	6	7	7	7	8
Race													
White	186	186	164	174	186	186	166	193	209	203	195	187	188
Black/African American	35	38	35	38	34	37	31	36	31	29	38	34	36
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	10	5	10	10	9	10	11	9	12	10	12	12	12
Native Hawaiian/Other Pacific Islander	1	1	1	0	1	0	1	0	0	0	0	0	0
Unable to Determine	1	1	1	1	1	0	2	1	1	1	0	0	0

Table 3D

--Brian A-Children in DCS Custody with 4+ Prescriptions--
January-December 2013

Brian A. Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**192**	**182**	**168**	**182**	**181**	**182**	**176**	**200**	**213**	**206**	**207**	**202**	**202**
Adjudication													
Dependent/Neglect	187	176	166	176	176	178	171	193	206	202	200	199	198
Unruly	5	6	2	6	5	4	5	7	7	4	7	3	4
Gender													
Male	132	122	116	127	125	123	121	137	149	141	145	142	136
Female	60	60	52	55	56	59	55	63	64	65	62	60	66
Age Range													
<= 5	1	0	1	0	0	0	0	1	0	0	0	0	0
6 - 10	38	34	30	37	37	35	35	43	50	44	40	35	41
11 - 14	73	68	64	66	71	70	69	76	80	78	79	84	76
15 - 17	80	80	73	79	73	77	72	80	83	84	88	83	85
Race													
White	156	144	131	143	146	146	143	167	180	173	167	166	164
Black/African American	28	31	28	31	27	29	24	28	24	24	30	26	28
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	8	5	7	7	6	7	7	5	8	8	10	10	10
Native Hawaiian/Other Pacific Islander	1	1	1	0	1	0	1	0	0	0	0	0	0
Unable to Determine	1	1	1	1	1	0	1	0	1	1	0	0	0

Table 4A

--Statewide-Unique Children in DCS Custody--
January-December 2013

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
						Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	**14181***	**4372**	**644**	**560**	**29**	**12.9**	**10.1**	**5.8**	**4.3**	**1.8**
Adjudication										
Dependent/Neglect	11373	3092	493	486	26	11.7	10.3	6.2	4.6	1.8
Delinquent	2576	1153	133	61	3	16.0	9.7	4.7	3.4	1.7
Unruly	232	127	18	13	0	15.3	9.6	5.3	3.3	1.8
Gender										
Male	8088	2713	407	384	21	12.8	10.1	5.8	4.7	1.8
Female	6093	1659	237	176	8	13.1	10.1	5.7	3.7	1.8
Age Range										
<= 5	4719	290	4	15	0	3.5	10.6	4.1	2.5	1.2
6 - 10	2494	838	112	161	6	8.0	10.3	6.7	4.8	1.8
11 - 14	2356	1116	209	211	15	12.9	10.2	6.9	5.1	2.0
15 - 17	4262	2017	310	173	8	16.1	9.8	5.2	3.8	1.8
18 +	350	111	9	0	0	18.0	10.8	2.5	2.2	1.6
Race										
White	9750	3108	502	428	27	12.8	10.0	5.9	4.5	1.9
Black/African American	3674	1020	113	107	2	13.5	10.2	5.4	3.7	1.7
American Indian/Alaska Native	25	11	0	0	0	14.1	11.3	4.3		1.8
Asian	12	2	0	1	0	11.5	12.0	6.5		1.4
Multi Racial	632	186	25	23	0	11.9	10.6	5.8	4.9	1.7
Native Hawaiian/Other Pacific Islander	14	5	1	0	0	13.6	10.4	7.8	4.0	1.6
Unable to Determine	74	40	3	1	0	13.6	10.7	3.2	3.0	1.5

***This number was obtained by selecting all children in DCS custody on January 1, 2013 and adding all admissions to DCS from January 1 – December 31, 2013.**

Table 4B

--Brian A-Unique Children in DCS Custody--
January-December 2013

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
						Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**11559***	**3219**	**511**	**499**	**26**	**11.8**	**10.2**	**6.1**	**4.6**	**1.8**
Adjudication										
Dependent/Neglect	11330	3092	493	486	26	11.7	10.3	6.2	4.6	1.8
Unruly	229	127	18	13	0	15.3	9.6	5.3	3.3	1.8
Gender										
Male	5926	1843	322	340	20	11.4	10.3	6.4	5.0	1.9
Female	5633	1376	189	159	6	12.5	10.2	5.7	3.8	1.8
Age Range										
<= 5	4719	290	4	15	0	3.5	10.6	4.1	2.5	1.2
6 - 10	2493	838	112	161	6	8.0	10.3	6.7	4.8	1.8
11 - 14	2057	946	179	196	15	12.8	10.3	7.0	5.4	2.0
15 - 17	2290	1145	216	127	5	16.0	10.1	5.5	3.8	1.9
Race										
White	8360	2369	407	387	25	11.8	10.2	6.2	4.7	1.9
Black/African American	2546	660	84	90	1	12.2	10.3	6.0	3.9	1.7
American Indian/Alaska Native	22	8	0	0	0	13.5	11.0	4.3		1.7
Asian	5	2	0	1	0	11.5	12.0	6.5		1.4
Multi Racial	554	148	18	20	0	11.0	10.5	5.8	5.0	1.7
Native Hawaiian/Oth Pacific Isl.	13	5	1	0	0	13.6	10.4	7.8	4.0	1.6
Unable to Determine	59	27	1	1	0	12.4	11.4	3.0	7.0	1.5

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2013 and adding all Brian A admissions to DCS from January 1 – December 31, 2013.**

Table 4C

--Unique Children in DCS Custody - 4+ Prescriptions--
January-December 2013

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2013)				
				Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**14181***	**4372**	**644**	**13.6**	**10.7**	**8.8**	**4.3**	**4.2**
Adjudication								
Dependent/Neglect	11373	3092	493	13.0	10.6	9.1	4.6	4.2
Delinquent	2576	1153	133	15.6	10.8	7.9	3.4	4.2
Unruly	232	127	18	14.9	10.7	8.1	3.3	4.1
Gender								
Male	8088	2713	407	13.2	10.7	9.0	4.7	4.2
Female	6093	1659	237	14.3	10.6	8.4	3.7	4.2
Age Range								
<= 5	4719	290	4	4.5	10.3	8.8	2.5	4.5
6 - 10	2494	838	112	8.3	10.7	9.9	4.8	4.2
11 - 14	2356	1116	209	12.9	10.8	9.8	5.1	4.2
15 - 17	4262	2017	310	16.0	10.5	7.8	3.8	4.2
18 +	350	111	9	18.0	12.0	5.0	2.2	4.1
Race								
White	9750	3108	502	13.6	10.7	8.9	4.5	4.2
Black/African American	3674	1020	113	13.6	10.7	8.5	3.7	4.1
American Indian/Alaska Native	25	11	0					
Asian	12	2	0					
Multi Racial	632	186	25	13.4	10.5	8.9	4.9	4.2
Native Hawaiian/Other Pacific Islander	14	5	1	7.0	12.0	11.0	4.0	4.0
Unable to Determine	74	40	3	15.0	10.3	8.3	3.0	4.3

***This number was obtained by selecting all children in DCS custody on January 1, 2013 and adding all admissions to DCS from January 1 – December 31, 2013.**

Table 4D

--Unique Children in DCS Custody – Brian A 4+ Prescriptions--
January-December 2013

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2013) Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**11559***	**3219**	**511**	**13.1**	**10.6**	**9.1**	**4.6**	**4.2**
Adjudication								
Dependent/Neglect	11330	3092	493	13.0	10.6	9.1	4.6	4.2
Unruly	229	127	18	14.9	10.7	8.1	3.3	4.1
Gender								
Male	5926	1843	322	12.6	10.7	9.3	5.0	4.2
Female	5633	1376	189	13.9	10.5	8.6	3.8	4.2
Age Range								
<= 5	4719	290	4	4.5	10.3	8.8	2.5	4.5
6 - 10	2493	838	112	8.3	10.7	9.9	4.8	4.2
11 - 14	2057	946	179	12.8	10.8	10.0	5.4	4.2
15 - 17	2290	1145	216	16.0	10.5	7.9	3.8	4.2
Race								
White	8360	2369	407	13.1	10.6	9.1	4.7	4.2
Black/African American	2546	660	84	13.1	10.8	8.8	3.9	4.1
American Indian/Alaska Native	22	8	0					
Asian	5	2	0					
Multi Racial	554	148	18	12.8	10.2	9.1	5.0	4.3
Native Hawaiian/Oth Pacific Isl.	13	5	1	7.0	12.0	11.0	4.0	4.0
Unable to Determine	59	27	1	12.0	12.0	12.0	7.0	4.0

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2013 and adding all Brian A admissions to DCS from January 1 – December 31, 2013**

Table 4E

--Unique Children in DCS Custody – Prescription(s) All 12 Months--
January-December 2013

Unique Number of Children by Demographics	Statewide	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
					Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**14181***	**4372**	**560**	**29**	**12.1**	**12.0**	**12.0**	**6.4**	**2.6**
Adjudication									
Dependent/Neglect	11373	3092	486	26	11.6	12.0	12.0	6.5	2.6
Delinquent	2576	1153	61	3	15.2	12.0	12.0	5.9	2.7
Unruly	232	127	13	0	15.2	12.0	12.0	4.8	2.6
Gender									
Male	8088	2713	384	21	11.9	12.0	12.0	6.5	2.6
Female	6093	1659	176	8	12.6	12.0	12.0	6.2	2.6
Age Range									
<= 5	4719	290	15	0	4.9	12.0	12.0	7.0	1.8
6 - 10	2494	838	161	6	8.2	12.0	12.0	6.4	2.5
11 - 14	2356	1116	211	15	12.7	12.0	12.0	6.8	2.8
15 - 17	4262	2017	173	8	15.7	12.0	12.0	6.0	2.7
18 +	350	111	0	0					
Race									
White	9750	3108	428	27	11.9	12.0	12.0	6.5	2.7
Black/African American	3674	1020	107	2	13.0	12.0	12.0	5.7	2.5
American Indian/Alaska Native	25	11	0	0					
Asian	12	2	1	0	11.0	12.0	12.0		1.8
Multi Racial	632	186	23	0	12.3	12.0	12.0	6.1	2.4
Native Hawaiian/Other Pacific Islander	14	5	0	0					
Unable to Determine	74	40	1		12.0	12.0	12.0	7.0	3.5

***This number was obtained by selecting all children in DCS custody on January 1, 2013 and adding all admissions to DCS from January 1 – December 31, 2013.**

Table 4F

--Unique Children in DCS Custody – Brian A. Prescription(s) All 12 Months-- January-December 2013

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013) Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**11559***	**3219**	**499**	**26**	**11.7**	**12.0**	**12.0**	**6.5**	**2.6**
Adjudication									
Dependent/Neglect	11330	3092	486	26	11.6	12.0	12.0	6.5	2.6
Unruly	229	127	13	0	15.2	12.0	12.0	4.8	2.6
Gender									
Male	5926	1843	340	20	11.5	12.0	12.0	6.6	2.7
Female	5633	1376	159	6	12.3	12.0	12.0	6.1	2.6
Age Range									
<= 5	4719	290	15	0	4.9	12.0	12.0	7.0	1.8
6 - 10	2493	838	161	6	8.2	12.0	12.0	6.4	2.5
11 - 14	2057	946	196	15	12.6	12.0	12.0	7.0	2.8
15 - 17	2290	1145	127	5	15.6	12.0	12.0	5.8	2.7
Race									
White	8360	2369	387	25	11.5	12.0	12.0	6.7	2.7
Black/African American	2546	660	90	1	12.6	12.0	12.0	5.4	2.5
American Indian/Alaska Native	22	8	0	0					
Asian	5	2	1	0	11.0	12.0	12.0		1.8
Multi Racial	554	148	20	0	12.1	12.0	12.0	5.8	2.4
Native Hawaiian/Oth Pacific Isl.	13	5	0	0					
Unable to Determine	59	27	1	0	12.0	12.0	12.0	7.0	3.5

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2013 and adding all Brian A admissions to DCS from January 1 – December 31, 2013**

Table 5 Medication Listing

Medication Class	*Medication Name*	*Medication Listed on TennCare File*
	Anti-Hypertensives	
Anti-Hypertensives	**CLONIDINE**	
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1 PATCH
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL ER
Anti-Hypertensives	CLONIDINE	KAPVAY
Anti-Hypertensives	CLONIDINE	KAPVAY ER
Anti-Hypertensives	**GUANFACINE**	
Anti-Hypertensives	GUANFACINE	GUANFACINE
Anti-Hypertensives	GUANFACINE	GUANFACINE HCL
Anti-Hypertensives	GUANFACINE	INTUNIV
Anti-Hypertensives	GUANFACINE	INTUNIV ER
	Antidepressants	
Antidepressants	**AMITRIPTYLINE HCL**	
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL
Antidepressants	**CELEXA**	
Antidepressants	CELEXA	CITALOPRAM HBR
Antidepressants	**CLOMIPRAMINE**	
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL
Antidepressants	**CYMBALTA**	
Antidepressants	CYMBALTA	CYMBALTA
Antidepressants	**DOXEPIN**	
Antidepressants	DOXEPIN	DOXEPIN
Antidepressants	DOXEPIN	DOXEPIN HCL
Antidepressants	**EFFEXOR**	
Antidepressants	EFFEXOR	VENLAFAXINE HCL
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER
Antidepressants	**FLUOXETINE**	
Antidepressants	FLUOXETINE	FLUOXETINE
Antidepressants	FLUOXETINE	FLUOXETINE HCL
Antidepressants	**FLUVOXAMINE**	
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE
Antidepressants	**IMIPRAMINE**	
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL
Antidepressants	**LEXAPRO**	
Antidepressants	LEXAPRO	ESCITALOPRAM
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE
Antidepressants	LEXAPRO	LEXAPRO
Antidepressants	**MIRTAZAPINE**	
Antidepressants	MIRTAZAPINE	MIRTAZAPINE
Antidepressants	**NORTRIPTYLINE**	
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL

Medication Class	Medication Name	Medication Listed on TennCare File
Antidepressants	**PAXIL**	
Antidepressants	PAXIL	PAROXETINE HCL
Antidepressants	**PRISTIQ ER**	
Antidepressants	PRISTIQ ER	PRISTIQ ER
Antidepressants	**TRAZODONE**	
Antidepressants	TRAZODONE	TRAZODONE
Antidepressants	TRAZODONE	TRAZODONE HCL
Antidepressants	**WELLBUTRIN**	
Antidepressants	WELLBUTRIN	BUDEPRION SR
Antidepressants	WELLBUTRIN	BUDEPRION XL
Antidepressants	WELLBUTRIN	BUPROPION HCL
Antidepressants	WELLBUTRIN	BUPROPION HCL SR
Antidepressants	WELLBUTRIN	BUPROPION HCL XL
Antidepressants	WELLBUTRIN	BUPROPION SR
Antidepressants	WELLBUTRIN	BUPROPION XL
Antidepressants	**ZOLOFT**	
Antidepressants	ZOLOFT	SERTRALINE
Antidepressants	ZOLOFT	SERTRALINE HCL
Antihistamines		
Antihistamines	**HYDROXYZINE**	
Antihistamines	HYDROXYZINE	HYDROXYZINE
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL
Antihistamines	HYDROXYZINE	HYDROXYZINE PAM
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE
Antipsychotics		
Antipsychotics	**ABILIFY**	
Antipsychotics	ABILIFY	ABILIFY
Antipsychotics	**CLOZAPINE**	
Antipsychotics	CLOZAPINE	CLOZAPINE
Antipsychotics	**FANAPT**	
Antipsychotics	FANAPT	FANAPT
Antipsychotics	**GEODON**	
Antipsychotics	GEODON	ZIPRASIDONE HCL
Antipsychotics	**INVEGA**	
Antipsychotics	INVEGA	INVEGA
Antipsychotics	INVEGA	INVEGA ER
Antipsychotics	INVEGA	INVEGA SUSTENNA
Antipsychotics	**LATUDA**	
Antipsychotics	LATUDA	LATUDA
Antipsychotics	**LOXAPINE**	
Antipsychotics	LOXAPINE	LOXAPINE
Antipsychotics	**OLANZAPINE**	
Antipsychotics	OLANZAPINE	OLANZAPINE
Antipsychotics	OLANZAPINE	OLANZAPINE ODT
Antipsychotics	**PERPHENAZINE**	

Medication Class	Medication Name	Medication Listed on TennCare File
Antipsychotics	PERPHENAZINE	PERPHEN-AMITRIP
Antipsychotics	**RISPERDAL**	
Antipsychotics	RISPERDAL	RISPERDAL CONSTA
Antipsychotics	RISPERDAL	RISPERIDONE
Antipsychotics	RISPERDAL	RISPERIDONE ODT
Antipsychotics	**SAPHRIS**	
Antipsychotics	SAPHRIS	SAPHRIS
Antipsychotics	**SEROQUEL**	
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE
Antipsychotics	SEROQUEL	SEROQUEL
Antipsychotics	SEROQUEL	SEROQUEL XR
Miscellaneous		
Miscellaneous	**CHANTIX**	
Miscellaneous	CHANTIX	CHANTIX
Miscellaneous	**MELATONIN**	
Miscellaneous	MELATONIN	MELATONIN
Miscellaneous	**NICOTINE**	
Miscellaneous	NICOTINE	NICOTINE
Miscellaneous	**NICOTINE GUM**	
Miscellaneous	NICOTINE GUM	NICORELIEF
Miscellaneous	NICOTINE GUM	NICOTINE GUM
Miscellaneous	NICOTINE GUM	RA NICOTINE
Miscellaneous	**NICOTINE PATCH**	
Miscellaneous	NICOTINE PATCH	CVS NICOTINE
Miscellaneous	NICOTINE PATCH	HM NICOTINE
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH
Miscellaneous	**STRATTERA**	
Miscellaneous	STRATTERA	STRATTERA
Mood Stabilizers		
Mood Stabilizers	**CARBAMAZEPINE**	
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE ER
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR
Mood Stabilizers	CARBAMAZEPINE	CARBATROL ER
Mood Stabilizers	**DEPAKOTE**	
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD DR
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD ER
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER
Mood Stabilizers	DEPAKOTE	VALPROIC ACID
Mood Stabilizers	**LAMOTRIGINE**	
Mood Stabilizers	LAMOTRIGINE	LAMICTAL
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE
Mood Stabilizers	**LITHIUM CARBONATE**	
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM

