

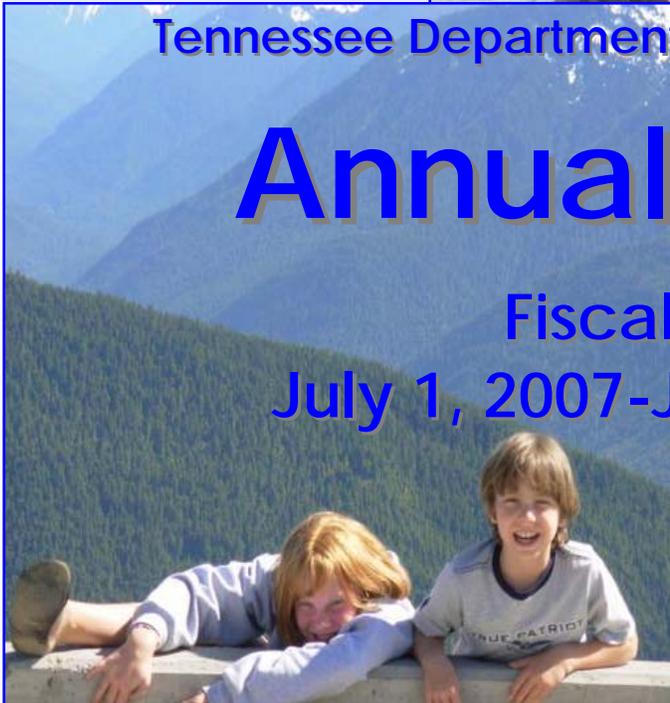


Tennessee Department of Children's Services

Annual Report

Fiscal Year

July 1, 2007-June 30, 2008



Dear Governor Bredesen,

The Department of Children's Services' continues its efforts to ensure the safety, stability and permanency in the lives of those we serve and address issues of community safety. The Department is proud of its accomplishments over the past year and looks forward to continued success in the foreseeable future. Below are listed a few of the Department's more memorable accomplishments during the past year:

- The Multiple Response System (MRS) was legislatively mandated in 2005 with a statewide implementation deadline of 2010. As of June 30, 2008, it is implemented in 9 regions and 17 counties. This practice model allows for more than one approach to responding to child abuse and neglect reports. It moves the system from investigating in an incident based manner to a more strengths-based, family assessment approach for some reports. This model embraces the engagement of parents, involving families in protecting their children and community involvement in addressing the needs of our children and families. There are three tracks to the MRS system which include investigation, assessment and resource linkage.
- The Department continues working on efforts to increase adoption numbers on a yearly basis. Our adoption numbers have fluctuated over the past several years. During the fiscal year of 2007, there were 1,225 adoptions finalized in the State of Tennessee. In 2008, there were 1,092 adoptions finalized. Despite the fluctuations, our success with finalized adoptions continues to make our state one of the top in the nation.
- Tennessee Statewide Assessment for the Child and Family Service Review, second round site visit, is scheduled to take place August 25 -29, 2008, and will include three counties: Shelby, Bradley and Putnam.
- The Department once again closed the year successfully meeting increased reversion targets for the third consecutive year, demonstrating our continued excellence in fiscal planning and financial management.
- The Council on Accreditation (COA) is now underway. Three regions and the Central Office have successfully completed Peer Review site visits with the remainder to be completed by the end of 2009.



- We are at this time facing an interim Final Rule from the Centers for Medicare and Medicaid Services that will result in the loss of \$73.3 million in revenues, historically claimed under provisions of the Targeted Case Management. While we are hopeful of legislation rescinding the current Interim Final Rule, budget reductions will be necessary for FY 2008-2009 to offset the loss of revenue.
- We are confident, however, that improvement to programmatic outcomes and the management tools in place equip us for addressing the fiscal challenges of the coming year.

Service to the children and families of the state of Tennessee is a sometimes difficult but highly rewarding task. Although there is so much yet to be done, clearly much has been accomplished. The following report will give you a much more detailed snapshot of where we are as a Department and public service entity.

A handwritten signature in black ink that reads "Viola P. Miller". The signature is written in a cursive, flowing style.

Respectfully,
Commissioner Viola P. Miller

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Vision, Mission and Values

Vision

Leading the way for safety and permanency in the lives of children and families by championing excellence in service.

Mission

Our mission is to empower families, and support community safety and partnerships, to help ensure safety, permanency and well-being for children.

Values

Integrity - The Department values honor, respect, trustworthiness and principled action.

Commitment to Excellence - The Department expects peak performance from all levels of staff, every day, in every degree.

Diversity - The Department respects, celebrates and seeks to maintain the integrity of all cultures.

People - The Department values all people, promoting partnerships between staff, families and community partners in order to create a comprehensive network of services.

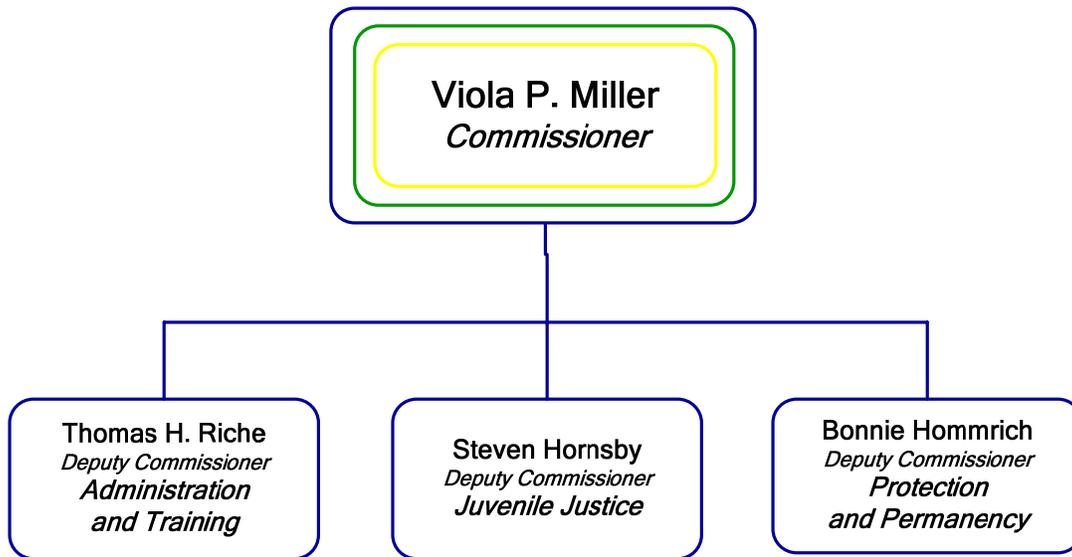
Family-Focused - The Department takes a strengths-based service approach, coordinating with family members as well as professionals and others to form an all-inclusive team promoting stability and permanence for children.

Community Partnerships - The Department actively engages community stakeholders.

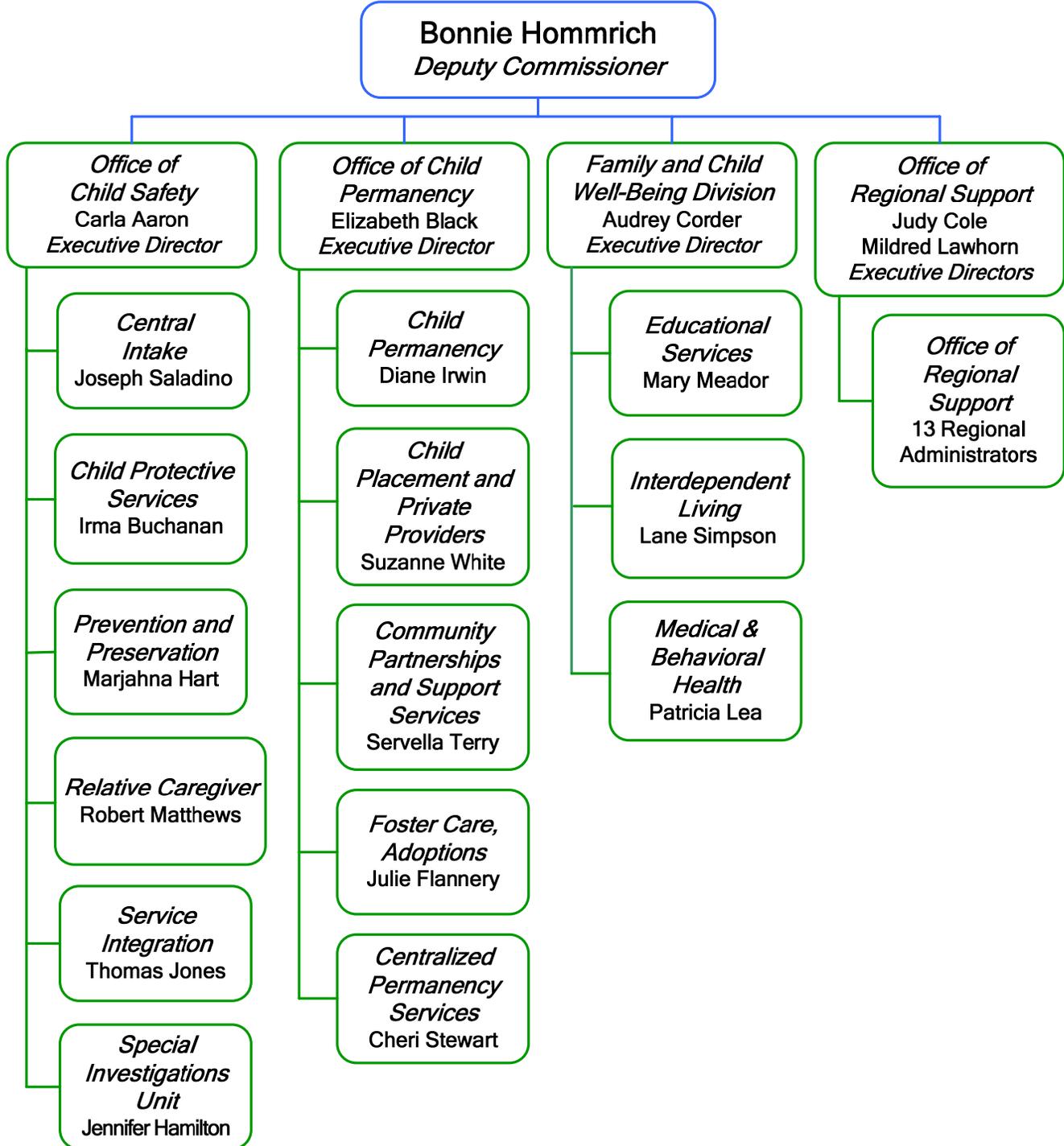
Safety - The Department makes every effort to ensure the safety of children, families, staff and the community.

Employees - The Department strives to create a work environment that allows for personal and professional growth, affording each employee a high quality of life. The Department will also respect and promote each staff member's personal family interests recognizing that we must have the opportunity for safety and stability in our own lives before we can adequately and appropriately serve others.

DCS Organization Chart



Protection and Permanency



The Department's primary responsibility is always to protect children from abuse and neglect. In order to uphold this responsibility, DCS staff investigate reports of abuse and neglect, working with families to resolve issues that may threaten the safety or well-being of children. DCS also works to maintain children in their own homes whenever safe and appropriate.

The Department is also responsible for providing care for children who cannot remain in their own homes. This includes temporary out-of-home care for children whose safety is in jeopardy. The Department works with families and other involved parties to achieve permanency and stability in the child's living situation. When it has been determined that a child cannot safely return home, the Department strives to provide a nurturing permanent home through placement with relatives, friends or adoption.

Protection and Prevention also encompasses the Department's Interdependent and Transitional Living Program. This program offers important opportunities expanding the competencies, resiliency and self-confidence of youth transitioning from foster care to independence. An estimated five hundred (500) young adults leave foster care at age 18 or 19 each year in Tennessee without a formal connection to family. These youth are typically in need of services and support to assist with their education, physical health, mental health, employment, housing and personal support needs. This program seeks to help these young adults through the provision of such services.



Office of Child Safety

Carla Aaron, Executive Director

The Office of Child Safety is the division of the Department that focuses on the front-end work of receiving reports of child abuse and neglect, assessing the strengths and needs of families, responding to families based on their individualized needs, investigating cases of child abuse and neglect, preventing the occurrence and reoccurrence of abuse or neglect, and supporting children and families to help preserve familial connections when at all possible. It should be noted that Tennessee is implementing a Multiple Response System (MRS) that will reform the method of service delivery and allow the Department to respond to reports alleging abuse and neglect based on the severity of those reports and the individual needs of the children and families involved. This reform will also foster development of stronger community partnerships in an effort to protect and support children and families.

There are six program areas under the umbrella of the Office of Child Safety: 1) Child Protective Services, 2) Central Intake, 3) Service Integration, 4) Prevention, Preservation and Support, 5) Relative Caregiver, and 6) Special Investigations Unit.

Central Intake

Joseph Saladino III, Director

Central Intake, reporting to the Office of Child Safety, is the Department's child abuse and neglect 24-hour reporting hotline. Central Intake (CI) receives reports of child abuse/neglect from all 95 counties in Tennessee as well as from other states and countries.

Central Intake receives reports in a variety of formats-telephone, fax, letter, email, and via

web-based reporting. Central Intake provides a consistent and uniform means for receiving, screening, prioritizing and dispatching reports alleging child abuse and neglect for investigation. Central Intake will also deploy revised Structured Decision Making (SDM) as part of the overall Multi-Level Response System (MRS) in October 2008 to further enhance screening, investigation, assessment and resource linkage track assignment.

Central Intake continues to use the telephone-computer interface system "Interaction Client", installed in April 2006 which is also referred to as "I-3". Interaction Client is a powerful desktop interaction and communication manager. It offers more functionality than a regular office telephone and is currently used to manage Central Intake electronic communications including telephone calls, voice mail, speed dial directories, and conference interactions.

Several types of reports can be produced to track call production and efficiency, such as an analysis of number of calls received by period, graphs showing call volume increase and decrease with specified parameters, number of abandoned calls and average wait time. Reports can also be run to analyze personnel and call interactions, user performance, queue data, and monitor phone lines. Some of the statistics derived from I-3 Interaction Client and TNKids for accountability, production and agent performance measures are as follows:

- Calendar Year 2006
 - ◇ 111,234 calls were made to Central Intake
 - 100,335 calls were answered
 - 10,899 calls were dropped/abandoned
 - ◇ 67,532 were assigned for investigation
 - 11,394 were assigned as response priority P1
 - 25,703 assigned as response priority P2
 - 30,435 assigned as response priority P3
 - ◇ 27,626 referrals were screened out
 - ◇ 5,177 other (i.e., Tel-Alert page-out, information, business calls)
- Calendar Year 2007
 - ◇ 164,771 calls were made to Central Intake

- 155,551 calls were answered
- 9,220 calls were dropped/abandoned
- ◇ 68,160 were assigned for investigation
 - 11,048 were assigned as response priority P1
 - 23,914 assigned as response priority P2
 - 33,198 assigned as response priority P3
- ◇ 32,109 referrals were screened out
- ◇ 55,282 other (i.e., Tel-Alert page-out, information, business calls)

"During FY 2006, CPS agencies screened in 61.7 percent of referrals and screened out 38.3 percent. These results were similar to FY 2005 data, which indicated 62.1 percent were screened in and 37.9 percent were screened out."

Central Intake maintains national average screening statistics to within + or - 1.5 percent, tracked on a weekly/monthly frequency via a screening report.

Comparison of Calendar Years (CY) above shows an increase of approximately 48.1% in the number of calls to Central Intake and a decrease in the number of abandoned/dropped calls despite staffing levels remaining the same or decreasing. Performance can be attributed to formulaic call forecasting and synchronized scheduling. In addition, Central Intake has undergone several production environment process changes to minimize production issues and enhance production, as well as end-user outcomes:

- Scheduling staff with a view to call center 'busy hour' per shift.
- Revised cue questions to minimize agent phone time although still allowing for condensed, accurate processing of information to report.
- Revised protocol manual, with multiple work aids, to allow for expedited process

handling of a variety of situations.

- Increased training to appropriately and timely process Serious Incident Reports, Psychiatric Acute Care Coordination intakes, TNKids history template and web based reports.

Central Intake has worked on several initiatives to further improve the program:

- Training

- ◇ Central Intake continues to address training needs with the assistance of a Training Coordinator who conducts or coordinates training as training needs are identified by senior management.
- ◇ New Hire employees now regularly attend DCS Pre-Service as designed for Central Intake by the Tennessee Center for Child Welfare.
- ◇ Central Intake employees have the opportunity to attend the Job Exchange Training (JET) program, where employees who do not have previous CPS field experience take a call/report and then 'follow' the call to the field and shadow a CPS investigator. CPS employees in the field also have the opportunity to shadow Central Intake Case Managers.
- ◇ Staff now has limited opportunities to attend external training, seminars, conferences and workshops as scheduling permits.
- ◇ There has been an increase in Computer-Based Training (CBT) made available to DCS staff to include Central Intake staff.
- ◇ Central Intake continues to be very active in providing training and presentations to community partners to further educate and raise awareness of procedures for reporting abuse and neglect.

- Quality Assurance

- ◇ Central Intake has a Quality Assurance Coordinator who continues to monitor I-3 Interaction Client telecommunications system, TNKids data base system and Tel-Alert paging system for field response of assigned reports.
- ◇ Central Intake has fully implemented the Continuous Quality Improvement (CQI) process at the team and center level. One of the most recent activities of the CI CQI team has been the development of a survey to assess community relations, identify additional staff training needs, identify public education and awareness needs, and improve overall program efficiency. Survey distribution is scheduled for September 2008.
- ◇ Central Intake has a designated Council on Accreditation (COA) representative who maintains training, education and compliance measures with regard to accreditation activities.
- ◇ Staff members receive monthly Quality Audits, Successful Partnering and Monthly Performance Briefings with a view to coaching and providing corrective action for maximum agent performance.
- ◇ TNKids enhancements and builds as necessary for improved data entry needs.
- ◇ Revision and implementation of DCS Policy and Procedures Chapter 14.1 and 14.3.

- Other Activities

- ◇ Increasing retention, improving morale and developing job satisfaction are always challenges to any program. To that end, an internal program newsletter has been developed to inform staff of new information, new policies, program revisions and personnel activities and training in a fun yet informative and professional manner.
- ◇ Central Intake maintains an active Fire/

Safety program to provide for the safety, security and comfort of all employees in accordance with COA and OSHA guidelines.

- ◇ Central Intake has evolved into conducting monthly Management and Leadership meetings as required by DCS Policy and Procedure.
- ◇ Personnel hiring procedures, to include fingerprinting and background checks are now aligned with DCS Human Resources standards.
- ◇ Central Intake has committed 1 Case Manager/Subject Matter Expert for SACWIS design and development.

Central Intake continues to work with the Office of Child Safety as a front-line community partner in the prevention, assessment, investigation and link to resources concerning child abuse and neglect. Central Intake proudly serves the Department of Children's Services and the community in the mission to provide safety, permanency and well-being for the children of Tennessee.

Child Protective Services

Irma Buchanan, *Director*
Investigations

This Division strives to ensure that children under the age of 18 are safe and protected from child abuse. The CPS program receives, investigates, and assesses reports of child abuse and neglect by parents, family, or household members. CPS offers services after investigations if:

- children are not immediately safe from abuse or neglect; or,
- a reasonable likelihood exists that children will be abused or neglected in the foreseeable future, and families demonstrate that they cannot control factors placing children at risk of abuse or neglect.

If needed, services are offered to parents to help them solve their problems and learn how to care for and discipline their children in ways that do not harm or place them at risk of abuse or neglect. Services can include counseling, daycare, homemaker, evaluation and treatment, and parenting training.

A child fatality review team has been formed and conducts comprehensive and multi disciplinary reviews of child fatalities that meet its criteria for review. CPS strives to improve its service to children and families through internal monitoring and when necessary, practice modifications. The findings from these reviews are used to improve the health and safety of our children and youth, and to take action that may prevent other deaths in the future.

CPS also has a Continuous Quality Improvement team that includes representatives from across the state.

Prevention and Preservation

Marjahna Hart, *Director*
Multiple Response System

The implementation of a Multiple Response System (MRS) allows for intervention with families from a less adversarial approach than the traditional Child Protective Investigation. MRS moves away from solely investigating in the traditional incident-based manner to a more strengths-based, family-focused approach to protect the child and increase supportive resources. It encourages families and communities to see local departments of social services as a source of support and help at the earliest opportunity to prevent abuse/neglect or unruly behaviors and therefore minimize future commitments of children to state custody. Combined with the assessment track and the resource linkage track, investigations will move from a "one style" way of investigating allegations of abuse/neglect to a form of practice that

allows for more than one approach in response to abuse/neglect reports.

The Assessment Track Approach is used to respond to lower risk CPS referrals. This style generally leads to gathering more information up front and more cooperation later on. The CPS Assessor has a greater opportunity to work in coordination with community agencies to develop consistent and focused service plans for families. Many families can be helped to work out their problems in minimally intrusive ways that strengthen family-functioning, increase supportive resources, and reduce the likelihood of out-of-home placement without endangering the lives of children. Families and CPS staff have reported improved partnerships due to the family involvement through family service team meetings. The family is involved with the plan of action that will impact the child and family.

The Resource Linkage Track partners with community stakeholders to develop and connect available resources to assist children and families in need of services without intervention of the formal child welfare system. Resource Linkage is a track that links families with existing resources in their community in order to keep their children safe. The goal of Resource Linkage is to improve the quality of life for the family and the community. Through the Resource Linkage Track, community advisory boards are developed to identify both formal and informal resources that exist within the community. The function of these boards is to communicate issues, concerns, gaps of services and needs within the community to the State Advisory Board.

Since the implementation of Multiple Response System (MRS) in the pilot regions of Northwest, Southeast, and Upper Cumberland, MRS has been implemented in several rural and urban areas across Tennessee. The completion of the Internal Readiness Assess-

ment Tool provides regions with a means of measuring levels of preparation before implementing MRS. The tool has proven to be critical in helping regions to determine training needs and communication gaps, as well as identifying the needs to coordinate with internal and external stakeholders and community partners.

DCS is working to finalize the State Advisory Board for MRS. Several meetings have occurred, and future meetings are planned to establish goals and ways to enhance their network to improve the quality of lives for children and their families.

DCS has partnered with the Tennessee Center for Child Welfare (TCCW) to create an external evaluation of MRS. TCCW is also assisting DCS with training field staff on advanced engagement and investigative skills.

Relative Caregiver Program **Robert Matthews, *Director***

The goal of the Relative Caregiver Program is to support children who are in the care of relatives outside the formal child welfare system when appropriate and to support efforts to prevent entry and re-entry into foster care.

Eligible persons include relatives by blood, marriage, or adoption who are caring for children (ages 0-18) informally.

Support Services are available through the Relative Caregiver Program by private agency staff (i.e. support groups, short term case management, respite/enrichment services, information and referral, educational workshops, children/teen groups, emergency one-time financial/start-up assistance, material assistance, whole family enrichment and community service learning (youth and teens).

- The total number of caregivers served

during Fiscal Year 2007/2008 was 3,190.

- The total number of children served during Fiscal Year 2007/2008 was 4,770.

Families First Kinship Care (FFKC)

The goal of the program is to encourage placements with relatives for children who are at risk of removal from their home and placement in state custody. The FFKC pilot program allows DCS to prevent children from entering or re-entering state custody by offering eligible relative families an additional payment to supplement the Families First Child-Only grant offered by the Department of Human Services (DHS). The program is currently available in the following four regions: Davidson, Shelby, East and Upper Cumberland.

Service Integration

Thomas Jones, Director

Family Functional Assessment, being utilized across the state, has a clear focus on developing quality family assessments of family needs.

This Division works with integrating various assessment tools used by the Department to create a continuum of assessment information that is used throughout the life of the case. Children and their families are assessed around issues such as safety, well-being, permanency and resource availability. The strengths and needs of families are continually assessed until the family has achieved permanency and is no longer involved with the Department.

The Service Integration Division works on the development, implementation, and continued development of assessment tools that the Department uses. These assessments include, the Family Functional Assessment (FFA), Child and Adolescent Needs and Strengths (CANS), Family Advocacy and Support Tool (FAST), and Structured Deci-

sion Making (SDM) Tools. This division helps staff understand the importance of a comprehensive assessment and how this assessment information informs planning. Additionally, this division helps staff understand how information “flows” between program areas and custodial distinctions.

Special Investigations Unit (SIU)

Jennifer Hamilton, Director

The Special Investigations Unit currently operates under The Office of Child Safety. SIU works closely with the office of child safety, to ensure the safety of custodial children, and to ensure consistency within the Child Protective Services program.

SIU staff work closely with regional staff as well as Foster Care staff to ensure children in state custody receive quality care and all allegations of child abuse or neglect are investigated according to policy and procedure. The Special Investigations Unit conducts investigations on reported allegations of child abuse and neglect regarding custodial children. Referrals are received, screened and referred through the Child Protective Services Central Intake Division.

SIU conducts third party investigations that involve a person’s employment or volunteer status, such as teachers, daycare worker, coaches, ministers, etc.

SIU also conducts investigations of DCS employees when there are allegations of abuse or neglect against the employee regarding their biological children.

SIU has four teams strategically placed across the state to provide statewide coverage: Davidson County, Knox County, Hamilton County and Shelby County.

SIU has 24 family service workers, four team leaders, three team coordinators and a director

in Nashville. One of the team coordinators is responsible for conducting the case file reviews and due process reviews for SIU cases. SIU developed a workgroup in June 2007 consisting of Central Office staff, SIU staff and regional staff to work on improving the quality of SIU investigations and improving communications with all parties involved.

A Placement Quality Team (PQT) Team has been developed to discuss all SIU cases that involve resource homes. The team meets weekly to discuss all of the indicated or concerning SIU cases in resource homes from the previous week.

SIU strives to provide quality investigations to ensure the safety and well-being of all children.

Child Advocacy Centers

The Department provides grant funds to thirty (30) Child Advocacy Centers (CACs) across the state and to the Tennessee Chapter of Child Advocacy Centers. Child Advocacy Centers provide mental health services, which include crisis counseling and follow-up counseling for child abuse victims and their family members, as well as forensic medical examinations. Services are provided in a child-friendly setting to help children feel safe. The CACs work with the Department, local law enforcement and the district attorney's office to locate staff and to address the needs of the children in their communities.

The funding to CACs also supports training opportunities for the multi-disciplinary Child Protection Investigation Team (CPIT) and the collection of data that is reported annually to the legislature.

Child Abuse Prevention Grants

The marriage license tax created from the Family Violence Shelter and Shelter Services and Child Abuse Prevention Act of 1984 allows revenue generated from that tax to be used in the form of Child Abuse Prevention grants. These grants are awarded by DCS to outside agencies. Child Abuse Prevention grants provide funding to programs that offer prevention services through education, counseling, and parenting skills training to high-risk populations as well as to the community as a whole. These programs include early prevention services to first-time parents, teen parents, disabled parents, parents of disabled children, and parents who were abused as children.

Prevention education services are often geared toward children and may include life skills classes, puppeteering, and stage productions. Education services may also include media campaigns. The more intensive prevention services are typically home-based and may include parent training, parent support groups, parent help hotlines, and counseling focused on empowering both parents and children.

Table 1: Indicated Victims by Age, Race and Gender -
Fiscal Year July 1, 2007 – June 30, 2008

Race / Ethnicity	Gender	Age Category						Total
		0 to 2	3 to 5	6 to 9	10 to 13	14 to 17	Invalid*	
White	F	768	609	790	778	772	85	3,802
	M	836	570	671	505	393	83	3,058
Black/African American	F	436	286	353	371	347	49	1,842
	M	425	265	385	244	204	59	1,582
Hispanic	F	77	43	58	57	46	12	293
	M	73	36	33	19	11	11	183
Multiracial	F	29	17	24	10	9	4	93
	M	41	19	19	17	10	4	110
American Indian/ Native Alaskan	F	1	1	2	1	0	0	5
	M	1	0	1	1	1	0	4
Asian	F	2	1	0	4	5	3	15
	M	0	2	3	0	2	0	7
Native Hawaiian/Other Pacific Islander	F	0	0	3	1	1	0	5
	M	2	0	0	2	1	0	5
Unable to Determine**	F	54	43	46	53	35	13	244
	M	73	29	46	45	24	13	230
Unknown***	F	25	30	49	31	30	13	178
	M	33	27	36	29	15	5	145

*Invalid, Age range of child is outside 0-17 or data is missing.

**Family service worker unable to make race determination.

***No information provided in TNKids.

Table 2: Investigations of Child Abuse/Neglect Completed in FY07 by Region and Status as of June 30, 2008

Region	Total CPS & MRS Cases Completed	Total CPS Investigations		Indicated		Unfounded		No Finding	
Davidson	5,061	4,696	92.8%	940	20.0%	3,232	68.8%	524	11.2%
East Tennessee	3,566	2,195	61.6%	547	24.9%	1,555	70.8%	93	4.2%
Hamilton	2,720	676	24.9%	127	18.8%	454	67.2%	95	14.1%
Knox	3,809	1,594	41.8%	359	22.5%	1,141	71.6%	94	5.9%
Mid Cumberland	8,644	7,343	84.9%	1,364	18.6%	5,475	74.6%	504	6.9%
Northeast	5,769	3,585	62.1%	677	18.9%	2,743	76.5%	165	4.6%
Northwest	2,695	815	30.2%	188	23.1%	590	72.4%	37	4.5%
Shelby	7,398	7,166	96.9%	1,728	24.1%	4,649	64.9%	789	11.0%
Smoky Mountain	2,734	3,713	135.8%	896	24.1%	2,631	70.9%	186	5.0%
South Central	4,304	1,345	31.3%	416	30.9%	738	54.9%	191	14.2%
Southeast	4,554	965	21.2%	249	25.8%	652	67.6%	64	6.6%
Southwest	3,185	2,148	67.4%	562	26.2%	1,457	67.8%	129	6.0%
Upper Cumberland	3,478	1,009	29.0%	261	25.9%	693	68.7%	55	5.5%
SIU	3,653	2,718	74.4%	259	9.5%	2,361	86.9%	98	3.6%
Statewide	61,570	39,968	64.9%	8,573	21.4%	28,371	71.0%	3,024	7.6%

Due to rounding, percentages may not equal 100.

**No Finding (includes administrative closure, allegation indicated sexually reactive child, and anonymous abandonment of infant)



Office of Child Permanency

Elizabeth Black, Executive Director

The mission of the Office of Child Permanency is to ensure the provision of adoption, foster care and permanency planning services for children and families throughout Tennessee. The goal is to ensure that every child in state custody returns to his or her own family or becomes a member of a new family in a timely manner. The Office of Child Permanency has six primary divisions: Foster Care and Adoptions, Child Placement and Private Providers, Permanency Planning, Community Partnerships and Support Services, Child Welfare Reform, and Centralized Permanency Services.

Foster Care and Adoptions Division **Julie Flannery, Program Director**

The Foster Care and Adoption Division develops policy and oversees services aimed at providing training and ongoing support for resource parents and custodial caregivers to assist them in meeting the unique needs of children and youth in state custody. This Division assures that the Department of Children's Services uses a model of resource parenting consistent with the DCS Practice Model. This model encourages resource parents to support birth families and encourage reunification, provide a nurturing and stable placement for children in state custody, and offer or assist in finding a permanent family relationship for children who are not able to return to their own parents. This Division also oversees the development of effective and child-focused placement practices and performs centralized operations necessary to the regions in order to support and maintain resource homes for children. This Division strives to support the efforts of resource families caring for children in the state's custody while working to achieve permanency for each child in care.

Adoption Services offers child-focused services based on the philosophy that every child has the right to a loving, nurturing and safe family. Some of the children served have significant physical, emotional or educational challenges. Most range from early school-age to teenage years. Some have one or more siblings.

The Division of Foster Care and Adoption is also responsible for the recruitment of resource homes and to ensure all children in state custody have the option to be placed in family-like settings. This division develops statewide pools of resource parents who reflect the type of children in care through engaging diverse communities in a respectful partnership, including the communities from which these children come.

Also within this division is the Subsidized Permanent Guardianship Program. In 2005, Tennessee was awarded a IV-E Waiver to provide a subsidy to families who want to provide a permanent home for their relative children, but for whom adoption is not a viable option. The state is using the waiver authority to test whether the introduction of a subsidized guardianship benefit will result in an increase of permanence and safety for children and an improvement in a range of child outcomes such as reduced length of stay in foster care and improved stability of family care.

Child Placement and Private Providers Division **Suzanne White, Program Director**

The Child Placement and Private Providers Division oversees the provision of technical assistance and support to the regions in developing a collaborative system of care between contract agencies and the Department. This Division is a conduit through which residential services are coordinated and supported in a manner that improves outcomes for children in the care of DCS.

This division manages all active contracts with public and private agencies to provide out-of-home care and services to families with children in the custody of the Department. A significant portion of those contracts are out-of-home continuum contracts. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual basis.

This division is responsible for providing support, information, guidance, training, coordination and oversight of residential services to ensure an adequate supply of residential resources are delivered expeditiously and efficiently. Detailed below are

some of the various functions of the Child Placement and Private Providers Division.

Performance Based Contracting (PBC)

The Department's Performance-Based Contracting (PBC) initiative is the first phase of a greater overarching plan to achieve better and more timely outcomes for the children served by DCS. In the past, DCS has purchased out-of-home care services for children in its custody via a per diem reimbursement system. Performance-Based Contracting uses an innovative approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve those outcomes. Those permanency outcomes measured include: improved timeliness and likelihood of permanency (reunification, adoption, or guardianship), reduced placement moves, and reduced re-entries into care.

Face-to-Face Contact Recording Oversight

Early in the calendar year 2007, it was decided to revise the protocol for providers to submit monthly summaries to the Department. Previously, providers would submit these summaries to a mailbox and Departmental staff would access them using that mailbox. Monthly face-to-face contacts were an addendum to these summaries.

In an effort to streamline this often cumbersome process, a new protocol was developed in March of 2007 whereby providers would submit these summaries to our Systems Appeal Tracking (SAT) Coordinators. Providers submit their summaries, minus the face-to-face contact recordings, to their respective regional SAT's. Those SAT's, in turn, disseminate those summaries to all Departmental staff requiring them. The problem now remained of how providers would submit monthly face-to-face contacts.

The Office of Information Systems set up a face-to-face application to which providers were given access in late spring 2007. Entries into this face-to-face application populate the appropriate TNKids fields, so that provider's face-to-face contact could be captured. The application "went live" on 07/01/07 and in the initial month 569 entries were made by 25 providers. As use of the application has expanded, more and more providers are now making these recordings and entering them on a consistent basis. Data from the most recent extraction illustrates that growth. Figures from the time frame of 03/01/08 to 03/31/08 show 57 providers making 5,618 entries. Additionally, the compliance rate for all providers during that same time frame stands at 86.9%.

Provider Policy Manual

The Provider Policy Manual (PPM) was developed in order to run congruently with DCS established policy and procedure. It functions as an adjunct to a provider's contract and should be seen as that contract's scope of service for every contracted provider with which the Department does business. This pertains to all levels of contracted care.

Within the description of each level of care, the PPM defines the service and placement type, the admission/clinical criteria, and the service components required within the per diem. The only level of care not detailed to this extent is the Unique Care Agreement. The PPM also contains hyperlinks to mandated DCS Policy.

Cross-Functional Teams

The purpose of the cross-functional teams is to provide a mechanism through which a diverse pool of employees and partners are able to channel their creative and innovative ideas into identifying, solving and implementing systemic changes throughout the depart-

ment. Individuals from different divisions, within DCS, and DCS partners will each bring to the table a rich and diverse knowledge, heritage and expertise to draw upon in solving and improving Child Welfare best-practices. Perspectives based on such knowledge cannot be obtained any other way except through interaction with key stakeholders. This is a continuous and enduring attitude towards honoring the guiding principles for problem-solving and implementing processes within each facet of DCS.

Resource Home Eligibility Team (RHET)

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

The Resource Homes Eligibility Team (RHET) is responsible for reviewing and maintaining IV-E eligibility documents of each provider resource home both initially (new homes) and annually through the re-evaluation process. In addition, RHET reviews the home studies that are submitted as part of the eligibility and maintenance requirement.

Permanency Planning Division **Diane Irwin, Program Director**

The mission of the Permanency Planning Division is to model, coach and employ collaborative decision-making in all aspects of child welfare practice. This Division has the primary responsibility for supporting the implementation of the Child and Family Team Meeting (CFTM) process as well as a high quality permanency planning process. The

CFTM is to be the primary tool for making all placement-related and planning decisions for and with children and their families. This Division is also responsible for supporting timely permanence for children in the custody of the state and those at risk of state custody.

Community Partnerships and Support Services Division **Servella Terry, Director**

The Division of Community Partnerships and Support Services is responsible for developing partnerships and collaborations with consumers, stakeholders, and private providers in an effort to deliver high quality services. This division is tasked to develop and implement a standardized approach for building community partnerships. The division is also responsible for providing high quality technical assistance, consultation, and support to the regions in the areas of team building, cultural competency, neighborhood-based partnerships, faith-based engagement, the retention of resource families, and other community efforts. Its mission is to ensure that community work is done efficiently, respectfully and with maximum benefit for the children and families DCS serves.

Each region has engaged community stakeholders to plan and problem-solve as well as develop local partnerships.

In Davidson, for example, the Department has developed a work partnership with the **Interdenominational Ministerial Fellowship** to address the critical concerns regarding gang activities that have plagued the local community. The need for mentors for African American teens is also a pressing area identified by this local grass roots organization. Because of the division's overwhelming responses from the Davidson County faith community regarding partner-

ship opportunities, a Faith-Based Brochure was developed. This brochure is available for DCS regional offices and has an 1-800 number for any interested faith-based organization. A faith-based tool kit is also available for training purposes.

Centralized Permanency Services **Cheri Stewart, *Program Director***

The Division of Centralized Permanency Services is responsible for assuring high quality performance through individual case management in program areas which have state-wide impact on permanency for children and families served by the Department and community partners, as well as impact on persons who have secured adoptions in TN. These programs include the Interstate Compact on the Placement of Children, the Adoption Registry, the Putative Father

Registry, and the Post-Adoption Services and SMSS/TNKids CPS Background Checks for DCS Provider/Contract Agencies.

Annually, the Interstate Compact on the Placement of Children manages over 2,500 new referrals/requests for placement, maintaining an active caseload of approximately 1,500 active cases. The Adoption Registry accepts approximately 1,500 records for preservation and sealing. The Putative Father Registry processes approximately 5038 requests for clearances annually. The Post-Adoption Services receives over 500 requests for access to records which results in over 5,000 search activities. The Division processes approximately 11,000 SMSS/ TNKids requests annually for CPS clearance on DCS Provider Resource Homes and Resource Home re-assessment and Provider Agency Employees.



Family and Child Well-Being Division

Audrey Corder, Executive Director

The Office of Well-Being has three Divisions: 1) Education, 2) Interdependent Living and 3) Medical and Behavioral Health. These divisions make every attempt to support the children they serve and are committed to helping make families secure, healthy and happy. Through its Education division, this office manages the in-house schools operated by the department to ensure compliance with education laws, particularly those regarding special education. Its Interdependent Living Program aids in the transition of youth to adulthood through training, education, and financial support and has a goal that no child leaves care without a connection to a caring adult. Finally, the Division of Medical and Behavioral Health works constantly to maximize service delivery to meet the physical and mental health needs of children by collaborating with other state agencies and community partners (e.g., Bureau of TennCare, Department of Mental Health and Developmental Disabilities, Department of Health, etc.), maintaining qualified nurses and psychologists to provide consultation to field staff, advocating and accessing services for children and families, and ensuring that children and youth are protected from harm through medication monitoring and oversight of the use of restrictive interventions such as seclusion and restraint. Each region in the DCS has a Well-Being team that works closely with central office as well as their respective regional office.

Educational Services

Mary Meador, Director

The Education Division of the Department of Children's Services oversees education services for students in state custody who reside in Youth Development Centers (YDCs) or DCS group homes, and is recognized by the Tennessee Department of Education as a Local Education Agency (LEA) for the schools in these facilities. In addition, the Education Division, primarily through its regional education specialists, provides technical assistance to contract facilities with on-site schools. The Division staff also advocates for students in state custody who attend public school.

All youth committed to the Department of Children's Services are screened by a community or facility classification/assessment team to determine their educational needs. A treatment team develops an Individual Program Plan (IPP) for each student. An Individual Education Program (IEP) is developed for students eligible for special education services.

Interdependent Living Program

Lane Simpson, Director

The purpose of the Interdependent/Transitional Living Program is to build a network of relevant supports and services for participating youth. This network is designed in such a way that these youth will have ongoing connections with caring adults, be productive individuals within their community, obtain and maintain employment, as well as obtain educational goals. Under this program, participating youth may receive financial assistance and skills training, as well as other resources to facilitate their transition to adulthood.

Interdependent/Transitional Living is responsible for developing a statewide program in concert with the provisions of the Chafee Foster Care Independent Living Program (CFCILP) and the Education and Training Voucher (ETV) Program. These programs allow the state to increase its capacity to engage the community and provide culturally sensitive and developmentally age-appropriate services. These services are

strengths-based, family-focused and child-centered, serving youth and young adults ages 14-22 (up to their 23rd birthday), who remain in care and/or age out with interdependent living services.

Medical and Behavioral Health

Patricia Lea, *Director*

The Division of Medical and Behavioral Service was created in 2002 in response to the Brian A. Settlement Agreement and is responsible for reviewing and overseeing the implementation of policies, procedures and practices related to the medical and behavioral health care of children in the care and custody of the Department of Children's Services. Within DCS Central Office, this Division consists of the Chief Medical Officer, and two Nurse Consultants who interface with the Director of TennCare Policy. Regionally, the Division has Doctoral Mental Health Clinicians and Regional Nurses who interface with Health Advocacy Representatives and Service and Appeals Tracking Staff. This Division's primary mission is to ensure that all children in the care of DCS and their families have appropriate access to all needed services to promote quality of life and

achieve permanency. The Division provides consultative supports in the area of medical and behavioral health for DCS staff, resource parents and community stakeholders to improve services for children and their families. This Division also functions as the health advocacy area of the Department and promotes improved access to medical and behavioral services for children who are at risk of coming into state custody. This Division serves as a liaison for other state agencies, as well as TennCare managed care organizations (MCOs), and behavioral health organizations (BHOs). It also aids in departmental implementation of compliance with TennCare issues and assists in developing policies and procedures related to health services for children in custody. Support and technical assistance to the regional health advocacy units is also accomplished through this division. Additionally, the Division provides oversight of health services and technical assistance for the departmental residential treatment facilities and group homes as well as the Youth Development Centers. The Division oversees practice and policy change concerning protection from harm issues, which include the use of psychotropic medication, and the use of seclusion and restraint methods for children in care.

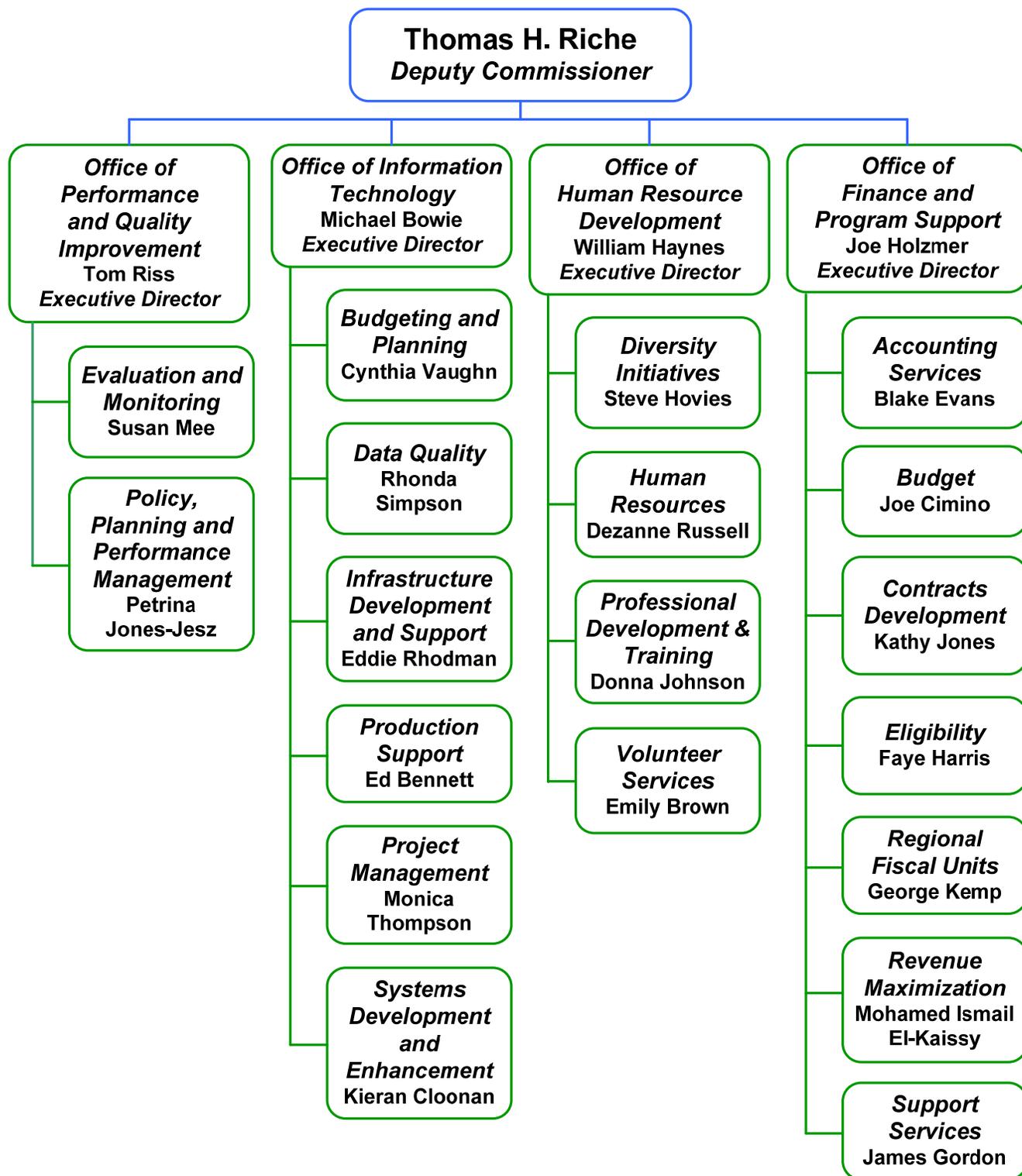


Office of Regional Support

Judy Cole and Mildred Lawhorn, *Executive Directors*

The Office of Regional Support provides programmatic support to all thirteen (13) regions of the state. It is the goal of Regional Support to assist regions with adhering to Best Practices and providing technical support for any requested regional initiative while also working with each region to improve their outcomes for children and families.

Administration and Training



The Division of Administration and Training supports all staff of the Department by providing training and educational opportunities for professional development and enhancement including management, technical, division and program-specific skills. The Unit is also responsible for identifying training needs, implementation of appropriate curricula, coordinating enrollment and tracking staff attendance at training courses. The Division oversees and coordinates with private service providers who contract with the Department to ensure their staff training is comparable to that of DCS. Training is provided through in-house staff members as well as through contracts with the University Consortium, other state departments and private sector service providers.

The Department of Children's Services is dedicated to continuous innovation and improvement. In order to provide quality services, the Department must have the capacity to support the provision of services on a systemic level. This systemic support includes monitoring and measuring outcomes for children and families to evaluate and improve services; developing and maintaining service resources and providers; developing and delivering extensive, ongoing training for foster/adoptive parents, and relative caregivers; and maintaining a fiscal structure to ensure payment for services and maximize funding.



Office of Performance and Quality Improvement

Thomas Riss, *Executive Director*

Our mission is to promote best practice and enhanced outcomes through continued learning and improvement. We will work to track, understand, and inform decision-making around initiatives and activities impacting the DCS community. As we do this work, which includes providing technical assistance and training, we will do so in a manner that supports the needs of the members of the DCS community, recognizing each member's right to be treated with genuineness, empathy, and respect.

This structure provides a holistic approach to performance and quality improvement through the linking under one umbrella of activities related to performance management and improvement, quality improvement, and organizational learning. PQI consists of two divisions: Planning, Policy Development and Performance Management (PPPM), and Evaluation and Monitoring (E&M).

Evaluation and Monitoring

Susan Mee, *Director*

This division performs a wide array of evaluation, monitoring and review activities. E&M is comprised of the Quality & Compliance Monitoring unit, consisting of Program Accountability Review (PAR) and Licensing, and of an Evaluation unit that manages the Quality Services Review (QSR) process and conducts a variety of evaluation activities, including those related to federal child welfare evaluation. Through these activities and by synthesizing and analyzing quantitative and qualitative information from a variety of sources, Evaluation & Monitoring supports the Agency's capacity to improve services and outcomes for children and families.

Evaluation

- Develop and test performance management and evaluation tools.

- Create and manage databases and reports production
- Provide training and technical assistance statewide to strengthen self-assessment capacity.
- Review, monitor and evaluate provider competence, as well as provider compliance with policy and contract requirements.
- Review, monitor, and evaluate administrative competence and DCS/provider service delivery practices.
- Develop and implement a balanced scorecard approach to tracking DCS and provider performance.
- Evaluate process, performance, and/or impact of various DCS pilot programs and other program initiatives.
- Provide program administrators and policymakers with information about promising practices observed in the programs under review.
- Disseminate program evaluation findings to policymakers, to practitioners in the field, to the public, and to program staff in order to assist with the continuous improvement of existing programs and the successful development and implementation of new programs.
- Conduct annual Quality Service Review (QSR) for each DCS region.
- Analyze QSR results and develop regional summaries and annual reports that compare results over time for dissemination to key decision makers and stakeholders.
- Provide training and technical assistance to strengthen regional QSR and integration of results of QSR into regional planning and practice improvements.
- Collaborate with TCCY and TCCW to manage state level QSR training, planning, logistics, and implementation.
- Coordinate and lead self assessment for federal CFSR.
- Coordinate and serve as state lead for CFSR onsite.

- Conduct detailed analysis of Incident Reports and Special Investigation Unit investigations for the purpose of quality assurance
- Perform specific monitoring activities as identified in the Brian A. settlement
- Participate in development and monitoring of CFSR Program Improvement Plan (PIP).

Licensure

Mark Anderson, *Program Director*

The Licensing team is a regulatory authority governed by statute and promulgated rules and is responsible for the evaluation and licensing of all programs that fall within the purview of applicable state licensing regulations. These programs include: Family Boarding Homes, Group Care Homes, Child Placing Agencies, Residential Child Care Agencies, Juvenile Detention Centers, Temporary Holding Resources, Runaway Houses, Child Abuse Prevention Agencies and Maternity Homes.

- Monitors implementation of procedures in keeping with Department policy and state and federal laws.
- Reviews legislation to determine impact on the operation of an agency or the state and gives recommendations regarding implementation of passed legislation.
- Coordinates the development, revision and promulgation of pertinent state licensing regulations.
- Compiles and publishes annual fee schedules for all domestic and international adoption agencies operating within the state of Tennessee.
- Participates in public hearings concerning agency issues, rules, regulations and/or compliance standards.
- Ensures compliance with applicable federal and/or state laws, regulations, and/or Department rules, standards, and guidelines.

- Makes recommendations on compliance related issues and provides follow up on corrective action plans.
- Reviews, investigates, documents and processes grievances, complaints, and/or implements disciplinary actions.

The licensing office also coordinates the accreditation of all hardware secure programs operated by the Department through the American Correctional Association's Council on Accreditation, conducts annual reviews and provides onsite technical assistance to these programs in the interpretation and application of all pertinent standards in developing local policy and procedure.

Program Accountability Review
Carter Overton, Program Director

This team conducts annual monitoring of sub recipients through on-the-ground reviews for compliance with terms of contracts and the Private Provider Policy Manual, with a focus on the appropriateness and quality of services.

- Performs special targeted reviews, giving specific attention to program effectiveness, operational efficiency, and compliance with state and federal policies, rules, and regulations.
- Monitors agency or program budget including revenues, expenditures and budget projections.
- Monitors agency contract services.
- Implements controls and standards to monitor the processing and review of contracts.
- Makes recommendations for improvement based on evidence-based practice.
- Advises senior management of review results and the Department's recommendations for improvement.
- Follows up on recommendations for improvement to assure implementation.
- Reports aggregate findings to the Core

Leadership Team.

- Provides information and recommendations to the Core Leadership Team on issues of accountability and processes improvement.

Policy, Planning and Performance Management
Petrina Jones-Jesz, Director

PPPM coordinates the work of three smaller teams within the division: Placement Quality Team System (PQTS) Facilitation, Continuous Quality Improvement (CQI), and the Accreditation team. PPPM is also responsible for various policy development and planning activities. This Division develops and coordinates the creation and distribution of departmental policy, develops and monitors strategic plans and coordinates reports required by state and federal mandates.

- Develop the Department's Strategic Plan and other plans required by state law.
- Develop the Title IV-B and Title IV-E Plans for submission to the federal government.
- Develop the Department's Annual Report.
- Coordinate and monitor the submission of Emergency Response Plans to Central Office.
- Identify ongoing trends and patterns and emerging needs and issues and develop strategic plans to address.
- Recommend and implement improvements to the DCS policy and planning process.
- Improve integration of planning and policy development into DCS's budget process.
- Identify and disseminate, through research, best practices and innovative approaches to service delivery.
- Design and administer surveys.
- Develop and distribute forms related to policy.
- Request and track National Child Welfare Resource Center TA.

- Participate in development and monitoring of CFSR Program Improvement Plan (PIP).

Accreditation

Brenda Bell, Director

The Accreditation Division promotes the establishment of standards of best practice that will result in the Department of Children's Services achieving accreditation through the Council on Accreditation (COA). The Accreditation Division facilitates: a thorough self assessment of policies, systems and practices; coordinates accreditation review processes; and provides oversight for the maintenance of accreditation standards of best practice.

- Develop and implement an effective accreditation process.
- Develop and implement a marketing strategy that increases awareness of and interest in accreditation among key stakeholders.
- Provide guidance for all accreditation activities.
- Maintain current information about accreditation programs.
- Serve as an effective advocate and liaison for accreditation across the state.
- Coordinate on site reviews.
- Communicate with members of the accreditation council, other program volunteers, and accreditation program applicants.
- Facilitate and evaluate a departmental self assessment review
- Develop a self study for submission to the Council and organize other documents required for onsite review by COA
- Serve as the liaison between the COA and DCS regional offices for site visit scheduling, review responses and technical assistance needs.
- Submit all required reports and paperwork in a timely manner according to program deadlines.

Continuous Quality Improvement

Michael Cash, Director

CQI is a philosophy based on the belief that people care about their work, learn from their experience, and when they feel empowered to do so create, innovate and improve. The concept is based on a Japanese principle, kaizen, which means progress through small continuous steps toward a goal. CQI is different from traditional quality assurance in that the focus is self-directed, self-determined change rather than change imposed by an external entity. CQI is a process model for employee empowerment, creativity and accountability.

CQI is a process by which all staff are invited to be involved in the evaluation of the efficiency and effectiveness of services provided to children and families. Evaluation involves the examination of the Department's internal systems, procedures and outcomes; the examination of input from participants, and the examination of relationships and interaction between DCS and other stakeholders. This team also conducts quarterly Case Process Review (CPR) reliability reviews to ensure the quality of the CPRs conducted by the regions.

Placement Quality Team System (PQTS) Facilitation

Larry Post, Director

The PQTS is a cross-functional team of central office and regional staff that meets on a regular basis to address issues of concern as they relate to the performance of DCS contract providers. The PQTS Facilitation team is responsible for gathering pertinent information related to provider performance and synthesizing the information into a summary report that can be presented to the PQTS. This team is also responsible for setting the PQTS schedule, agenda, and facilitating the actual meetings.

In situations where sub-par performance indicates the need for intervention, the PQTS may consider several options including: providing technical assistance to the provider, placing an admission freeze on the

facility, requiring a written corrective action plan from the provider, amending or canceling the contractual relationship with the provider.



Office of Information Systems

Michael Bowie, Executive Director

The Department relies on technology to achieve its business goals. The Office of Information Systems (OIS) provides that technology, supporting more than 5,600 DCS computer users and sixty (60) applications. The primary application is the TNKids child welfare system, which helps the Department attain safety, permanency and well-being for those children who are in state custody, or at risk of entering custody, and their families. Requests for new projects are reviewed by the Department's Core Leadership Team to determine if the benefits justify the costs. Approved projects are forwarded to OIS, which is responsible for analysis, development or procurement, testing, implementation and ongoing support of all applications. The Data Quality Unit works with the regions to support conversion efforts and to ensure that key system data is timely and accurate.

OIS operates the DCS Help Desk, which provides telephone assistance to departmental computer users. OIS also has at least two employees in each region to provide technical and application support in the field. The Security Team controls access to the state network and DCS applications, while the Asset Management Team manages the distribution of computers and printers to DCS employees. OIS replaces the equipment every three to four years. Additionally, OIS provides records management services and processes all orders for voice telecommunication products and services.

TFACTS Project

OIS is currently in development of a major application designated TFACTS. The purpose and goal of the **Tennessee Family and Child Tracking System** is to create one electronic system that meets all the department's case management and child welfare needs. TFACTS will be driven by programmatic/case management needs rather than simply case tracking or data collection. The TFACTS electronic file will become the "official" client file and all information related to the child will be contained in the record. This will ultimately serve in the best interests of the children and families served by DCS, as records will no longer be scattered across agencies and regions.

The system is being designed to be federally SACWIS compliant and is expected to provide the following key benefits:

- a. Increased Worker Productivity
- b. Efficient Data Capture and Information Retrieval
- c. Better Matching of Scarce Resources to Exact Level of Need
- d. Single, Comprehensive View of the Child and Family
- e. Improved Relations / Communications with Community Partners & Providers
- f. Improved Child Welfare Program Management and Quality Assurance

- g. Improved Reporting Capabilities
- h. Improved System Support and Performance
- i. Automation and Integration of Financial Management Functions
- j. Elimination of Expenses Related to the Operation of Multiple Legacy Systems
- k. Increase Worker Productivity by Decreasing Time Spent on Paperwork
- l. Reduce Travel Expenditures by Leveraging Mobile Technology

- m. Increase Worker Productivity via System Access to Service Providers
- n. Reduce Overpayments Due to Eligibility Errors
- o. Increase Child Support (IV-D) Collections and Child Support Medical Orders
- p. Reduction Foster Care and Adoption Assistance Overpayments

TFACTS is scheduled to be implemented in 2010.



Office of Human Resource Development

William Haynes, *Executive Director*

The Office of Human Resource Development (HRD) includes the divisions of Diversity Initiatives, Human Resources, Training and Professional Development, and Volunteer Services. The Executive Director of HRD is also responsible for the activities of the Committee on Multi-Cultural Affairs, which was created in 2004 to act as a change agent for the Department in the area of cultural competency.

Diversity Initiatives

Steve Hovies, *Director*

The Division of Diversity Initiatives is responsible for agency activities related to EEO, Affirmative Action, and compliance with Titles VI, VII and IX of the Civil Rights Act of 1964 and developing the Title VI and IX Implementation Plans. Also the Division is responsible for Contract Compliance, Recruitment (Career/Job Fairs), Community Outreach, Training in EEO/Diversity and Support Division for the Committee on Multi-cultural Affairs. Diversity Initiatives handles employee complaints, often in cooperation with other units within the Department such as the Legislative and Constituent Services Division, Internal Affairs, Education or the Office of General Counsel.

Human Resources Division

Dezanne Russell, *Director*

Human Resources is responsible for managing all departmental personnel transactions, classification and compensation issues, recruitment and placement, insurance and employee relations. The specific areas administered by HR are listed below:

- Disciplinary Actions – Reviews and processes all disciplinary action across the state including: oral, written, suspension, disciplinary demotions and/or terminations.
- Benefits – Administers all medical, dental, life, and vision insurance, deferred compensation, 401K, 457K, etc. for all employees statewide.

- Transactions – Handles all transactions related to hiring, separating, promoting, transferring or demoting of employees statewide.
- Attendance and Leave – Handles all issues related to attendance and leave including sick, annual and compensatory leave accrual and use. Also deals with issues related to Family Medical Act Leave, Worker’s Compensation, Assault Injury, etc.
- Classification/Compensation – Processes all lateral, downward and upward reclassifications of positions, position establishments, equity increases, working out of class issues, pay differentials and position number changes statewide.
- Reporting – Creates reports for various key issues such as turnover, separations, appointments, job postings, vacancy report, etc. for the Department statewide.
- Personnel files – Drafts and administers procedures/protocols regarding the maintenance of personnel files and processes all requests for personnel file information in accordance with Tennessee state law and rules.

The Central Office Human Resources Office functions as the Human Resource office for the approximately 900 Central Office employees, as well as directing the HR work of the multiple local HR offices (13 Regional and 5 YDC) across the state. Central Office HR is also responsible for all direct interaction and communication with the Tennessee Department of Human Resources.

Professional Development and Training

Donna Johnson, Program Director

The Division of Professional Development and Training is responsible for ensuring that all DCS staff and resource parents are

trained and have opportunities for professional development. The Division of Professional Development and Training works in collaboration with the fourteen-member Tennessee Social Work Education Consortium to provide training opportunities for all staff and resource parents. This division also works in collaboration with the Tennessee Department of Human Resources as well as the Tennessee Department of Correction’s Training Academy to provide additional training opportunities to staff that are mandated statewide and/or are job specific.

This Division is responsible for identifying training needs, developing appropriate curricula, coordinating enrollment, and tracking staff attendance at training courses. An additional responsibility is the coordination of training with private service providers who contract with the DCS to ensure that their staff training is comparable to that of DCS staff.

Volunteer Services **Emily Brown, Director**

The State of Tennessee’s Department of Children’s Services is committed to strengthening and sustaining a viable and highly visible volunteer program to achieve better outcomes for children and their families. Community volunteers in partnership with DCS play a crucial role in providing support to our children and their families as well as to agency staff. They are critical to the department’s strategy of providing timely, appropriate and culturally responsive services to families in their neighborhood communities. The use of community volunteer programs enhances both the quality and quantity of all DCS services and programs to custodial and non-custodial children involved with DCS. Volunteers also play a vital role in providing support services to children who have been committed to the Department by the juvenile courts for delinquent offenses by assisting us

with promoting stability in their families----as DCS strives to reinstate delinquent youth through community-based treatment to repaired standing in their local areas. Our volunteers and mentors are also recruited to assist young adults in post-custody programs.

The Department of Children Services has developed a statewide community-based Volunteer support program with protocols and guidelines that not only govern the roles of the volunteers, interns, stipend-students, VISTA members and mentors, but understands the importance of “THE ASK”, which is our community partners sharing with DCS their vision of what is needed from and by the agency to serve our children and their families. And, thus, “THE LISTEN”, which entails

the Department both hearing and responding to “THE ASK.” The establishment of the Volunteer Services program with a Volunteer Coordinator in each one of our thirteen Regions, Five Youth Development Centers and ten Community Residential Programs [Group Homes for both boys and girls] has been implemented throughout the state as, One State, One Volunteer Program, which does not exclude the tailoring of programs for a community’s specific needs, but certainly affirms the Department commitment to working with our community partners, and our clear understanding that we cannot succeed with serving the best interest of and best practice for our children and their families without volunteers, mentors and community partners in this process.



Office of Finance and Program Support

Joe Holzmer, *Executive Director*

Fiscal Services

Expenditures

The Office of Finance and Program Support (OFPS) provides a comprehensive set of fiscal services including general accounting, accounts payable, financial planning, budgeting, revenue maximization, trust accounting, eligibility services, regional fiscal services, procurement, and facility support services. Supported through OFPS are an array of Child Welfare and Juvenile Justice programs.

In FY 2008, the Department of Children's Services managed a total of \$698,080,800 in budgeted resources. Figure one (1) summarizes these expenditures by category.

Resource Utilization

Administrative - \$56,895,600 (8.6%). Administrative expenditures cover DCS services provided by Central Office Administrative and Training, Protection and Prevention, and Juvenile Justice Divisions as well as administrative functions of the Offices for Communications, General Counsel, Performance and Quality Improvement, and a Blue Ribbon Team, all of which serve at the pleasure of the Commissioner, Deputy Commissioners, and Executive Directors.

Family Support Services - \$55,919,800 (6.0%). Family Support Services include purchase of non-custodial intervention/prevention services, family preservation services, family resource centers, regional family support services networks, community intervention grants, child abuse and sexual abuse prevention and counseling services, and juvenile justice prevention and intervention services.

Custody Services - \$215,511,900 (33.9%).

These expenditures cover residential contract services, individual resource home care and other custody support services, primarily to meet treatment needs and enhance reunification efforts.

Needs Assessment - \$7,254,000 (.7%). Needs Assessment expenditures represent payments for services directed to the Brian A. Class child in custody or in danger of coming into custody due to dependency, neglect, or abuse.

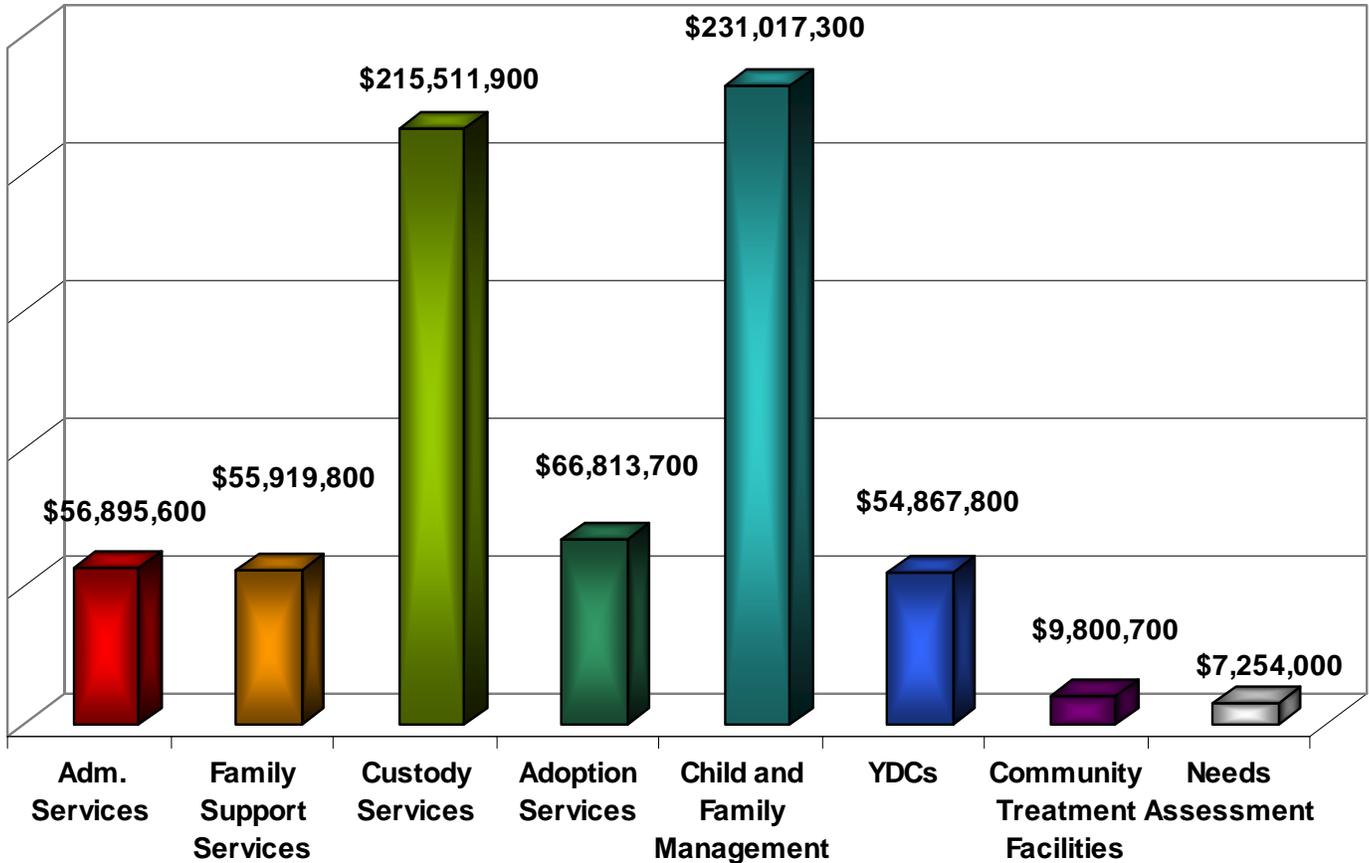
Adoption Services - \$66,813,700 (9.0%). Adoption Services expenditures represent payments for special needs adoption assistance, adoption recruitment and placement services, and pre and post adoption support services.

Child and Family Case Management - \$231,017,300 (32.6%). This category primarily represents expenditures for the thirteen (13) DCS regional offices and field staff providing case management services to custodial children, adoption services, non-custodial case management, and child protective services investigations.

Youth Development Centers - \$54,867,800 (7.8%). These are expenditures for the operation of the Department's five (5) secure Youth Development Centers for delinquent youth (Mountain View, New Visions, Taft, Wilder, and Woodland Hills).

Community Treatment Centers - \$9,800,700 (1.4%). Expenditures for Community Treatment Centers provide for the operation of the Department's ten (10) group homes and a residential observation and assessment center for delinquent youth.

Figure 1: Expenditures for Fiscal Year July 1, 2007 – June 30, 2008.