Medication Class	*Medication Name*	*Medication Listed on TennCare File*
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE ER
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM ER
Mood Stabilizers	**TOPAMAX**	
Mood Stabilizers	TOPAMAX	TOPIRAMATE
Mood Stabilizers	**TRILEPTAL**	
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE
Mood Stabilizers	TRILEPTAL	OXTELLAR XR
Mood Stabilizers	TRILEPTAL	TRILEPTAL
Sedative-Hypnotics		
Sedative-Hypnotics	**CLONAZEPAM**	
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM
Stimulants		
Stimulants	**ADDERALL**	
Stimulants	ADDERALL	ADDERALL XR
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO
Stimulants	ADDERALL	AMPHETAMINE SALTS
Stimulants	**DEXEDRINE**	
Stimulants	DEXEDRINE	D-AMPHETAMINE ER
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE
Stimulants	DEXEDRINE	PROCENTRA
Stimulants	**DEXMETHYLPHENIDATE**	
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL
Stimulants	DEXMETHYLPHENIDATE	FOCALIN
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR
Stimulants	**METHYLPHENIDATE**	
Stimulants	METHYLPHENIDATE	CONCERTA ER
Stimulants	METHYLPHENIDATE	DAYTRANA
Stimulants	METHYLPHENIDATE	METADATE CD
Stimulants	METHYLPHENIDATE	METHYLIN
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR
Stimulants	METHYLPHENIDATE	QUILLIVANT XR
Stimulants	METHYLPHENIDATE	RITALIN LA
Stimulants	**PROVIGIL**	
Stimulants	PROVIGIL	MODAFINIL
Stimulants	PROVIGIL	PROVIGIL
Stimulants	**VYVANSE**	

Table 6

Total Number of Unique Medications Prescribed - Statewide
January - December 2013

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	740
Anti-Hypertensives	CLONIDINE	KAPVAY	21
Anti-Hypertensives	CLONIDINE	KAPVAY ER	12
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1 PATCH	2
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL ER	1
Anti-Hypertensives	GUANFACINE	GUANFACINE HCL	303
Anti-Hypertensives	GUANFACINE	GUANFACINE	251
Anti-Hypertensives	GUANFACINE	INTUNIV	173
Anti-Hypertensives	GUANFACINE	INTUNIV ER	108
Antidepressants			
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	33
Antidepressants	CELEXA	CITALOPRAM HBR	405
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE	4
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	4
Antidepressants	CYMBALTA	CYMBALTA	3
Antidepressants	DOXEPIN	DOXEPIN	14
Antidepressants	DOXEPIN	DOXEPIN HCL	4
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	19
Antidepressants	EFFEXOR	VENLAFAXINE HCL	2
Antidepressants	FLUOXETINE	FLUOXETINE HCL	385
Antidepressants	FLUOXETINE	FLUOXETINE	6
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	26
Antidepressants	FLUVOXAMINE	LUVOX CR	2
Antidepressants	FLUVOXAMINE	FLUVOXAMINE ER	1
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	54
Antidepressants	LEXAPRO	ESCITALOPRAM	17
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE	11
Antidepressants	LEXAPRO	LEXAPRO	1
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	315
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	10
Antidepressants	PAXIL	PAROXETINE HCL	55
Antidepressants	PRISTIQ ER	PRISTIQ ER	1
Antidepressants	TRAZODONE	TRAZODONE HCL	371
Antidepressants	TRAZODONE	TRAZODONE	319
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	68
Antidepressants	WELLBUTRIN	BUPROPION HCL XL	59
Antidepressants	WELLBUTRIN	BUPROPION XL	55
Antidepressants	WELLBUTRIN	BUPROPION SR	30
Antidepressants	WELLBUTRIN	BUPROPION HCL	21
Antidepressants	WELLBUTRIN	BUDEPRION XL	11
Antidepressants	WELLBUTRIN	BUDEPRION SR	1
Medication	Medication Name	Medication Listed on TennCare	Total

Class		File	
Antidepressants	ZOLOFT	SERTRALINE HCL	501
Antidepressants	ZOLOFT	SERTRALINE	3
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	424
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	113
Antihistamines	HYDROXYZINE	HYDROXYZINE PAM	103
Antihistamines	HYDROXYZINE	HYDROXYZINE	75
Antipsychotics			
Antipsychotics	ABILIFY	ABILIFY	664
Antipsychotics	CLOZAPINE	CLOZAPINE	2
Antipsychotics	FANAPT	FANAPT	8
Antipsychotics	GEODON	ZIPRASIDONE HCL	92
Antipsychotics	INVEGA	INVEGA	18
Antipsychotics	INVEGA	INVEGA ER	9
Antipsychotics	INVEGA	INVEGA SUSTENNA	1
Antipsychotics	LATUDA	LATUDA	16
Antipsychotics	LOXAPINE	LOXAPINE	3
Antipsychotics	OLANZAPINE	OLANZAPINE	82
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	2
Antipsychotics	PERPHENAZINE	PERPHEN-AMITRIP	2
Antipsychotics	RISPERDAL	RISPERIDONE	679
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	4
Antipsychotics	RISPERDAL	RISPERIDONE ODT	1
Antipsychotics	SAPHRIS	SAPHRIS	23
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE	427
Antipsychotics	SEROQUEL	SEROQUEL XR	76
Antipsychotics	SEROQUEL	SEROQUEL	1
Miscellaneous			
Miscellaneous	CHANTIX	CHANTIX	3
Miscellaneous	EQ NICOTINE	EQ NICOTINE	1
Miscellaneous	MELATONIN	MELATONIN	3
Miscellaneous	NICOTINE	NICOTINE	19
Miscellaneous	NICOTINE GUM	NICORELIEF	2
Miscellaneous	NICOTINE GUM	RA NICOTINE	2
Miscellaneous	NICOTINE GUM	NICOTINE GUM	1
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	7
Miscellaneous	NICOTINE PATCH	HM NICOTINE	2
Miscellaneous	NICOTINE PATCH	CVS NICOTINE	1
Miscellaneous	NICOTINE PATCH	CVS NTS	1
Miscellaneous	STRATTERA	STRATTERA	253
Mood Stabilizers			
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	13
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	6
Mood Stabilizers	CARBAMAZEPINE	CARBATROL ER	1
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	129
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD ER	74
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	69
Medication	**Medication Name**	**Medication Listed on TennCare**	**Total**

Class		File	
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD DR	47
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	13
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	346
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	1
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	105
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM ER	20
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE ER	11
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM	1
Mood Stabilizers	TOPAMAX	TOPIRAMATE	83
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	273
Mood Stabilizers	TRILEPTAL	TRILEPTAL	3
Mood Stabilizers	TRILEPTAL	OXTELLAR XR	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	21
Stimulants			
Stimulants	ADDERALL	ADDERALL XR	405
Stimulants	ADDERALL	AMPHETAMINE SALTS	71
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	57
Stimulants	DEXEDRINE	PROCENTRA	20
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	2
Stimulants	DEXEDRINE	D-AMPHETAMINE ER	1
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE-AMPHETAMINE	1
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	231
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	16
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE	9
Stimulants	DEXMETHYLPHENIDATE	FOCALIN	5
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	487
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	52
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE	40
Stimulants	METHYLPHENIDATE	RITALIN LA	15
Stimulants	METHYLPHENIDATE	DAYTRANA	13
Stimulants	METHYLPHENIDATE	QUILLIVANT XR	10
Stimulants	METHYLPHENIDATE	METADATE CD	2
Stimulants	METHYLPHENIDATE	METHYLIN	2
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR	2
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE LA	1
Stimulants	PROVIGIL	MODAFINIL	3
Stimulants	VYVANSE	VYVANSE	797

Table7

Total Number of Unique Medications Prescribed - Brian A
January - December 2013

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	603
Anti-Hypertensives	CLONIDINE	KAPVAY	17
Anti-Hypertensives	CLONIDINE	KAPVAY ER	11
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1 PATCH	2
Anti-Hypertensives	GUANFACINE	GUANFACINE HCL	246
Anti-Hypertensives	GUANFACINE	GUANFACINE	196
Anti-Hypertensives	GUANFACINE	INTUNIV	135
Anti-Hypertensives	GUANFACINE	INTUNIV ER	92
Antidepressants			
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	18
Antidepressants	CELEXA	CITALOPRAM HBR	256
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE	4
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	4
Antidepressants	CYMBALTA	CYMBALTA	1
Antidepressants	DOXEPIN	DOXEPIN	7
Antidepressants	DOXEPIN	DOXEPIN HCL	1
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	12
Antidepressants	EFFEXOR	VENLAFAXINE HCL	2
Antidepressants	FLUOXETINE	FLUOXETINE HCL	306
Antidepressants	FLUOXETINE	FLUOXETINE	5
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	20
Antidepressants	FLUVOXAMINE	LUVOX CR	2
Antidepressants	FLUVOXAMINE	FLUVOXAMINE ER	1
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	49
Antidepressants	LEXAPRO	ESCITALOPRAM	11
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE	7
Antidepressants	LEXAPRO	LEXAPRO	1
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	179
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	4
Antidepressants	PAXIL	PAROXETINE HCL	36
Antidepressants	PRISTIQ ER	PRISTIQ ER	1
Antidepressants	TRAZODONE	TRAZODONE HCL	221
Antidepressants	TRAZODONE	TRAZODONE	193
Antidepressants	WELLBUTRIN	BUPROPION HCL XL	37
Antidepressants	WELLBUTRIN	BUPROPION XL	35
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	32
Antidepressants	WELLBUTRIN	BUPROPION SR	19
Antidepressants	WELLBUTRIN	BUPROPION HCL	13
Antidepressants	WELLBUTRIN	BUDEPRION XL	10

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Antidepressants	WELLBUTRIN	BUDEPRION SR	1
Antidepressants	ZOLOFT	SERTRALINE HCL	351
Antidepressants	ZOLOFT	SERTRALINE	3
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	339
Antihistamines	HYDROXYZINE	HYDROXYZINE	75
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	73
Antihistamines	HYDROXYZINE	HYDROXYZINE PAM	64
Antipsychotics			
Antipsychotics	ABILIFY	ABILIFY	505
Antipsychotics	CLOZAPINE	CLOZAPINE	1
Antipsychotics	FANAPT	FANAPT	3
Antipsychotics	GEODON	ZIPRASIDONE HCL	66
Antipsychotics	INVEGA	INVEGA	12
Antipsychotics	INVEGA	INVEGA ER	7
Antipsychotics	LATUDA	LATUDA	8
Antipsychotics	LOXAPINE	LOXAPINE	3
Antipsychotics	OLANZAPINE	OLANZAPINE	49
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	2
Antipsychotics	PERPHENAZINE	PERPHEN-AMITRIP	2
Antipsychotics	RISPERDAL	RISPERIDONE	547
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	1
Antipsychotics	RISPERDAL	RISPERIDONE ODT	1
Antipsychotics	SAPHRIS	SAPHRIS	12
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE	255
Antipsychotics	SEROQUEL	SEROQUEL XR	54
Antipsychotics	SEROQUEL	SEROQUEL	1
Miscellaneous			
Miscellaneous	CHANTIX	CHANTIX	2
Miscellaneous	EQ NICOTINE	EQ NICOTINE	1
Miscellaneous	MELATONIN	MELATONIN	3
Miscellaneous	NICOTINE	NICOTINE	11
Miscellaneous	NICOTINE GUM	NICORELIEF	2
Miscellaneous	NICOTINE GUM	RA NICOTINE	2
Miscellaneous	NICOTINE GUM	NICOTINE GUM	1
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	3
Miscellaneous	NICOTINE PATCH	HM NICOTINE	2
Miscellaneous	NICOTINE PATCH	CVS NICOTINE	1
Miscellaneous	NICOTINE PATCH	CVS NTS	1
Miscellaneous	STRATTERA	STRATTERA	169
Mood Stabilizers			
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	7
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	1

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	103
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	54
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD ER	52
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD DR	25
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	9
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	261
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	1
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	72
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM ER	14
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE ER	6
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM	1
Mood Stabilizers	TOPAMAX	TOPIRAMATE	61
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	217
Mood Stabilizers	TRILEPTAL	TRILEPTAL	3
Mood Stabilizers	TRILEPTAL	OXTELLAR XR	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	18
Stimulants			
Stimulants	ADDERALL	ADDERALL XR	308
Stimulants	ADDERALL	AMPHETAMINE SALTS	58
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	51
Stimulants	DEXEDRINE	PROCENTRA	20
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	2
Stimulants	DEXEDRINE	D-AMPHETAMINE ER	1
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE-AMPHETAMINE	1
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	203
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	14
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE	9
Stimulants	DEXMETHYLPHENIDATE	FOCALIN	5
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	411
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	46
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE	38
Stimulants	METHYLPHENIDATE	DAYTRANA	13
Stimulants	METHYLPHENIDATE	RITALIN LA	10
Stimulants	METHYLPHENIDATE	QUILLIVANT XR	9
Stimulants	METHYLPHENIDATE	METHYLIN	2
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR	2
Stimulants	METHYLPHENIDATE	METADATE CD	1
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE LA	1
Stimulants	PROVIGIL	MODAFINIL	2
Stimulants	VYVANSE	VYVANSE	608

APPENDIX I

Transitional Survey

Transitional Survey

Education

1. Has the youth already received a diploma (regular or special education diploma)?
2. Has the youth already obtained a GED?
3. Is the youth currently enrolled in a post-secondary program (college, technical school, vocational program)?
4. Is the youth currently enrolled in high school?
5. Is the youth currently enrolled in a GED program?
6. Is the youth currently enrolled in a job training program (Job Corps, Vocational Rehabilitation)?

Employment

7. Is the youth currently employed full-time (30 or more hours per week)?
8. Is the youth currently employed part-time (less than 30 hours per week)?

General

9. Is the youth currently enlisted in the military?
10. Does the youth have a list of adult relatives and other supportive adults?
11. Is the youth parenting? If Yes, then answer each of the following questions.
    - Did youth receive health and risk prevention education?
    - Has the youth received parenting classes or instruction?
    - Does the youth have custody of her/his child? If Yes, answer the following question
        - Does the youth provide financial support for their child (ren)?
        - Is the youth going to be relying on Families First assistance?
        - If the department does not have custody, has the youth's child (ren) been adopted?
        - Has the child (ren) been placed with the youth?

- If the department does have custody, does the youth's child (ren) have a permanency goal?
- Is the youth married? If Yes, answer the following question
  - Has the youth received Family Support/Healthy Marriage Education

12. Did the youth accept any service of "Youth Villages Transitional Living", "Adult supported housing through DIDD", "Adult Mental Health Supported Housing through TennCare" and "Adult mental health case management from Community Mental Health Center" ? If Yes, then answer each of the following question
    - Did youth accept "Youth Villages Transitional Living" service?
    - Did youth accept "Adult Supported Housing Through DIDD" service?
    - Did youth accept "Adult Mental Health Supported Housing Through TennCare" service?
    - Did youth accept "Adult Mental Health Case Management From Community Mental Health Center" service?
13. Where will the youth live as an adult? (Select one)
    - Apartment
    - Bio family
    - College Dorm
    - Foster Family
    - other (if other, user must indicate what other is)
14. Did the youth accept Extension of Foster Care Services? (Select one)
    - Youth accepted EFCS to complete secondary educational program
    - Youth accepted EFCS to complete post-secondary educational program
    - Youth accepted EFCS to complete post-secondary vocational training program
    - Youth accepted EFCS under the “unable to work or attend school” category while transitioning to adult services.
    - Youth refused EFCS and completed Refusal form (form #). Youth understands they can return for services before age 21.
    - Youth refused EFCS but did not complete refusal form
    - Youth was not eligible for EFCS

Medical

15. Is the youth transitioning to residential services for adults with disabilities?
16. Does the youth have an identified Advance Care Plan (Health Care Proxy)?
17. Is the youth pregnant? If answer = Yes, then answer each question below.
    - Did the youth receive health and risk prevention education?
    - Is the youth going to be relying on Families First assistance?
    - Has the youth received parenting classes or instruction? Is the youth married? (if Yes, answer the following):
        - Has the youth received Family Support/Healthy Marriage Education?
18. Has the youth been identified as having a significant disability that will affect their ability to live independently? If answer = Yes, then answer each question below.
    - Is youth intellectually disabled?
    - Is youth developmentally disabled?
    - Is youth physically disabled?
    - Is youth severely mentally ill?
19. Were steps (Protocol for Continued TennCare Eligibility for Youth Aging Out of Foster Care) taken to assure continuation of the youth's TennCare as an adult or other health insurance?
20. What is the status of the youth's SSI application? (Select one)
    - N/A: SSI application not submitted, youth is not disabled
    - Submitted, denied
    - Submitted, approved
    - Submitted, pending

Upon Discharge

21. Does the youth have his/her birth certificate?
22. Does the youth have his/her original social security card?
23. Does the youth have a state issued photo identification card?

24. Does the youth have a valid driver's license or learner's permit?
25. Does the youth have his/her TennCare card?
26. Does the youth have his/her medical records, including his/her immunization record?
27. Does the youth have his/her educational records (diploma, transcripts, etc)?
28. Does the youth have proof of foster care placement (ex: court order that placed them into custody)?
29. If the youth's parents are deceased, does the youth have the death certificate
30. Does the youth have documentation of immigration or naturalization
31. Does the youth have any religious documents or information?

APPENDIX J

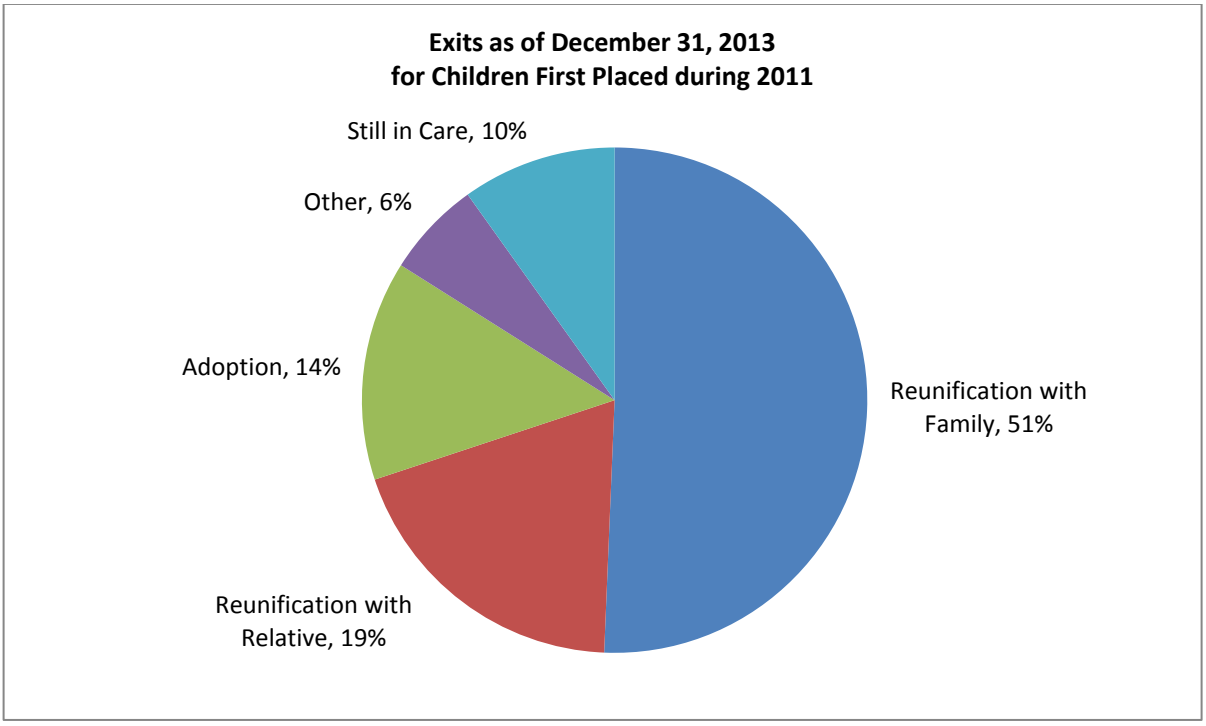
Supplemental Information on Exits to Permanency

This appendix presents additional information supplementing the data discussion in Section One D of this monitoring report regarding exits to permanency.

A. Exits for 2010 Entry Cohort by Exit Type

The Department tracks and reports on the permanency outcomes for children entering foster care during a particular year. For example, the figure below shows the percentage of children first entering out-of-home placement in 2011 who have exited to each exit type as of December 31, 2013. Children exiting to reunification represent by far the largest percentage of exits. As of December 31, 2013, 51% of the children entering care in 2011 had exited to reunification with family, 19% had exited to reunification with relatives, 14% had exited to adoption, 6% had experienced some other non-permanent exit, and 10% remained in care.[12]

This data both helps the Department understand the range and frequency of exit types generally and allows comparison of entry cohorts as one possible indicator of changes in performance related to permanency.[13]



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

[12] It is important to note that, as discussed further below, for those who remain in care, the percentage of those children exiting to adoption will likely be greater than the percentage of those who have already exited and the percentage of those exiting to reunification will likely be lower. For this reason, the ultimate "exit type" percentages for the 2011 entry cohort (calculated after the last child in that cohort exits custody) will be different than the percentages to date.

[13] The June 2013 Monitoring Report presented these data as of December 31, 2012 for children entering out-of-home placement in 2010. By December 31, 2012, 49% of children entering in 2010 had exited to reunification with family, 22% to reunification with a relative, and 13% to adoption. Six percent experienced some other non-permanent exit, and 10% were still in out-of-home placement.

B. Interrelationship between Exit Type and Length of Stay for Children Placed 2002 to 2013

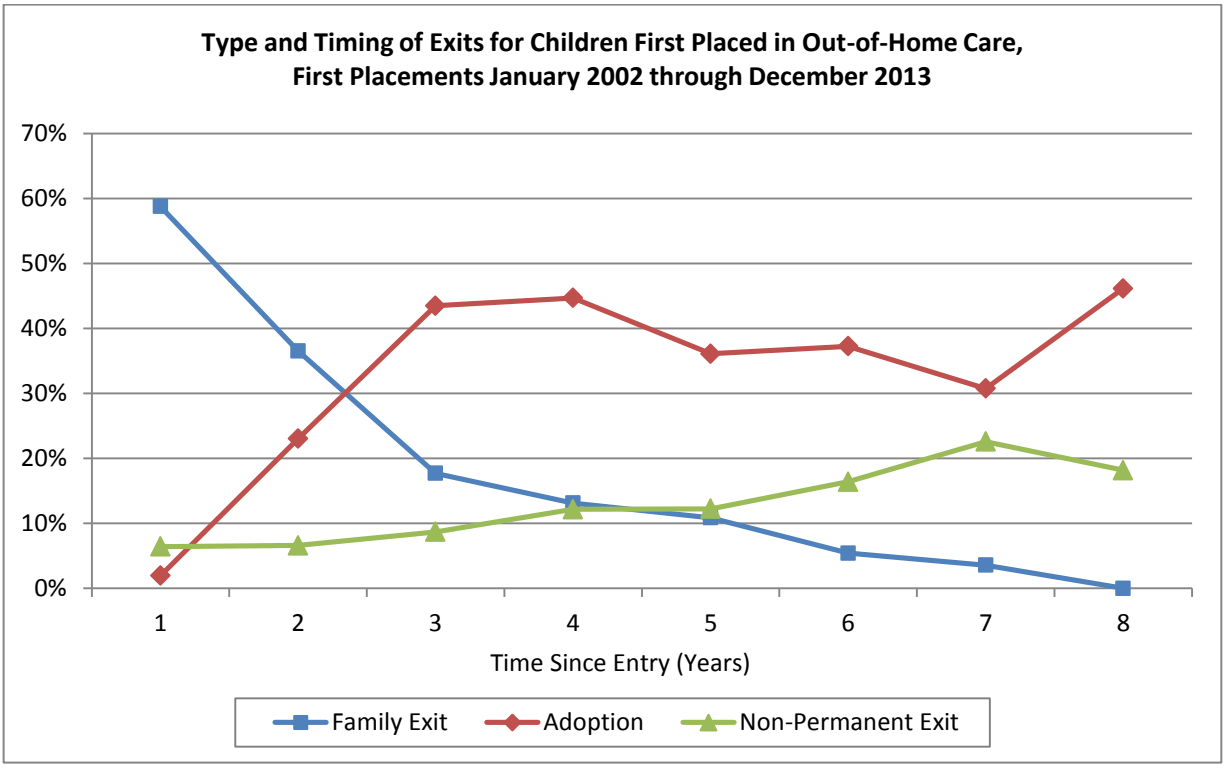
The Department tracks and reports data that reflect the interrelationship between length of stay and exit type. The figure below shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. The points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and so on.

Displaying the three exit probabilities together—adoption, reunification with family or relative (permanent exits), and other exits (non-permanent exits, primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the blue line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the first year and drops significantly in subsequent years. Adoptions (the red line), on the other hand, occur more slowly, but the probability of adoption increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a "family exit"—a return to the child's birth family or a relative. Almost 60% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, only a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is less than 10% during the first three years in custody, but it increases to more than 20% by the seventh year in custody.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

APPENDIX K

Description of the Manual Caseload Tracking Process

The Manual Caseload Tracking Process

The manual caseload tracking process was implemented at the beginning of April 2012. The Executive Director of Permanency and In-Home/Out-of-Home Services sends the template for the manual tracking process to the regions at the beginning of each month. The regions are allowed a couple of weeks to enter their caseload data as of the last day of the previous month and return the spreadsheets to Central Office. The caseload information is typically collected and entered into the spreadsheets by supervisors (team leaders or team coordinators), some of whom (but not all) ask the case managers to provide or verify his or her caseload count.[14] Because it is a manual process, a certain degree of human error is expected.

Throughout 2012, the template was the TFACTS aggregate caseload report as of the end of the previous month, listing each case manager and supervisor carrying a case and containing the number of cases according to TFACTS (case types included were "Family Case," Investigation, *Brian A.* Child, and Juvenile Justice Child). Columns were inserted into the aggregate report for the regions to enter their manual numbers (the "Family Case" column heading was changed to "Non-Custody."

After discontinuation of that particular aggregate report, the template was changed to a blank spreadsheet with the same column headers for the manual caseload counts, but the columns for the numbers from the aggregate report were removed.

Inconsistency in counting non-custody case types contributes to the error in the manual tracking process because the total caseload count for mixed caseloads may include certain non-custody caseload types for some teams or regions that are not included in the total caseload counts for mixed caseloads in other regions. In the reports for April 2012 through January 2013, the "Non-Custody" column heading did not specify which types of non-custody cases were to be counted in that column (with the exception of CPS investigations and assessments, for which there was a specific column), and some regions included types of non-custody cases that others did not. Beginning with the report for February 2013, multiple columns were added for several non-custody case types: Interstate Compact on Placement of Children (ICPC), Family Support Services (FSS), Family Crisis Intervention Program (FCIP), Interstate Compact on Juveniles (ICJ), Juvenile Justice Aftercare, Juvenile Justice Probation, and Juvenile Justice Pre-trial Diversion. However, there are still several non-custody case types that, without a specific column for entry, may be counted inconsistently despite instruction from Central Office that other case types should be noted in the "Comments" column if the region thinks the information is relevant for understanding workloads. Among the other case types captured by some regions in the "notes" column are: Post-Custody, Extension of Foster Care, Court-Ordered Home Studies, Non-Custody Assessment, Order of Reference, Resource Linkage, and Resource Parent Support caseloads.

[14] As part of a TAC survey of case managers about caseloads (discussed in Section Five and in Appendix T of the June 2013 Monitoring Report), TAC monitoring staff asked the case managers interviewed about how the manual caseload tracking process worked within their regions. This statement is a summary of the information collected from case managers in response to those questions.

APPENDIX L

In Home Tennessee
Regional Priorities and Goals
as of May 2014

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
Davidson	September 2010	Absent Parent Involvement	1. increase physical participation of absent fathers in Child and Family Team Meetings, 2. increase collaboration between DCS and the Davidson jail/prison system in order to increase participation of absent fathers in children's lives, 3. educate DCS and provider staff about the rights of birth fathers and the benefits of their participation in children's lives	yes - in Sustainability phase
		Parenting Education	1. use ongoing Data Collection of cases referred to Davidson County DCS and of custody removal cases, 2. create Better Outreach in the community, 3. improve Individualization of Services 5. include Parent Leaders to Consult on Parent Education Coalition Goals	
		Domestic Violence	This priority was added in May 2014, and the workgroup hasn't been formed yet. Tentative goals from the Implementation team include: 1. create a collaborative group of domestic violence service providers in order to gain knowledge of services, ensure appropriate referrals, and increase collaboration with providers and DCS, 2. form a domestic violence expert panel that meets monthly to review and provide advice on cases to FSWs	
East Tennessee	April 2012	CAB participation	Enhancement and Enrichment of CABs by Increasing Average Participation and Membership by 5%.	yes - in sustainability phase
		A/D services	Decrease the Number of Children Entering Custody in the East Region Due to Alcohol and Drug Issues by 5%.	
Knox	January 2012	A/D services	1. coordinate knowledge of community A & D resources for professionals, 2. coordinate knowledge of Community A & D resources for consumers, 3. DCS Matching Diverse Community Services to Meet Community Needs, 4. decrease barriers for families accessing A& D services	yes - in Sustainability phase
		Community Collaboration	1. increase collaboration with East Tennessee Children's Hospital, 2. continuing to hold and support membership in the Integrated Community Action Meeting (ICAM) for the purpose of increasing collaboration/coordination with community members	
		Intensive Family Preservation	This is a new goal as of May 2014. Goal creation is in progress. Tentative goals include increasing awareness of DCS' role, build a trusting relationship with the community, and having effective knowledge of legal parameters of DCS capacity for interventions.	

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
Mid Cumberland	August 2013	Intensive Family Preservation	Goal creation is in progress. Tentative goals from the Implementation Team include: 1. creating and distributing a list of current service providers, 2. holding a "Meet & Greet" for service providers and DCS staff to network and become knowledgeable of services	No - in Implementation
		A/D services	1. expand knowledge of resources in MC among service providers, 2. increase communication and ongoing feedback between providers and DCS from case progress to discharge	
Northeast	March 2013	Cultural Competency	develop cultural competency training for DCS and community partners	No - in Implementation
		A/D services	1. develop a Neonatal Abstinence Syndrome video for caregivers and service professionals, 2. pursue TennCare approvals for stimulation/soothing seats for NAS diagnosed babies	
		Knowledge of Services	sustain and distribute the newly created regional directory of community services	
		IHT training	all staff will have an understanding of IHT in the region	
Northwest	September 2012	Child & Family Team	Improve the quality of the CFTM process for effective positive outcomes	No - in Implementation
		Crisis Stabilization Services	Improve crisis stabilization within the region by increasing communication with outside agencies providing the service, boost response times, and sharpen follow-up.	
		Increase School Relations	Increase knowledge and improvement with schools	
Shelby	March 2013	Intensive Family Preservation	1. create, administer, review, and share feedback from a survey to service recipients regarding the quality and overall satisfaction with the service, 2. use the information from the survey results to inform any needed practice changes and service revisions, 3. develop and distribute a resource list with a general overview page of all agencies providing this service	No - in Implementation

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
		Mental Health Assessments	1. increase workers' knowledge on how to assess families and make appropriate recommendations for referrals for services, 2. administer and collect responses from a survey for previous/current providers who partner with DCS to seek an understanding of strengths/needs of working with DCS, 3. use the information for quality improvement, 4. increase collaboration with Memphis City schools and the juvenile court, 5. address the barrier to serving children and families who are w/o insurance	
		Domestic Violence Services	1. locate or create, and begin using, a domestic violence assessment tool with families, 2. minimize duplicative contact with families resulting from the same referral	
Smoky Mountain	June 2013	Family Visitation Services	visitation services available and accessible for all parents/caretakers in the region that will model/teach necessary skills to provide and preserve a safe nurturing family for life	No - in Implementation
		Communication with Partners	establish open, professional and frequent communication techniques and procedural collaboration that enhance services provided to the children/families in the region	
		Mentoring with Parents	accessible mentoring services and peer support to all parents/caregivers in SM that teach/model skills necessary to provide a safe and nurturing home for life	
		IHT trainings/Coaching	ongoing regional training and coaching surrounding the IHT initiative for both regional staff and providers to ensure understanding and direction of initiative components	
South Central	January 2012	Family Visitation Services	identify and establish visitation sites/volunteer program and guidelines for supervised visitation/volunteer program with effective outcomes for children and families	Yes - in Sustainability
		A/D services	identify A/D services available in the region and to collaborate with existing partners to better serve our children and families with A/D needs	
		Communication with Partners	establish professional, frequent, and open communication techniques that enhance services provided to the children and families in the region	

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
Southwest	June 2013	Communication with Partners	1. deliver training to frontline staff and community partners to enhance their knowledge of IHT, 2. improve the communication with providers and other community partners	No - in Implementation
		Crisis Intervention Services & Mental Health Assessments	improve service delivery to children and families in TN through crisis stabilization/assessment	
TN Valley	October 2012	A/D services	1. establish a diverse membership team of an equal balance DCS/providers/stakeholders, 2. develop a current and validated resource list for each county in the region and keep it maintained to be current	Yes - in Sustainability
		Absent Parent Involvement	identify and develop initiatives to locate, engage, and require absent parent participation	
		Communication with Partners	1. improve communication between DCS and agency staff, 2. improve service delivery to children and families	
Upper Cumberland	October 2010	A/D services	1. identify and develop alcohol and drug treatment options, 2. identify and develop alcohol and drug training for staff and community partners	Yes - in Sustainability
		Coaching	Create an ongoing coaching culture in the UC region to support supervisors, workers and families	
		Fidelity Reviews	Identify the strengths and gaps in case management and service delivery in order to improve services for children and families	

APPENDIX M

Budget Data for Community Based Services and Birth Family, Foster Care, and Adoption Support