Revenue

Figure two (2) illustrates the sources of funding for the department in 2008. State appropriations of \$362,087,700 made up 51.95% of total funding. The major funding sources were Education (\$8,387,200 or 1.2%), Child Support (\$2,718,400 or .39%), Federal Title IV-B (\$20,297,500 or 2.91%), Federal Title IV-E (\$75,454,500 or 10.81%), and Federal Social Services Block Grants (\$26,469,800 or 3.79%). TennCare funds equaling \$193,843,100 represented 27.77% of all funding. The remaining \$8,256,700 which represented 1.18% of expenditures came from other sources.

Educational funds represent a combination of formulary interdepartmental state and federal dollars.

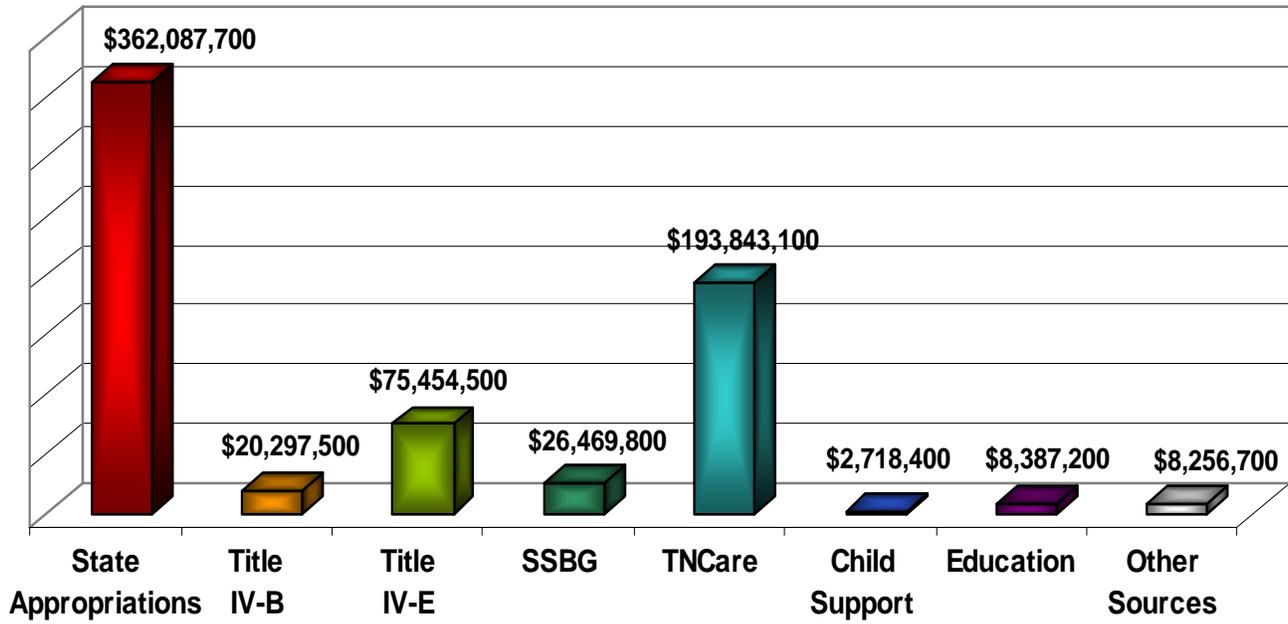
Title IV-E is a federal entitlement program.

Federal guidelines require that DCS earn reimbursement based upon eligibility criteria for each child served. TennCare is a managed care waiver through which Tennessee operates its Medicaid program.

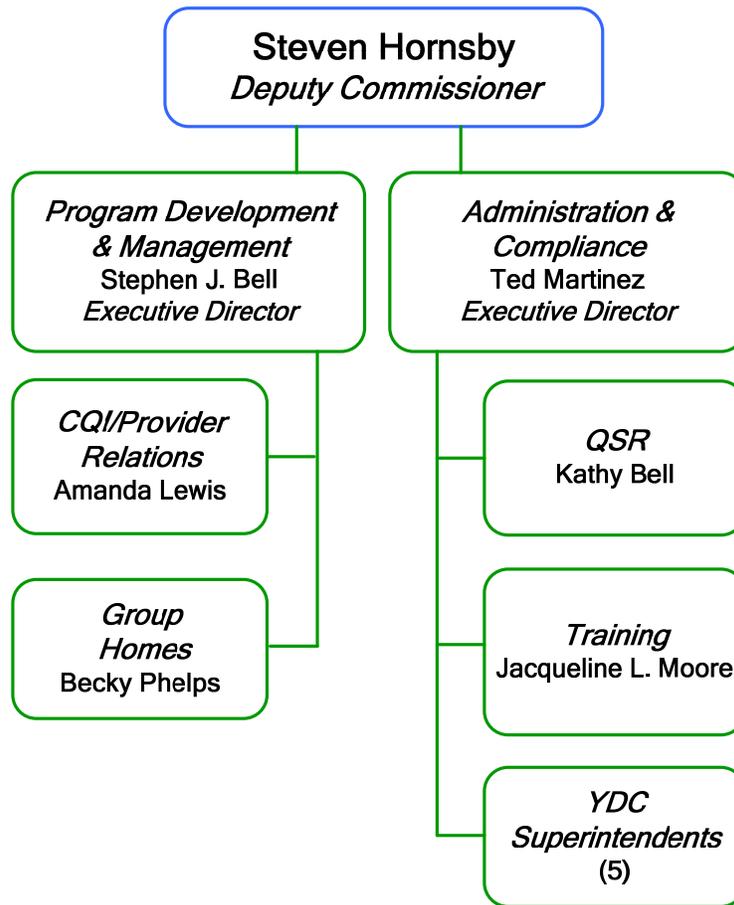
TennCare functions as a capped health care entitlement program. Reimbursement earned by DCS is also based upon eligibility criteria for each child served. TennCare funds are used to reimburse treatment and administration, while Title IV-E funds reimburse maintenance and care of children in foster care and adoption assistance, training, and administration.

Title IV-B and the Social Services Block Grant are set dollar allocations based upon the state's percentage of the national allotment and are used, in part, to reimburse the State for child welfare services provided to children and families.

Figure 2: Revenue for Fiscal Year July 1, 2007 – June 30, 2008.



Juvenile Justice



Division of Juvenile Justice Steven Hornsby, Executive Director

The Division of Juvenile Justice (DJJ) was created by an act of the legislature during the 2006 legislative session to coordinate statewide services to adjudicated delinquent youth and their families. The Division's programs consist of probation and aftercare services, five (5) Youth Development Centers serving youth with more serious delinquent offenses, ten (10) community based group homes serving youth with less serious offenses, a residential treatment facility for developmentally challenged youth, and an observation and assessment center. The Division of Juvenile Justice, including staff in all thirteen (13) DCS regions and its residential facilities, serves approximately nine thousand (9,000) youth annually. Non-custodial services include probation and aftercare supervision and monitoring, family engagement and resource linkage.

Fiscal Year 2007 - 2008 has seen a number of new initiatives begin to take shape:

- Statewide implementation of the Youth Level of Service/Case Management Inventory (YLS-CMI), a comprehensive assessment instrument for delinquent youth has been completed. The YLS-CMI is a research-based instrument that will allow family service workers to very effectively assess the specific criminogenic factors in a child's life that contribute to delinquency. It also identifies protective factors that can be put in place to reduce the chance of reoffending. Use of the YLS/CMI will greatly improve case management practices, placement decisions and the child's progress through the system.
- Standardizing services and programs within residential facilities. Our youth in state facilities deserve to receive the best in residential care regardless of where they may be placed. Basic programming, education and treatment should share a common philosophy and application. A uniform approach allows for program portability should a change in placement be necessary. This provides a measure of assurance that moving to a new facility will not delay the youth's progress. Specialized programs for special needs youth will remain as well.
- Thirteen (13) regional juvenile justice coordinators were added to serve as regional "experts" to ensure that regional practices reflect current national models. Probation, custodial and aftercare services will be monitored, data will be analyzed and reports made to regional and central office leadership. These positions will be stationed in the regional offices but will report to Central Office.
- Balanced and Restorative Justice (BARJ) is a promising concept that promotes individual accountability, community

responsibility and motivational change. Two pilot sites – Northeast Tennessee and West Tennessee – have been identified and training is underway.

- Evidence-based Programming – Public Chapter 585 mandates by fiscal year 2012-2013, 100% of funds shall be spent on evidence-based programs. DCS, in conjunction with TCCY, AOC, and TACC shall determine which of its current programs are evidence-based, research-based, or theory-based and has to submit a report to the Governor and General Assembly by January 1, 2009. DJJ will be reviewing all contracted services (including grantees and in-house services). DJJ will be working in conjunction with a contractor to analyze data to complete the report that is due January 1, 2009. We will be reviewing all programs on several areas, including (but not limited to): treatment modalities, "dosage" of treatment, and duration. We will also begin implementing treatment based on aggression replacement therapy techniques with all of our DCS facilities.

Office of Program Development and Management

J. Stephen Bell, *Executive Director*

Community Intervention Services (CIS)

Creating a system of improved graduated sanctions in all Tennessee counties is an important DJJ goal. The CIS grants have allowed for the expansion of graduated sanctions in the counties where they exist. The CIS programs are community-based programs providing intensive probation services for delinquent youth and their families. The Division of Juvenile Justice supervises seven (7) service providers across the state providing intensive probation services in thirty-eight (38) counties. The CIS programs serve youth who would most likely otherwise enter state custody due to their delinquent behavior.

Community Residential Programs

The Division of Juvenile Justice operates ten (10) community residential programs located throughout the state. Each residential program has a capacity of eight (8) youth. The facilities are designed as minimum security facilities and youth are carefully assessed and evaluated prior to placement. The community residential programs focus on providing a structured program of education, work experience, counseling, and community service. Each youth has an Individual Program Plan intended to help guide the youth toward total re-integration into their home community and family.

Intensive Aftercare Programs

DJJ contracts with three (3) private agencies to provide intensive aftercare supervision programs. Services have been expanded to include the Knox, East, Davidson regions, and Madison County of the Southwest region. The Exit Program serves the Knox and East regions and is administered by the Helen Ross McNabb Mental Health Center. The Reunion Program, administered by the Quinco Mental Health Center, is located in Jackson, Tennessee and serves Madison County. The Youth Villages Intercept Program provides intensive aftercare services in the Davidson region. All programs begin while a youth is incarcerated in a Youth Development Center. We continue to support the youth upon their return home. Agency staff members act as liaisons with educational programs, employment programs, and facilitate the delivery of other services including mental health services. The primary goal of the intensive aftercare program is to decrease the number of youth re-entering the juvenile justice system.

Juvenile Court Grants

DJJ provides funding for twenty two (22) juvenile court based grant programs. Funding is for programs addressing youth that are at high risk of entering the juvenile justice system. Funding is in three (3) major areas: custody prevention, truancy prevention, and

the provision of child and family intervention services.

Office of Administration and Compliance

Ted Martinez, *Executive Director*

Quality Service Reviews

A Quality Service Review (QSR) is conducted annually in each of the 13 regions across the state. Cases are selected through a stratified random sample which does not always include representation from the five youth centers. Therefore, it was decided to conduct these reviews at each youth center. Instead of the Family Service Worker being the responsible party it is the Youth Center's Case Manager.

QSR is a case based learning process that provides a way of knowing what is working or not working in practice and why. The process also examines the impact of systemic factors and the way in which they affect what is working/not working.

Training was done the first year (summer of 2007) with supervisory staff and case management staff prior to the QSR and we continue to do training with the youth centers. The plan is to continue with these QSRs because we have seen a positive change in how the youth centers see their role in the process of assisting youth and families with positive outcomes, thereby reducing recidivism.

The purpose of QSR is to improve services for children/youth and families by helping staff understand how practice principles impact outcomes. The findings provide a basis for organizing a conversation with staff and community stakeholders (providers, courts, resource parents, etc...) on how to build on strengths and improve practice. Two reviewers are paired on each case. At least one will be a certified QSR reviewer. Reviewers are certified through classroom

training and through skills demonstration. This builds reliability between reviewers. Certified reviewers are from the following agencies: DCS, TCCY, TCCW, and CWPPG.

What are reviewers assessing?

- There are 22 indicators in the QSR protocol.
- 11 indicators are focused on child and family status. This includes safety, well-being, family functioning, satisfaction, caregiver functioning, etc.
- 11 indicators focus on system performance including engagement, teamwork, assessment, planning implementation, tracking, etc.

What time frame is being assessed?

- Reviewers assess the current 30 day window in relation to the child/family status indicators.
- For system performance, the reviewers are looking at the current 90 day period.
- If a transition is imminent, reviewers will additionally look at the steps to be completed in the next 90 days.
- Reviewers also look for patterns of progress which factors in the past 6 months or since the entry if the child has been in care less than that.
- Reviewers also project a 6 month forecast. It projects that if the case continued in its present pattern would it improve, stay the same or would the status decline.
- Stability is the only indicator that is assessed through a 12 month period.

What is “duration of function”?

- The time frames in which acceptable conditions have been sustained.
- For acceptable indicators one would expect positive conditions to be present for the following lengths of time:

- ◇ Optimal status(6): 6 months or more
- ◇ Substantially Acceptable(5): 3-6 months
- ◇ Fair/Minimally Acceptable(4): 30-90 days
- ◇ Minimally Unacceptable(3)
- ◇ Unacceptable(2)
- ◇ Completely Unacceptable(1)

Youth Development Centers (YDCs)

DJJ operates five (5) YDCs. Each YDC is a hardware secure residential facility that provides treatment for delinquent youth ages 13 thru 18. Upon admission, each youth receives a comprehensive assessment from which an Individualized Program Plan is developed. Within the context of a behavioral management program, each YDC provides special and regular education, GED preparation, pre-vocational education, medical and dental services, recreational programs, and programs to help youth develop independent living skills. Specialty services include therapy for a broad range of needs, alcohol and drug treatment, and speech therapy.

The DJJ Youth Development Centers are:

- Mountain View Youth Development Center
809 Peal Lane
Dandridge, TN 37725
- New Visions Youth Development Center
3981 Stewarts Lane
Nashville, TN 37218
- Taft Youth Development Center
900 State Route 301
Pikeville, TN 37367
- Wilder Youth Development Center
13807 Highway 59
Post Office Box 639
Somerville, TN 38068
- Woodland Hills Youth Development Center
3965 Stewarts Lane
Nashville, TN 37243

Victim's Assistance Program

The Victim's Assistance Program provides notification to individuals who make a formal request for information regarding the release of juvenile offenders from DJJ facilities and other contract facilities or programs. The Victim's Assistance Program also works with local and statewide victim's service organizations in order to educate the individual victims and the general public about the DJJ release process. The Program maintains a registry of organizations in Tennessee that provide services and advocacy for victims of crime.

Special Population Unit

The Special Population Unit (SPU) assists with and supports timely and correct level referral, based on current functioning, for youth adjudicated delinquent proposed to be placed at the following statewide facilities:

- First Hospital Corporation (FHC) in Chattanooga.
- Peabody Residential Treatment Center (PRTC).
- Observation and Assessment Center

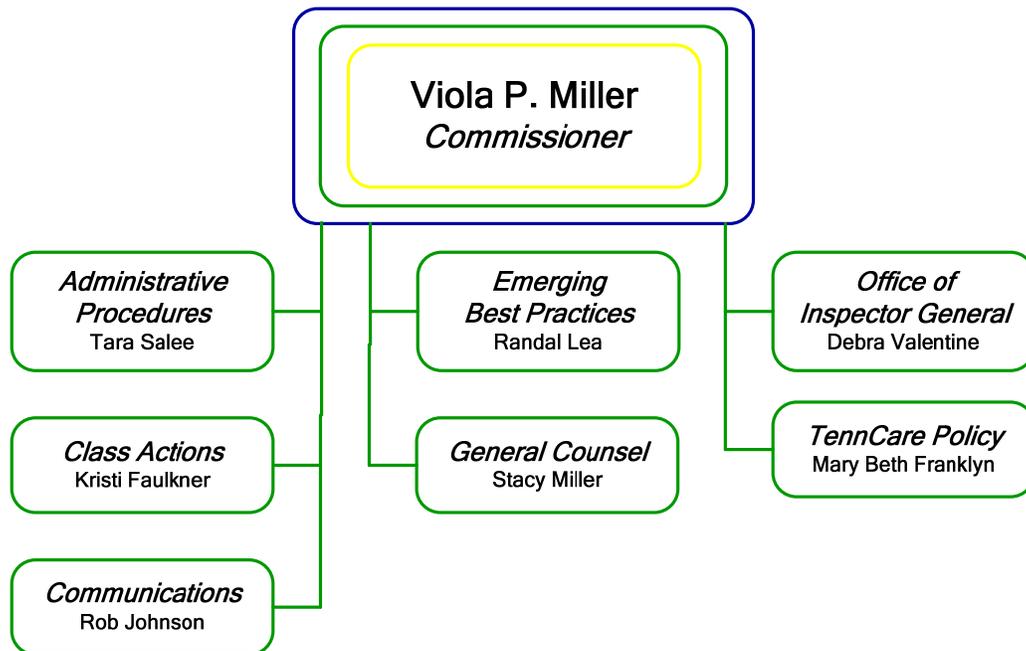
The Special Population Unit supports coordination of departmental emergency and standard mental health transfers between the Department of Mental Health and Developmental Disabilities and DCS to the regional mental health facility. SPU staff duties include performing services designed to identify placement trends and supports for youth placed in YDC on waivers identified with special service needs.

SPU responsibilities include:

- Participation in Special Service Staffing for the mildly mentally retarded population and transfer hearing for mental health population at YDC.
- Provision of technical assistance and staff consultation for staff who address special population needs.
- Working closely with the Division of Mental Retardation Services (DMRS) to ensure timely coordination and transition from DCS to adult services in DMRS.
- Supporting COA accreditation efforts for Peabody (Residential Treatment) and Observation and Assessment (O&A) (Short-term Diagnostic Center).



Others Reporting Directly to the Commissioner



Administrative Procedures Tara Sallee

The Administrative Procedures Division is made up of three attorneys who sit as Administrative Judges/Hearing Officers, an Administrative Services Assistant II and a Secretary. The Administrative Procedures Division is responsible for all hearings and appeals of the Department's contested cases governed by the Uniform Administrative Procedures Act. The Administrative Procedures Division, staff also sit as the Commissioner's Designees in employee grievance hearings governed by the Rules and Regulations of the Tennessee Department of Human Resources.

Tara L. Sallee, Attorney IV, handles cases in the regions of Davidson, Mid Cumberland, Upper Cumberland and Hamilton. Carol Marcum, Attorney III, handles cases in the regions of Knoxville, East, Smokey Mountain, Northeast and Southeast. Brent Rose, Attorney III, handles cases in the regions of Shelby, Southwest, Northwest and South Central. Lisa Myers, Administrative Services Assistant II, and Carla Murell, Secretary, provide support for all three attorneys.

This office provides the general public an opportunity to appeal and have a fair hearing on issues related to denial, reduction or termination of adoption assistance; the denial of access to closed adoption records; the removal of foster children from resource homes after more than twelve (12) months of residency in a particular resource home; and due process proceedings for release of records regarding perpetrators of child abuse and neglect. The Administrative Procedures Division also conducts hearings to address employee disciplinary actions and grievances and conducts reviews of performance evaluations and written warnings as defined by state law and the Tennessee Department of Human Resources.

Class Actions

Kristi Faulkner—*Legal Counsel*

This specialized legal counsel role provides legal advice and counsel to the Commissioner, Core Leadership Team, and Program Directors regarding compliance with departmental consent decrees.

The duties include:

- Assisting in development of exit strategies.
- Communicating and coordinating with Governor's legal counsel, Attorney General's office, and outside counsel on litigation activities or other consent decree matters.
- Providing training as requested to promote understanding and implementation of the Department's consent decree requirements.
- Reviewing and assisting with preparation of documents for court submission
- Reviewing consent decree-related policies and contracts to ensure compliance with court orders.



Communications

Rob Johnson

The Communications Office serves as the public face of the Department of Children's Services.

The three-person Communications Office is the first place that the press, researchers, and the public turn to find information and answers.

The Communications Office serves as an internal clearinghouse working closely with the web developers in the Office of Information Systems.



Emerging Best Practices

Randal Lea—*Assistant Commissioner*

Working across divisions and disciplines, this Unit places its focus on quality provision of services in the public and private sector, and incorporation into the private sector of any issue relating to permanency, safety, and well-being. Mr Lea is actively working with the Juvenile Justice Division to assist with the inclusion of Evidence Based Practices to all Juvenile Justice programs provided or contracted by the state. He also is working with the Children's Mental Health Council created by public chapter 1062 to move Tennessee toward a system of care

based mental health system for children. Mr. Lea represents the Department on the Steering Panel for the Governor's Office of Children's Care Coordination, Tennessee Association of Mental Health Organizations, Child Welfare League of America, and serves on the advisory boards of OnCourse Education Collaborative and Tennessee Voices for Children.



General Counsel Stacy Miller

This office provides legal advice and counsel to the Commissioner and the Department's employees. There are seventy-four (74) attorneys, thirteen (13) legal assistants and twenty-eight (28) support staff who staff the Office of General Counsel. We have an office in Central Office and several field offices across the state. One attorney in each of the thirteen (13) DCS regions specializes in educational issues faced by children in state custody.



Office of Inspector General Debra Valentine, Executive Director

In March 2004, Commissioner Viola Miller established at DCS, the first Office of Inspector General (OIG) among Tennessee State Government agencies. This Office currently has oversight of agency investigations and compliance audits, all of which support departmental initiatives for child safety and quality service delivery to children and families in the State of Tennessee.

The DCS Office of Inspector General is currently responsible for conducting agency audits for risk management and compliance with state and federal policy. It also conducts investigations of public complaints and allegations of employee misconduct by malfeasance, misfeasance, and fraud. The OIG also maintains a direct connection with the National Crime Information Center for criminal background investigations surrounding the emergency placement of children. Additionally, an Absconder Recovery Program aids in the prevention, location and apprehension of custody children who runaway from placements.

Within the OIG, there are three Division Units that perform specialized functions in accordance with their area of expertise. They are: *Internal Audit*, *Internal Affairs*, and *Legislative and Constituent Services*.

Internal Audit Vivian Bollinger, Director

The Division of Internal Audit provides independent and objective audits and assessments of the Department's activities, opera-

tions, financial systems, and internal controls to ensure that the resources entrusted to the Department are used efficiently, effectively, and properly. All audits are performed to ensure compliance with Departmental policies and procedures, accounting standards,

and state and federal laws and regulations. The Division of Internal Audit provides management with recommendations and suggestions to improve internal controls.

Internal Audit provides management with advice on whether the DCS Risk Management Plan is operating efficiently, effectively, and in accordance with law and regulations. The division receives, tracks, and summarizes reporting to the Department of Finance and Administration, external auditors, and the Council on Accreditation for risk assessment and planning.

Internal Audit is the liaison with the Comptroller's Office for reporting allegations Fraud, Waste, and Abuse. The division also coordinates requests to the Department from external auditors.

Internal Affairs

David Shoemaker, Director

The Internal Affairs Division (IAD) is divided into three major areas of responsibility:

- Conducting fair, impartial, prompt and professional investigations of a confidential administrative nature dealing with misconduct within the Department of Children's Services. In addition, IAD serves as the primary liaison with local, state and federal law enforcement agencies.
- The Absconder Recovery Program that facilitates the apprehension of custody children who abscond from approved placements. This is accomplished through a close liaison with law enforcement and DCS agencies across the state.

- The processing of background information on employees, foster/adoptive parents, contract agency employees, and volunteers. This includes a connection with the Tennessee Information Enforcement System (TIES) to facilitate background information for the emergency placement of children.

Legislative and Constituent Services – (LCS)

Tammy Feldman, Director

The Legislative and Constituent Services Unit (LCS) listens to concerns, answers questions and addresses a variety of problems for the benefit of children each year. The LCS Unit also responds to executive and legislative inquiries as well as inquiries from both private and public sources. The LCS Unit conducts investigative research and serves as an internal/external liaison and agency representative. The LCS Unit works diligently with DCS Regional and Central Office staff on these inquiries.

The purpose of the Legislative and Constituent Services (LCS) Unit is to review and respond to concerns of and/or inquiries by clients, parents, foster and adoptive parents, advocates, legislators, and other concerned citizens regarding all areas within DCS, such as child protective services, foster care, adoption, agency programs, DCS policies and procedures or service delivery.

The LCS Unit provides objective and neutral analysis of data, while maintaining confidentiality and working cooperatively with others. The LCS Unit is focused on providing timely, thorough, and accurate responses to inquiries and complaints that come into the Department.



TennCare Policy

Mary Beth Franklyn—*Director*

The DCS TennCare Services Director Programming Unit serves as the liaison with the Bureau of TennCare, coordinates with TennCare managed care companies assigned to provide services for DCS children, and provides support for all DCS program areas regarding TennCare matters.

TennCare funding supports DCS case management activities and residential and continuum services. Virtually all of the children in state custody will qualify for TennCare, and obtain medical and behavioral health services through the managed care networks.

The DCS TennCare Services Director meets regularly with the managed care companies serving children in and at risk of custody to develop processes to enhance access to TennCare services for these children. The managed care companies serving children in custody have provided specific customer service phone numbers to assist DCS staff with the children served by DCS, as well as medical case management, special reports, transition specialists, and inpatient psychiatric care coordination.

Quarterly reports are provided to the Bureau of TennCare regarding DCS TennCare activities, which include eligibility, outreach, and percentages of EPSDT screening appointments met. In addition, the director coordinates the reporting required under the Grier and John B. class action lawsuits.

Technical assistance regarding TennCare is provided to the DCS regional Well-Being Units through telephone conferences, meetings, trainings, and educational materials. Information about accessing TennCare services is developed and provided to family service workers, foster parents, and DCS providers through meetings, newsletters, and the internet.



Map of Regions

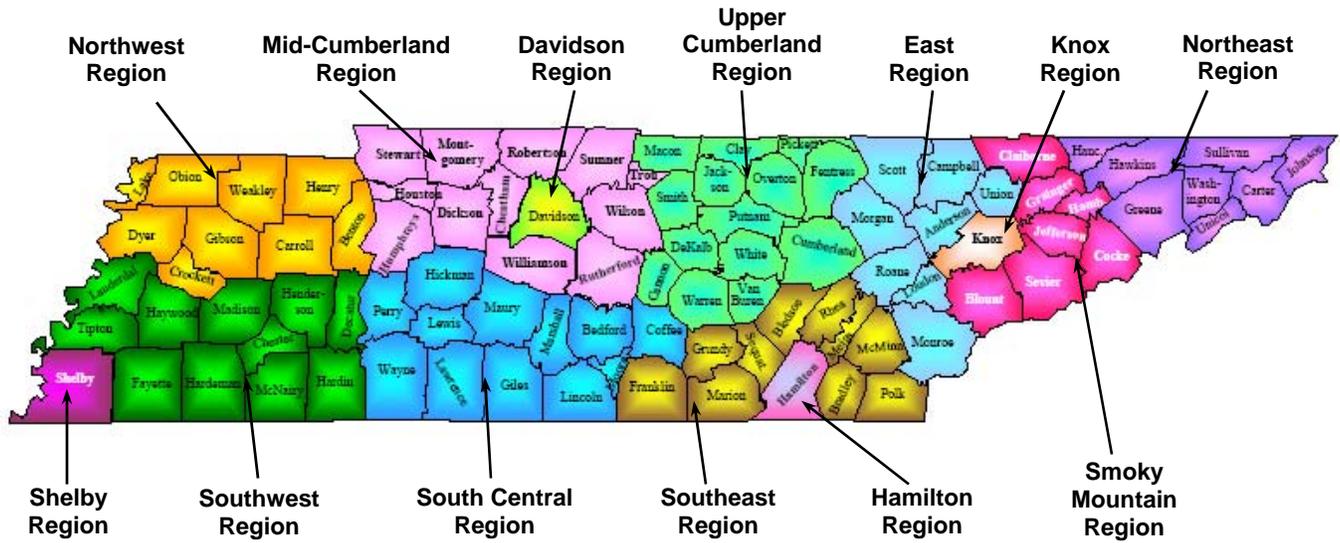
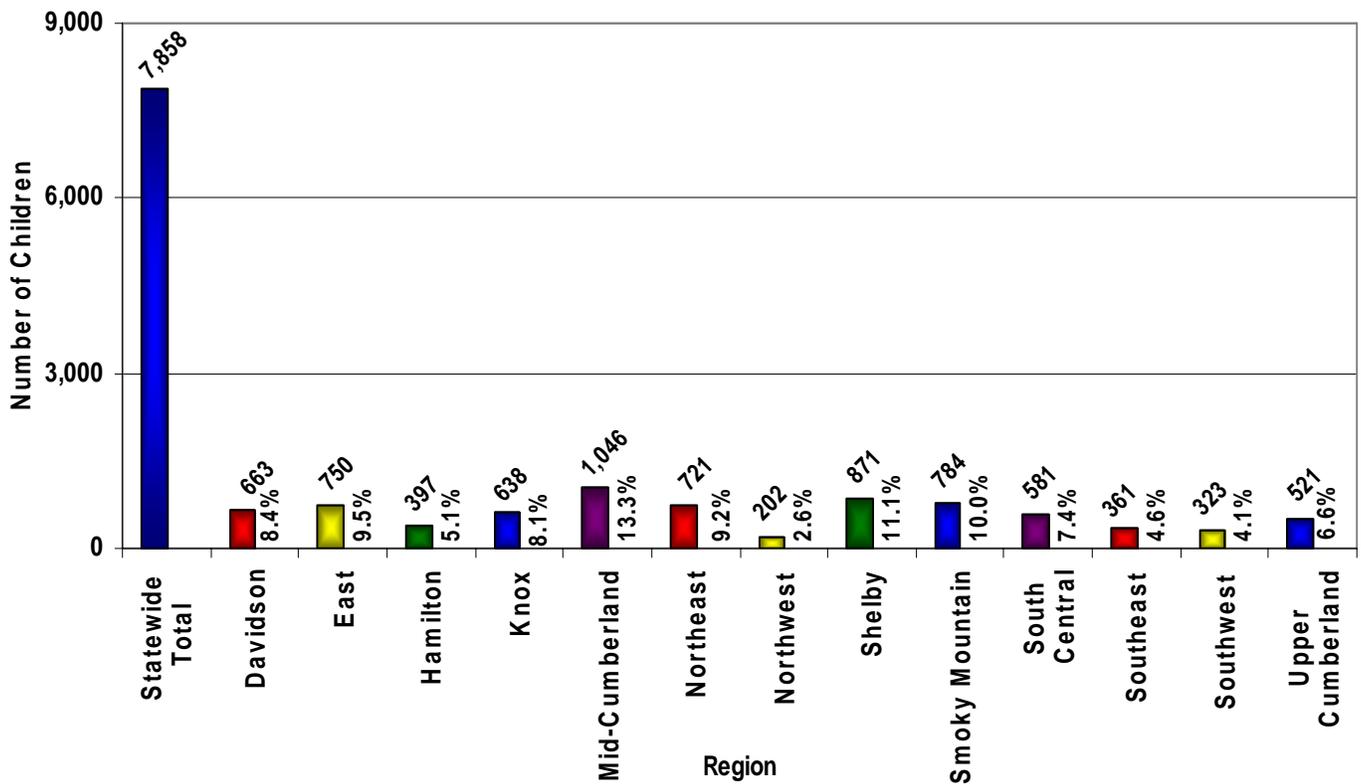


Figure 3: Number of Children in Custody by Region as of June 30, 2008.