Sum of PAYAMT	Column Labels													
Row Labels	Davidson Region	DCS Central Office	East Tennessee Region	Knox Region	Mid Cumberland Region	Northeast Region	Northwest Region	Shelby Region	Smoky Mountain Region	South Central Region	Southwest Region	TN Valley Region	Upper Cumberland Region	Grand Total
CUSTODIALSERVICES	**$ 378,614.88**		**$ 256,777.87**	**$ 312,515.14**	**$ 568,932.88**	**$ 416,434.51**	**$ 143,430.42**	**$ 563,647.00**	**$ 448,220.44**	**$ 187,352.73**	**$ 171,411.29**	**$ 233,999.49**	**$ 230,438.54**	**$ 3,911,775.19**
Family Support Services	$ 47,580.88		$ 67,017.84	$ 56,534.89	$ 126,442.40	$ 90,879.82	$ 60,167.57	$ 221,023.52	$ 335,066.01	$ 53,353.43	$ 29,097.29	$ 94,124.45	$ 102,413.56	$ 1,283,701.66
Funeral Expenses			$ 3,377.00	$ 19,629.50		$ 3,699.00		$ 11,714.56	$ 302.00	$ 7,981.70				$ 46,703.76
Intensive In-Home Family Services	$ 77,756.00		$ 92,532.00	$ 55,308.00	$ 149,450.00	$ 7,965.50	$ 40,915.00	$ 154,035.00	$ 6,703.50	$ 16,913.00	$ 60,593.75	$ 113,194.64	$ 21,986.75	$ 797,353.14
Interpreter Services	$ 15,902.00		$ 1,297.50	$ 6,960.25	$ 440.00	$ 842.75	$ 470.35	$ 34,050.75	$ 4,088.55		$ 321.50	$ 172.35	$ 12,009.67	$ 76,555.67
Parenting	$ 71,370.00		$ 8,522.03	$ 170.00	$ 10,335.00	$ 143,337.50	$ 4,000.00	$ 40,480.00	$ 34,115.00	$ 25,113.75	$ 75.00	$ 2,400.00	$ 14,677.50	$ 354,595.78
Psychological Services- Sex Offender				$ 3,200.00	$ 16,160.00	$ 3,100.00			$ 2,100.00		$ 650.00			$ 25,210.00
Recreational Activities			$ 495.00					$ 5,291.00						$ 5,786.00
Sitter Services	$ 7,200.00		$ 26,108.50	$ 750.00	$ 17,934.00	$ 10,728.69	$ 270.00	$ 32,133.00	$ 14,682.88	$ 20,682.85	$ 3,330.00		$ 9,784.06	$ 143,603.98
Therapeutic/Supervised Visitation	$ 156,226.00		$ 57,428.00	$ 148,516.50	$ 243,908.00	$ 152,085.00	$ 37,607.50	$ 14,879.17	$ 50,692.50	$ 61,854.00	$ 77,343.75	$ 22,114.30	$ 67,789.50	$ 1,090,444.22
Therapy/Counseling	$ 2,580.00			$ 21,446.00	$ 4,263.48	$ 3,796.25		$ 50,040.00	$ 470.00	$ 1,454.00		$ 1,993.75	$ 1,777.50	$ 87,820.98
INTERDEPENDENTLIVINGSERVICES	**$ 151,997.32**	**$ 16,232.00**	**$ 71,478.94**	**$ 71,059.64**	**$ 127,032.41**	**$ 115,461.42**	**$ 48,582.78**	**$ 157,856.74**	**$ 62,994.93**	**$ 60,306.19**	**$ 56,146.26**	**$ 89,777.88**	**$ 93,086.63**	**$ 1,122,013.14**
Basic Needs 18-20	$ 205.84				$ 305.44		$ 411.68			$ 4,940.16	$ 411.68		$ 1,912.32	$ 8,187.12
Educational - ETV 16-19		$ 2,500.00	$ 1,685.90		$ 5,577.00	$ 13,124.48	$ 2,786.00	$ 7,472.20	$ 1,411.00	$ 1,154.00		$ 6,587.50	$ 6,750.38	$ 49,048.46
Educational - ETV 16-22			$ 9,423.40	$ 2,500.00	$ 6,141.00	$ 10,000.00	$ 5,000.00	$ 5,000.00						$ 38,064.40
Educational - ETV 18-22										$ 5,000.00				$ 5,000.00
Educational 14-19	$ 672.99	$ 35.00	$ 796.09	$ 155.83	$ 3,115.40	$ 3,183.84	$ 3,337.60	$ 2,315.00	$ 2,181.58	$ 1,007.00	$ 2,054.10	$ 1,612.40	$ 2,783.70	$ 23,250.53
Educational 16-19	$ 1,309.00		$ 1,656.25			$ 9,178.91						$ 1,161.00	$ 3,276.47	$ 16,581.63
Educational 16-20										$ 350.00				$ 350.00
Educational 16-23	$ 2,627.50			$ 4,218.75		$ 981.00								$ 7,827.25
Educational 18-20	$ 470.02		$ 100.77	$ 87.45	$ 882.55	$ 787.85	$ 849.00	$ 2,617.90	$ 745.49	$ 813.69	$ 1,161.80	$ 606.18	$ 805.00	$ 9,927.70
Educational 18-22	$ 100,403.33	$ 11,197.00	$ 35,806.44	$ 40,333.44	$ 67,731.94	$ 44,575.92	$ 24,453.50	$ 104,401.89	$ 53,130.44	$ 43,250.59	$ 31,132.24	$ 56,675.32	$ 63,102.09	$ 676,194.14
Educational 18-23	$ 44,058.64	$ 2,500.00	$ 20,542.59	$ 23,264.17	$ 39,586.61	$ 33,579.42	$ 10,896.00	$ 35,234.75	$ 3,463.03	$ 2,235.75	$ 21,111.44	$ 22,262.49	$ 10,180.73	$ 268,915.62
IL Housing Aid 18-20			$ 996.00	$ 100.00			$ 250.00	$ 165.00	$ 150.00	$ 150.00	$ 100.00			$ 1,911.00
IL Transportation Aid 14-19	$ 1,050.00				$ 2,590.00							$ 100.00	$ 950.00	$ 4,690.00
IL Transportation Aid 18-20	$ 1,050.00			$ 300.00	$ 650.00			$ 650.00	$ 668.39	$ 60.00	$ 105.00	$ 672.99	$ 2,328.94	$ 6,485.32
Other Discretionary Aid - 14-19	$ 75.00						$ 100.00			$ 100.00			$ 50.00	$ 325.00
Other Discretionary Aid 18-20	$ 75.00		$ 471.50	$ 100.00	$ 452.47	$ 50.00	$ 499.00		$ 1,245.00	$ 1,245.00	$ 70.00	$ 100.00	$ 947.00	$ 5,254.97
NONCUSTODIALSERVICES	**$ 507,957.48**		**$ 223,621.56**	**$ 426,588.03**	**$ 353,313.28**	**$ 354,905.96**	**$ 174,443.26**	**$ 406,155.64**	**$ 97,696.23**	**$ 120,816.19**	**$ 229,275.21**	**$ 133,915.99**	**$ 133,905.64**	**$ 3,162,594.47**
Child Care Services							$ 884.00							$ 884.00
Domestic violence counseling	$ 21,588.00				$ 1,008.00	$ 15,350.00	$ 1,925.00	$ 1,711.25	$ 164.00	$ 2,470.00	$ 9,862.50			$ 54,078.75
Electronic Monitoring and Surveillance			$ 144.00							$ 5,168.00				$ 5,312.00
Family First Kinship	$ 25,662.26		$ 3,918.70					$ 66,852.62	$ 5,759.70				$ 23,403.00	$ 125,596.28
Family Support Services	$ 53,365.72		$ 41,390.31	$ 105,323.19	$ 121,495.03	$ 163,998.85	$ 49,284.51	$ 26,304.02	$ 47,580.03	$ 15,878.69	$ 44,498.96	$ 46,458.78	$ 28,834.00	$ 744,412.09
Intensive In-Home Family Services	$ 116,704.00		$ 161,700.00	$ 287,358.00	$ 202,370.00	$ 31,591.50	$ 107,996.00	$ 183,673.75	$ 26,123.00	$ 23,634.00	$ 133,775.00	$ 75,848.02	$ 36,707.25	$ 1,387,480.52
Interpreter Services	$ 25,552.00		$ 1,952.75	$ 3,895.66	$ 961.50	$ 371.75	$ 123.75	$ 56,150.00		$ 135.00	$ 330.00	$ 1,752.75	$ 4,303.70	$ 95,528.86
Mentoring services	$ 38,117.50				$ 12,015.00			$ 16,401.00			$ 14,602.50			$ 81,136.00
Other Counseling			$ 128.00						$ 1,260.00					$ 1,388.00
Parenting	$ 150,428.00		$ 4,994.26	$ 60.00	$ 4,790.00	$ 114,975.00	$ 1,000.00	$ 35,747.50	$ 12,650.00	$ 58,762.50	$ 1,250.00		$ 17,486.67	$ 402,143.93
Paternity testing			$ 4,940.00		$ 750.00			$ 1,000.00			$ 550.00	$ 220.00		$ 7,460.00
Respite care			$ 213.04	$ 20,160.00		$ 4,604.36			$ 75.00		$ 6,500.00	$ 2,648.94	$ 6,190.00	$ 40,391.34
Sitter Services				$ 2,713.68	$ 7,031.25	$ 972.00		$ 624.00					$ 331.52	$ 11,672.45
Therapuetic/Supervised Visitation	$ 76,300.00		$ 4,240.50	$ 3,481.50		$ 21,225.00	$ 13,230.00		$ 2,849.50	$ 14,768.00	$ 17,906.25		$ 15,789.50	$ 169,790.25
Therapy/Counseling	$ 240.00			$ 1,866.00	$ 2,892.50	$ 1,817.50		$ 15,891.50	$ 1,190.00			$ 6,987.50	$ 860.00	$ 31,745.00
Tutoring services				$ 1,730.00				$ 1,800.00	$ 45.00					$ 3,575.00
Grand Total	**$ 1,038,569.68**	**$ 16,232.00**	**$ 551,878.37**	**$ 810,162.81**	**$ 1,049,278.57**	**$ 886,801.89**	**$ 366,456.46**	**$ 1,127,659.38**	**$ 608,911.60**	**$ 368,475.11**	**$ 456,832.76**	**$ 457,693.36**	**$ 457,430.81**	**$ 8,196,382.80**

APPENDIX N

The DCS Background Check Process

BACKGROUND CHECKS FOR NEW HIRES

Background checks are completed on new employees during the hiring process pursuant to DCS Policy 4.1. Applicants recommended for new hire or transfer to a DCS position which involves contact with children must submit to a full background check after the acceptance of a conditional offer of employment but prior to the first day of work. The background check is completed by the local DCS Human Resources (HR) staff and results must be maintained in the employee's official personnel file.

Initially, local HR staff have the employee complete *CS-0668, Authorization for Release of Information to DCS* once a conditional offer of employment has been made. The following is a detailed listing of the documentation and background checks to be completed:

a) A Criminal history check to include local criminal records check from local law enforcement records for all residences of the employee within the immediate six months preceding the application for employment. All criminal charges listed in the local criminal history check for which there is no final disposition identified in the local criminal history check must be clarified by obtaining additional official documentation from the local court with jurisdiction. *Local HR staff are responsible for completing the forms required by local law enforcement in all residence jurisdictions in which the employee has lived for the six months preceding employment with DCS. All results received must be attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

b) A TBI/FBI fingerprint check. *Local HR staff are responsible for registering employees with the current contractor to complete the electronic fingerprint process. Results are returned via DCS Internal Affairs to the local HR office. All results received must be attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

c) A driving records check to include current valid driver license and a check of moving violations records. *Each regional HR office has access to the Moving Violation System to check driving records directly through the Tennessee Department of Safety. Results are printed and must be documented on and attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

d) A DCS records check to include a check of Child Protective Services (CPS) records in the current child welfare information system and in the Social Service Management System (SSMS). This search must be completed by the appropriate designated DCS staff member on form *CS-0741 Database Search Results* to determine if there is a past CPS indication identifying the applicant as an indicated perpetrator of child abuse or neglect. *Local HR staff request a CPS records check through the DCS Office of Child Safety, who checks the Social Service Management System (SSMS) and TFACTS by completing CS-0741, and results are forwarded back to the local HR office. All results must be documented on DCS Form CS-0741. Any confidential CPS records are maintained in the Confidential Section of the employee's official personnel file.*

e) An Internet Records Clearance, which must be documented in the employee's official personnel file. The internet records clearance involves a background check of the following:

   i. National Sexual Offender Registry Clearance
   ii. Department of Health Abuse Registry Clearance

All registry checks are completed by local HR staff by visiting the website and completing the required information. Results must be printed, documented on and attached to DCS Form CS-0687.

Regional HR staff must review the results of all background checks to determine if the applicant is free of any criminal activity. If results indicate a criminal offense that is appropriate for a waiver based on DCS Policy 4.1, a waiver form (CS-0921) must be completed and approved as follows:

a) Prior misdemeanor convictions eligible for waiver under DCS Policy 4.1 require approval of the DCS Regional Administrator.

b) Felony convictions eligible for waiver under DCS Policy 4.1 require approval of the Executive Director of Human Resources.

The approved waiver form and attached documentation must be maintained in the employee's official personnel file.

Local HR staff utilize the Requisition Checklist when working the requisition to hire a career service employee. Page 3 of 4 of the checklist references verification of driver's license and background checks. This checklist is maintained in the Requisition File as a part of the hiring process.

ANNUAL BACKGROUND CHECKS

DCS/ will conduct annual background checks on all employees in positions that involve contact with children. The following is a detailed listing of the documentation and background checks that must be completed annually with results to be maintained in the employee's personnel file:

a) Driving records check to include validation of current driver license and a check of moving violations records. *Each regional HR office has access to the Moving Violation System to check driving records directly through the TN Department of Safety. Results are printed and must be documented on and attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

b) An Internet Records Clearance, which must be documented in the employee's official personnel file. The internet records clearance involves a background check of the following:

i. Methamphetamine Offender Registry Clearance
ii. TN Felony Offender Database Clearance
iii. A national Sexual Offender Registry Clearance
iv. Department of Health Abuse Registry Clearance

All registry checks are completed by local HR staff by visiting the website and completing the required information. Results must be printed, documented on and attached to DCS Form CS-0687.

APPENDIX O

Program Accountability Review
Fiscal Year 2012-14 Performance Based Contracts
Annual Report
and Monitoring Guides

Date Issued: January 31, 2014

Program Accountability Review Annual Report of Performance Based Contracts (PBC)

Fiscal Year 2012-2013

The Department of Children's Services
Office of Risk Management

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I. Introduction

The following is the Fiscal Year 2012-13 annual report of activities and findings for Performance Based Contract (PBC) providers and subcontractors by the Tennessee Department of Children's Services, Office of Risk Management, Program Accountability Review (PAR) team. PBC private provider performance is monitored by PAR annually. PAR conducts on-site reviews to evaluate services provided to DCS custodial children and their families. The reviews assess adherence to the DCS contract, DCS Provider Policy, and DCS Policies. The attached report shows statewide areas of strength and weakness, which may be improved through corrected practice, additional trainings and consults from DCS staff and Community Partners.

Beginning the FY 2011-12, PAR partnered with the Vanderbilt University Center of Excellence (VU COE) to develop a collaborative monitoring and consultation process that has resulted in:

a. Fewer on-site monitoring visits for providers
b. Use of data driven results and recognized quality measures and
c. Increased efficiency in use of available resources.

The focus of this partnership is to strengthen PAR monitoring and reporting methods, while emphasizing consultative and constructive interactions with Providers. Additional strengths of the partnership with the VU COE include improved methods to better organize, maintain, and report data collected, as well as the incorporation of quality CANS consistency measures, modeled from the previous VU ASQ review process.

The following data are results from PAR reports issued FY 2012-13 for each agency reviewed. PAR reports are issued and then stored for general access on the Integrated Monitoring Drive. Each area of service included in this report (Staffing and Caseloads, Scopes, Background Checks, Qualifications, etc.) is referred to as an "Indicator" of service provision, and represents a grouping of related review "Items" of service provision. Likewise, a group of related "Indicators" represents a "Domain" of service (Agency Level, Personnel, Well Being, CANS Consistency). Data or "Items" informing the graphs for each "Indicator" are results from on-site monitoring activities of agency records and documentation. Monitoring data is recorded through use of PAR monitoring guides (or tools). Monitoring data is recorded in the VU COE Research Electronic Database Capture (REDCap) software consortium; and are specific and consistent for each agency reviewed. The PAR annual report and individual agency reports include numbered references to the specific guide "Items" informing each "Indicator" and graph. The references are listed in the "Figure" description preceding each graph. PAR monitoring guides, including numbered "items", are attached as supplements to view the elements of data presented within this report.

Please note some "Indicators" of service included in individual PAR agency reports are not included in this annual report. The "Indicators" included in this report are PAR primary review "Indicators" of agency performance. Fiscal Year 2012-13 was the second year for use of the PAR-ASQ method of scoring agency performance. We hope that with the upcoming years of data collection and skills building, PAR will have developed a tool for assessing not only current need for correction and improvement, but also a means for trending both agency level and system level function for targeted areas of performance.

III. Monitoring Activities

Agency	*Resource Parent Homes Reviewed*	*# of Children Reviewed*	*# of Personnel Reviewed*
Provider Agency 1	*NA*	*2*	*5*
Provider Agency 2	*3*	*7*	*12*
Provider Agency 3	*11*	*17*	*16*
Provider Agency 4	*NA*	*5*	*11*
Provider Agency 5	*NA*	*7*	*9*
Provider Agency 6	*2*	*5*	*13*
Provider Agency 7	*4*	*12*	*17*
Provider Agency 8	*5*	*5*	*4*
Provider Agency 9	*2*	*5*	*14*
Provider Agency 10	*3*	*7*	*6*
Provider Agency 11	*8*	*10*	*5*
Provider Agency 12	*7*	*10*	*10*
Provider Agency 13	*4*	*10*	*11*
Provider Agency 14	*6*	*8*	*7*
Provider Agency 15	*NA*	*14*	*18*
Provider Agency 16	*5*	*6*	*5*
Provider Agency 17	*3*	*9*	*15*
Provider Agency 18	*30*	*37*	*43*
Provider Agency 19	*NA*	*5*	*12*
Provider Agency 20	*NA*	*5*	*9*
Provider Agency 21	*NA*	*10*	*10*
Provider Agency 22	*10*	*8*	*5*
Provider Agency 23	*2*	*2*	*2*
Provider Agency 24	*NA*	*10*	*9*
Provider Agency 25	*13*	*25*	*25*
Provider Agency 26	*NA*	*10*	*5*
Provider Agency 27	*NA*	*5*	*7*
Provider Agency 28	*8*	*15*	*10*
Provider Agency 29	*4*	*5*	*5*
Provider Agency 30	*NA*	*5*	*5*
TOTAL	***130***	***281***	***325***

IV. Results

A. Agency Level Domain

The agency level domain includes the "Staffing and Caseloads" and "Scopes" Indicators. "Staffing and Caseloads" are reviewed for compliance to specific case management level and supervision requirements. "Scopes" is an Indicator addressing contract level scopes of service requirements. Not all service types are clearly appropriate for the "Scopes" measure of scoring. Agencies without a graphed response were not scored in this Indicator. The following graphs display positive ratings for the evidence of compliance with specific standards of supervision and level specific care.

Figure 1 Staffing and Caseloads – (monitoring guide items sto1-sto5) – evidence of compliance with caseload and supervision standards statewide.