Departmental Data

Table 3: Children Entering and Exiting Custody by County of Commitment FY08

County of Commitment	2008 Population Projections Age under 19 *	Commitment Rate (per 1,000 Age 0-19)	Entering by Adjudication			Total Number Entering	Total Number Exiting	Net Change (+/-)
			Delinquent	Dependent/ Neglected	Unruly			
Anderson	18,067	17.3	35	268	10	313	246	67
Bedford	12,927	5.3	33	36	0	69	76	(7)
Benton	3,760	2.4	6	3	0	9	23	(14)
Bledsoe	3,178	3.1	10	0	0	10	9	1
Blount	29,512	3.9	11	104	0	115	144	(29)
Bradley	24,679	3.2	12	67	0	79	95	(16)
Campbell	9,984	5.0	6	43	1	50	71	(21)
Cannon	3,535	3.1	4	7	0	11	18	(7)
Carroll	7,233	1.4	4	6	0	10	28	(18)
Carter	13,478	2.2	10	18	2	30	53	(23)
Cheatham	11,059	1.5	11	5	1	17	26	(9)
Chester	4,517	1.3	1	5	0	6	4	2
Claiborne	7,790	8.0	6	56	0	62	61	1
Clay	1,911	4.2	8	0	0	8	8	0
Cocke	8,712	14.2	23	100	1	124	136	(12)
Coffee	14,005	6.3	17	65	6	88	81	7
Crockett	3,938	1.0	1	3	0	4	5	(1)
Cumberland	11,954	5.1	15	39	7	61	52	9
Davidson	151,550	3.4	136	374	2	512	823	(311)
Decatur	2,637	3.8	4	6	0	10	11	(1)
DeKalb	4,716	6.8	10	20	2	32	32	0
Dickson	13,354	7.9	30	74	1	105	124	(19)
Dyer	10,427	1.4	5	9	1	15	26	(11)
Fayette	9,760	0.9	6	3	0	9	11	(2)
Fentress	4,492	5.6	4	20	1	25	24	1
Franklin	10,476	9.3	30	66	1	97	85	12
Gibson	12,633	6.1	30	43	4	77	87	(10)
Giles	7,432	5.4	27	8	5	40	52	(12)
Grainger	5,602	10.5	1	58	0	59	52	7
Greene	16,016	8.1	39	79	11	129	127	2
Grundy	3,939	2.3	2	6	1	9	19	(10)

Table 3 Continued

County of Commitment	2008 Population Projections Age under 19 *	Commitment Rate (per 1,000 Age 0-19)	Entering by Adjudication			Total Number Entering	Total Number Exiting	Net Change (+/-)
			Delinquent	Dependent/Neglected	Unruly			
Hamblen	15,974	7.3	22	91	3	116	107	9
Hamilton	77,933	3.6	102	171	4	277	262	15
Hancock	1,638	11.0	3	10	5	18	16	2
Hardeman	7,179	6.8	27	22	0	49	61	(12)
Hardin	6,388	2.2	4	10	0	14	23	(9)
Hawkins	14,189	7.9	28	68	16	112	80	32
Haywood	5,684	4.4	20	5	0	25	46	(21)
Henderson	7,100	3.9	9	15	4	28	42	(14)
Henry	7,650	3.9	7	23	0	30	29	1
Hickman	6,378	6.4	9	30	2	41	38	3
Houston	2,188	0.5	1	0	0	1	1	0
Humphreys	4,731	8.9	6	31	5	42	48	(6)
Jackson	2,599	8.5	5	15	2	22	10	12
Jefferson	12,746	7.5	13	81	2	96	87	9
Johnson	3,727	7.8	9	20	0	29	20	9
Knox	105,115	4.7	71	425	1	497	412	85
Lake	1,530	5.9	4	5	0	9	9	0
Lauderdale	7,307	4.4	22	10	0	32	47	(15)
Lawrence	11,442	5.6	5	55	4	64	47	17
Lewis	3,212	2.2	7	0	0	7	11	(4)
Lincoln	8,467	6.4	17	37	0	54	45	9
Loudon	10,554	4.1	5	38	0	43	45	(2)
Macon	6,020	6.8	10	29	2	41	33	8
Madison	27,216	3.4	43	47	3	93	106	(13)
Marion	6,935	2.3	5	11	0	16	31	(15)
Marshall	7,880	5.1	19	19	2	40	35	5
Maury	21,714	2.8	15	39	7	61	57	4
McMinn	13,718	4.8	19	44	3	66	51	15
McNairy	6,804	1.8	4	8	0	12	18	(6)
Meigs	3,137	4.5	3	10	1	14	11	3
Monroe	12,045	4.8	12	46	0	58	54	4
Montgomery	46,393	4.1	60	127	4	191	251	(60)
Moore	1,478	2.0	1	2	0	3	3	0
Morgan	4,838	3.1	15	0	0	15	17	(2)

Table 3 Continued

County of Commitment	2008 Population Projections Age under 19 *	Commitment Rate (per 1,000 Age 0-19)	Entering by Adjudication			Total Number Entering	Total Number Exiting	Net Change (+/-)
			Delinquent	Dependent/Neglected	Unruly			
Obion	8,307	1.6	8	5	0	13	16	(3)
Overton	5,195	5.6	2	24	3	29	29	0
Perry	1,962	2.5	5	0	0	5	8	(3)
Pickett	1,118		0	0	0		3	
Polk	4,008	4.0	2	14	0	16	31	(15)
Putnam	18,026	3.8	12	55	2	69	60	9
Rhea	7,887	1.9	3	10	2	15	10	5
Roane	12,628	6.4	8	73	0	81	89	(8)
Robertson	17,909	4.0	37	26	9	72	65	7
Rutherford	67,706	2.9	14	178	2	194	228	(34)
Scott	6,212	8.5	3	49	1	53	44	9
Sequatchie	3,498	4.6	5	8	3	16	16	0
Sevier	20,301	4.8	18	79	0	97	145	(48)
Shelby	277,861	2.5	80	614	0	694	748	(54)
Smith	5,045	6.9	6	26	3	35	33	2
Stewart	3,409	7.0	5	18	1	24	28	(4)
Sullivan	35,490	6.8	77	152	13	242	267	(25)
Sumner	41,647	5.2	88	115	13	216	190	26
Tipton	17,039	1.6	14	14	0	28	37	(9)
Trousdale	2,040	2.0	3	1	0	4	13	(9)
Unicoi	3,945	7.6	16	12	2	30	32	(2)
Union	5,248	12.6	5	60	1	66	49	17
Van Buren	1,332	9.8	11	2	0	13	9	4
Warren	10,657	5.9	14	45	4	63	87	(24)
Washington	27,637	4.3	64	49	5	118	118	0
Wayne	3,750	3.7	3	11	0	14	8	6
Weakley	8,841	6.3	10	42	4	56	59	(3)
White	6,268	5.1	15	16	1	32	34	(2)
Williamson	47,802	1.8	27	47	13	87	91	(4)
Wilson	29,099	2.7	33	40	7	80	103	(23)
Total	1,627,049	4.2	1727	4920	216	6863	7412	(549)

*2008 Population Projections Age under 19 taken from Tennessee Department of Health Population Projections 2000-2010. TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Table 4: Children Remaining in Custody by County of Commitment on June 30, 2008

County of Commitment	Adjudication						Total
	Delinquent		Dependent/Neglected		Unruly		
	Number	Percent	Number	Percent	Number	Percent	
Anderson	63	16%	314	82%	6	2%	383
Bedford	29	45%	34	53%	1	2%	64
Benton	8	53%	7	47%	0	0%	15
Bledsoe	1	6%	15	88%	1	6%	17
Blount	10	6%	170	94%	0	0%	180
Bradley	16	14%	99	86%	0	0%	115
Campbell	8	11%	63	89%	0	0%	71
Cannon	2	22%	7	78%	0	0%	9
Carroll	5	42%	7	58%	0	0%	12
Carter	8	16%	41	82%	1	2%	50
Cheatham	10	36%	18	64%	0	0%	28
Chester	1	14%	6	86%	0	0%	7
Claiborne	4	7%	53	93%	0	0%	57
Clay	8	100%	0	0%	0	0%	8
Cocke	20	14%	122	85%	2	1%	144
Coffee	28	22%	92	72%	8	6%	128
Crockett	2	100%	0	0%	0	0%	2
Cumberland	14	20%	51	72%	6	8%	71
Davidson	195	30%	444	69%	3	0%	642
Decatur	4	31%	9	69%	0	0%	13
DeKalb	7	21%	26	76%	1	3%	34
Dickson	38	31%	81	67%	2	2%	121
Dyer	5	56%	3	33%	1	11%	9
Fayette	4	80%	1	20%	0	0%	5
Fentress	4	14%	22	79%	2	7%	28
Franklin	24	41%	33	57%	1	2%	58
Gibson	26	33%	50	63%	3	4%	79
Giles	23	72%	6	19%	3	9%	32
Grainger	2	5%	37	95%	0	0%	39
Greene	44	27%	103	62%	18	11%	165
Grundy	6	100%	0	0%	0	0%	6
Hamblen	29	20%	115	78%	3	2%	147
Hamilton	131	33%	262	66%	3	1%	396
Hancock	2	20%	4	40%	4	40%	10
Hardeman	27	53%	24	47%	0	0%	51
Hardin	2	17%	10	83%	0	0%	12
Hawkins	18	18%	68	69%	13	13%	99

Table 4 Continued

County of Commitment	Adjudication						Total
	Delinquent		Dependent/Neglected		Unruly		
	Number	Percent	Number	Percent	Number	Percent	
Haywood	15	48%	16	52%	0	0%	31
Henderson	8	42%	10	53%	1	5%	19
Henry	7	24%	22	76%	0	0%	29
Hickman	5	17%	24	80%	1	3%	30
Houston	2	29%	5	71%	0	0%	7
Humphreys	7	20%	24	69%	4	11%	35
Jackson	3	14%	17	77%	2	9%	22
Jefferson	12	12%	83	84%	4	4%	99
Johnson	7	32%	14	64%	1	5%	22
Knox	78	12%	552	87%	1	0%	631
Lake	1	25%	2	50%	1	25%	4
Lauderdale	20	61%	13	39%	0	0%	33
Lawrence	6	7%	79	88%	5	6%	90
Lewis	6	100%	0	0%	0	0%	6
Lincoln	9	18%	40	82%	0	0%	49
Loudon	4	13%	26	87%	0	0%	30
Macon	10	18%	44	79%	2	4%	56
Madison	43	41%	61	58%	2	2%	106
Marion	3	21%	10	71%	1	7%	14
Marshall	21	46%	22	48%	3	7%	46
Maury	17	16%	80	73%	12	11%	109
McMinn	23	28%	58	70%	2	2%	83
McNairy	3	38%	5	63%	0	0%	8
Meigs	3	16%	14	74%	2	11%	19
Monroe	12	14%	76	86%	0	0%	88
Montgomery	58	28%	143	69%	5	2%	206
Moore	3	100%	0	0%	0	0%	3
Morgan	13	100%	0	0%	0	0%	13
Obion	9	64%	5	36%	0	0%	14
Overton	1	4%	23	92%	1	4%	25
Perry	2	14%	12	86%	0	0%	14
Pickett	1	14%	6	86%	0	0%	7
Polk	2	33%	4	67%	0	0%	6
Putnam	12	13%	74	83%	3	3%	89
Rhea	2	8%	21	84%	2	8%	25
Roane	10	14%	60	85%	1	1%	71
Robertson	31	46%	29	43%	7	10%	67

Table 4 Continued

County of Commitment	Adjudication						Total
	Delinquent		Dependent/Neglected		Unruly		
	Number	Percent	Number	Percent	Number	Percent	
Rutherford	19	10%	162	89%	1	1%	182
Scott	3	6%	44	94%	0	0%	47
Sequatchie	4	29%	8	57%	2	14%	14
Sevier	27	22%	98	78%	0	0%	125
Shelby	110	13%	753	87%	2	0%	865
Smith	6	12%	43	83%	3	6%	52
Stewart	1	7%	12	86%	1	7%	14
Sullivan	54	23%	171	73%	9	4%	234
Sumner	97	39%	136	55%	16	6%	249
Tipton	14	38%	23	62%	0	0%	37
Trousdale	3	38%	5	63%	0	0%	8
Unicoi	12	46%	12	46%	2	8%	26
Union	9	16%	45	82%	1	2%	55
Van Buren	10	71%	4	29%	0	0%	14
Warren	15	23%	50	77%	0	0%	65
Washington	36	32%	75	66%	3	3%	114
Wayne	2	13%	13	87%	0	0%	15
Weakley	7	18%	28	74%	3	8%	38
White	13	33%	25	64%	1	3%	39
Williamson	26	38%	35	51%	7	10%	68
Wilson	39	46%	41	49%	4	5%	84
Total	1,804	23%	5,854	74%	200	3%	7,858

TN KIDS is a "live" database with on-going additions and updates being made to data in the system.

Due to this continual process, results may vary based on the time a report is generated.

Figure 4: Length of Time to Adoption Fiscal Year July 1, 2007 – June 30, 2008.

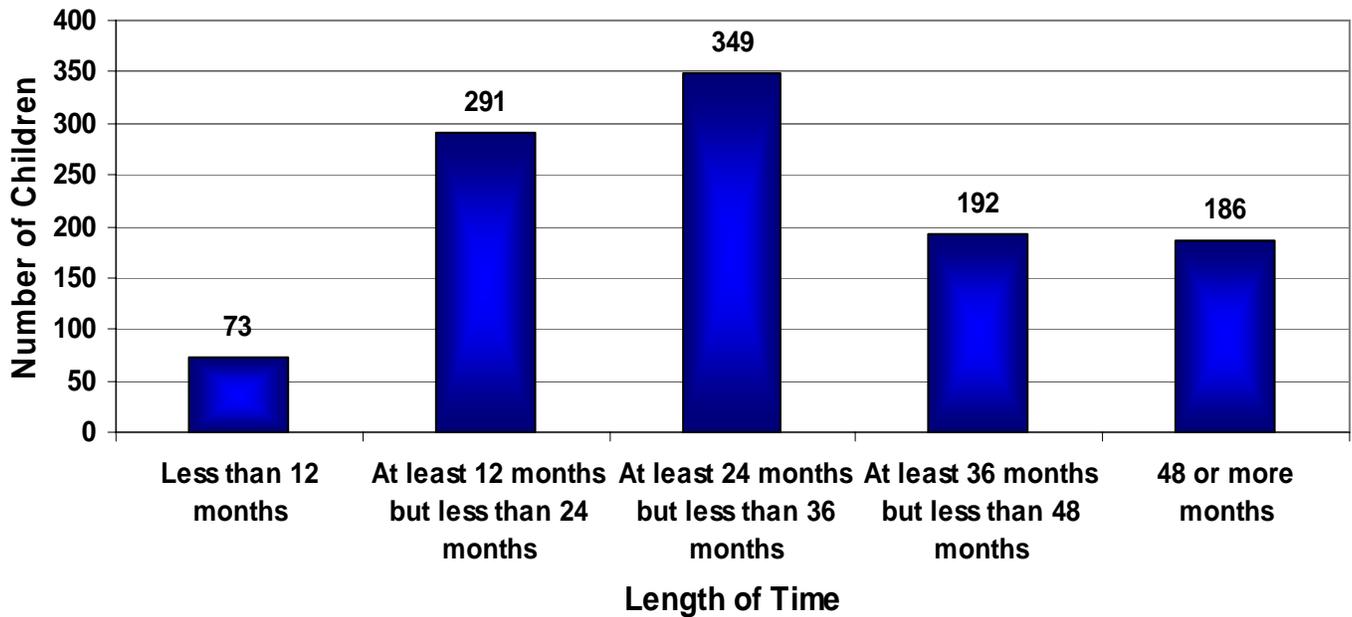


Figure 5: Length of Time to Reunification Fiscal Year July 1, 2007 – June 30, 2008.

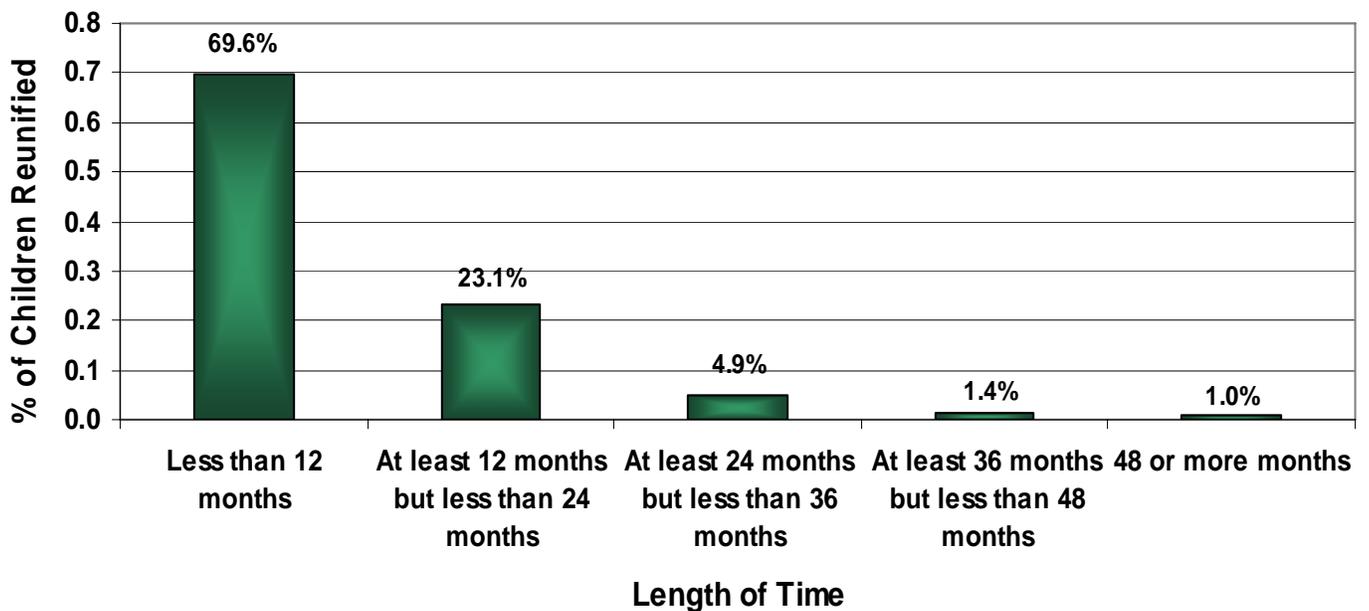


Figure 6: Of All Children Who Entered Care During the Year, What Percentage Re-entered Within 12 Months of a Prior Foster Care Episode? (National Standard $\leq 8.6\%$)

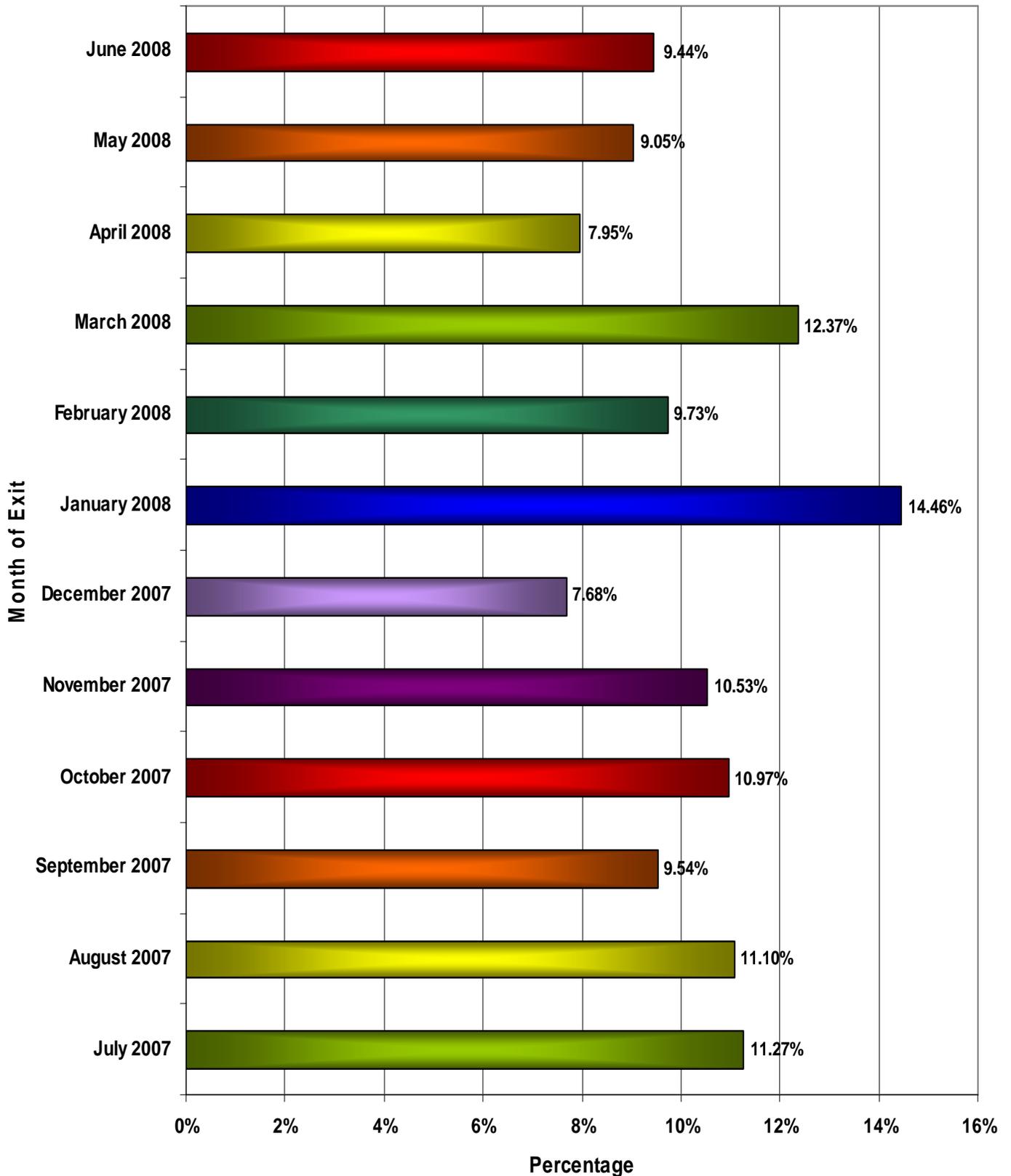


Table 5: Of the Children in Foster Care for Less Than 12 months, What Percentage Had No More Than 2 Placement Settings? (National Standard ≥ 86.7)

Movement Frequency *			Placement Frequency **		
Number of Movements	Number	Percent	Number of Placements	Number	Percent
One - Two	3,109	68.4%	One - Two	3,410	75.6%
Three - Five	1,086	23.9%	Three - Five	939	20.8%
Six - Eight	223	4.9%	Six - Eight	134	3.0%
Nine - Ten	63	1.4%	Nine - Ten	19	0.4%
More than Ten	64	1.4%	More than Ten	7	0.2%
Total	4,545	100.0%	Total	4,509	100.0%

*Temporary breaks in placement are counted here. This includes In-Home and Trial Home Visit placements as well as children on runaway status. Also, In-Patient Psychiatric Care and Medical/Surgical Hospital stays of less than 10 days.

**Temporary breaks in placement are excluded from these counts.

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Due to this continual process, results may vary based on the time a report is generated.

Table 6: Children in Custody Statewide by Age, Gender and Race on June 30, 2008

Race / Ethnicity	0 - 1		2 - 4		5 - 12		13 - 18		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
White Non-Hispanic	243	192	317	307	634	617	1,463	1,017	4,790
Black/African American Non-Hispanic	98	87	130	132	232	217	955	466	2,317
Hispanic	30	18	26	25	38	26	52	42	257
Multi-Race Non-Hispanic	20	11	23	18	49	41	51	24	237
Asian	0	0	0	0	2	4	5	6	17
American Indian/ Alaska Native	0	0	1	2	1	3	0	1	8
Native Hawaiian/ Pacific Islander	0	0	0	0	0	1	2	1	4
Unable to Determine	27	17	20	17	17	33	58	39	228
Total	418	325	517	501	973	942	2,586	1,596	7,858

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Due to this continual process, results may vary based on the time a report is generated.

Figure 7: Children in Custody by Race/Ethnicity on June 30, 2008

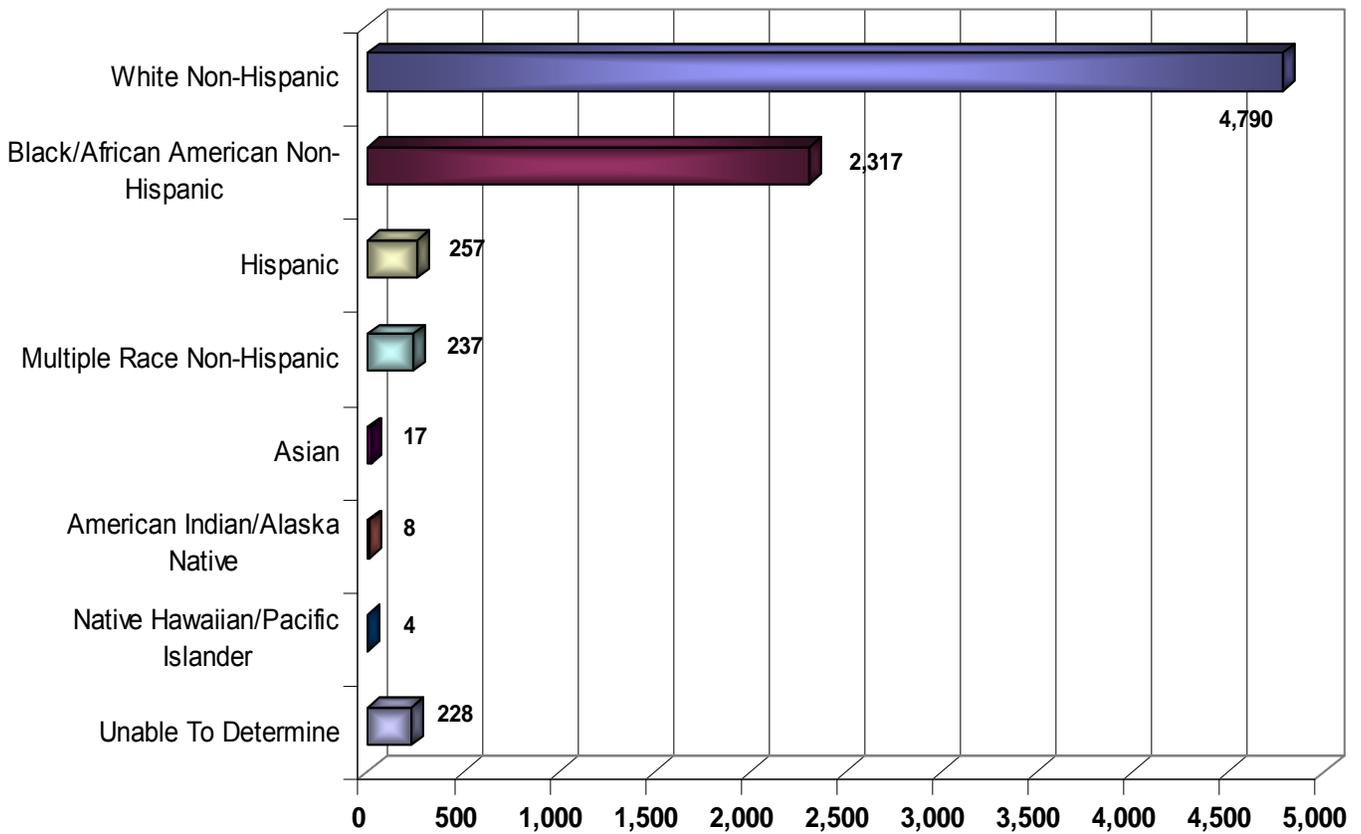


Figure 8: Children in Custody Statewide by Gender and Adjudication on June 30, 2008

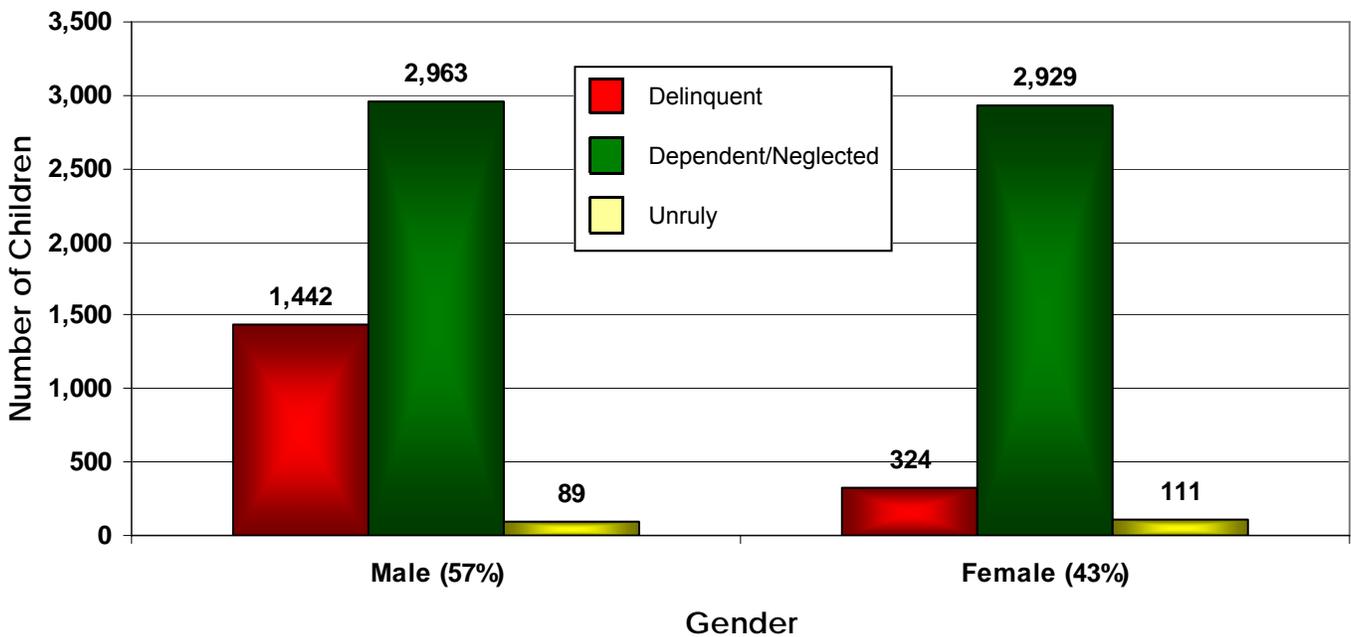


Figure 9: Sole and Concurrent Goals of Adoption on June 30, 2008 and the Number of Finalized Adoptions in FY07-08

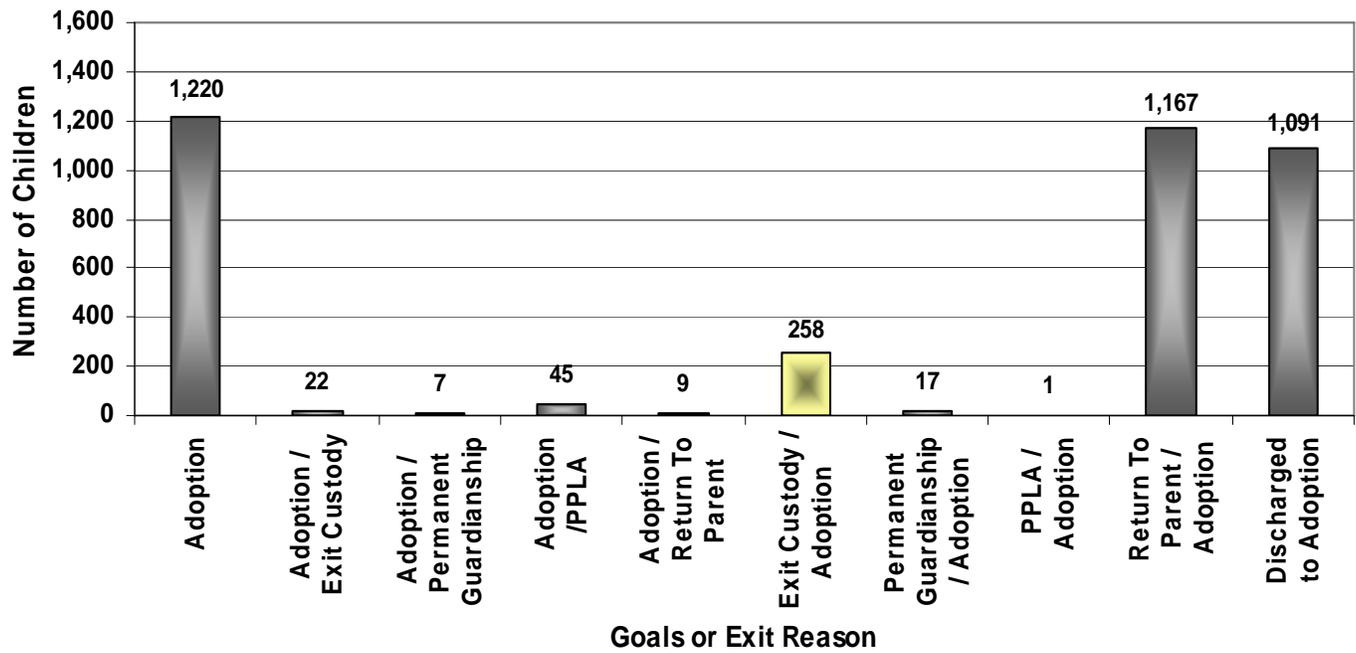


Table 7: Children (Either Dependent/Neglect or Unruly) in Custody Statewide on June 30, 2008 by Type of Permanency Goal Assigned*

Permanency Plan Goals	Number of Children	Percent
Adoption	1,220	21.1%
Adoption / Exit Custody	22	0.4%
Adoption / Permanent Guardianship	7	0.1%
Adoption / Planned Permanent Living Arrangement	45	0.8%
Adoption / Return To Parent	9	0.2%
Exit Custody	165	2.9%
Exit Custody / Adoption	258	4.5%
Exit Custody / Exit Custody	6	0.1%
Exit Custody / Permanent Guardianship	1	0.0%
Exit Custody / Planned Permanent Living Arrangement	10	0.2%
Exit Custody / Return To Parent	18	0.3%
Permanent Guardianship	14	0.2%
Permanent Guardianship / Adoption	17	0.3%
Permanent Guardianship / Exit Custody	5	0.1%
Permanent Guardianship / Planned Permanent Living Arrangement	12	0.2%
Planned Permanent Living Arrangement	27	0.5%
Planned Permanent Living Arrangement / Adoption	1	0.0%
Planned Permanent Living Arrangement / Permanent Guardianship	1	0.0%
Return To Parent	996	17.3%
Return To Parent / Adoption	1,167	20.2%
Return To Parent / Exit Custody	1,702	29.5%
Return To Parent / Permanent Guardianship	5	0.1%
Return To Parent / Planned Permanent Living Arrangement	27	0.5%
Missing	34	0.6%
Total	5,769	100.0%

Note: As of June 30, 2008, 34 records, or 0.6%, did not have permanency data recorded.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 10: Children in Custody on the Last Day of Each Fiscal Year – Fiscal Years 1997 – 2008