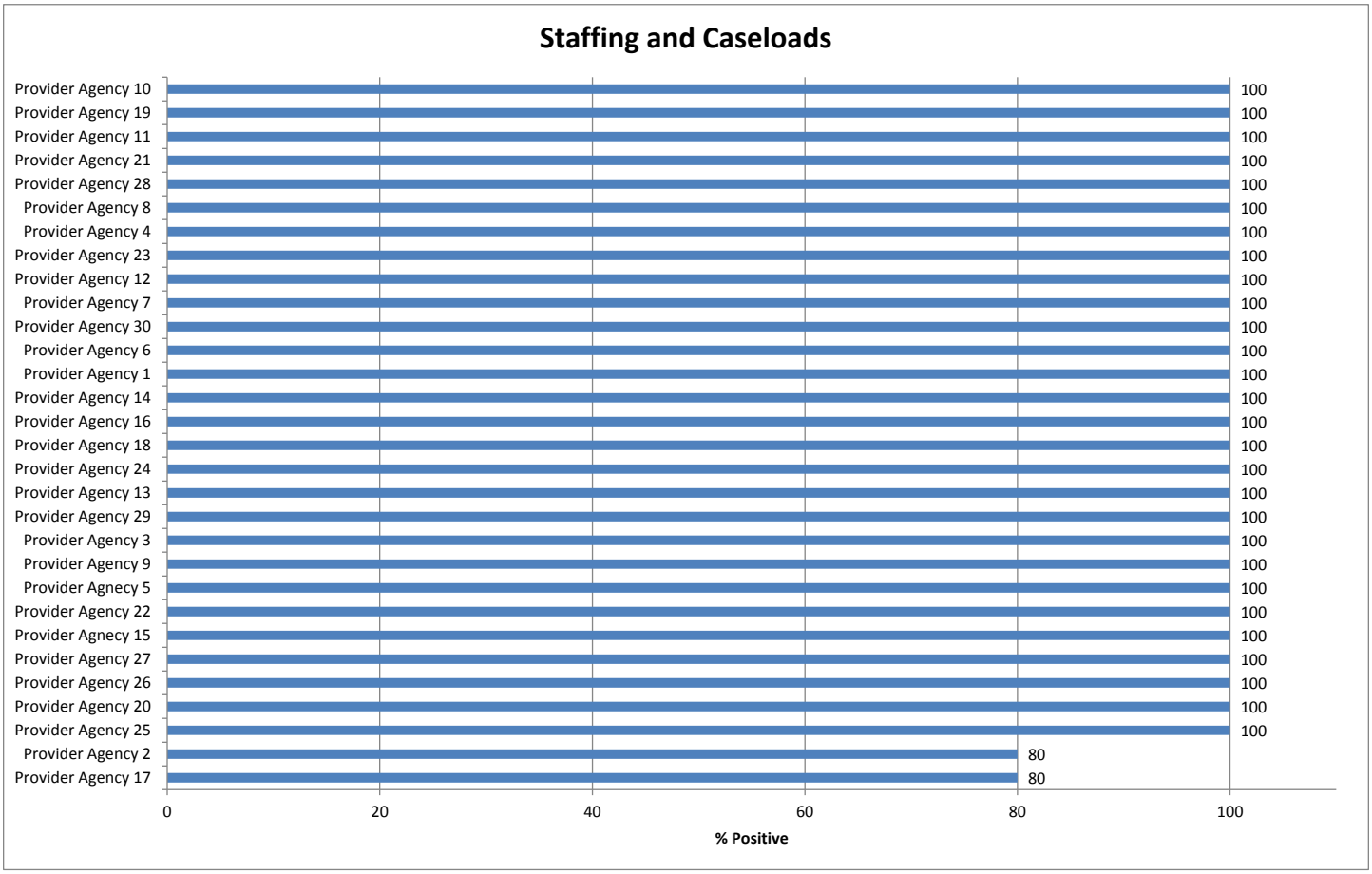
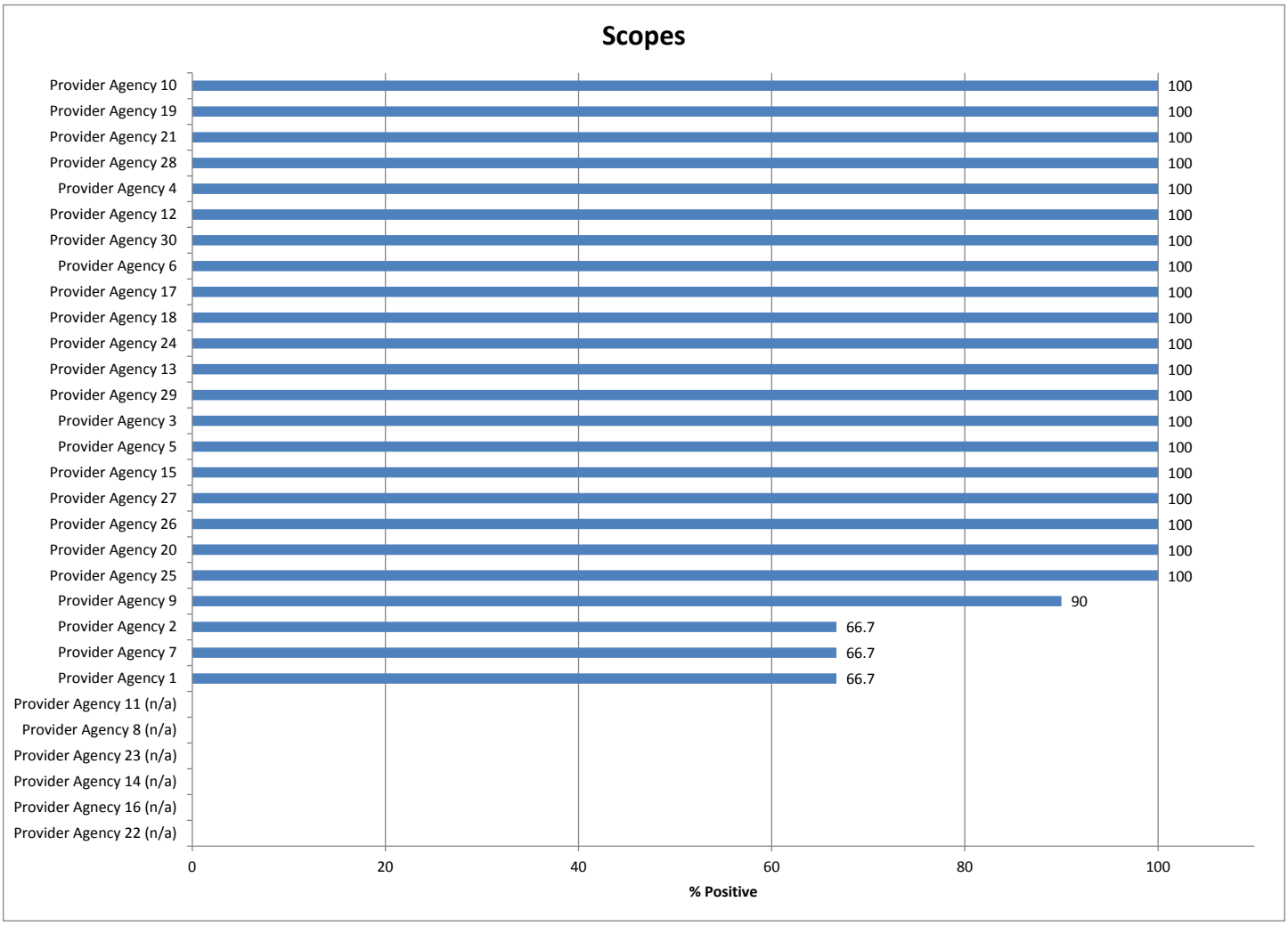


Figure 2 Scopes - (monitoring guide items sco1-sco20) – evidence to show that the agency meets level specific standards of care. Agencies with no measurable percentage rating did not have applicable level of scopes.



B. Personnel Domain

The Personnel domain includes the "Background Checks", "Qualifications", "Job Training", and "Resource Parents" Indicators. The first three Indicators address: staff pre-hire and annual background checks; qualifications; and initial and ongoing job training. PAR does monitor staff background checks in coordination with DCS RHET, but does not duplicate items of RHET review. PAR review of personnel records also includes competency testing (post training) for case managers and annual performance evaluation for all staff. The "Resource Parent" Indicator consists of a review of initial and on-going training, as well as regular assessment of safety features of the home. The following graphs display evidence of compliance with specific requirements for these Indicators. Agencies without foster care services were not rated in this Indicator.

Figure 3 Background Checks – (monitoring guide items bc1-bc6, bca1-bca5) – evidence that required background checks were completed. Agencies with no measurable percentage rating did not have applicable background checks.

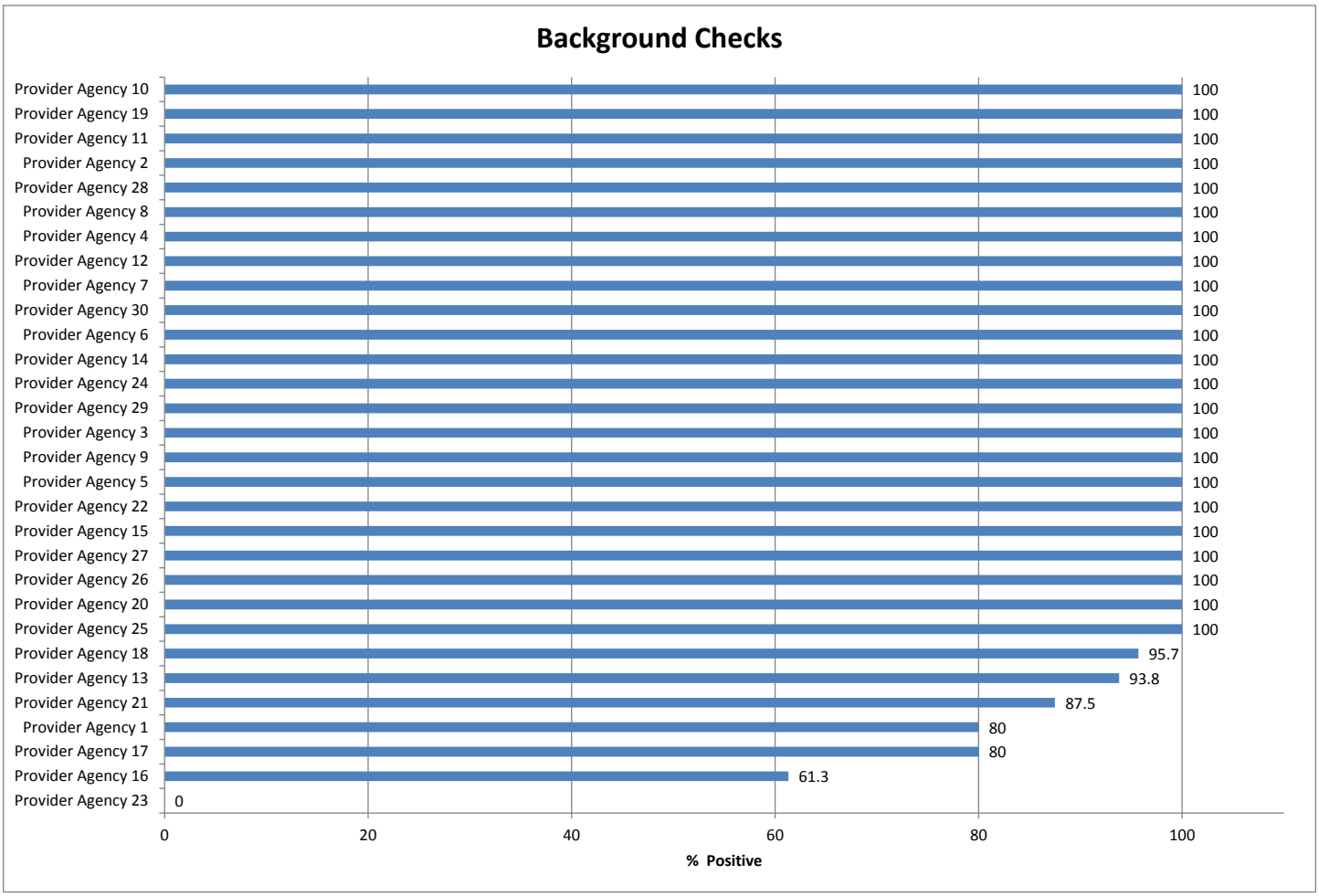


Figure 4 Qualifications – (monitoring guide items jr1-jr3) – evidence that all necessary job qualification requirements were met.

Figure 5 Job Training – (monitoring guide items at1-at6, tdc1-tdc13, tcm1-tcm10, cms1-cms3) – evidence to show that job training requirements have been met.

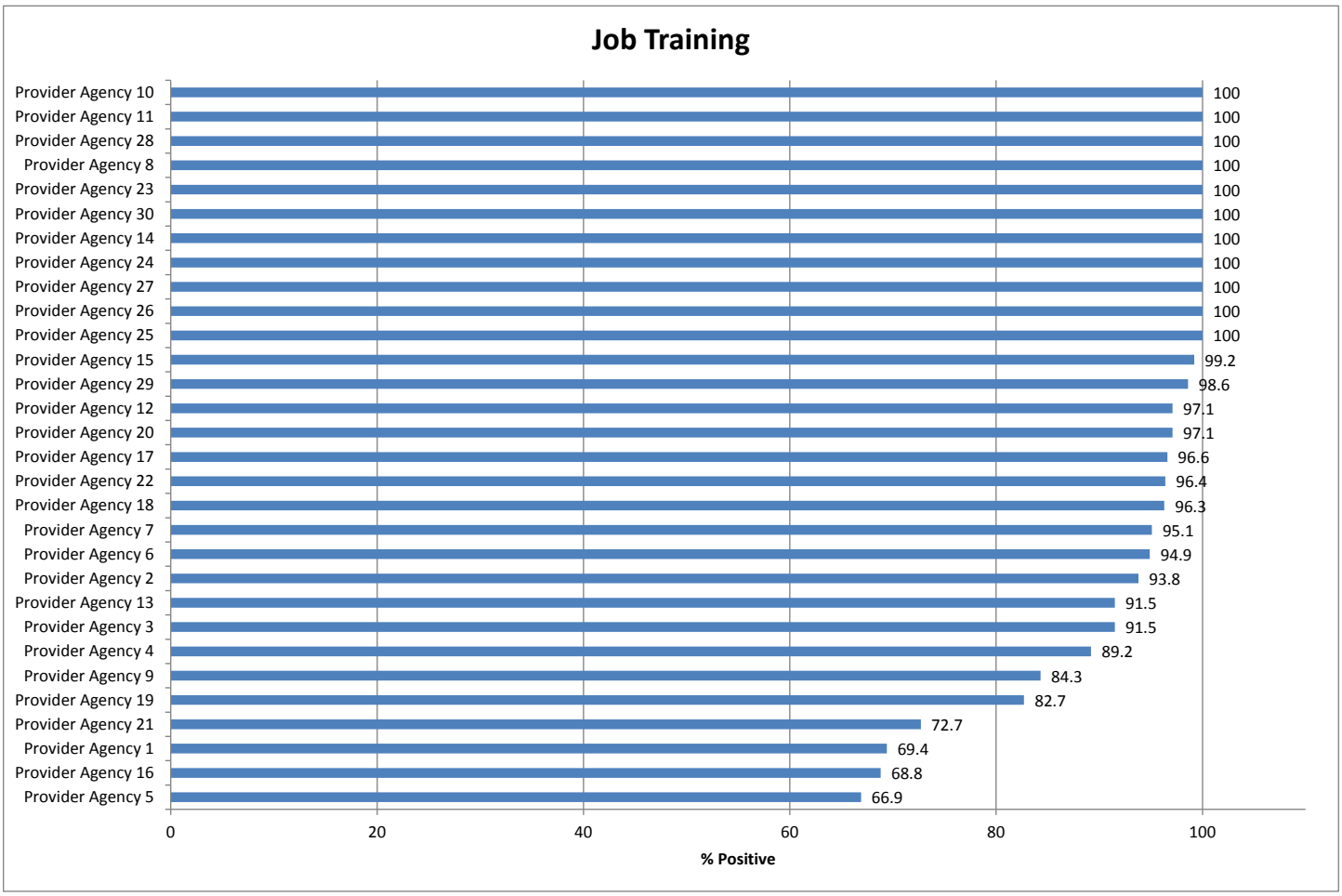
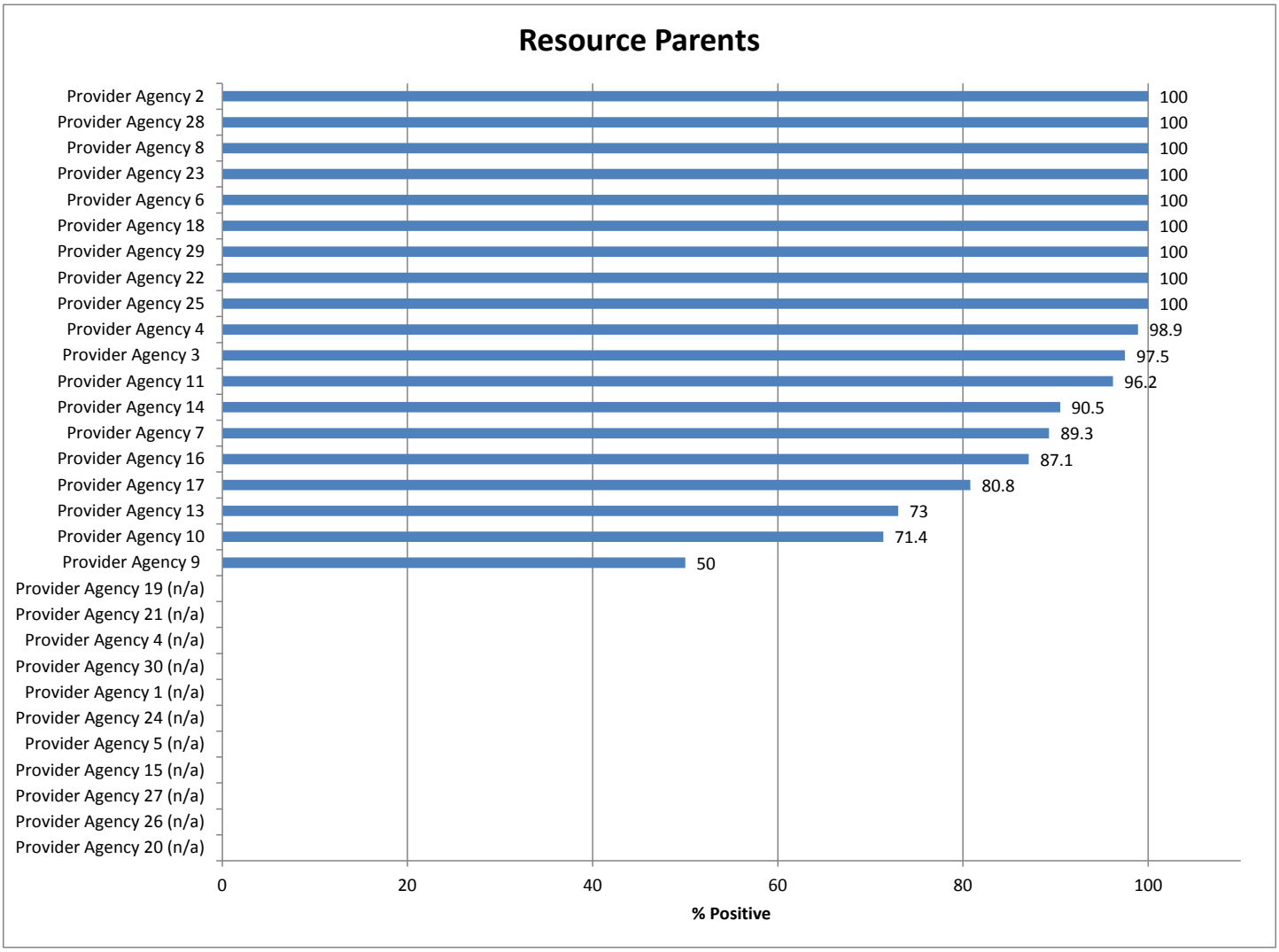


Figure 6 Resource Parents – (monitoring guide items rp1-rp15) – evidence that training and home safety standards for resource parents were met. Agencies with no measurable percentage rating did not offer foster care services.