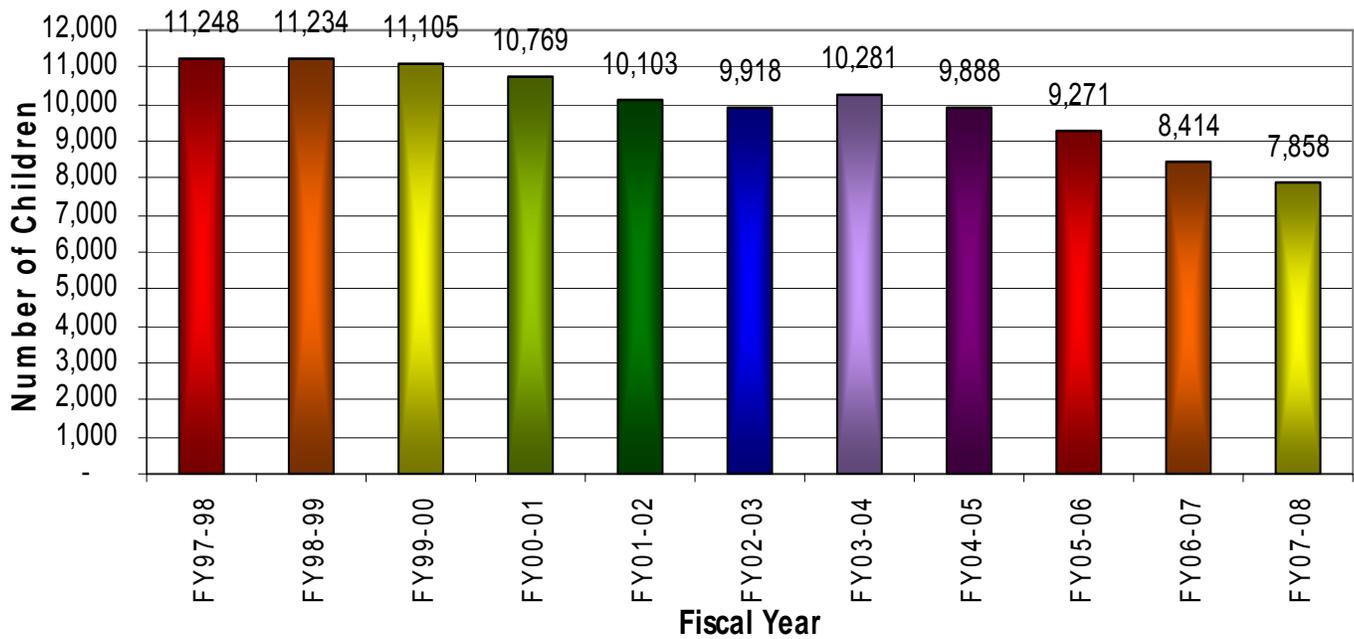


Figure 11: Length of Stay in Care by Adjudication Fiscal Year 2008

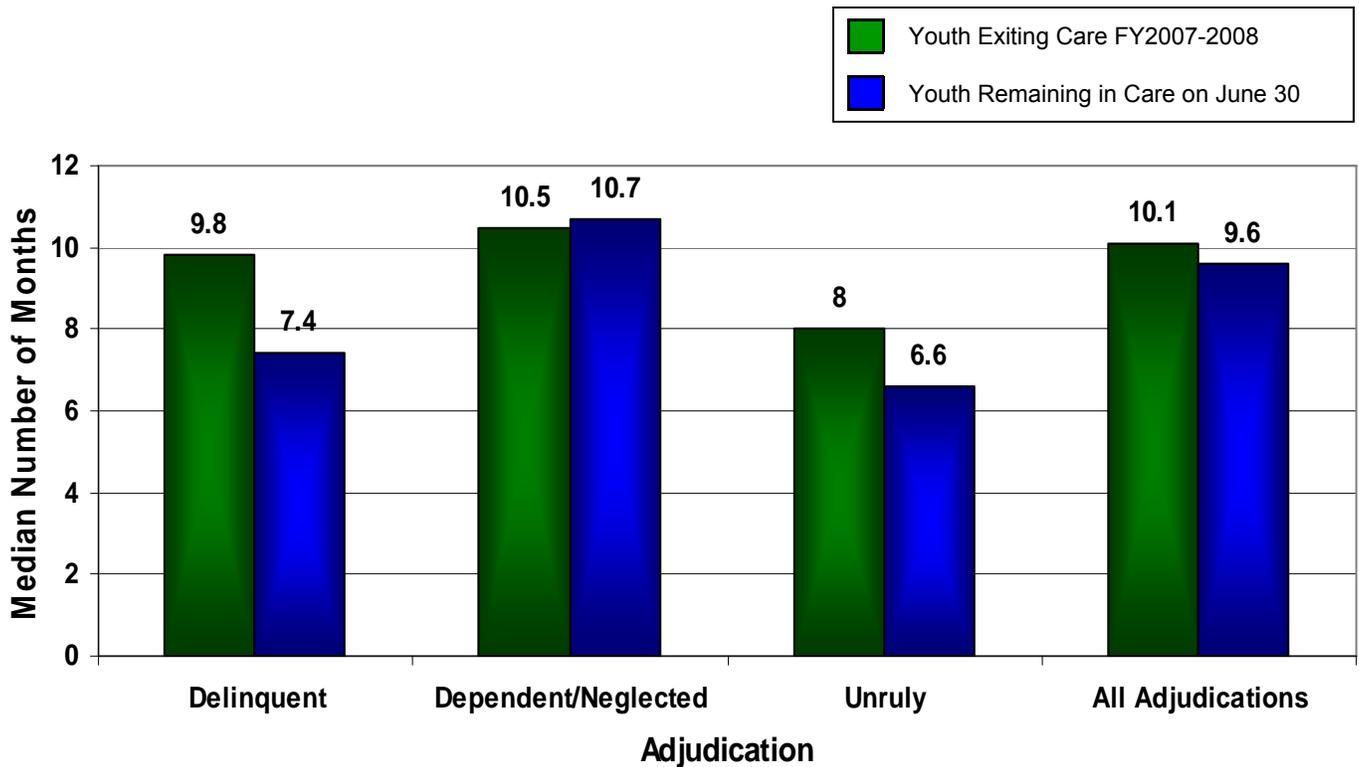


Figure 12: Children Entering and Exiting Custody by Month – Fiscal Year 2008

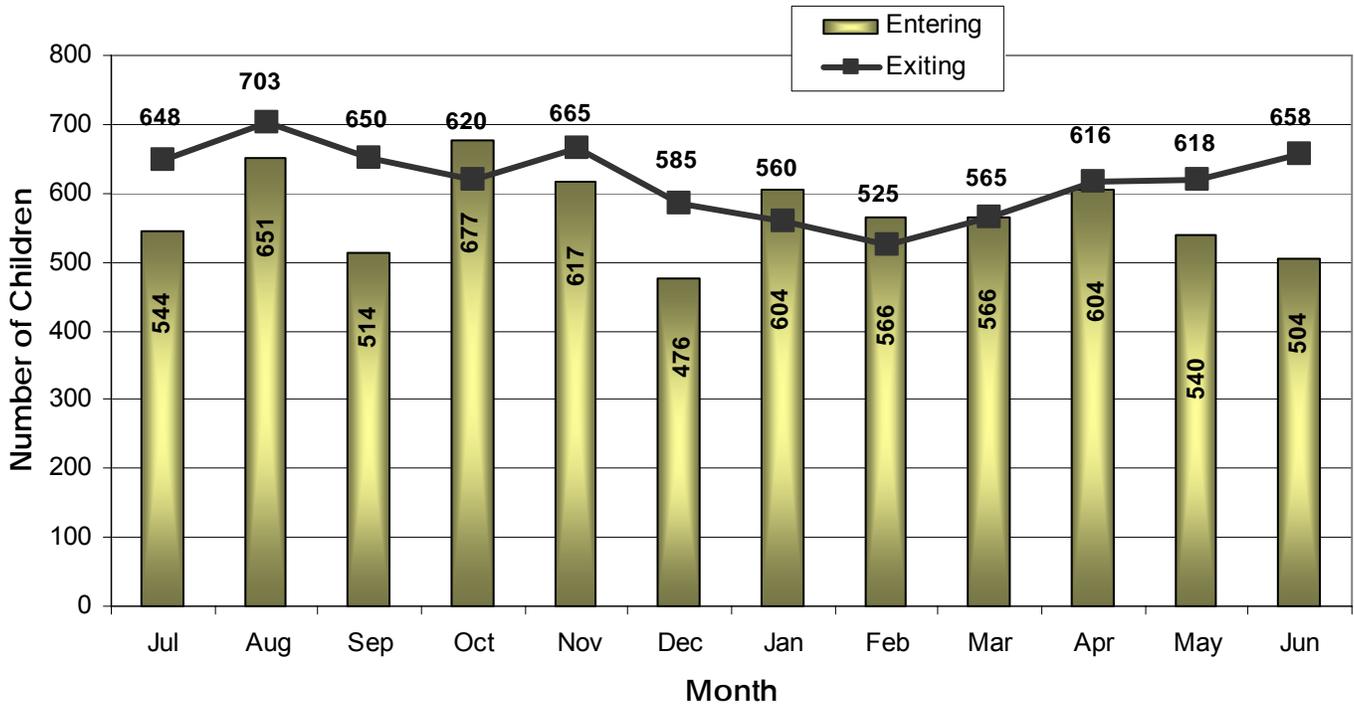


Figure 13: Children Exiting to Finalized Adoption – Fiscal Years 1998– 2008

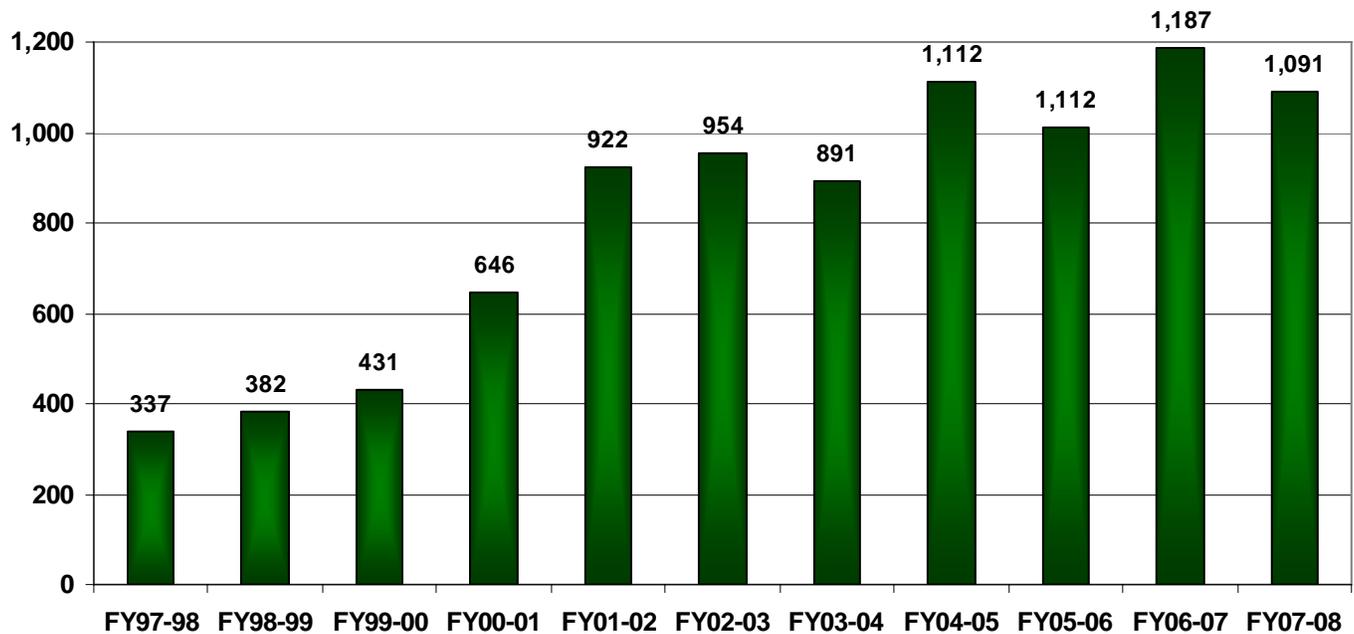


Table 8: Direct Service Staff Vacancies on June 30, 2008

	CS Family service worker 1* - \$30,965**		CS Family service worker 2 - \$34,480**	
	Total Vacant	Total Positions	Total Vacant	Total Positions
Davidson	0	0	8	190
East TN	0	0	7	148
Hamilton	0	0	5	88
Knox	0	0	10	102
Mid-Cumberland	0	0	14	265
Northeast	0	0	7	165
Northwest	0	0	1	83
Shelby	0	0	27	260
South Central	0	0	4	147
Smoky Mountain	0	0	7	144
Southeast	0	0	4	107
Southwest	0	0	9	143
Upper Cumberland	0	0	4	141
	CS Family service worker 3 - \$37,606**		CS Family service worker 4 - \$42,960**	
	Total Vacant	Total Positions	Total Vacant	Total Positions
Davidson	2	25	0	35
East TN	1	8	0	25
Hamilton	1	22	0	18
Knox	1	16	0	19
Mid-Cumberland	3	19	5	49
Northeast	4	23	2	31
Northwest	0	12	0	16
Shelby	2	29	4	50
South Central	0	11	1	27
Smoky Mountain	1	10	0	26
Southeast	0	18	1	21
Southwest	1	17	2	20
Upper Cumberland	0	18	0	28

*These positions are "flex" positions and are filled on an as needed basis. As such, there are not vacancies per se.

**These dollar amounts are average yearly salaries.

Figure 14: Children in Custody Statewide by Age and Adjudication on June 30, 2008

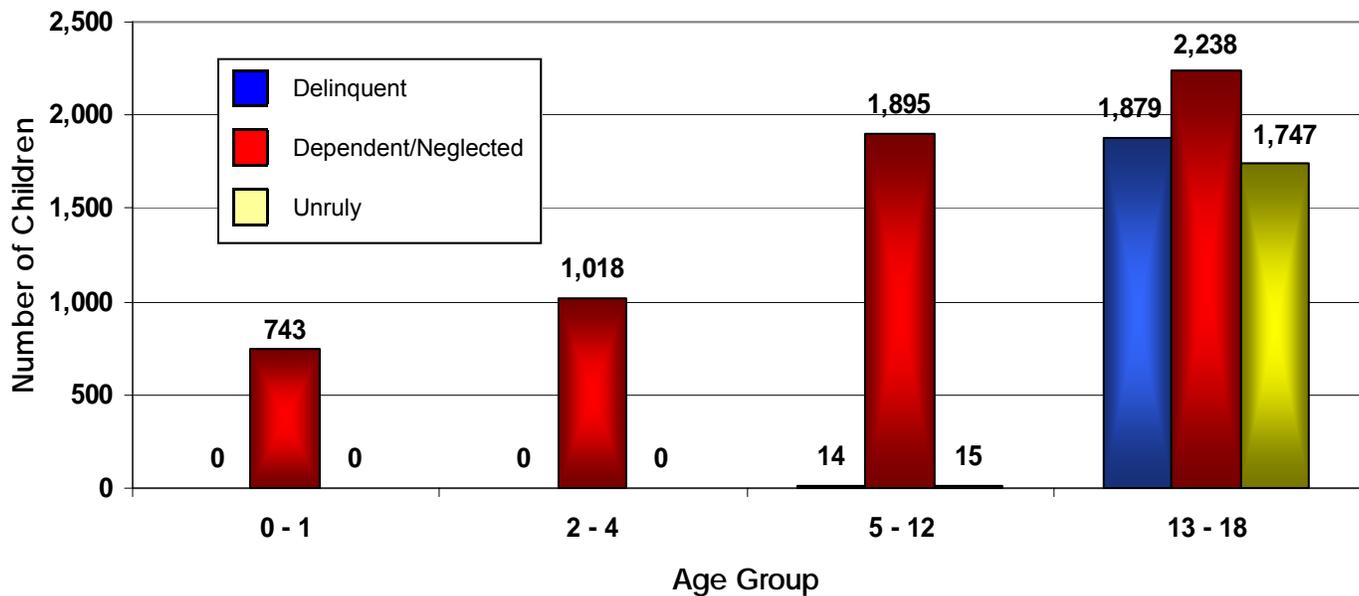


Table 9: Children in Custody Statewide by Placement Settings on June 30, 2008

Placement Level	Frequency	%
Acute	16	0.2%
Contract Foster Home	884	11.2%
DCS Foster Home (Authorized, Expedited)	2,919	37.1%
DCS Group Home	74	0.9%
DCS Youth Development Center	480	6.1%
Emergency Services	134	1.7%
Foster Care Medically Fragile	55	0.7%
In-Home	62	0.8%
Level 2	1,450	18.5%
Level 3	991	12.6%
Level 4	57	0.7%
Runaway	243	3.1%
Transitional/Independent Living	3	0.0%
Trial Home Visit 30/60/90	459	5.8%
Missing	31	0.4%
Total	7,858	100.0%

Table 10: Discharge Reasons for Children Exiting Custody – Fiscal Year 2007 through 2008

Discharge Reason	Number of Children	Percent
Reunification With Parents or Primary Caretakers	3,860	52.1%
Living With Other Relatives/Kin	1,395	18.8%
Adoption	1,091	14.7%
Emancipation	723	9.8%
Permanent Guardianship	200	2.7%
Transfer to Another Agency	90	1.2%
Runaway	43	0.6%
Death of Child	11	0.1%
Total	7,413	100.0%

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Table 11: Children in Custody by Region and Age on June 30, 2008

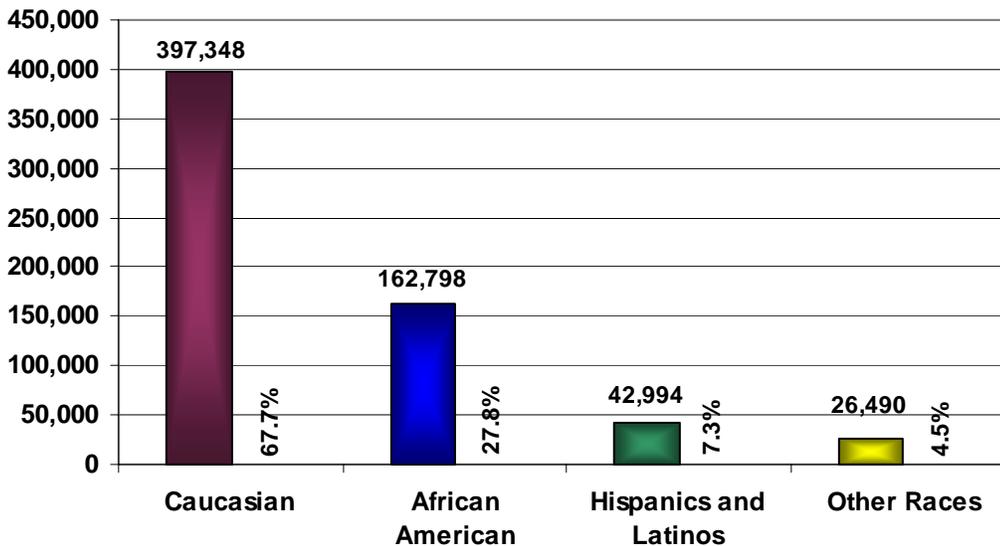
Region of Assignment	Age Group				Total
	0 - 1	2 - 4	5 - 12	13 - 18	
Davidson	53	73	117	420	663
East Tennessee	78	117	209	346	750
Hamilton	38	59	71	229	397
Knox	94	82	179	283	638
Mid Cumberland	90	112	249	595	1,046
Northeast	60	96	155	410	721
Northwest	16	20	34	132	202
Shelby	85	114	228	444	871
Smoky Mountain	86	107	233	358	784
South Central	46	92	149	294	581
Southeast	32	43	96	190	361
Southwest	19	27	48	229	323
Upper Cumberland	46	76	147	252	521
Total	743	1,018	1,915	4,182	7,858
Total Percent	9.5%	13.0%	24.4%	53.2%	100.0%

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Davidson Region



Total Population— 586,636*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 12: Placement Settings for Children In Care In the Davidson Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	2	0.3%
Contract Foster Home	74	11.2%
DCS Foster Home (Authorized, Expedited)	175	26.4%
DCS Group Home	5	0.8%
DCS Youth Development Center	91	13.7%
Emergency Services	14	2.1%
Foster Care Medically Fragile	2	0.3%
In-Home	2	0.3%
Level 2	89	13.4%
Level 3	125	18.9%
Level 4	6	0.9%
Runaway	38	5.7%
Transitional/Independent Living	1	0.2%
Trial Home Visit 30/60/90	39	5.9%
Total	663	100.0%

Population ages 18 and under as of June 30, 2008— 151,550

Number of children in care as of June 30, 2008—663

The Davidson Region is a single-county region located in Middle Tennessee. It includes the city of Nashville where the regional office is located. The region has a staff of 190 who assist in the provision of services to the children and families of Davidson County. Davidson County is the 6th largest region in the state based on the number of 663 children in custody.

(Data Source: TN KIDS)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 15: Children in Custody in the Davidson Region By Age Group Compared with Statewide Totals as of June 30, 2008

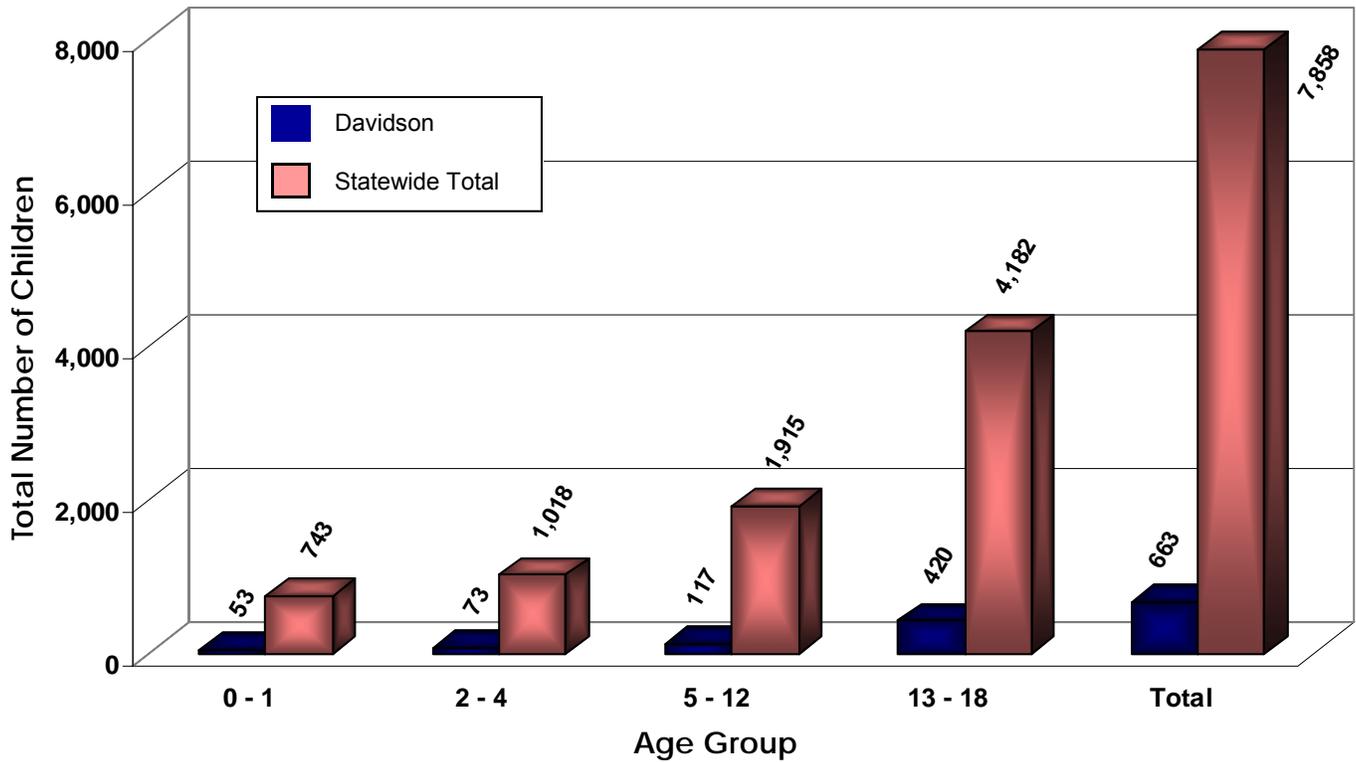


Figure 16: Children in Custody in the Davidson Region By Gender as of June 30, 2008

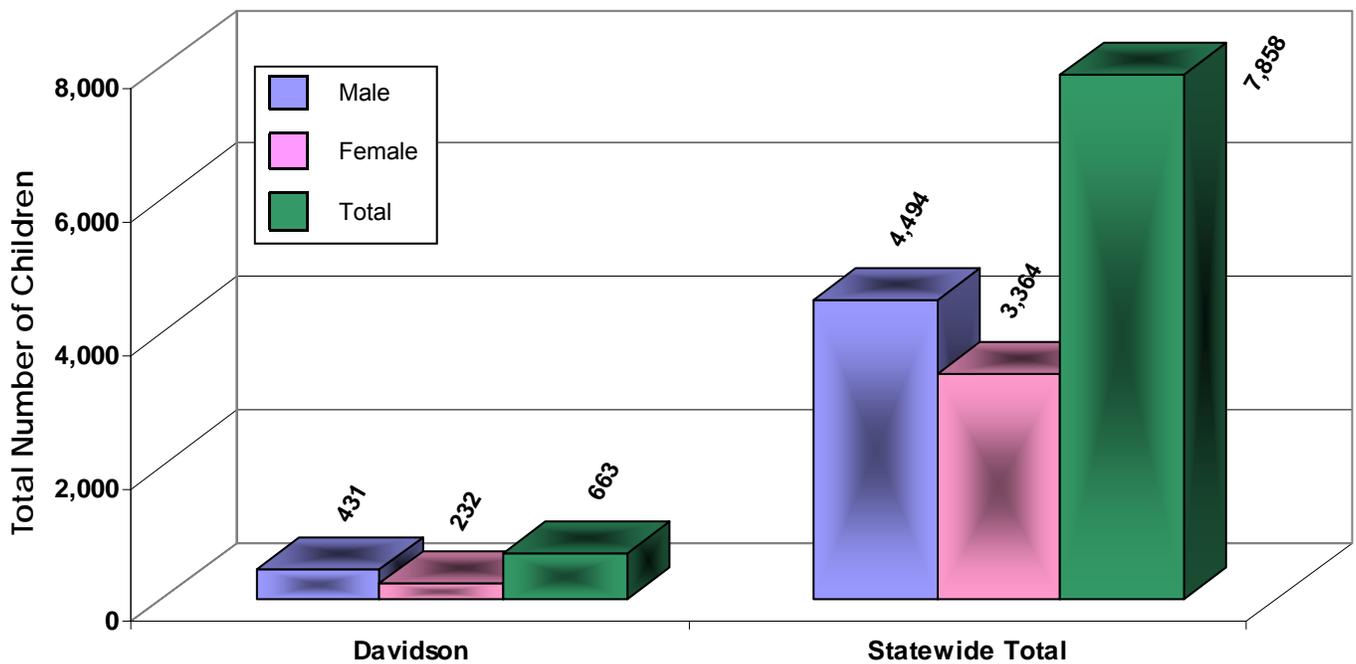


Figure 17: Children in Custody in the Davidson Region By Race/Ethnicity as of June 30, 2008

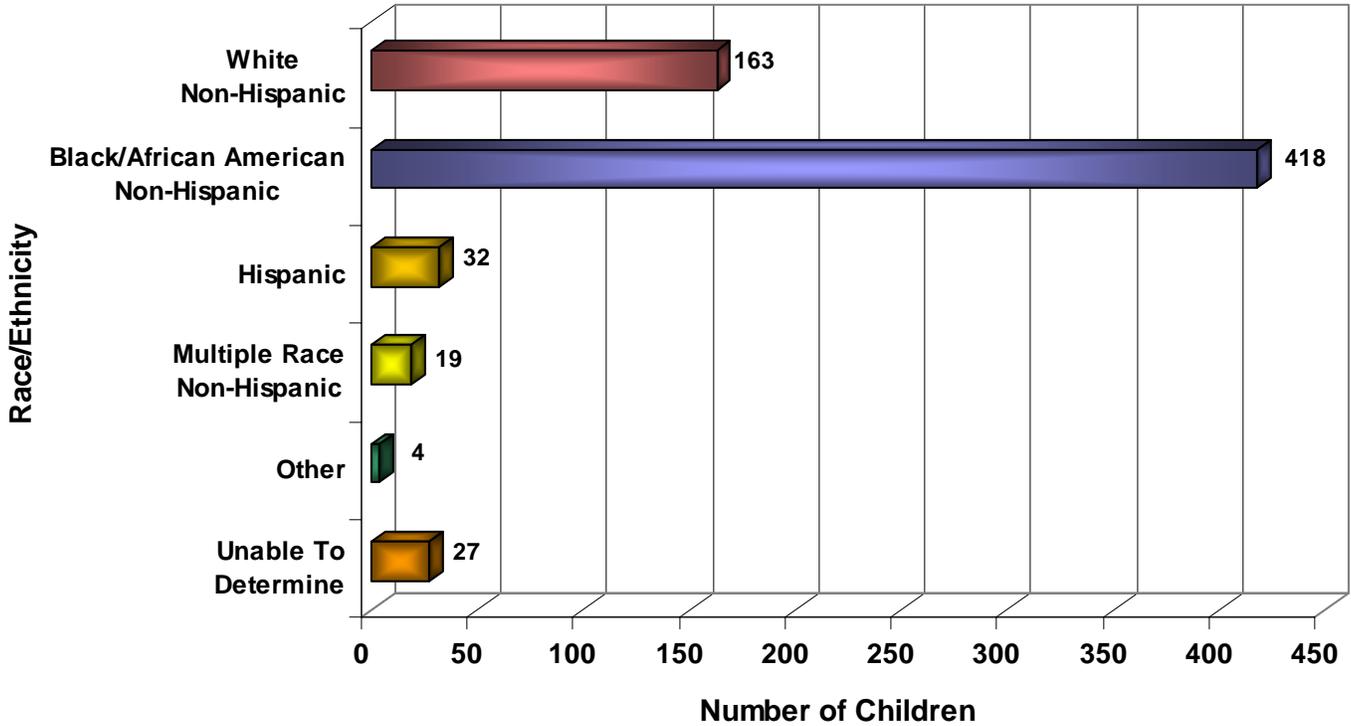
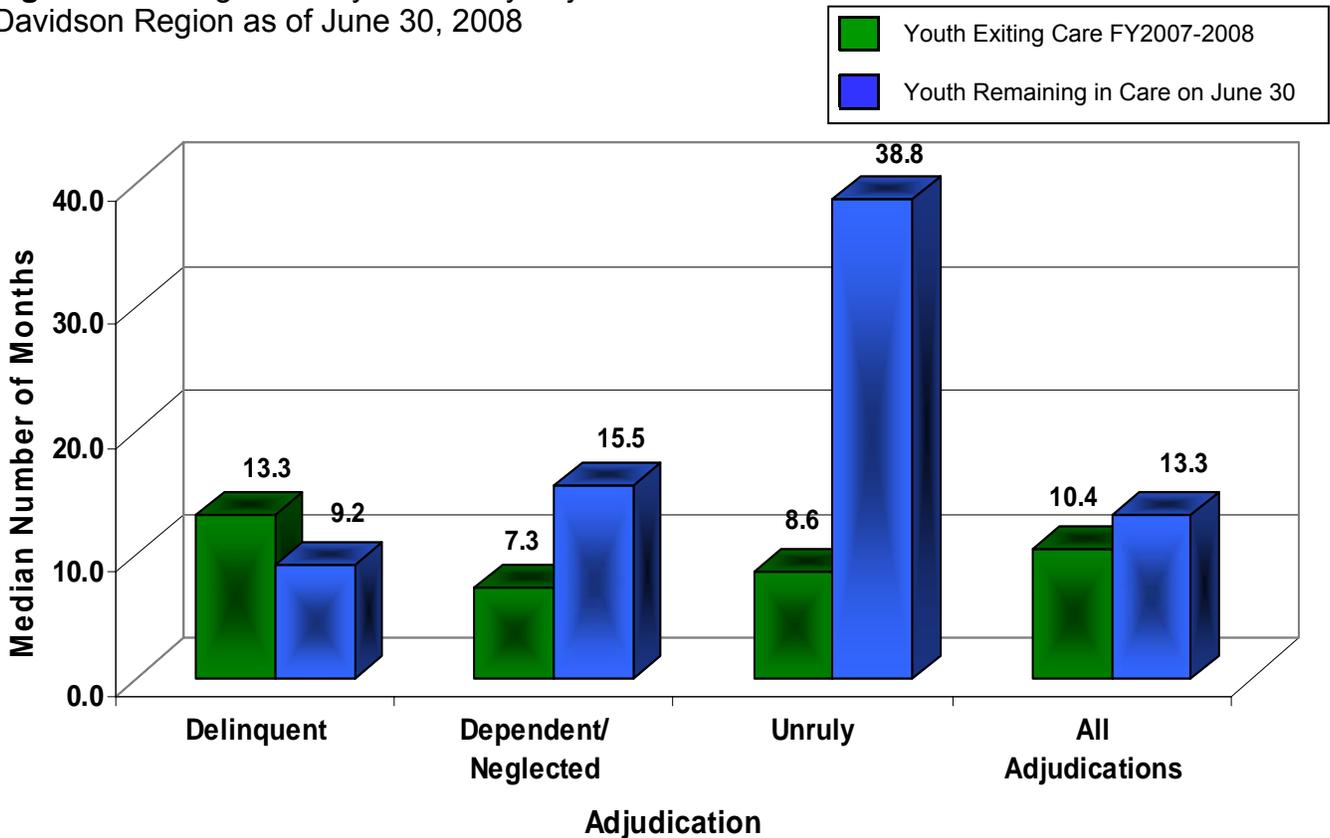


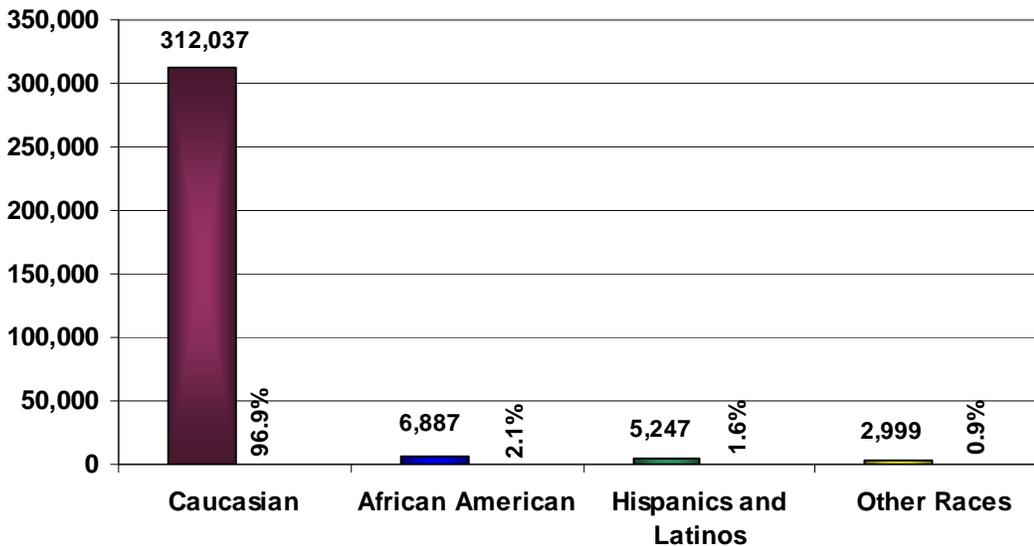
Figure 18: Length of Stay in Care by Adjudication in the Davidson Region as of June 30, 2008



East Region



Total Population—321,923*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 13: Placement Settings for Children In Care In the East Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	1	0.1%
Contract Foster Home	45	6.0%
DCS Foster Home (Authorized, Expedited)	390	52.0%
DCS Group Home	10	1.3%
DCS Youth Development Center	26	3.5%
Emergency Services	11	1.5%
Foster Care Medically Fragile	2	0.3%
In-Home	5	0.7%
Level 2	136	18.1%
Level 3	58	7.7%
Level 4	3	0.4%
Runaway	15	2.0%
Transitional/Independent Living	1	0.1%
Trial Home Visit 30/60/90	42	5.6%
Missing	5	0.7%
Total	750	100.0%

Population ages 18 and under as of June 30, 2008—79,576

Number of children in care as of June 30, 2008—750

The East Region includes eight counties with the regional office located in Clinton. There are 148 staff members who support service delivery. The eight counties in the East Region are: Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott and Union.

In Fiscal Year 2007, East was the 4th largest region based on 750 children in custody.

(Data Source: TN KIDS)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 19: Children in Custody in the East Region by Age Group Compared with Statewide Totals as of June 30, 2008

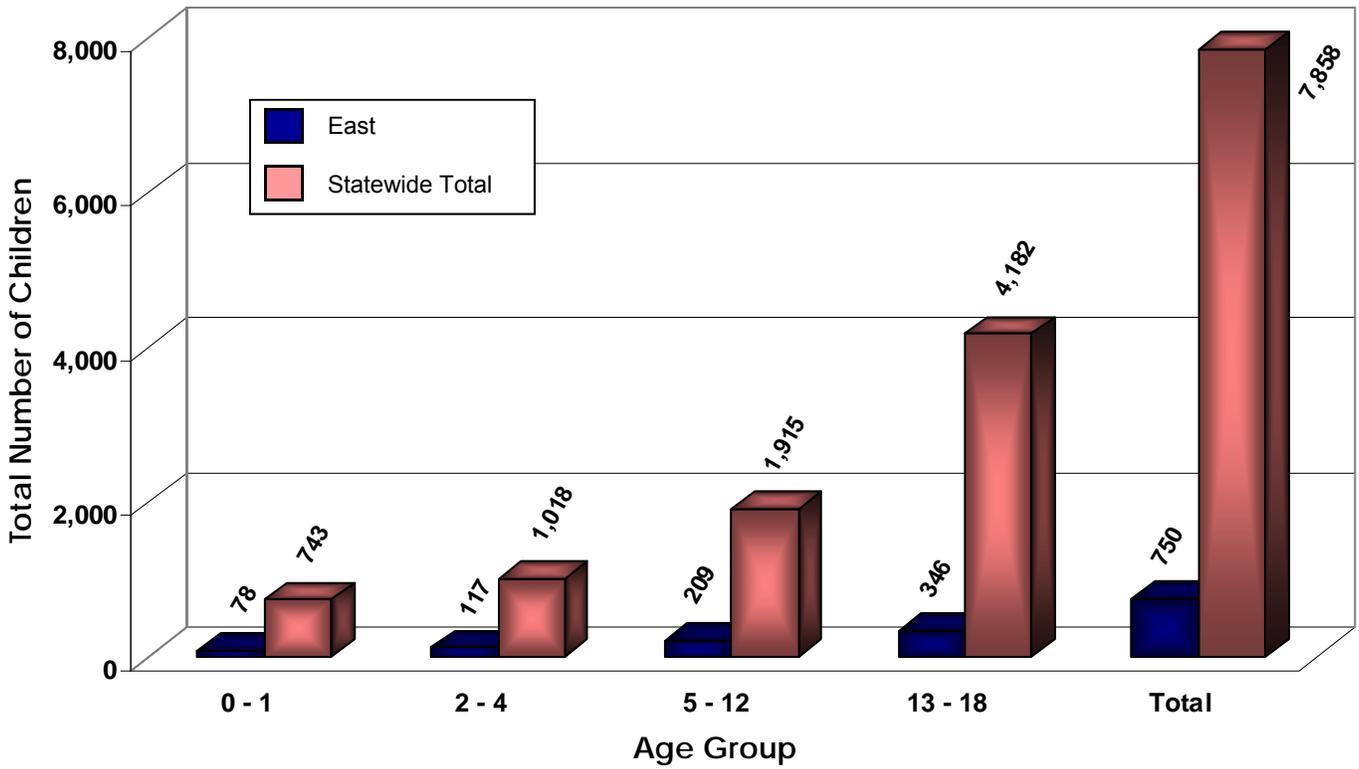


Figure 20: Children in Custody in the East Region by Gender as of June 30, 2008

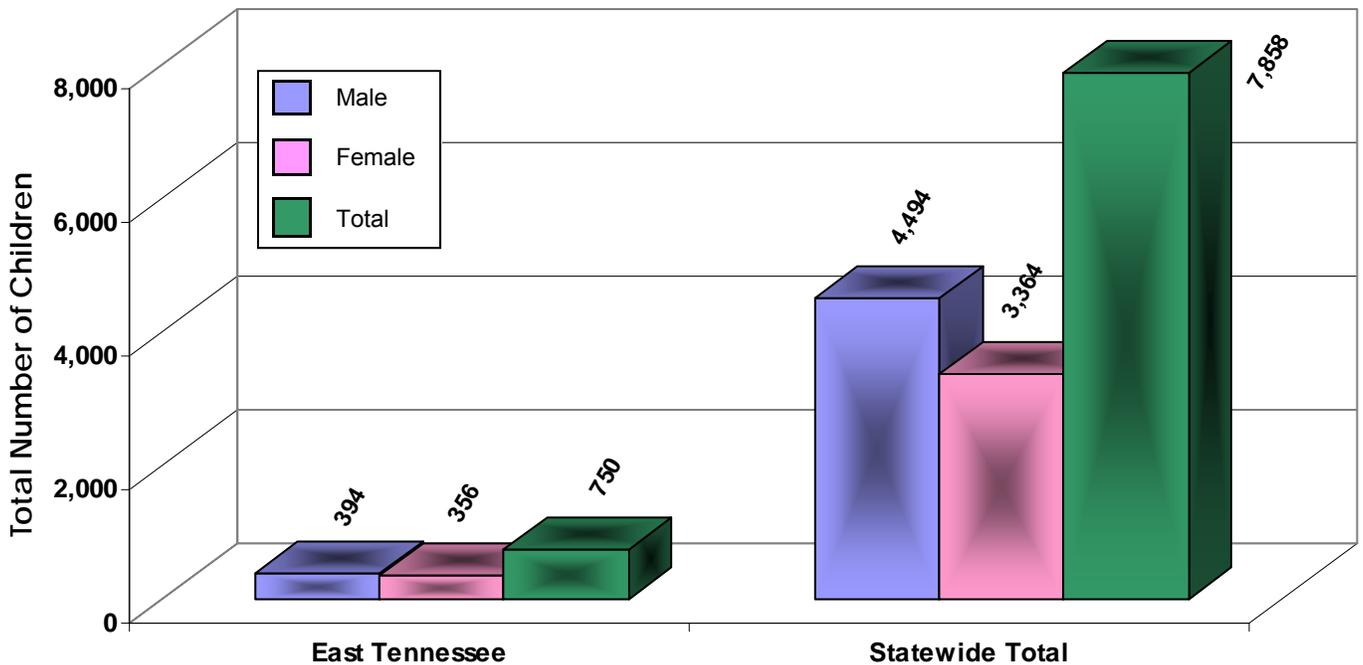


Figure 21: Children in Custody in the East Region by Race/Ethnicity as of June 30, 2008

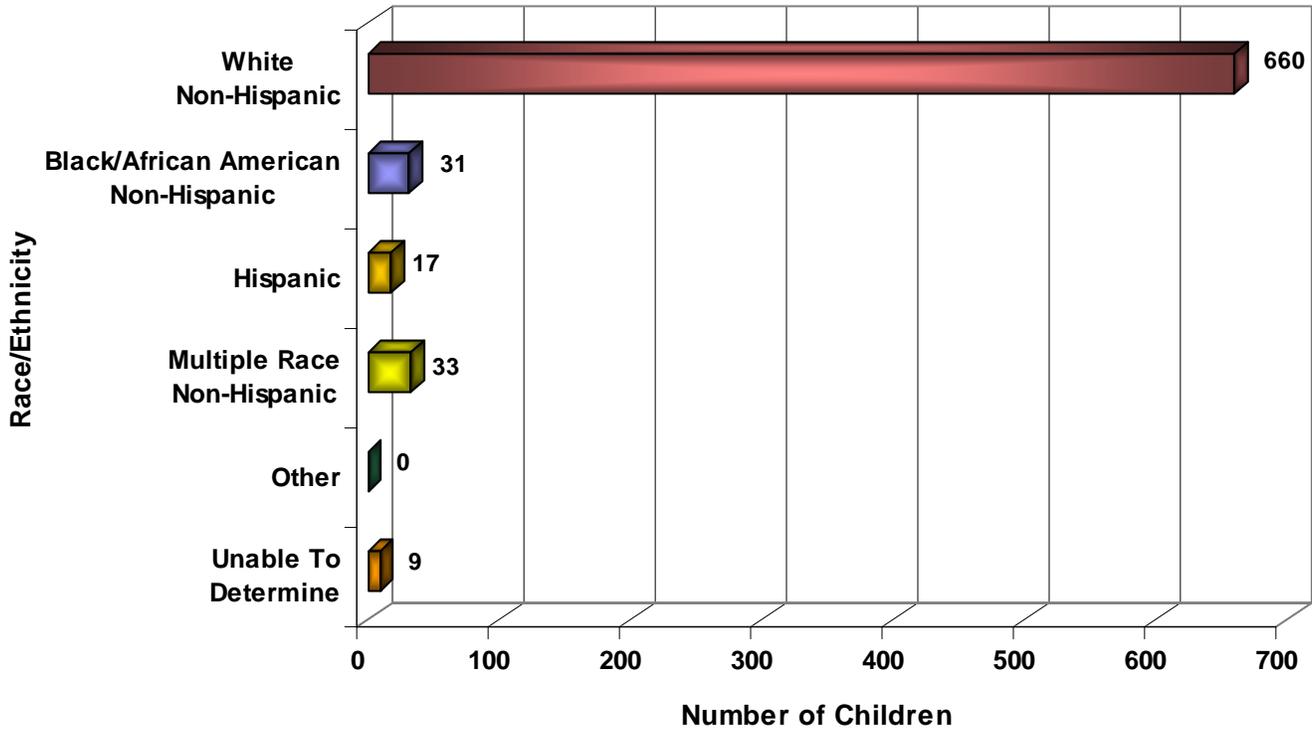
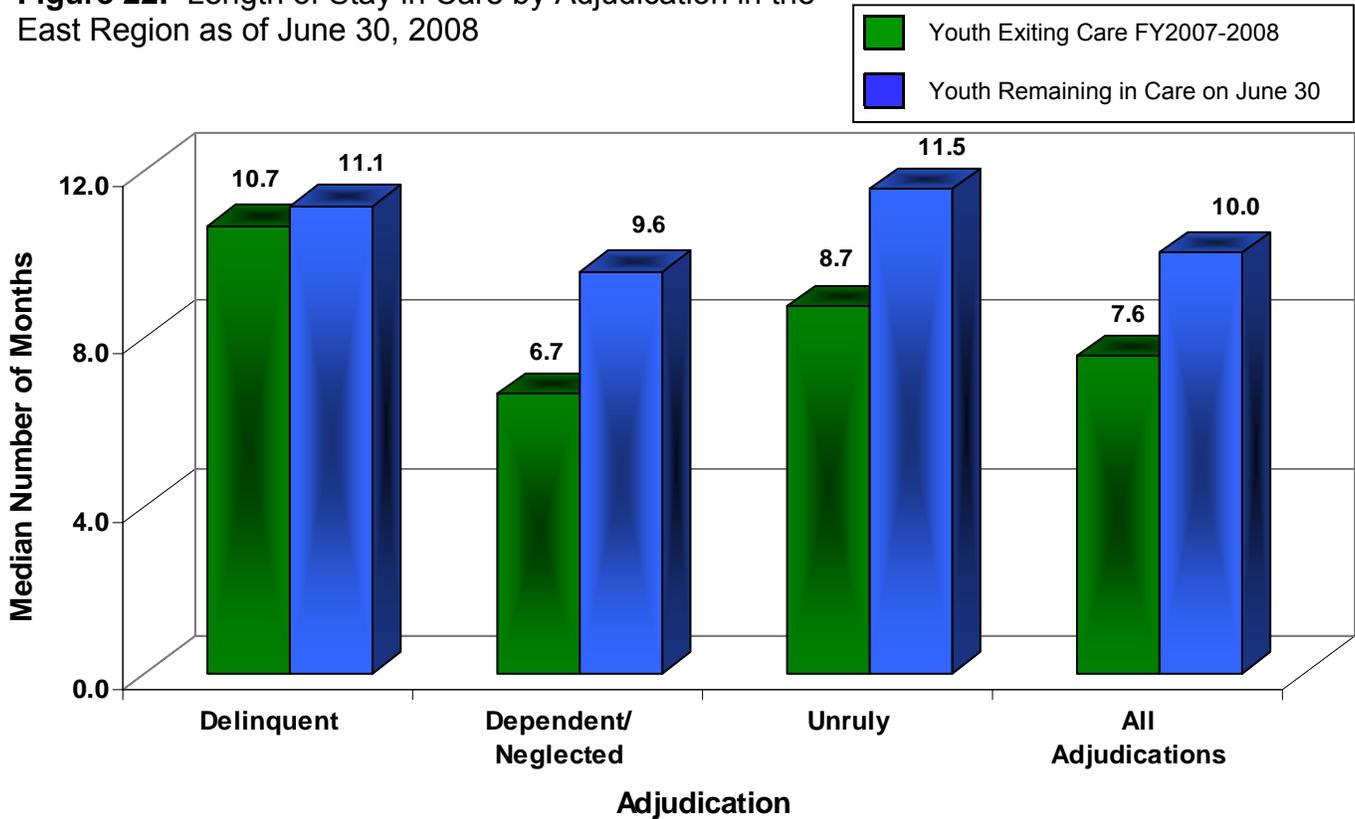


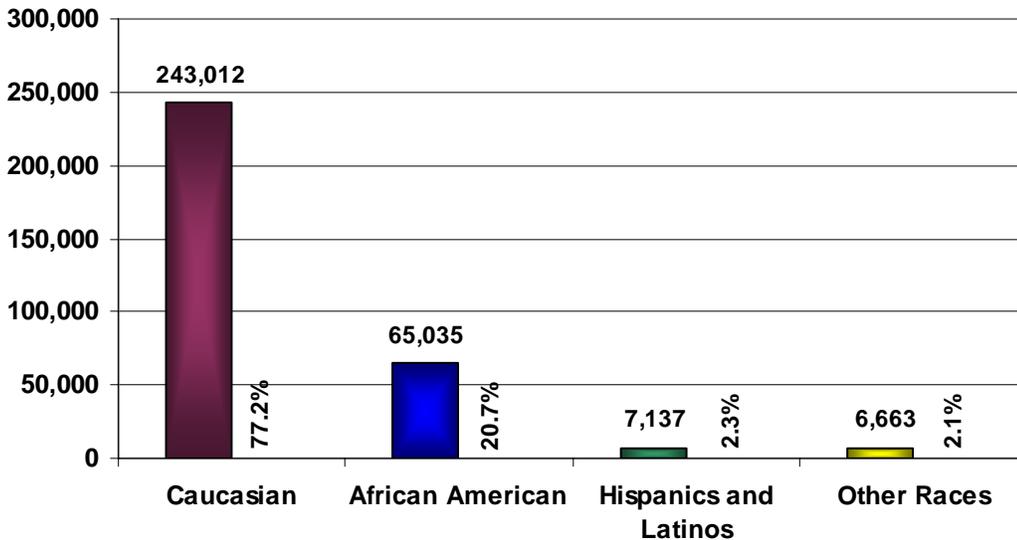
Figure 22: Length of Stay in Care by Adjudication in the East Region as of June 30, 2008



Hamilton Region



Total Population— 314,710*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 14: Placement Settings for Children In Care In the Hamilton Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	0	0.0%
Contract Foster Home	48	12.1%
DCS Foster Home (Authorized, Expedited)	110	27.7%
DCS Group Home	5	1.3%
DCS Youth Development Center	50	12.6%
Emergency Services	15	3.8%
Foster Care Medically Fragile	7	1.8%
In-Home	7	1.8%
Level 2	78	19.6%
Level 3	30	7.6%
Level 4	7	1.8%
Runaway	15	3.8%
Trial Home Visit 30/60/90	22	5.5%
Missing	3	0.8%
Total	397	100.0%

Population ages 18 and under as of June 30, 2008—77,933

Number of children in care as of June 30, 2008—397

Hamilton Region is a single-county region located in central Tennessee and is surrounded by the Southeast Region. It includes the county seat of Chattanooga as well as all other cities and municipalities within the county's geographic boundaries. The region employs 88 staff.

Based on the number of children in custody, Hamilton County ranks 10th among the thirteen regions with 397 children.

(Data Source: TN KIDS)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 23: Children in Custody in the Hamilton Region by Age Group Compared with Statewide Totals as of June 30, 2008

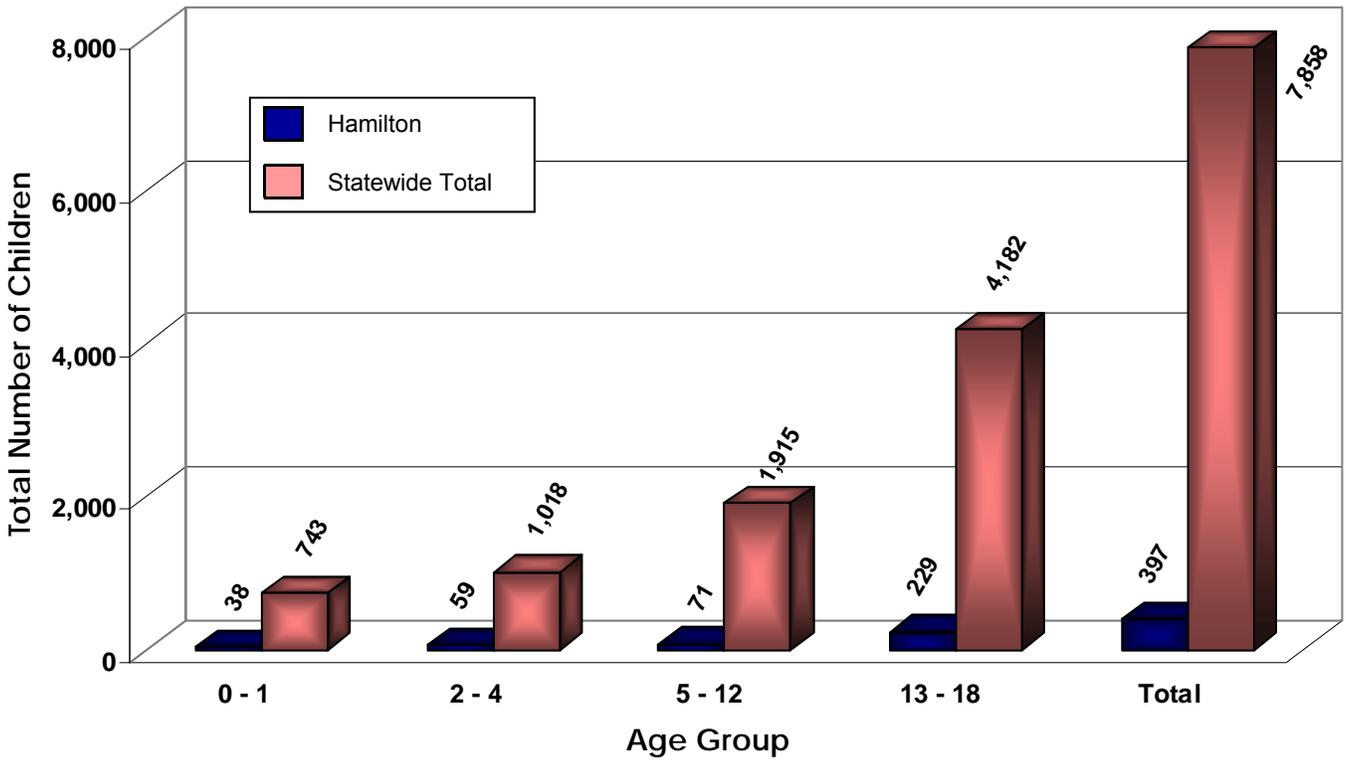


Figure 24: Children in Custody in the Hamilton Region by Gender as of June 30, 2008

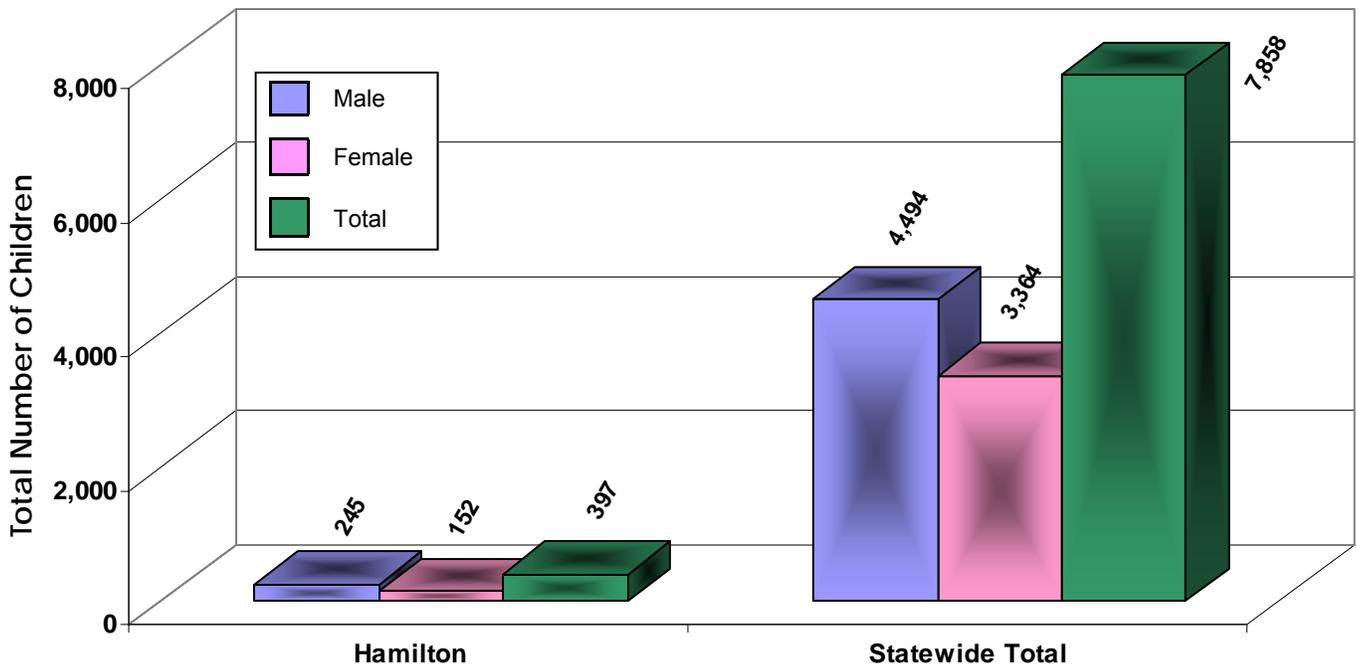


Figure 25: Children in Custody in the Hamilton Region by Race/Ethnicity as of June 30, 2008

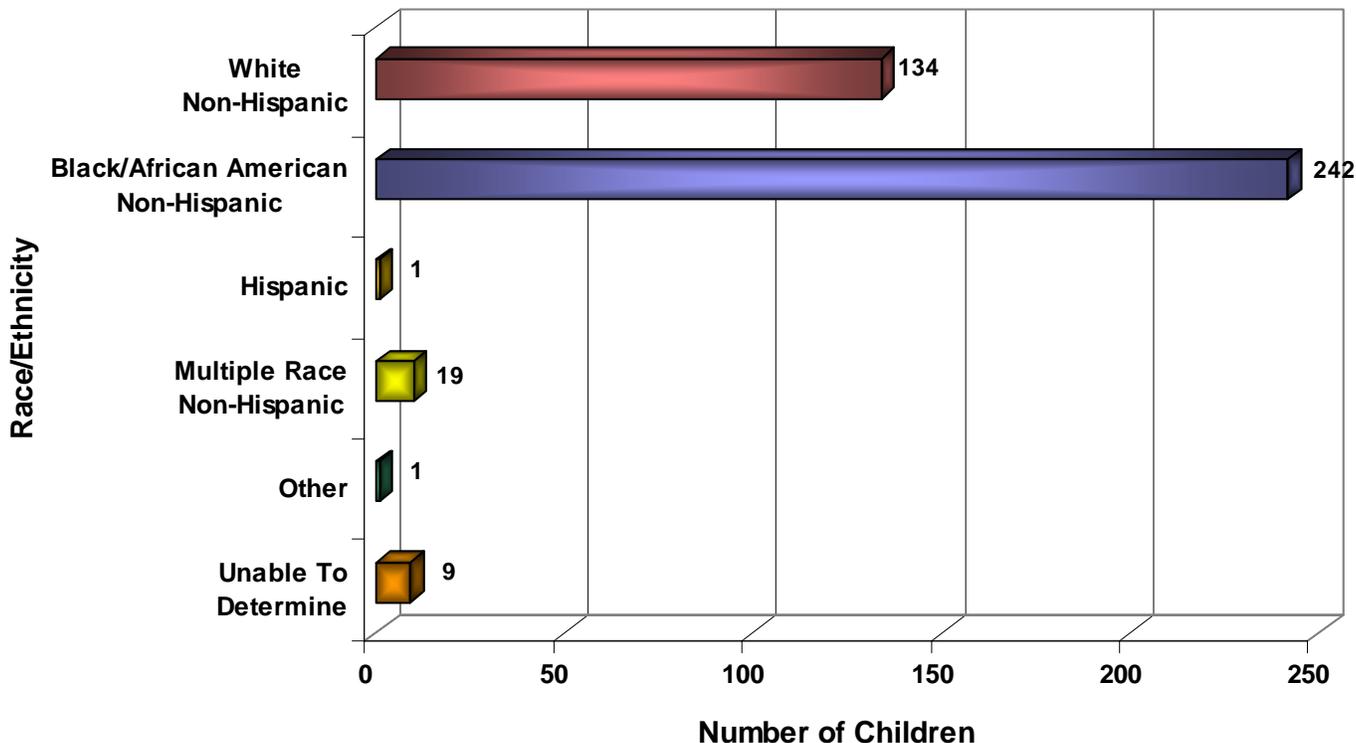
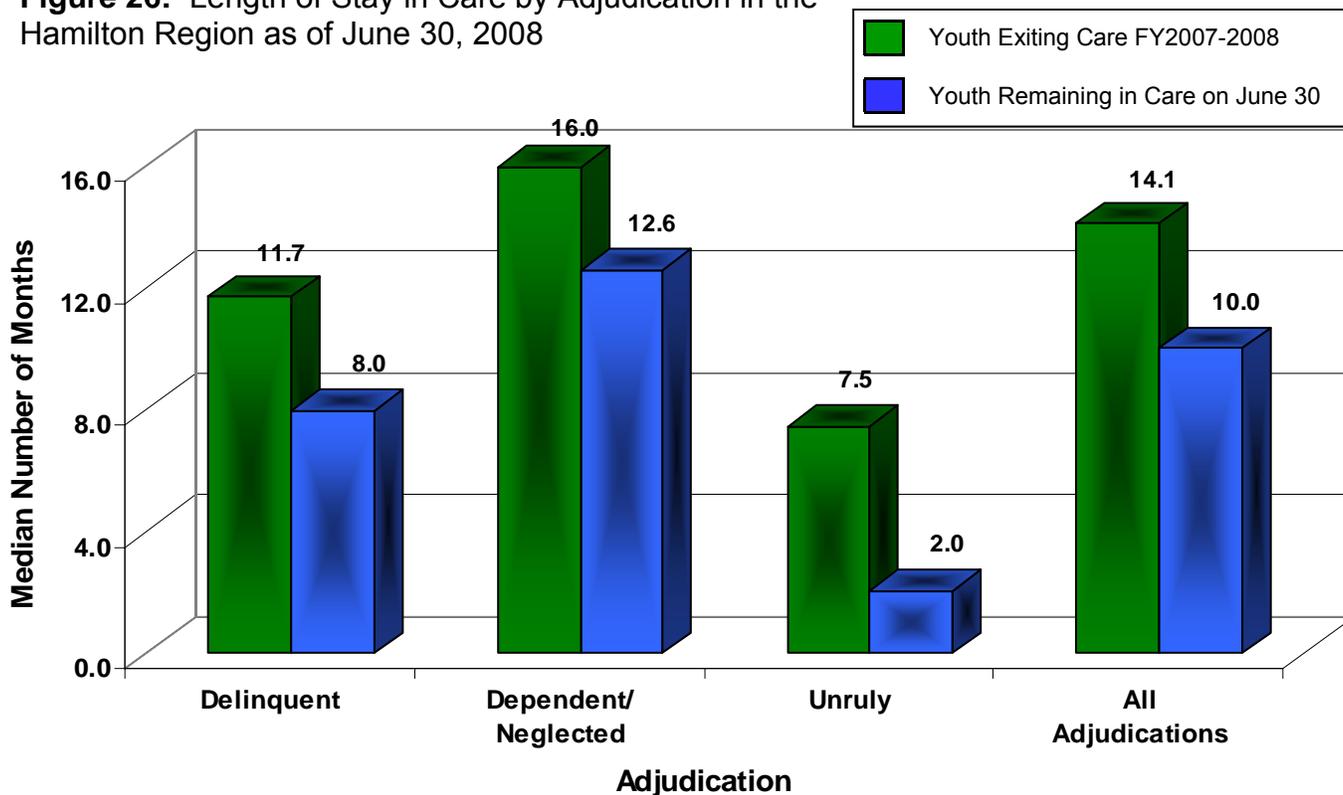


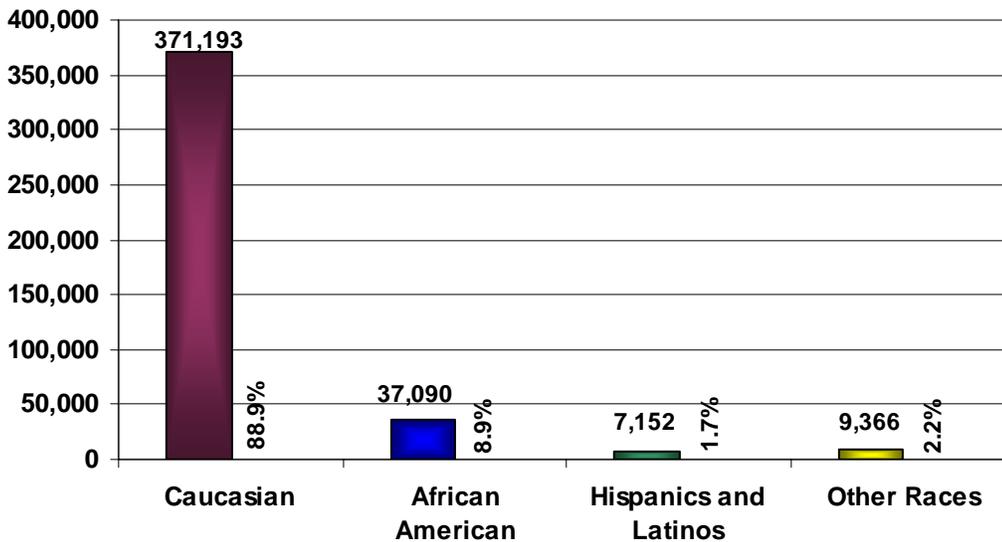
Figure 26: Length of Stay in Care by Adjudication in the Hamilton Region as of June 30, 2008



Knox Region



Total Population— 417,649*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 15: Placement Settings for Children In Care In the Knox Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	1	0.2%
Contract Foster Home	118	18.5%
DCS Foster Home (Authorized, Expedited)	185	29.0%
DCS Group Home	2	0.3%
DCS Youth Development Center	36	5.6%
Emergency Services	11	1.7%
Foster Care Medically Fragile	4	0.6%
In-Home	6	0.9%
Level 2	145	22.7%
Level 3	51	8.0%
Level 4	6	0.9%
Runaway	29	4.5%
Transitional/Independent Living	1	0.2%
Trial Home Visit 30/60/90	38	6.0%
Missing	5	0.8%
Total	638	100.0%

Population ages 18 and under as of June 30, 2008—105,115

Number of children in care as of June 30, 2008—638

Knox Region, which includes the city of Knoxville, is the sixth largest metropolitan area in Tennessee. It is located in the Tennessee Valley of East Tennessee between the Cumberland Mountains and the Great Smoky Mountains National Park. The county is a mixture of suburban and rural areas. The regional office is located in Knoxville. There are 102 DCS staff located throughout the region.

Based on the number of children in care, Knox County is the 7th largest region in the state with 638 children in custody.