C. Well-Being Domain

The Well-Being Domain includes the "Health Services Provision," "Independent Living," and "Transitional Living" Indicators. "Health Services Provision" focuses on agency compliance with needed client health services, as directed by the child's latest Early Periodic Screening, Diagnosis, and Treatment Standards (EPSDT), signed consent and regular medical evaluation for the use of psychotropic medication, and documented medication administration. "Independent Living" and "Transitional Living" is monitored for treatment services to address assessed needs for age appropriate youth. Agencies where age appropriate (17 years) clients were not sampled for review were not rated for the "Transitional Living" Indicator.

Figure 7 Health Services Provision – (monitoring guide items hsp1-hsp8) – evidence that the agency followed through with EPSD&T recommendations for medical services and that medication standards were met.

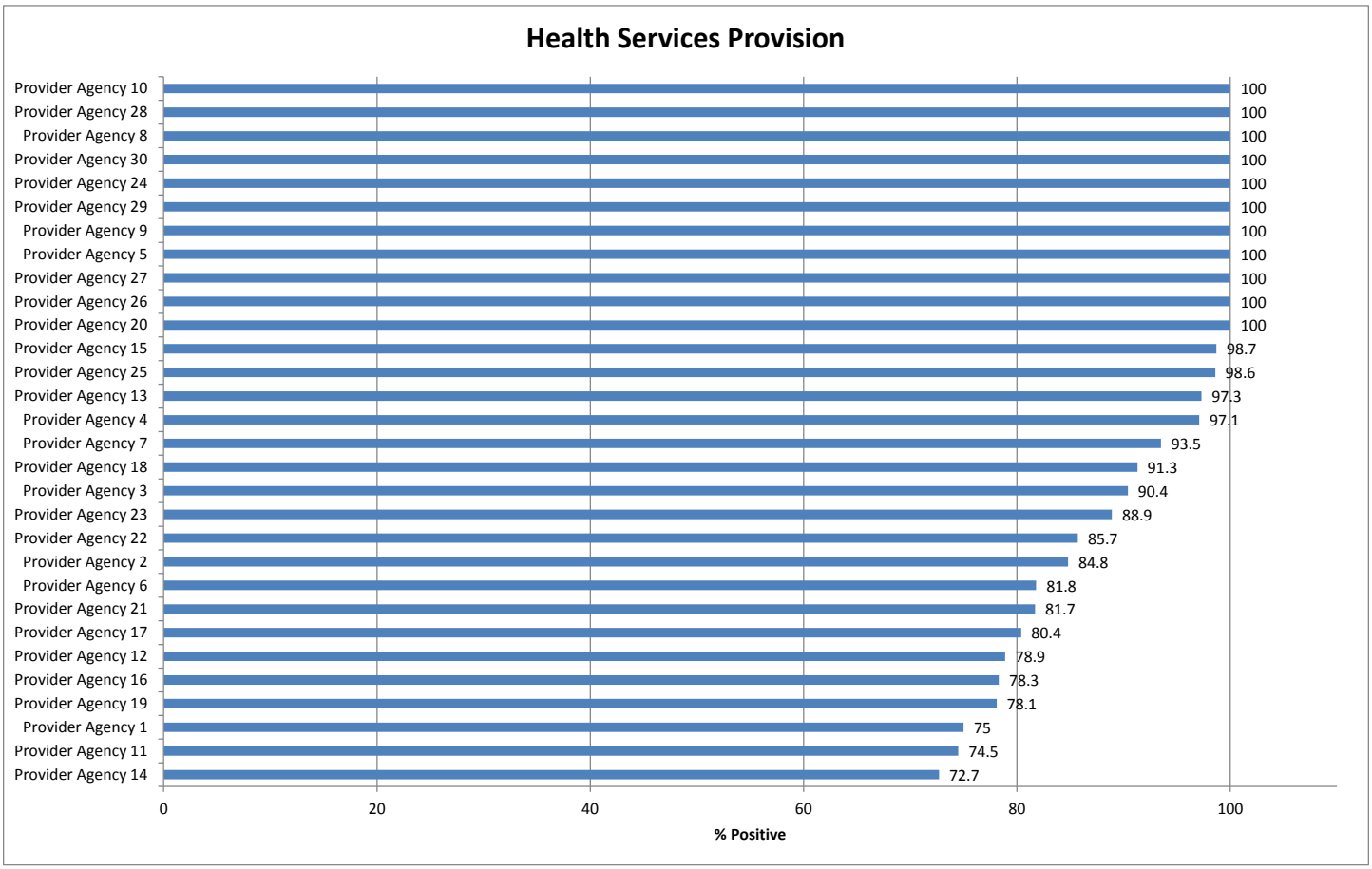


Figure 8 Independent Living - (monitoring guide items il1-il4) – evidence that services address independent living needs for age appropriate youth 14-16 years.

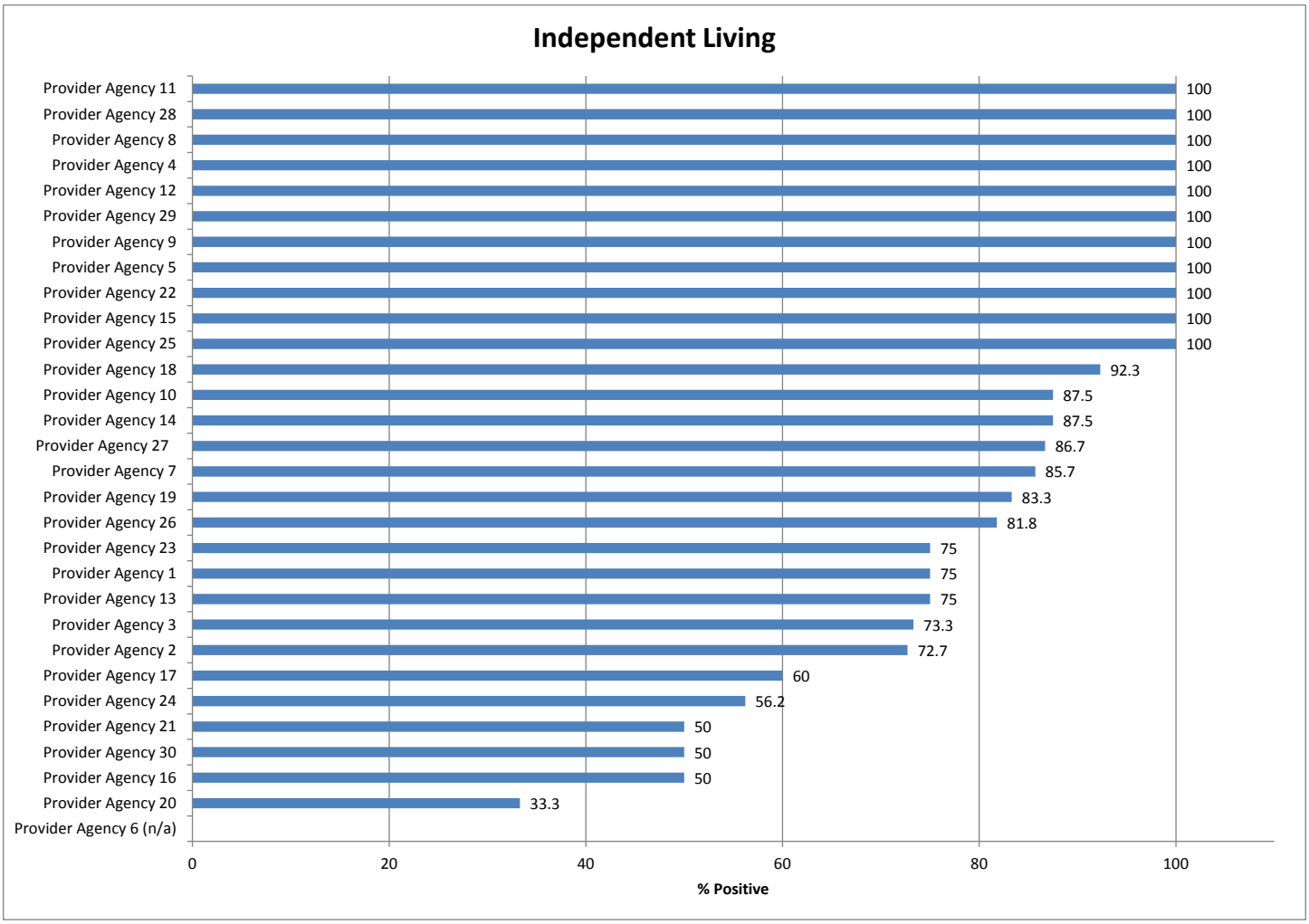
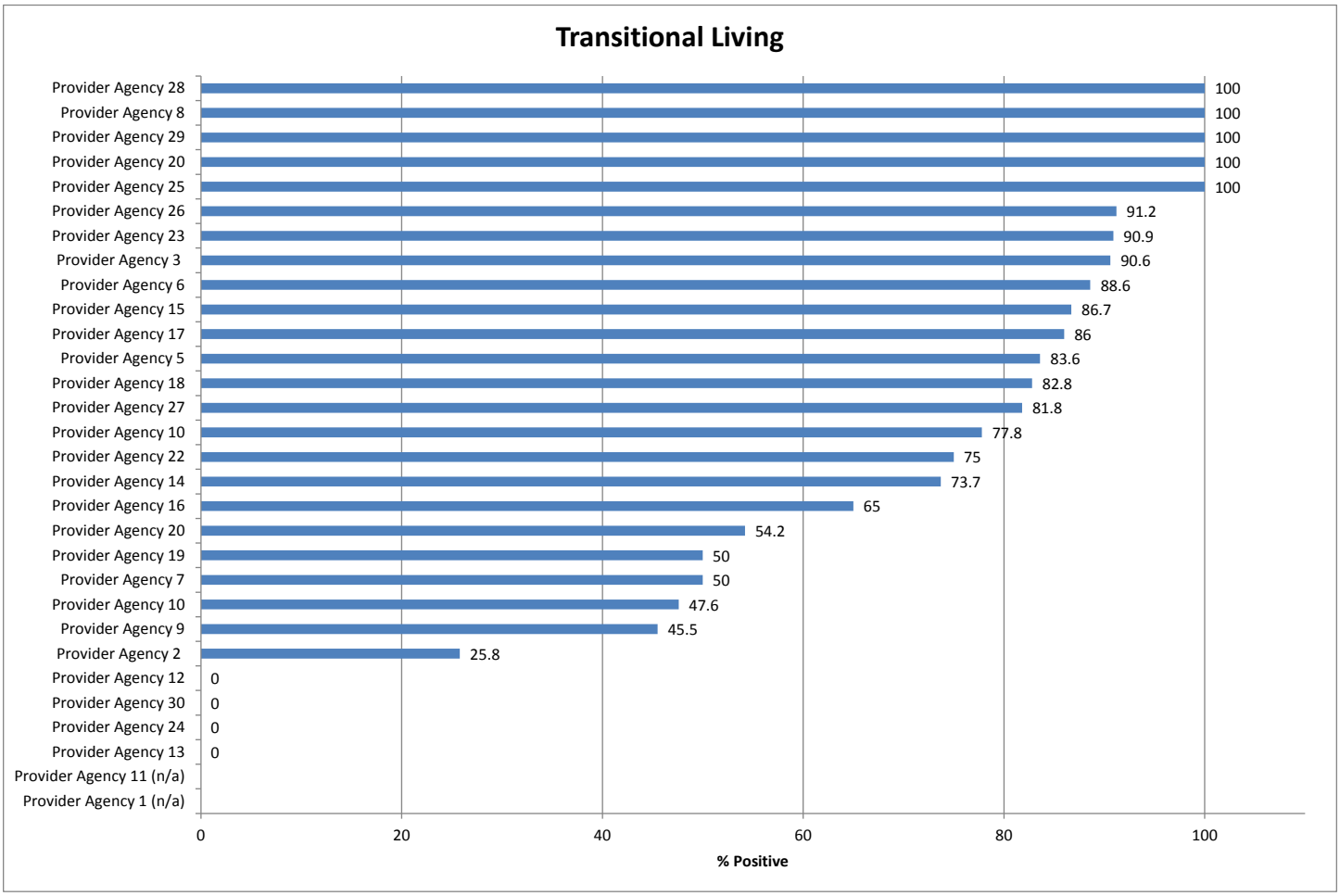


Figure 9 Transitional Living - (monitoring guide items tl1-tl11) – evidence that services address the transitional living needs for age appropriate youth 17 and older. Agencies with no measurable percentage rating did not have clients requiring this service.



D. Child Adolescent Needs and Strengths (CANS) Consistency Domain

The CANS Consistency Domain includes "Teaming," "Planning," "Implementation," and "Tracking and Adaptation" Indicators. Ratings evaluate the extent to which there is evidence that the assessed CANS needs and strengths for the child and family are addressed with a treatment team approach to include the family and the DCS Family Service Worker (FSW). Treatment planning includes clear multi-faceted treatment services; and is adjusted regularly to adapt to the progress and continuing needs of the child. The following graphs display the percentage of items rated as "No evidence of a need to improve."

Figure 10 Teaming - (actionable CANS items on CC monitoring guide) – Extent to which efforts to engage the child and family treatment team, including but not limited to the DCS Family Service Worker (FSW), are consistent with actionable child and family needs and strengths.

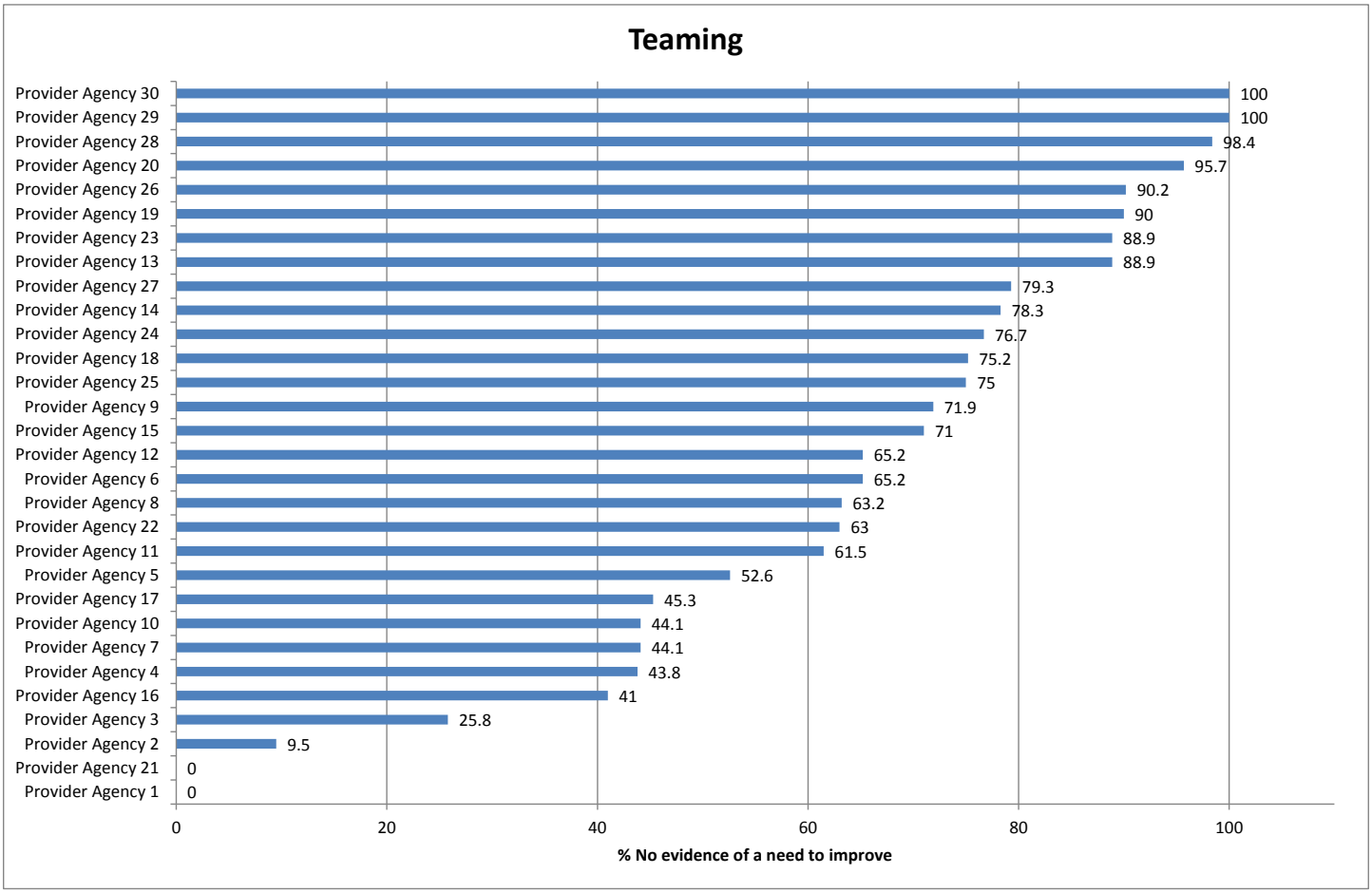


Figure 11 Planning – (actionable CANS items on CC monitoring guide) – Extent to which the planning of treatment interventions address actionable child and family needs and strengths.