(Data Source: TN KIDS)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 27: Children in Custody in the Knox Region by Age Group Compared with Statewide Totals as of June 30, 2008

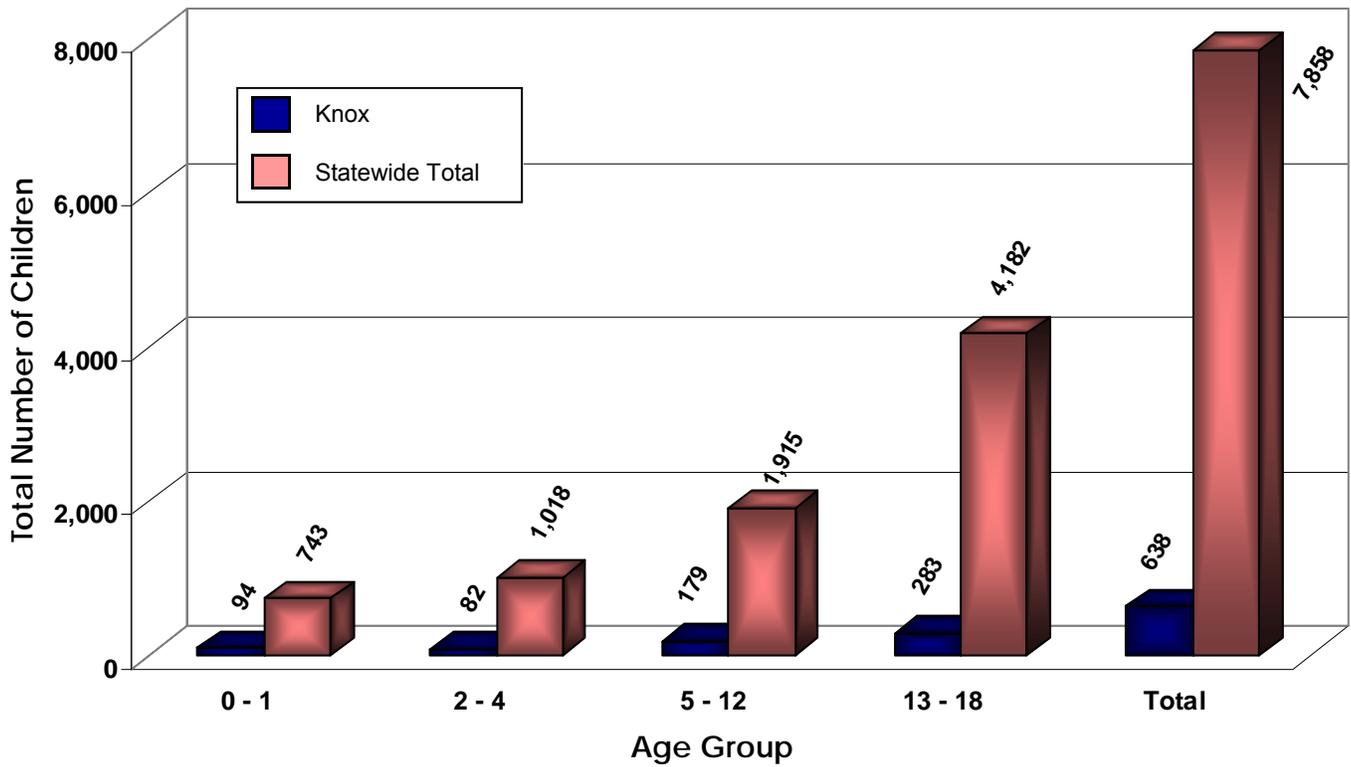


Figure 28: Children in Custody in the Knox Region by Gender as of June 30, 2008

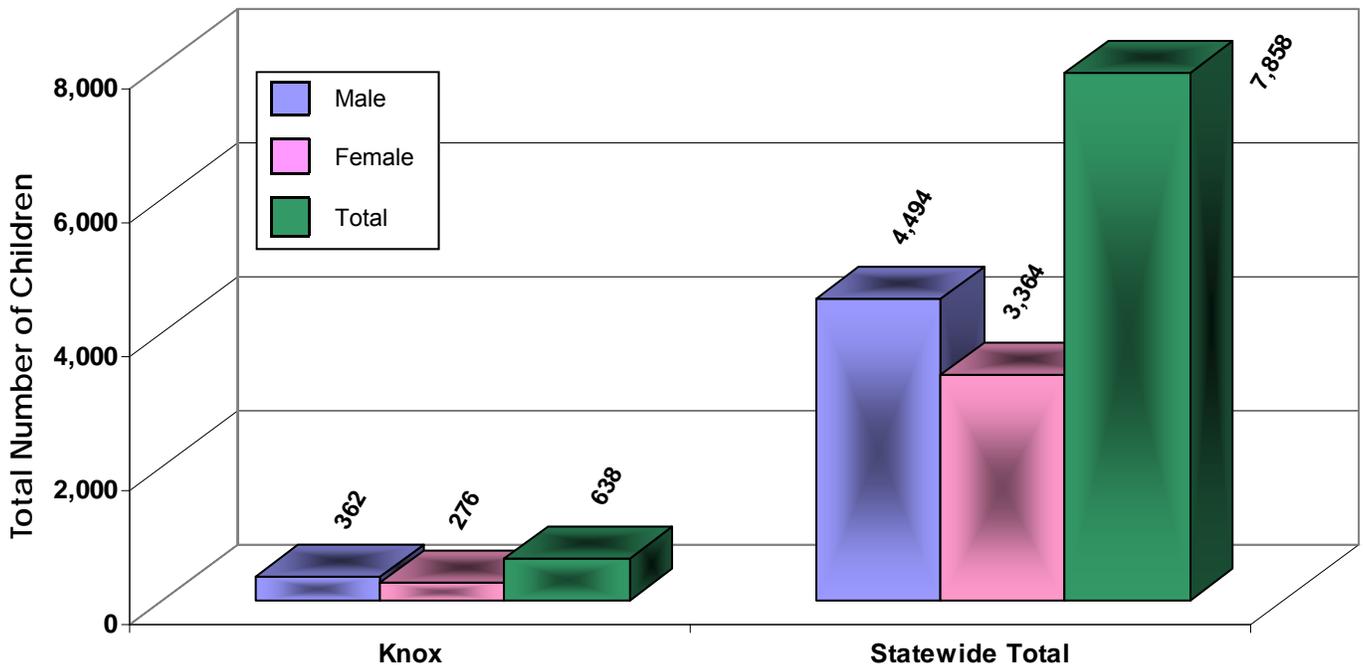


Figure 29: Children in Custody in the Knox Region By Race/Ethnicity as of June 30, 2008

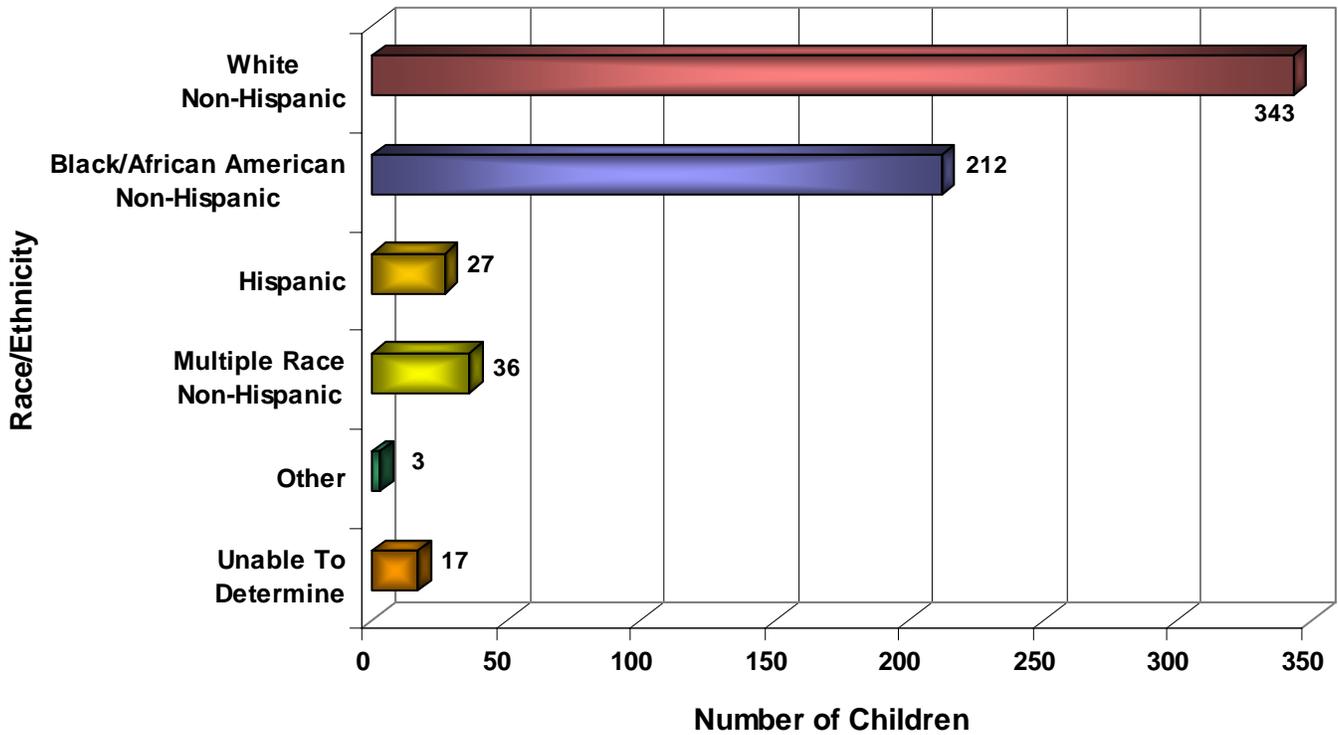
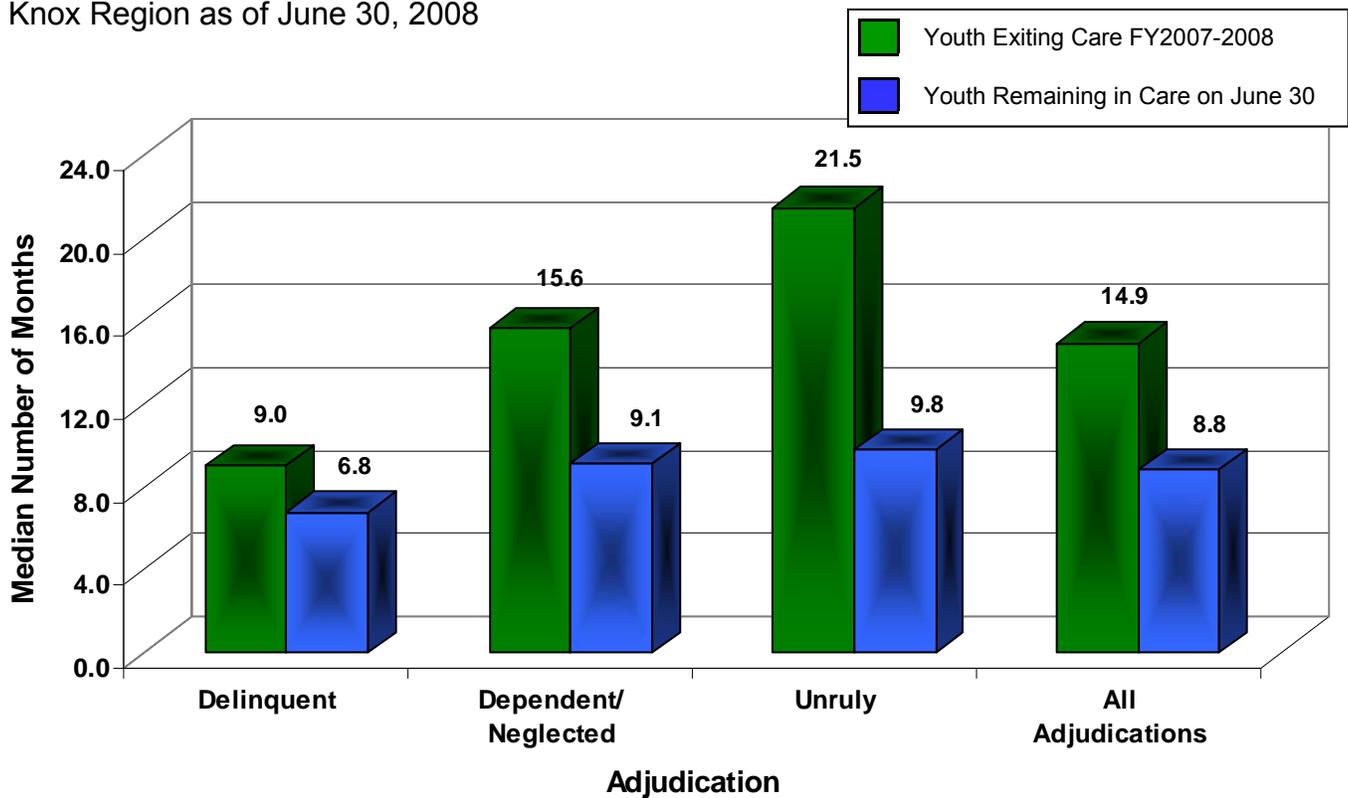


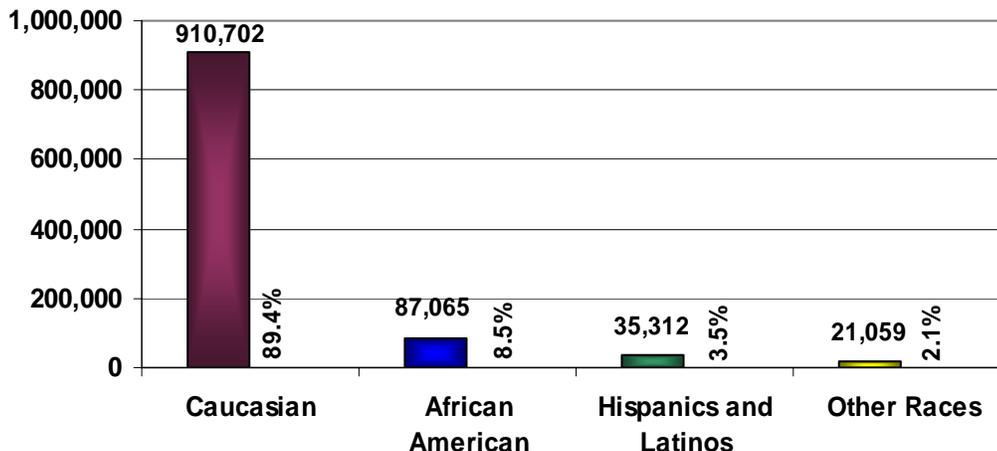
Figure 30: Length of Stay in Care by Adjudication in the Knox Region as of June 30, 2008



Mid-Cumberland Region



Total Population— 1,018,826*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 16: Placement Settings for Children In Care In the Mid-Cumberland Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	2	0.2%
Contract Foster Home	171	16.3%
DCS Foster Home (Authorized, Expedited)	349	33.4%
DCS Group Home	4	0.4%
DCS Youth Development Center	61	5.8%
Emergency Services	13	1.2%
Foster Care Medically Fragile	3	0.3%
In-Home	8	0.8%
Level 2	173	16.5%
Level 3	138	13.2%
Level 4	5	0.5%
Runaway	31	3.0%
Trial Home Visit 30/60/90	86	8.2%
Missing	2	0.2%
Total	1,046	100.0%

**See glossary for complete definitions of terms used in this table.

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Population ages 18 and under as of June 30, 2008—287,337

Number of children in care as of June 30, 2008—1,046

The Mid-Cumberland Region makes up the largest geographic area in the state. It consists of the urban and rural counties surrounding Metro Nashville. The 12 counties are: Cheatham, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The regional office is located in Murfreesboro. The U.S. military installation, Ft. Campbell, spans Montgomery and Stewart counties in Tennessee and Kentucky. Child Protective Services, Social Services and Juvenile Justice staff all deal with military families in this area. Their caseloads are unique because of military protocol. The region has 265 employees.

Based on the number of children in custody, Mid-Cumberland is the largest of the thirteen regions with 1,046 children.

(Data Source: TN KIDS)

Figure 31: Children in Custody in the Mid-Cumberland Region by Age Group Compared with Statewide Totals as of June 30, 2008

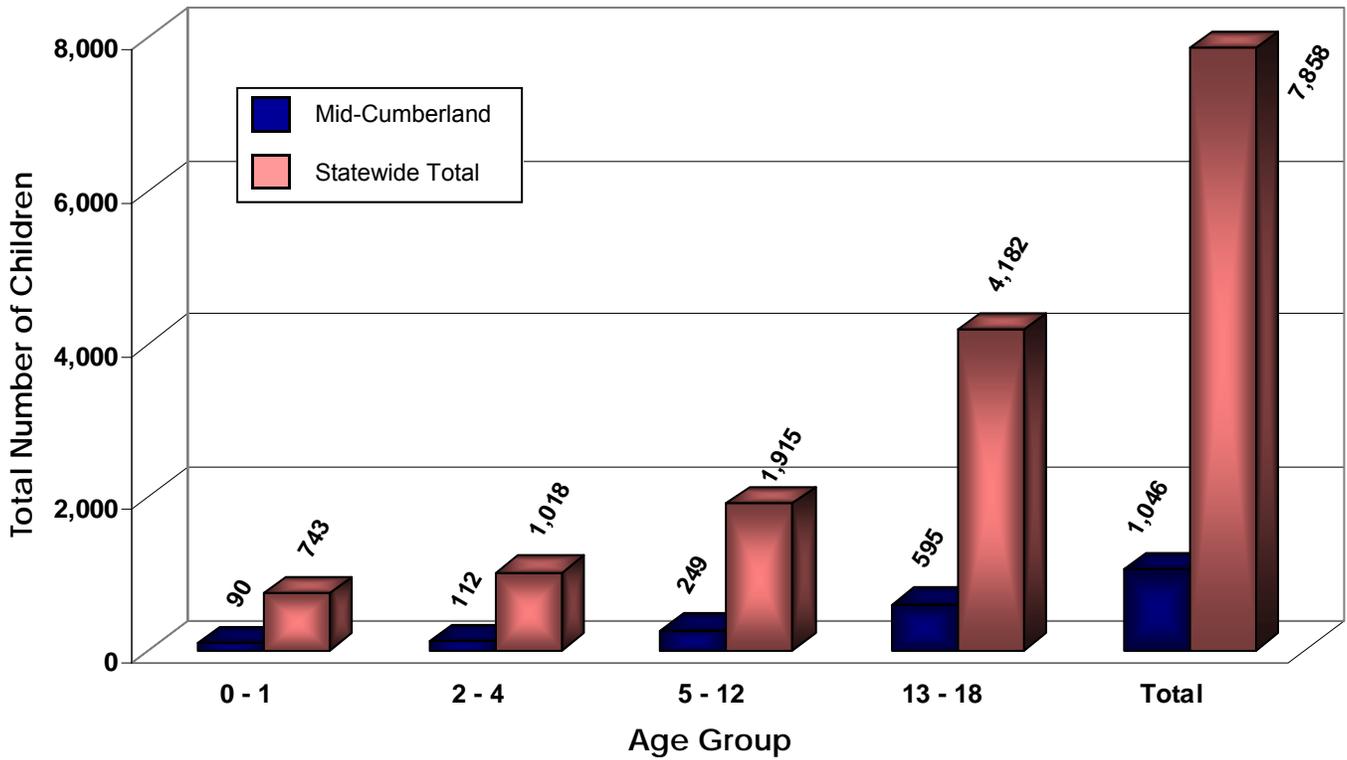


Figure 32: Children in Custody in the Mid-Cumberland Region by Gender as of June 30, 2008

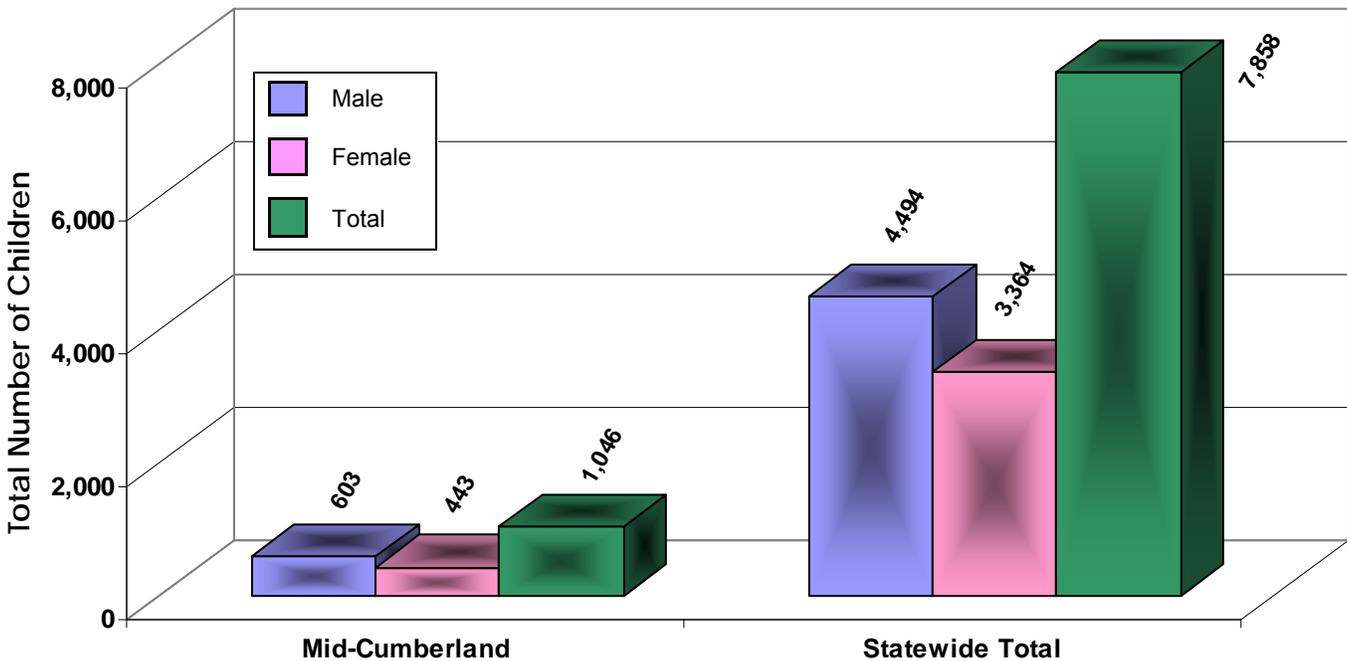


Figure 33: Children in Custody in the Mid-Cumberland Region by Race/Ethnicity as of June 30, 2008

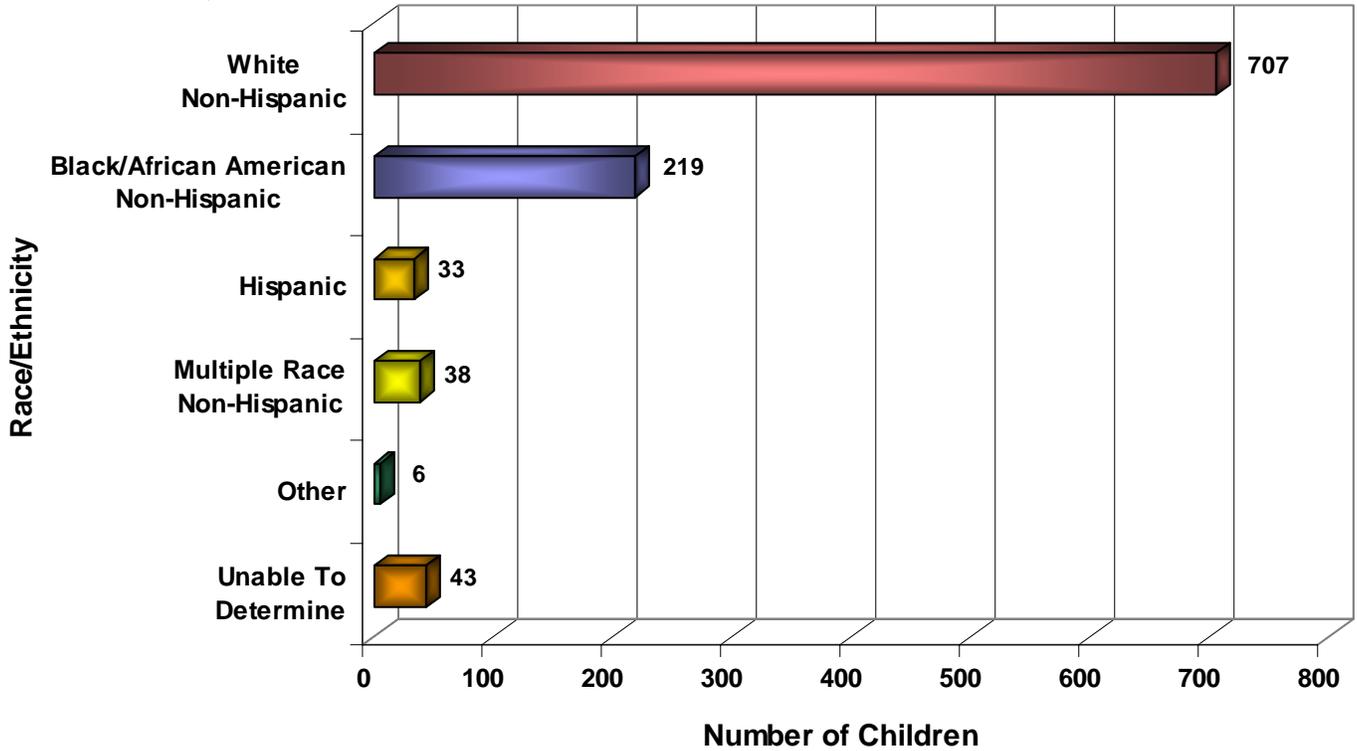
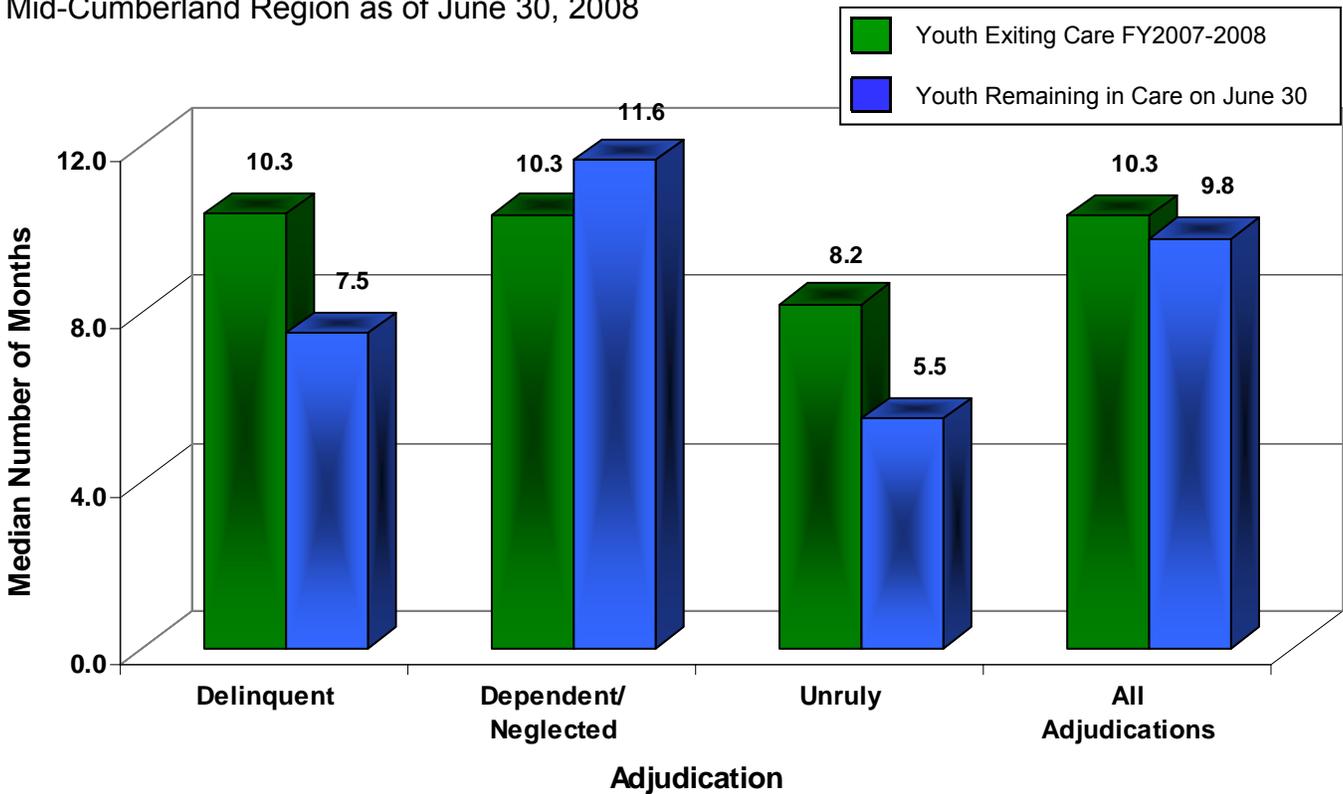


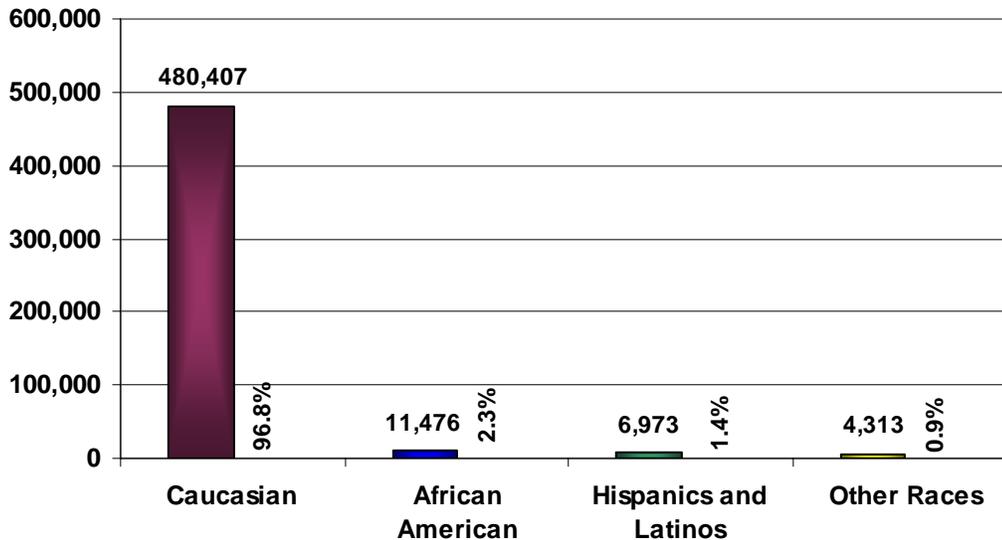
Figure 34: Length of Stay in Care by Adjudication in the Mid-Cumberland Region as of June 30, 2008



Northeast Region



Total Population— 496,196*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 17: Placement Settings for Children In Care In the Northeast Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	2	0.3%
Contract Foster Home	31	4.3%
DCS Foster Home (Authorized, Expedited)	268	37.2%
DCS Group Home	22	3.1%
DCS Youth Development Center	44	6.1%
Emergency Services	21	2.9%
Foster Care Medically Fragile	3	0.4%
In-Home	6	0.8%
Level 2	165	22.9%
Level 3	83	11.5%
Level 4	2	0.3%
Runaway	16	2.2%
Trial Home Visit 30/60/90	50	6.9%
Missing	8	1.1%
Total	721	100.0%

Population ages 18 and under as of June 30, 2008—116,120

Number of children in care as of June 30, 2008—721

The Northeast Region is located in the extreme northeastern part of the state with the regional office in Johnson City. The region comprises eight counties and has 165 staff providing services. The eight counties are: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington.

Based on the number of children in custody, the Northeast Region is the 5th largest with 721 children in custody.

(Data Source: TN KIDS)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 35: Children in Custody in the Northeast Region by Age Group Compared with Statewide Totals as of June 30, 2008

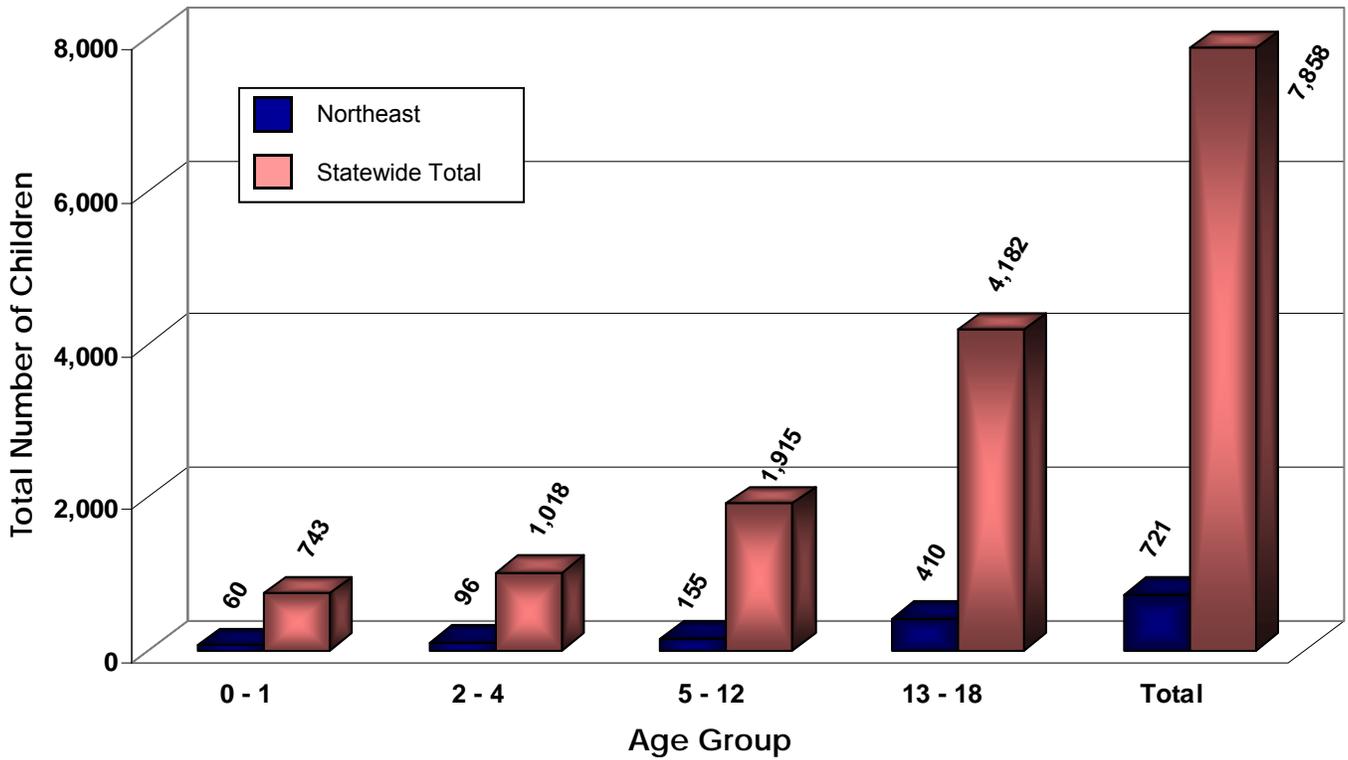


Figure 36: Children in Custody in the Northeast Region by Gender as of June 30, 2008

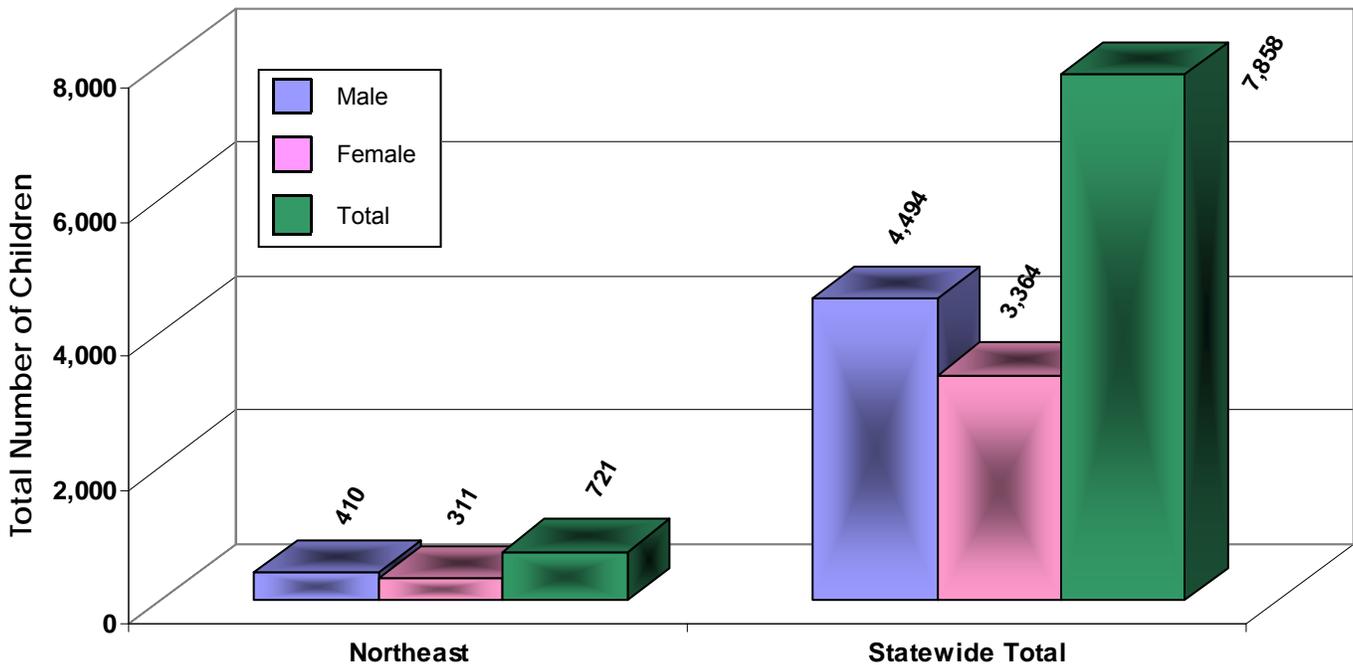


Figure 37: Children in Custody in the Northeast Region by Race/Ethnicity as of June 30, 2008