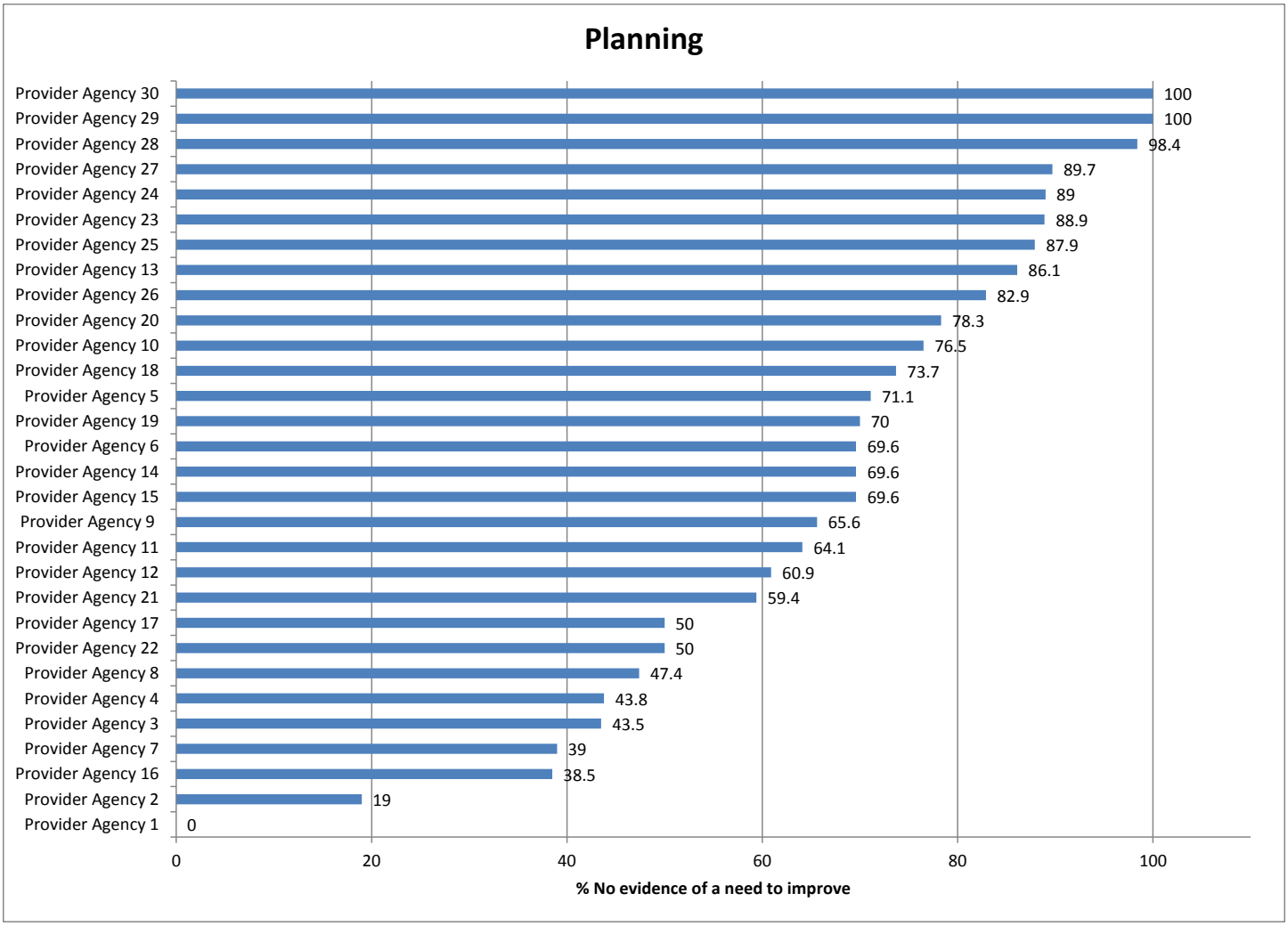


Figure 12 Implementation – (actionable CANS items on CC monitoring guide) – Extent to which the planned interventions delivered are consistent with CANS-identified child and family needs and strengths.

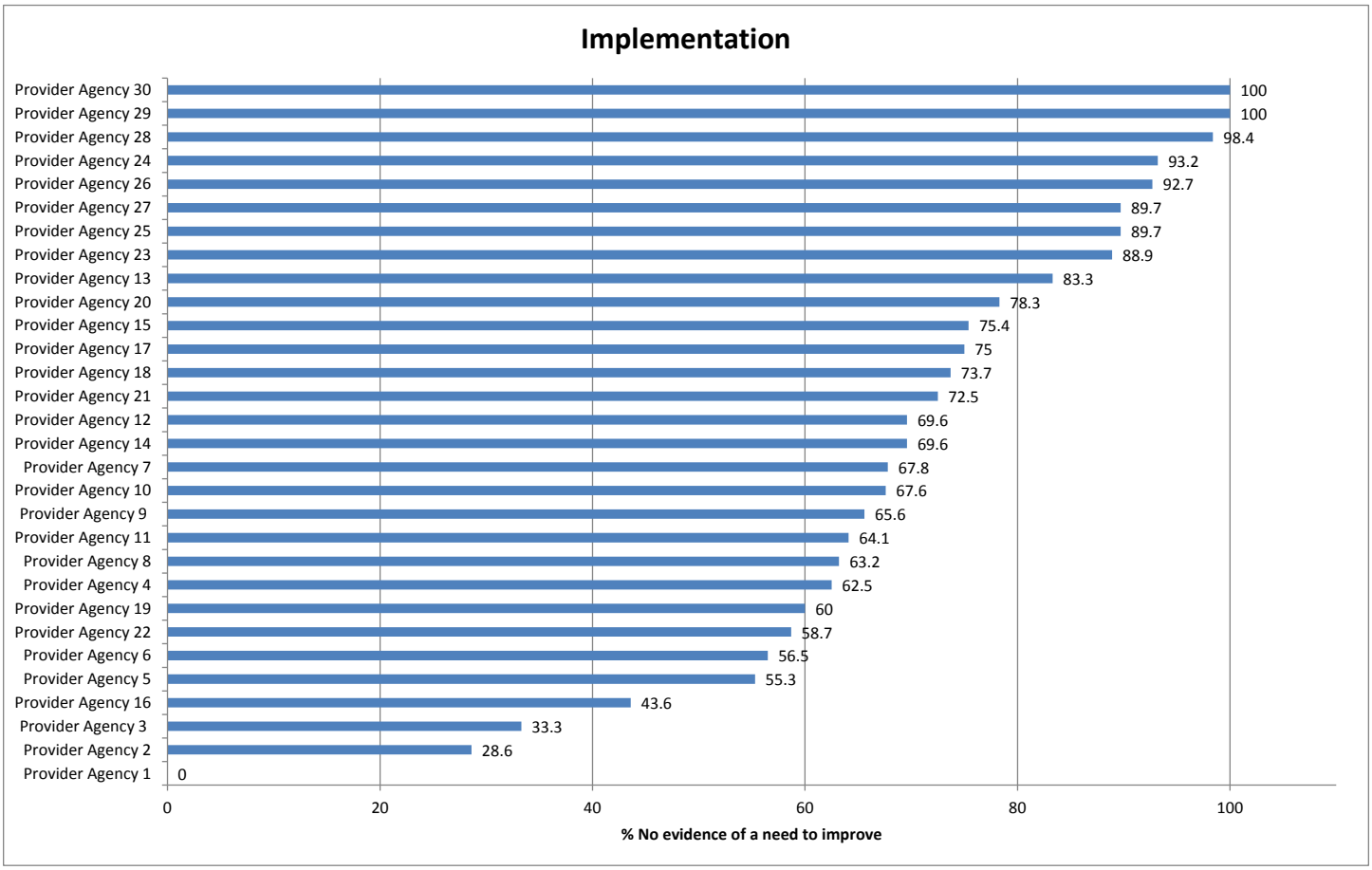
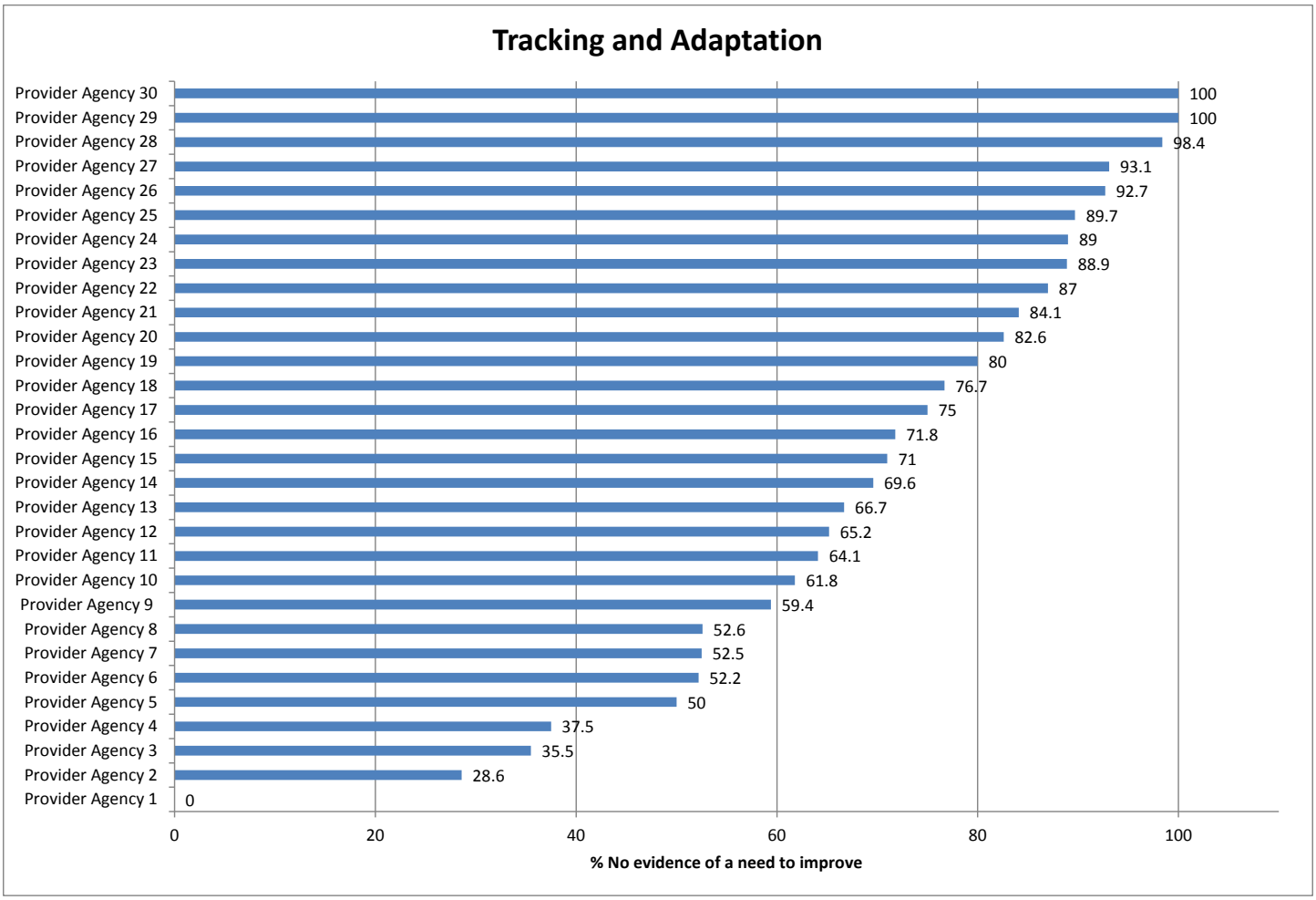


Figure 13 Tracking and Adaptation – (actionable CANS items on CC monitoring guide) – Extent to which CANS-identified child and family needs and strengths are tracked, changed, or adapted as necessary.



V. Summary

In an effort to promote provider performance improvements, PAR conducts a "Consultation Call" as a follow-up to all on-site reviews. The "Consultation Call" is designed to discuss any improvements, solutions or corrective actions taken or intended by the agency. During this time, PAR also informs the agency of DCS standards, new policies, and links the agency to DCS Specialists (e.g. Regional IL and TL Coordinators, CANS Consultants, and TFACTS Helpdesk) for training and consultation.

PAR strives to promote performance improvements and focus on strengths while allowing the agency to improve assessed weakness. We feel this monitoring approach aids PAR in strengthening community partnerships for improved services for custodial youth throughout the State of Tennessee; allowing PAR to carry out the Department's mission to foster partnerships to protect children, develop youth, strengthen families, and build safe communities.

PAR staff appreciates the support and cooperation from DCS Program and Policy Stakeholders. The FY 2014 monitoring cycle of the PBC provider population began in December 2013. If you have suggestions, questions or concerns with PAR reports, results or the monitoring process, please contact our team members below:

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Agency Level Questions

PLACEMENT RESOURCE NAME _____

Monitor - Ei number of the monitor that completed the agency level questions (do not enter "Ei") Enter the number only. _____

STAFFING RATIOS, PATTERNS, AND STAFF TURNOVER

STO1: Do agency records indicate that foster care case management caseloads meet the requirements of the PPM? (weighted ratio - 20 reg FC to 10 therapeutic/medically Frag FC)
- ☐ Yes
- ☐ No
- ☐ N/A

STO1: Supplemental Information - Number of Case Managers _____

STO1: Supplemental Information - Number of Case Managers Over Caseload Limits _____

STO2: Do agency records indicate that congregate care caseloads are no more than 15?
- ☐ Yes
- ☐ No
- ☐ N/A

STO2sup1: Supplemental Information - Number of Case Managers _____

STO2sup2: Supplemental Information - Number of Case Managers Over Caseload Limits _____

STO3: Do agency records indicate that the case management supervisor is supervising 5 or fewer case managers?
- ☐ Yes
- ☐ No
- ☐ N/A

STO3sup1: Supplemental Information Number of Case Managers Supervised _____

STO3sup2: Supplemental Information: Number of Case Managers Being Supervised Over the Limit _____

STO4: Do all cases reviewed have an identified case manager?
- ☐ Yes
- ☐ No
- ☐ N/A

STO5: Of the cases reveiwed, if a case manager resigns or is transferred, are the cases being re-assigned within 24 hours?
- ☐ Yes
- ☐ No
- ☐ N/A

SUBCONTRACTS

SUB1: Do sub-contracted services have written approval from DCS?
- ☐ Yes
- ☐ No
- ☐ N/A

SUB2: Is there evidence that the contractor monitors sub-contractors quarterly?
- ☐ Yes
- ☐ No
- ☐ N/A

SUB3: Does the contractor's case manager make monthly visits to children at the sub-contracted placement?
- ☐ Yes
- ☐ No
- ☐ N/A

QUALITY ASSURANCE AND OVERSIGHT

QA1: Does the agency have a QA/CQI policy? (Behavior management scorecard)
- ☐ Yes
- ☐ No
- ☐ N/A

QA2: Does the agency use data to inform the Quality Assurance process?
- ☐ Yes
- ☐ No
- ☐ N/A

QA3: Did the agency use the QA/CQI process to track progress of needed improvement from previous PAR or DCS reviews?
- ☐ Yes
- ☐ No
- ☐ N/A

QA4: Is there evidence that all incident reports are reported through the DCS automated Incident Report System in TFACTS?
- ☐ Yes
- ☐ No
- ☐ N/A

AGENCY POLICY ON SECLUSION AND RESTRAINT

Does this agency use seclusion?
- ☐ Yes
- ☐ No

Did the agency have any seclusion events in the past 3 months (the sampling period)?
- ☐ Yes
- ☐ No

Does this agency use physical restraint?
- ☐ Yes
- ☐ No

Did the agency have any physical restraint events in the past 3 months (the sampling period)?
- ☐ Yes
- ☐ No

SCOPES LEVEL 4 CONGREGATE CARE

DO LEVEL 4 SCOPES APPLY TO THIS AGENCY / PLACEMENT?
- ☐ Yes
- ☐ No

SCO1: Level 4 congregate care - At least 2 awake direct care staff members on duty/on site per ward per shift.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO2: Level 4 congregate care - Supervision by a registered nurse 24 hours per day; with at least one nurse per building per shift.
- ☐ Yes
- ☐ No
- ☐ N/A

SC03: Level 4 congregate care - Individual Therapy two times a week.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO4: Level 4 congregate care - Family Therapy 1X week, or as advised by the CFT (F/F or telephone).
- ☐ Yes
- ☐ No
- ☐ N/A

SCO5: Level 4 congregate care - Psychiatric evaluatuion by treating psychiatrist within 3 days of admission.
- ☐ Yes
- ☐ No
- ☐ N/A

SC06: Level 4 congregate care - At least weekly contact with the psychiatrist on an ongoing basis.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO7: Level 4 congregate care - Progress summaries are entered into TFACTS at 14-day intervals.
- ☐ Yes
- ☐ No
- ☐ N/A

SCOPES LEVEL 3 CONGREGATE CARE

DO LEVEL 3 SCOPES APPLY TO THIS AGENCY / PLACEMENT?
- ☐ Yes
- ☐ No

SCO8: Level 3 congregate care - 1/5 staff-client ratio days, 1/8 ratio nights, awake staff.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO9: Level 3 congregate care - Psychiatrist - initial psychiatric evaluation for all clients within two weeks of admit date.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO10: Level 3 congregate care - Psychiatrist - onsite face to face medication evaluations monthly.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO11: Are monthly psychiatric medication evaluation/services paid for through the agency per diem?
- ☐ Yes
- ☐ No
- ☐ N/A

SCO12: Level 3 congregate care - Psychiatrist - documented participation with the treatment team for all clients.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO13: Level 3 congregate care - Medications administered by licensed medical or nursing staff.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO14: Level 3 congregate care - Individual Therapy 1X week, at least 30 minutes.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO15: Level 3 congregate care - Family Therapy 2X month, at least 1 hour.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO16: Level 3 congregate care - Clinical services provided weekly by a licensed therapist.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO17: Level 3 congregate care - Are clinical services provided by the licensed therapists paid through the per diem.
- ☐ Yes
- ☐ No
- ☐ N/A

SCOPES LEVEL 2 CONGREGATE CARE

DO LEVEL 2 SCOPES APPLY TO THIS AGENCY / PLACEMENT?
- ☐ Yes
- ☐ No

SCO18: Level 2 congregate care - 1/8 staff-client ratio and awake night staff.
- ☐ Yes
- ☐ No
- ☐ N/A

SCO19: Level 2 congregate care - Family therapy 1X month (Tenncare)

- ☐ Yes
- ☐ No
- ☐ N/A

SCO20: Level 2 congregate care - individual therapy 2X month (Tenncare).

- ☐ Yes
- ☐ No
- ☐ N/A

POSTINGS

POS1: Is the comptroller's hotline number posted as required?

- ☐ Yes
- ☐ No
- ☐ N/A

POS2: Deficit Reduction Act - Fraud and Abuse: The agency has policy including whistleblower provision?

- ☐ Yes
- ☐ No
- ☐ N/A

POS3: Deficit Reduction Act - Fraud and Abuse: The Office of Inspector General sign is posted as required?

- ☐ Yes
- ☐ No
- ☐ N/A

Personnel

PLACEMENT RESOURCE NAME _____

PERSONNEL NAME (LAST NAME, FIRST NAME) _____

DATE OF HIRE _____

JOB CLASSIFICATION
- ☐ Case Manager
- ☐ Case Manager Supervisor
- ☐ Clinical Director
- ☐ Clinical Services Provider / Therapist
- ☐ Direct Care
- ☐ Direct Care Supervisor
- ☐ Program Director
- ☐ Other

MONITOR Ei # - Ei number of the monitor that completed this form. (enter the number only, do not enter "Ei") _____

PRE-SERVICE CHECKS - FOR FOSTER CARE ONLY

Do Pre-Service Checks apply to this personnel?
- ☐ Yes
- ☐ No

BC1: fingerprints (prior to independent contact)?
- ☐ Yes
- ☐ No
- ☐ N/A

BC2: criminal records?
- ☐ Yes
- ☐ No
- ☐ N/A

BC3: child protective services?
- ☐ Yes
- ☐ No
- ☐ N/A

BC4: national sex offender registry?
- ☐ Yes
- ☐ No
- ☐ N/A

BC5: department of health abuse registry?
- ☐ Yes
- ☐ No
- ☐ N/A

BC6: driving records check?
- ☐ Yes
- ☐ No
- ☐ N/A

ANNUAL BACKGROUND CHECKS

Do annual background checks apply to this personnel?
- ☐ Yes
- ☐ No

BCA1: Does the personnel file include ANNUAL BACKGROUND checks for methamphetamines?
- ☐ Yes
- ☐ No
- ☐ N/A

BCA2: Does the personnel file include ANNUAL BACKGROUND checks for TN felony offender?
- ☐ Yes
- ☐ No
- ☐ N/A

BCA3: Does the personnel file include ANNUAL BACKGROUND checks for national sex offender registry?
- ☐ Yes
- ☐ No
- ☐ N/A

BCA4: Does the personnel file include ANNUAL BACKGROUND checks for department of health abuse registry?
- ☐ Yes
- ☐ No
- ☐ N/A

BCA5: Does the personnel file include ANNUAL BACKGROUND checks for driving records check?
- ☐ Yes
- ☐ No
- ☐ N/A

QUALIFICATIONS

Do QUALIFICATIONS apply to this personnel?
- ☐ Yes
- ☐ No

JR1: Does the personnel file show that staff met their job requirements through verification of required education prior to hire (case manager, direct care, case manager supervisor)?
- ☐ Yes
- ☐ No
- ☐ N/A

JR2: Does the personnel file show that staff met their job requirements through documentation of work experience prior to hire (case manager)?
- ☐ Yes
- ☐ No
- ☐ N/A

JR3: Does the personnel file show that staff met their job requirements through verification of license? (nurse, therapist)
- ☐ Yes
- ☐ No
- ☐ N/A

ALL STAFF TRAINING

AT1. Medication Administration Training (Staff administering or supervising medication administration, N/A for Nurses)
- ☐ Yes
- ☐ No
- ☐ N/A

AT2. Psychotropic Medication Training (Initial and Every Two Years, N/A for Nurses)
- ☐ Yes
- ☐ No
- ☐ N/A

AT3. Physical Restraint Training (If Applicable)
- ☐ Yes
- ☐ No
- ☐ N/A

AT4. CPR certification (only with Physical Restraint Training)
- ☐ Yes
- ☐ No
- ☐ N/A

AT5. Deficit Reduction Act - Fraud and Abuse Training, including whistle-blower information (Initial and Annual)
- ☐ Yes
- ☐ No
- ☐ N/A

AT6. Annual Performance Evaluation (within the previous year)
- ☐ Yes
- ☐ No
- ☐ N/A

DIRECT CARE STAFF TRAINING

Do DIRECT CARE STAFF questions apply to this personnel?
- ☐ Yes
- ☐ No

Does the personnel file include documentation of pre-service training for DIRECT CARE STAFF in the following areas prior to independent work with clients:

TDC1: first aid
- ☐ Yes
- ☐ No
- ☐ N/A

TDC2: de-escalation
- ☐ Yes
- ☐ No
- ☐ N/A

TDC3: recognition of substance abuse
- ☐ Yes
- ☐ No
- ☐ N/A

TDC4: child abuse prevention and reporting
- ☐ Yes
- ☐ No
- ☐ N/A

TDC5: suicide prevention
- ☐ Yes
- ☐ No
- ☐ N/A

TDC6: HIPPA / confidentiality
- ☐ Yes
- ☐ No
- ☐ N/A

TDC7: cultural awareness
- ☐ Yes
- ☐ No
- ☐ N/A

TDC8: sexual harassment prevention
- ☐ Yes
- ☐ No
- ☐ N/A

TDC9: CPR (if applicable)
- ☐ Yes
- ☐ No
- ☐ N/A

TDC10: Serious Incident Reporting
- ☐ Yes
- ☐ No
- ☐ N/A

TDC11: fostering positive behavior (DCS CD optional)
- ☐ Yes
- ☐ No
- ☐ N/A

TDC12: Does the personnel file show that the direct congregate care staff received a minimum of 30 pre-service hours?
- ☐ Yes
- ☐ No
- ☐ N/A

TDC13: Does the personnel file show that direct congregate care staff received a minimum of 24 hours of annual training?
- ☐ Yes
- ☐ No
- ☐ N/A

CASE MANAGER STAFF TRAINING

Do case manager pre-service training questions apply to this personnel?
- ☐ Yes
- ☐ No

Does the personnel file include documentation of PRE-SERVICE training for CASE MANAGMENT STAFF in the following areas prior to independent work with clients:

TCM1: Is there documentation of case manager pre-service training for building a trusting relationship? (Engagement, Teaming)
- ☐ Yes
- ☐ No
- ☐ N/A

TCM2: Is there documentation of case manager pre-service training for family centered assessment? (Assessment)
- ☐ Yes
- ☐ No
- ☐ N/A

TCM3: Is there documentation of case manager pre-service training for family centered planning? (Planning, Implementation, Tracking, and Adjusting)
- ☐ Yes
- ☐ No
- ☐ N/A

TCM4: Is there documentation of case manager pre-service training for fostering positive behavior?
- ☐ Yes
- ☐ No
- ☐ N/A

TCM5: Is there documentation of case manager pre-service training for serious incident reporting?
- ☐ Yes
- ☐ No
- ☐ N/A

TCM6: Is there documentation of FOSTER CARE case manager training in client education? (2 hours - Initial and Annual)
- ☐ Yes
- ☐ No
- ☐ N/A

TCM7: Did the case manager complete at least 80 hours of pre-service training prior to having an independent caseload?
- ☐ Yes
- ☐ No
- ☐ N/A

TCM8: Did the case manager complete at least 80 OTJ hours of supervised field training prior to having an independent caseload?
- ☐ Yes
- ☐ No
- ☐ N/A

TCM9: Did the case manager complete a post training competency assessment process prior to having an independent caseload?
- ☐ Yes
- ☐ No
- ☐ N/A

TCM10: Did the case manager complete at least 40 hours of annual training?
- ☐ Yes
- ☐ No
- ☐ N/A

CASE MANAGER SUPERVISOR TRAINING

Do case manager supervisor questions apply to this personnel?
- ☐ Yes
- ☐ No

CMS1: Did the case manager supervisor complete 40 hours of supervisory training beginning within two weeks of initiating responsibility and completed within six months?
- ☐ Yes
- ☐ No
- ☐ N/A

CMS2: Did the case manager supervisor complete a competency assessment process for initial training?
- ☐ Yes
- ☐ No
- ☐ N/A

CMS3: Did the case manager supervisor complete at least 24 hours of annual training?

- ☐ Yes
- ☐ No
- ☐ N/A

APPENDIX P

2014 Placement Exception Request Form

Tennessee Department of Children's Services

Placement Exception Request

Using the information in PART III, please write the letter and number of all exceptions that are being accounted for on this form in the Child Information Section. **For a *Brian A.* child in detention, skip to Part VII.**

*** Note: Children who are not in the same family case shall not be listed on the same form.**

PART I: CHILD INFORMATION							
	CHILD NAME	TFACTS Person ID	DATE OF BIRTH	COUNTY OF COMMITMENT	GUARDIAN-SHIP STATUS	FSW	EXCEPTIONS FOR EACH CHILD (ex. a.2, b.2, c)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PART II: PLACEMENT INFORMATION – List this information for each child using the same order as above							
	PROVIDER NAME OR "DCS"	NAME OF PLACEMEMT	PLACE-MENT LEVEL	PLACE-MENT DATE	# Foster Children (Resource Homes Only)	# Birth/Adopted Children (Resource Homes Only)	Total # Children (Resource Homes Only)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PART III: TYPES OF EXCEPTIONS

(a) Placed outside of region AND outside of 75 mile radius

1. The child's needs are so exceptional that they cannot be met by a family or facility within the region (permissbile under *Brian A.*) – ONLY TO BE USED FOR LEVEL 4, SEX OFFENDER, ALCOHOL & DRUG, PTC, AND DEVELOPMENTAL DELAY PLACEMENTS
2. The child needs to change placements and the child's permancy goal is "Return to Parent", and the parent(s) resides out of the region (permissible under *Brian A.*)
3. The child is to be placed with a relative out of the region and outside of 75 mile radius (permissible under *Brian A.*)
4. The child is being placed in a pre-adoptive home
5. There are no placements currently available within the region and witihin 75 miles that will accept this child
6. This child is already being served by a provider agency; the provider matched this child to one of their plaements in another region (or outside 75 miles); and there was RA to RA approval
7. The child needs residential treatment and there is no congregate care facility in region
8. The child needs residential treatment and there is a congregate care facility in region, but it does not meet the child's needs (for the types of placements listed in #1 above, use #1)
9. The child needs residential treatment and the faciility within region could meet his/her needs but has no available space at this time

X. None of the above. Explain:

(b) Child remaining in a PTC for over 30 days

1. Private provider did not complete assessment (including psychosexual assessments) within 30 days
2. Assessment completed within 30 days, but appropriate placmeent not secured (awaiting placement

X. None of the above. Explain:

(c) Multiple PTC placements within a 12 month period

1. For an individual placement episode for runaways and children facing a direct threat to their safety, or who are a threat to the safety of others, where immediate removal is necessary (permissible under *Brian A.* for a maximum of 5 days)
2. A single additional placement in a primary treatment center (PTC), if a child's behavior has changed so significantly that placement for the purposes of assessment is critical for the determination of an appropriate placmement (permissible under *Brian A.* for up to a maximum of 15 days)

X. None of the above. Explain:

(d) Separation of Siblings – USE FOR SIBLING GROUPS PLACED INTO CUSTODY WITHIN 30 DAYS OF EACH OTHER AND/OR BABIES BORN INTO THE SIBLING GROUP

Please specify the number of siblings that are currently in the sibling group:

1. Placing together is harmful to one or more of the siblings (permissible under *Brian A.*)
2. One of the siblings has such exceptional needs that can only be met in a specialized program or facility (permissible under *Brian A.*)
3. The size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together (permissiable under *Brian A.*) – ONLY TO BE USED FOR SIBLINGS GROUPS CONTAINING 6 OR MORE SIBLINGS
4. One or more of the siblings is being placed with kin

5. Unable to locate a home that would take all of the siblings in this sibling group together
X. None of the above. Explain:

(e) More than 3 foster children in a resource home
1. Such placement is in the best interests of all the foster children in the home (permissible under *Brian A.*)
2. This is a sibling group and there are no other foster children in the home (permissible under *Brian A.)*
3. A resource home cannot be located that will accept this child(ren) that would be less than 3 foster children despite a diligent search
4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
X. None of the above. Explain:

(f) More than 6 total children (including birth and adopted children) in a resource home
1. Such placement is in the best interests of all the foster children in the home (permissible under *Brian A.*)
2. This is a sibling group and there are no other foster children in the home (permissible under *Brian A.*)
3. A resource home cannot be located that will accept this child(ren) that would be less than 6 total child(ren) despite a diligent search
4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
X. None of the above. Explain:

(g) More than 3 children under the age of 3 in the home
1. Such placement is in the best interests of all the foster children in the home (permissible under *Brian A.*)
2. This is a sibling goup and there are no other foster children in the home (permissible under *Brian A.*)
3. A resource home cannot be located that will accept this child(ren) that would be less than 3 chilren under age 3 despite a diligent search
4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
X. None of the above. Explain:

(h) More than 2 therapeutic (medically fragile or Level 2 or 3) children in the home
1. Such placement is in the best interests of all the foster children in the home
2. This is a sibling group and there are no other foster children in the home
3. A resource home cannot be located that will accept this child(ren) that would be less than 2 therapeutic children despite a diligent search
4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
X. None of the above. Explain:

(i) Child under age 6 placed in congregate care (any non-resource home placement)
1. The child has exceptional needs which cannot be met in a resource home but which can be met by the congregate care facility in which the child is placed (permissible under *Brian A.*)
X. None of the above. Explain:

(j) Congregate care placement (facility with a capacity greater than 8)
1. The child's needs can be met in that specific facility and that facility is the least restrictive

placement that could meet the child's needs (permissible under *Brian A.*)

2. A resource home cannot be located that will accept this child(ren) despite a diligent search.

X. None of the above. Explain:

(k) Separation of children of minor parents in foster care

1. Placing together is harmful to the minor child or infant
2. The child or minor parent have such exceptional needs that they can only be met in a specialized program or facility; or

X. None of the above. Explain:

* The exceptions specifically listed on the Brian A. Settlement Agreement have "permissible under *Brian A.*" next to them.

PART IV: DETAILED JUSTIFICATION OF PLACEMENT

Please describe why this placement is being made and why this is or is not the optimal placement for these child(ren).

PART V:

Please list all available resources (DCS Resource Homes) contacted, the outcome of those contacts, and any notes/reasons given.

In addition to the list above, please mark an X as appropriate for any provider agency contacted regarding placement:

Alternative Youth Services	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Camelot Care Centers	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Centerstone CMHC	☐ Was contacted but did not place child	☐ Was contacted but did not respond
ChildHelp	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Chambliss Center for Children ChildHelp	☐ Was contacted but did not place child	☐ Was contacted but did not respond
C&CS (Steppenstone)	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Florence Crittenton	☐ Was contacted but did	☐ Was contacted but did not

Agency	not place child	respond
FreeWill Baptist Home for Children	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Frontier Health	☐ Was contacted but did not place child	☐ Was contacted but did not respond
G4S	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Goodwill Homes	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Helen Ross McNabb	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Holston	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Keys	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Kings Daughters	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Memphis Recovery Centers	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Meritan	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Middle Tennessee Collaborative	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Omni Visions	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Parkridge Valley	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Partnership	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Porter Leath	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Smoky Mountain Children's Home	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Tennessee Children's Home	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Upper Cumberland HRA	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Wayne Halfway House	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Youth Villages	☐ Was contacted but did not place child	☐ Was contacted but did not respond
Youthtown of Tennessee	☐ Was contacted but did not place child	☐ Was contacted but did not respond
	☐ Was contacted but did not place child	☐ Was contacted but did not respond

Submitted by: Contact Info:

PART VI: Regional Administrator Approval (or designee---only to be used if RA unavailable)
Prior to Placement---Please check the appropriate box if necessary

☐ Verbal/Email Approval Granted
Date: Time:

☐ Placement Occurred without RA Approval Beforehand

Explanation for placements made prior to RA approval:

If RA to RA Approval was needed, please mark below:

☐ Verbal/Email Approval Granted
Date: Time:

PART VII: *Brian A.* child in jail, correctional or detention facility

CHILD NAME	FSW	TFACTS PERSON ID	DOB	PROVIDER	PLACE-MENT LOCATION	COUNTY OF COMMIT-MENT	DATE OF PLACE-MENT	REASON

(I) Brian A. youth in a jail, correctional or detention facility
1. Youth has been ordered into a detention by the court
2. Youth has been charged with a delinquency charge by the court
X. Other. Explain: *

* **If other is selected, Brian A. youth needs to be placed immediately in the most appropriate placement setting.** Indicate date and name of the placement:

RA Signature *Date*

APPENDIX Q

2013-14 Quality Service Review
Voice and Choice of the Child and Family
and Engagement Indicators

This Appendix includes pieces of the 2013-14 Quality Service Review protocol as they describe the new Voice and Choice of the Child and Family indicator and the new Engagement indicator.

***Voice and Choice of the Child and Family*:**

Do the child and family demonstrate commitment to the change process? Are the child and family actively participating and involved in shaping and guiding decisions about their future? Do the child and family have a choice in services and supports, and do they have a voice in the team process which affords them the right to own and direct the service process?

The central concern of this indicator is that the child and family are committed to the process of change. Case planning and service provision should build on the strengths of the child and family and value their strengths, culture, views, and preferences. When families are actively involved in collaborative and open decision making and case planning, they are more likely to understand their roles in the change process, and demonstrate a sense of ownership in the workings of the team.

- "Actively involved" for a parent means the parent has a voice and choice in identifying strengths and needs, identifying services and providers, establishing goals in case plans, evaluating progress toward goals, and discussing the case plan in team meetings.

- "Actively involved" for a child means the child has a voice and choice regarding his or her own goals and services, understands the plan and terms used in the plan based on his or her level of development, and is included in the child and family team meetings when age appropriate.

The family's active participation in shaping and directing service arrangements that impact their lives may be supported by a trust-based, supporting relationship with team members. Defining roles and building relationships counterbalances the inherent difficulties of, and natural resistance to, change families will experience. Whatever efforts are made, commitment to and understanding of the change process by the child and family are the keys to engagement.

The practice assumption behind this indicator is that birth family/family of origin is always the first, primary focus of change strategies. If this is not the case, or as cases evolve, the relative influence of others (*e.g.* pre-adoptive parents or other permanent caregivers) in shaping the child's future should be considered in rating this indicator.

The new ***Engagement***:

How well are professionals working with the child and family demonstrating cultural competence, respect, genuineness, and empathy? How well do professionals focus on family strengths in the process of assessing, planning, and delivering service to the child and family? How diligent are efforts to reach out, locate, engage, and accommodate the needs of the child and family?

Engagement focuses on the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change. Engagement should build on the strengths of the child and family and value their strengths, culture, views, and preferences. Open casework relationships communicate a belief in family strengths and resiliency and support honest and timely assessment of progress.

In order to develop open, trusting, and cooperative relationships with the child and family, professionals should employ the following best practices:

- Approach the child and family from a position of respect and empathy.
- Engage the child and family around their functional strengths in order to build unique, family-oriented interventions.
- Include the child and family in all aspects of the case process.
- Encourage the child and family to take a leadership role in directing the assessment, planning, and service provision.
- Employ flexibility and creativity in accommodating the child and family's needs, including the timing and location of meetings and services, access to transportation and financial assistance, and development of supports.

Defining roles and building relationships counterbalances the inherent difficulties of, and natural resistance to, change families will experience. Whatever efforts are made, commitment to and understanding of the change process by the child and family are the keys to engagement.

The practice assumption behind this indicator is that birth family/family of origin is always the first, primary focus of change strategies. If this is not the case, or as cases evolve, the relative influence of others (e.g. pre-adoptive parents or other permanent caregivers) in shaping the child's future should be considered in rating this indicator.