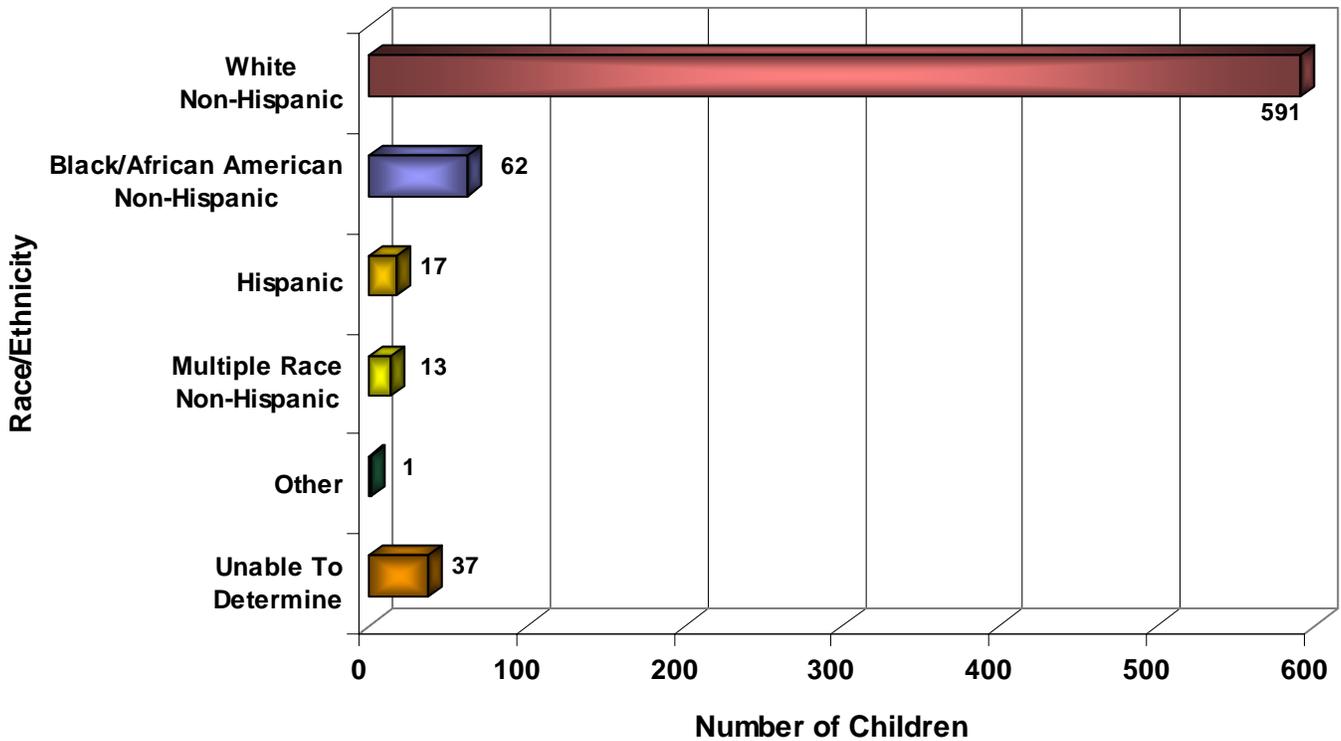
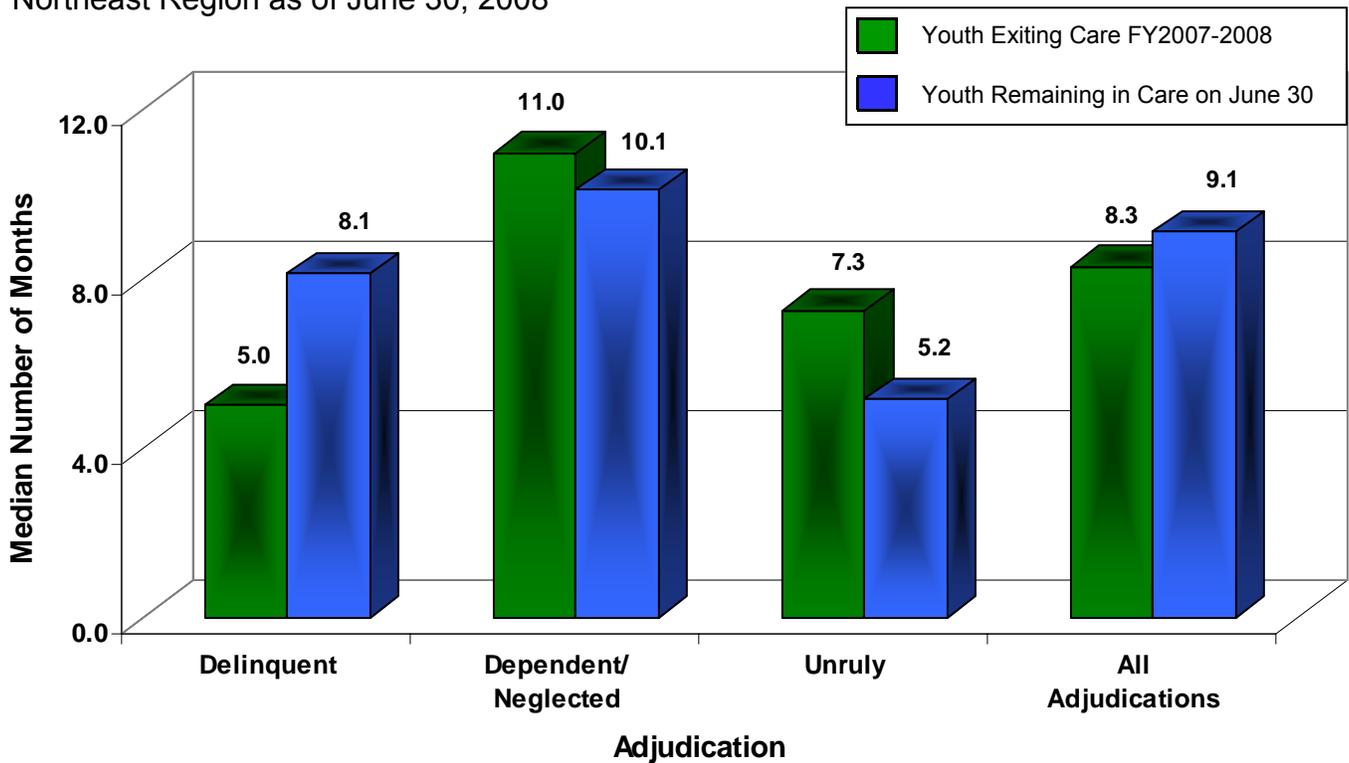


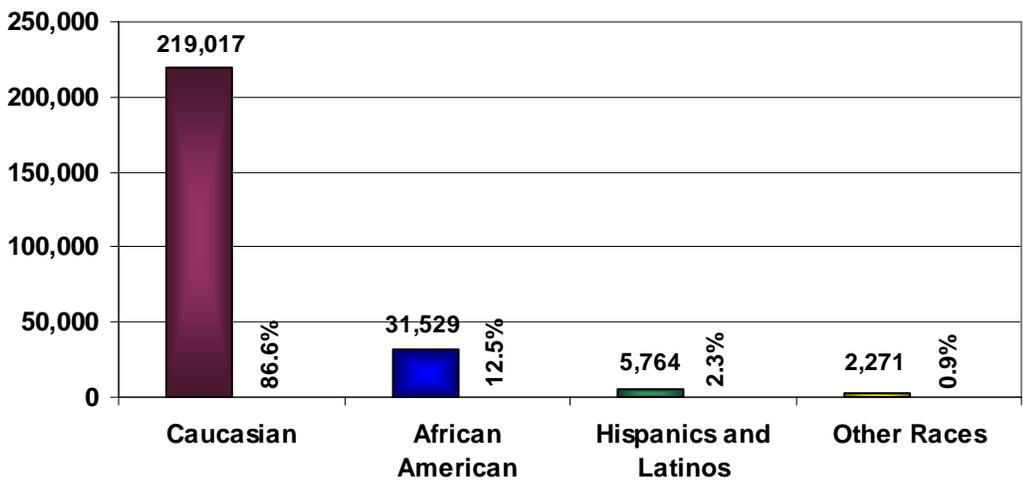
Figure 38: Length of Stay in Care by Adjudication in the Northeast Region as of June 30, 2008



Northwest Region



Total Population— 252,817*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 18: Placement Settings for Children In Care In the Northwest Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	0	0.0%
Contract Foster Home	11	5.4%
DCS Foster Home (Authorized, Expedited)	72	35.6%
DCS Group Home	4	2.0%
DCS Youth Development Center	15	7.4%
Emergency Services	1	0.5%
Foster Care Medically Fragile	4	2.0%
In-Home	5	2.5%
Level 2	24	11.9%
Level 3	46	22.8%
Level 4	1	0.5%
Runaway	5	2.5%
Trial Home Visit 30/60/90	13	6.4%
Missing	1	0.5%
Total	202	100.0%

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Population ages 18 and under as of June 30, 2008—64,319

Number of children in care as of June 30, 2008—202

The Northwest Region includes the nine counties of Northwest Tennessee. The nine counties are: Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion and Weakley. It is bounded on the west by the Mississippi River, on the north by the state of Kentucky, and on the east by the Tennessee River. It covers 4,222 square miles. The regional office is located in Trenton. Eighty three staff support service delivery in the region.

The Northwest Region ranks 13th among the 13 regions with 202 children in custody.

(Data Source: TNKids)

Figure 39: Children in Custody in the Northwest Region by Age Group Compared with Statewide Totals as of June 30, 2008

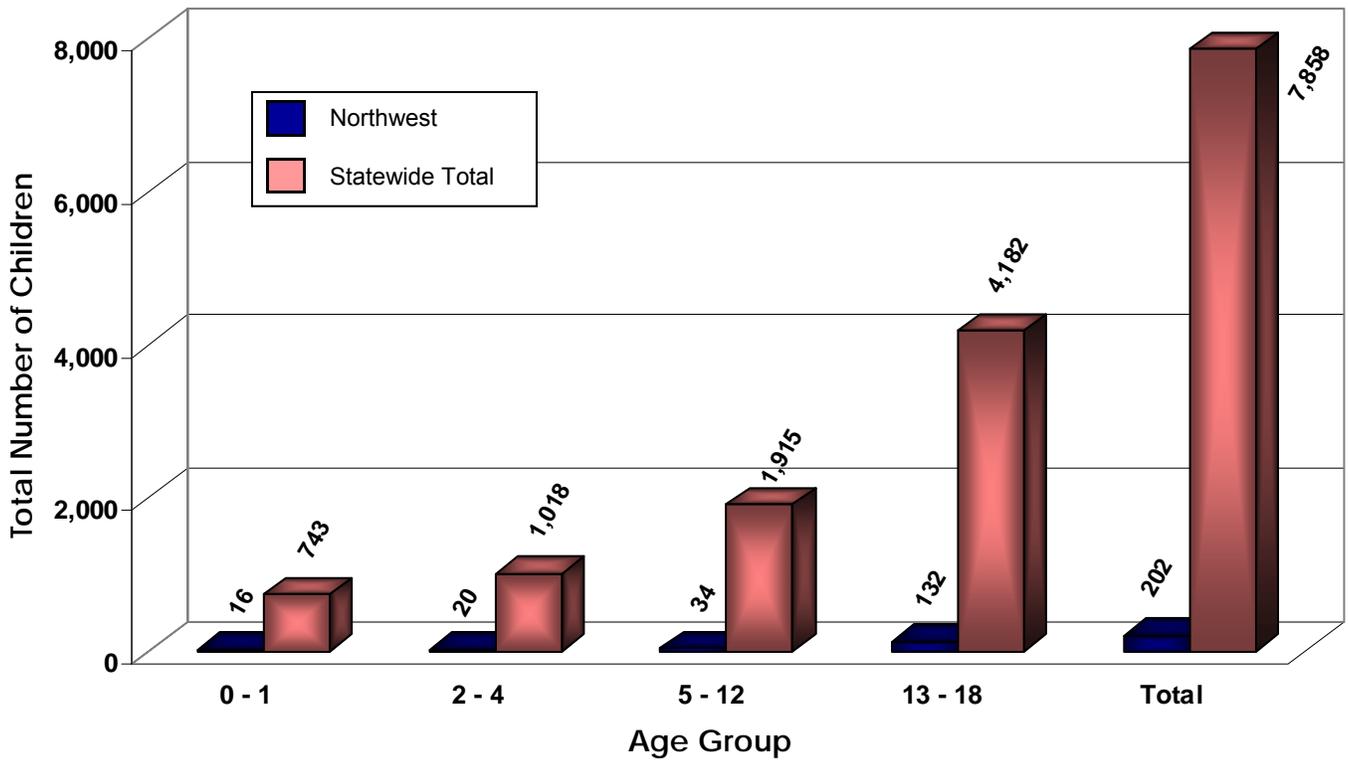


Figure 40: Children in Custody in the Northwest Region by Gender as of June 30, 2008

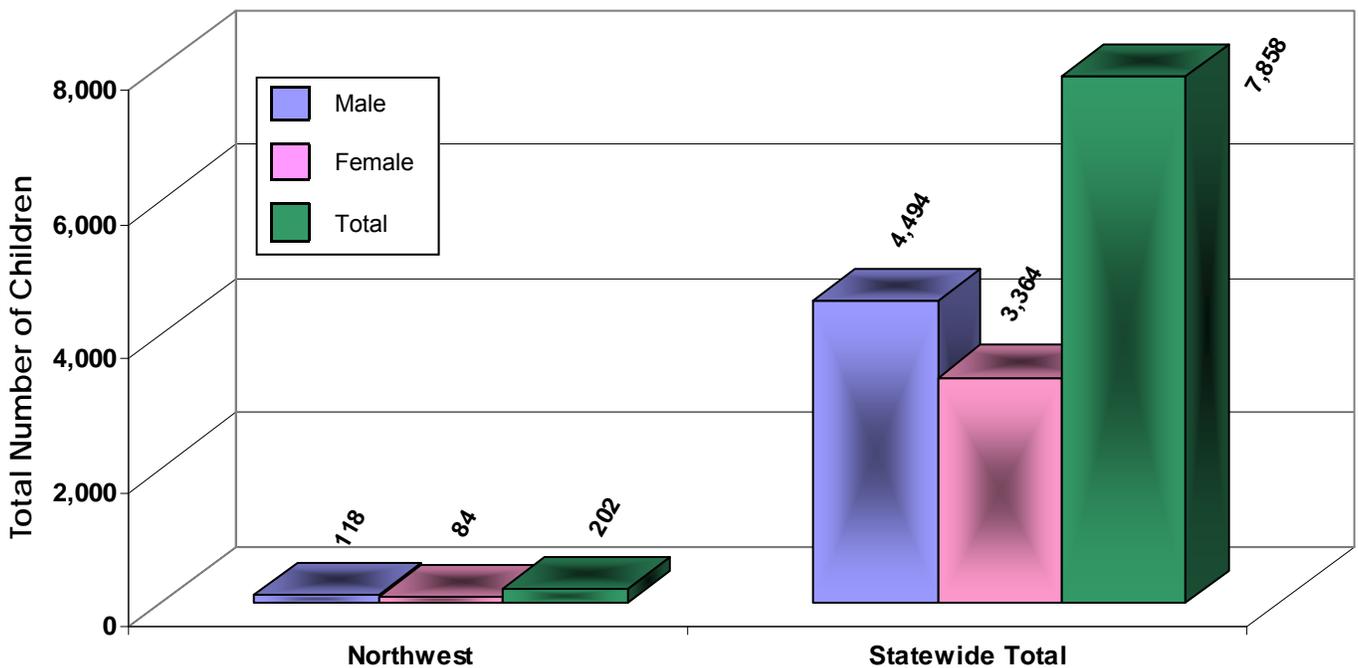


Figure 41: Children in Custody in the Northwest Region by Race/Ethnicity as of June 30, 2008

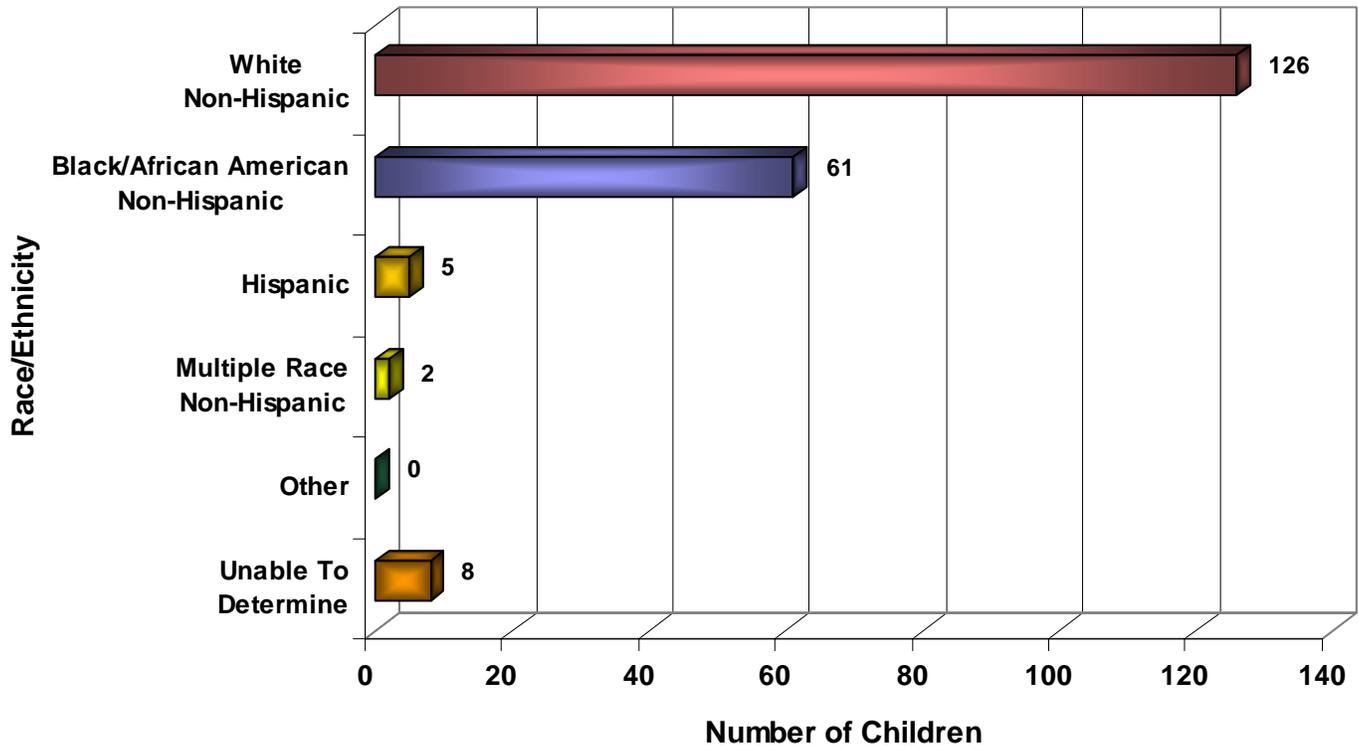
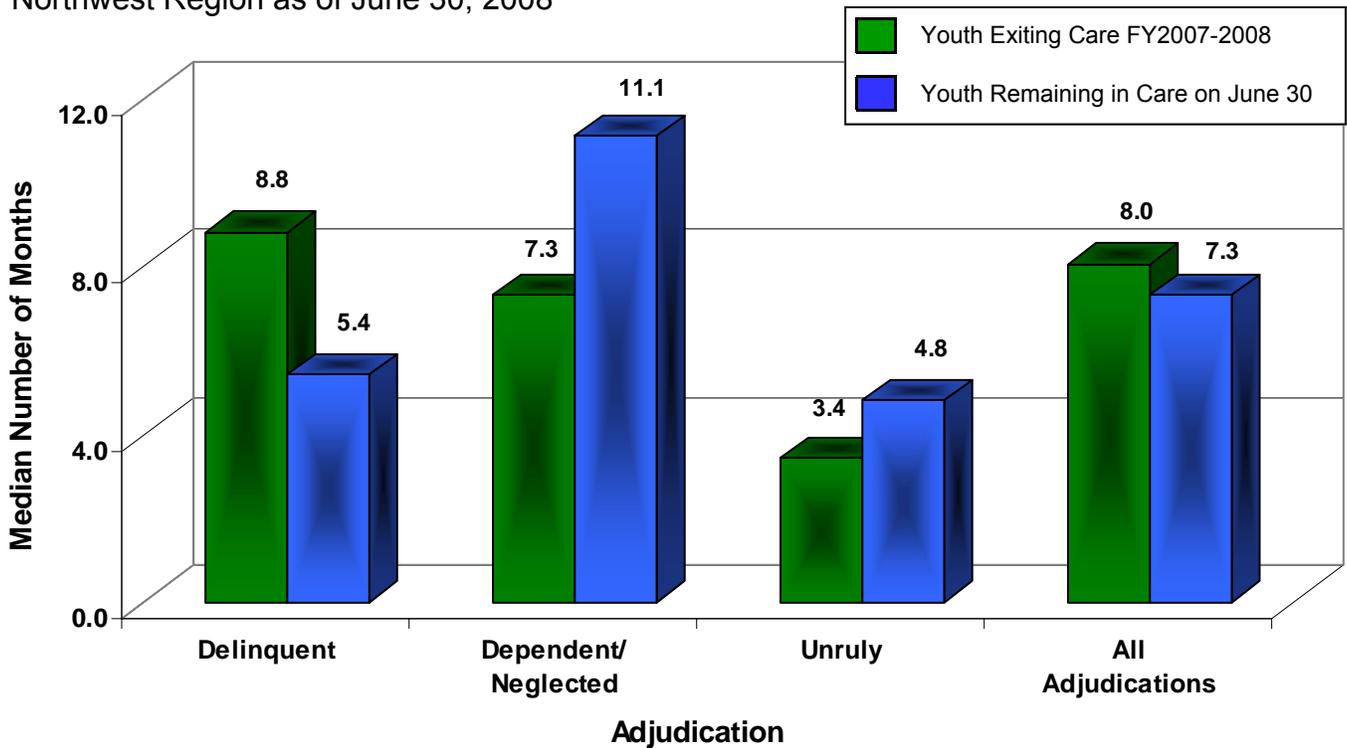


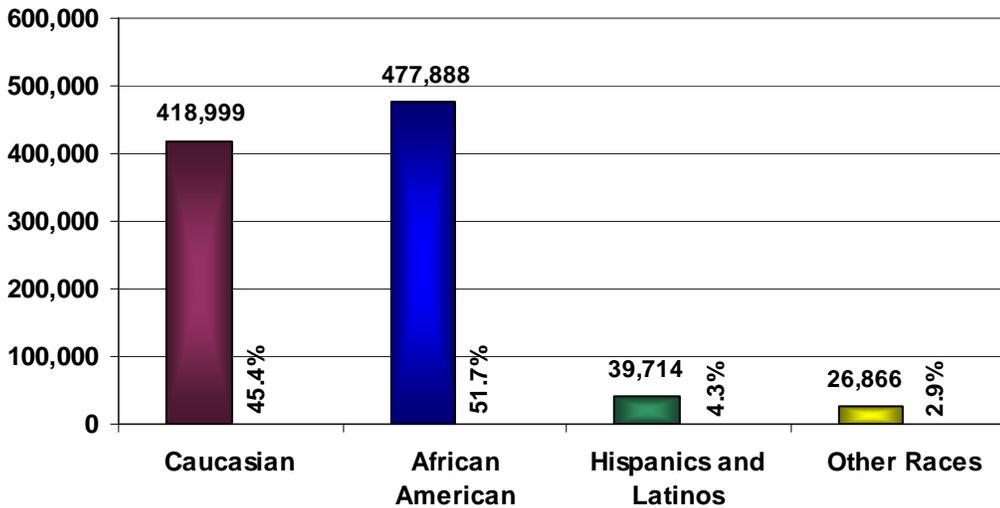
Figure 42: Length of Stay in Care by Adjudication in the Northwest Region as of June 30, 2008



Shelby Region



Total Population— 923,753*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 19: Placement Settings for Children In Care In the Shelby Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	2	0.2%
Contract Foster Home	245	28.1%
DCS Foster Home (Authorized, Expedited)	173	19.9%
DCS Group Home	2	0.2%
DCS Youth Development Center	40	4.6%
Emergency Services	15	1.7%
Foster Care Medically Fragile	18	2.1%
In-Home	7	0.8%
Level 2	136	15.6%
Level 3	171	19.6%
Level 4	4	0.5%
Runaway	48	5.5%
Trial Home Visit 30/60/90	8	0.9%
Missing	2	0.2%
Total	871	100.0%

Population ages 18 and under as of June 30, 2008—277,861

Number of children in care as of June 30, 2008—871

Shelby Region is one of four single-county regions. It is the largest metropolitan area in the state and is located in the extreme southwestern part of Tennessee. The county shares a border with Arkansas and Mississippi. The regional office is located in Memphis. There are 260 staff members in the Shelby Region.

Shelby is the 2nd largest region based on the number of children in custody, 871.

(Data Source: TN Kids)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 43: Children in Custody in the Shelby Region by Age Group Compared with Statewide Totals as of June 30, 2008

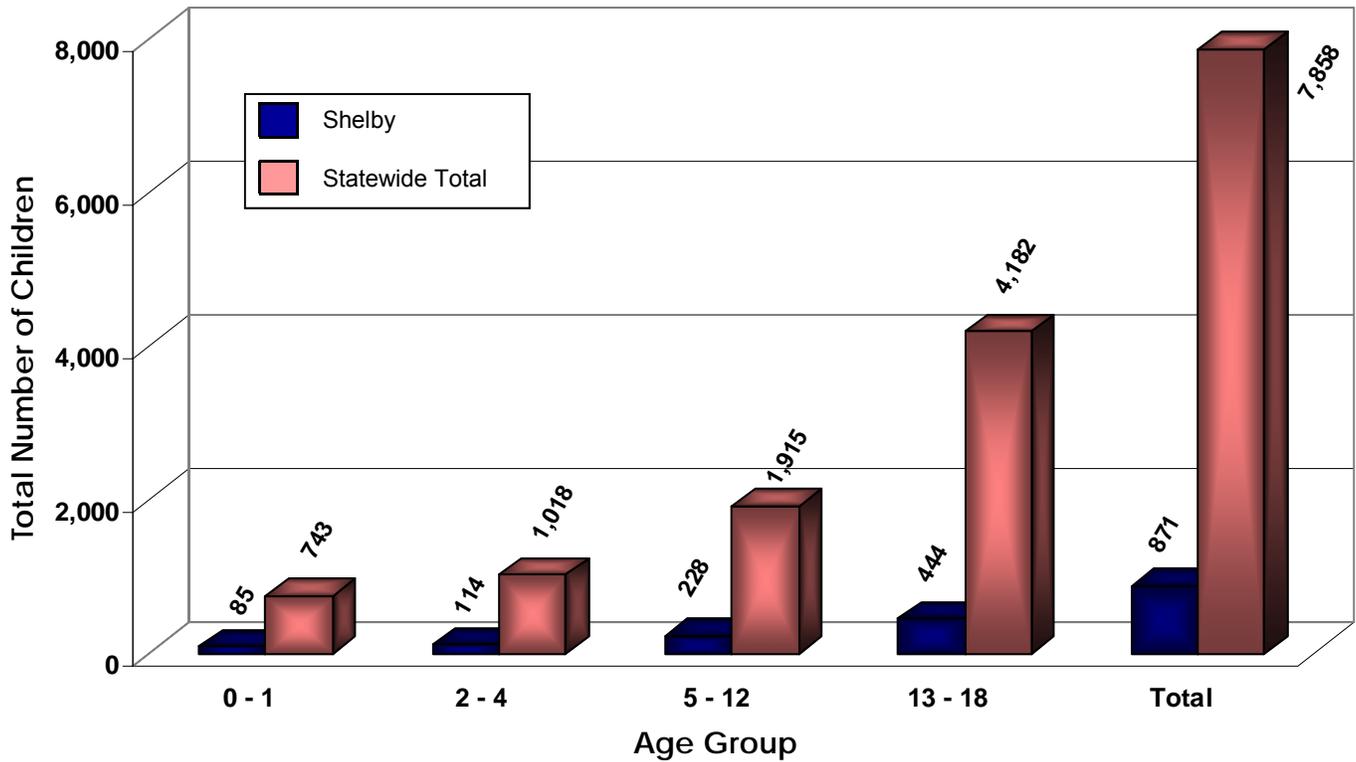


Figure 44: Children in Custody in the Shelby Region by Gender as of June 30, 2008

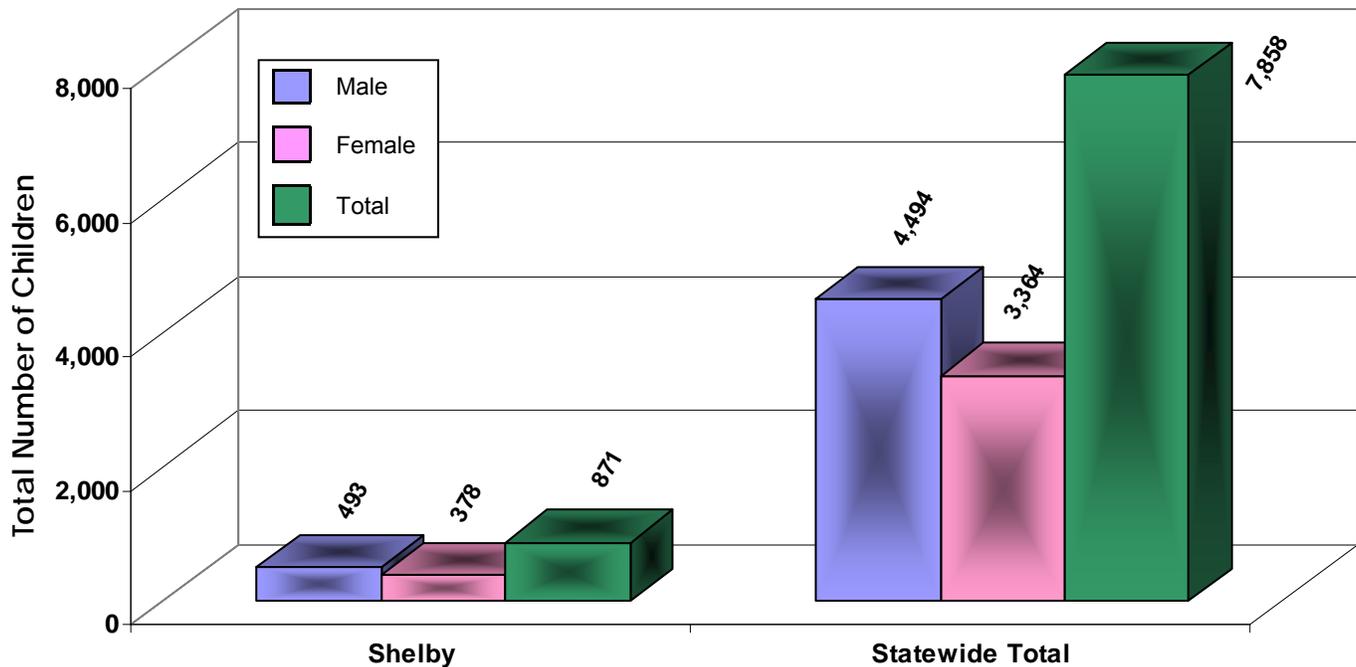


Figure 45: Children in Custody in the Shelby Region by Race/Ethnicity as of June 30, 2008

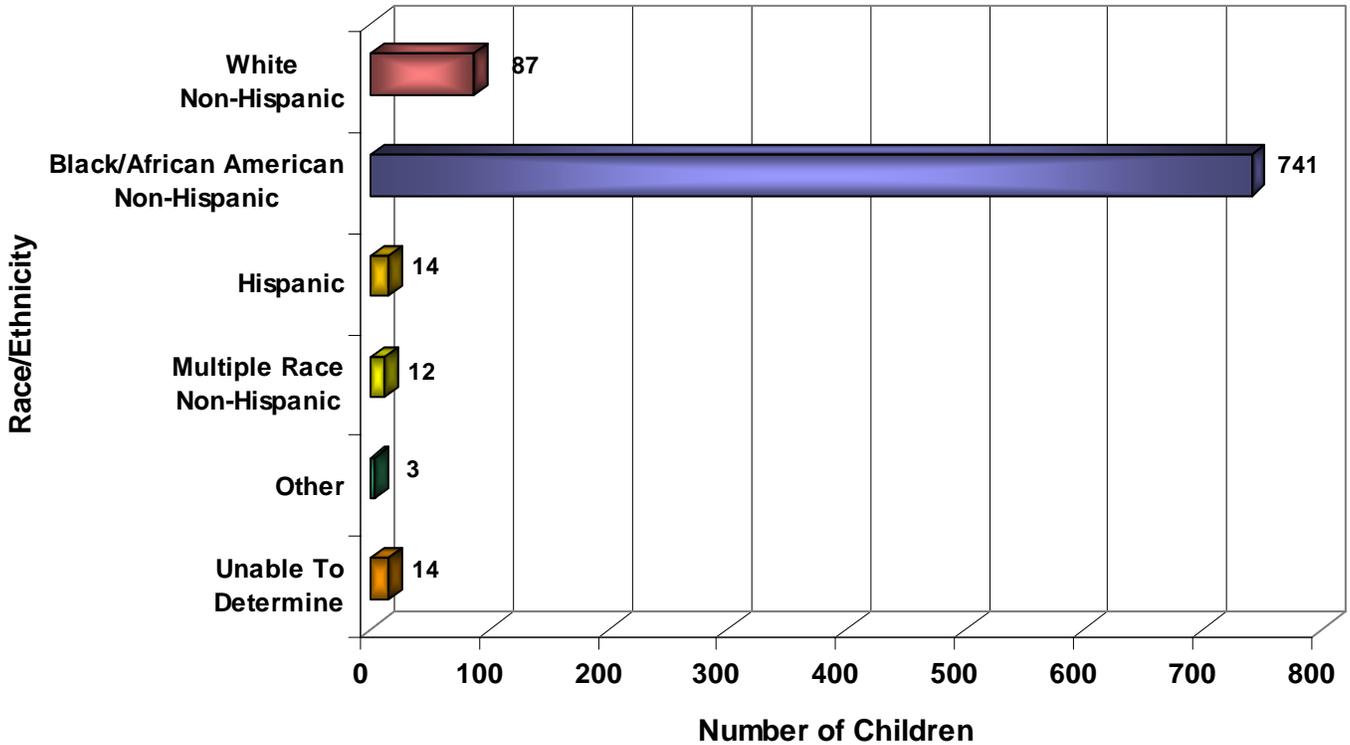
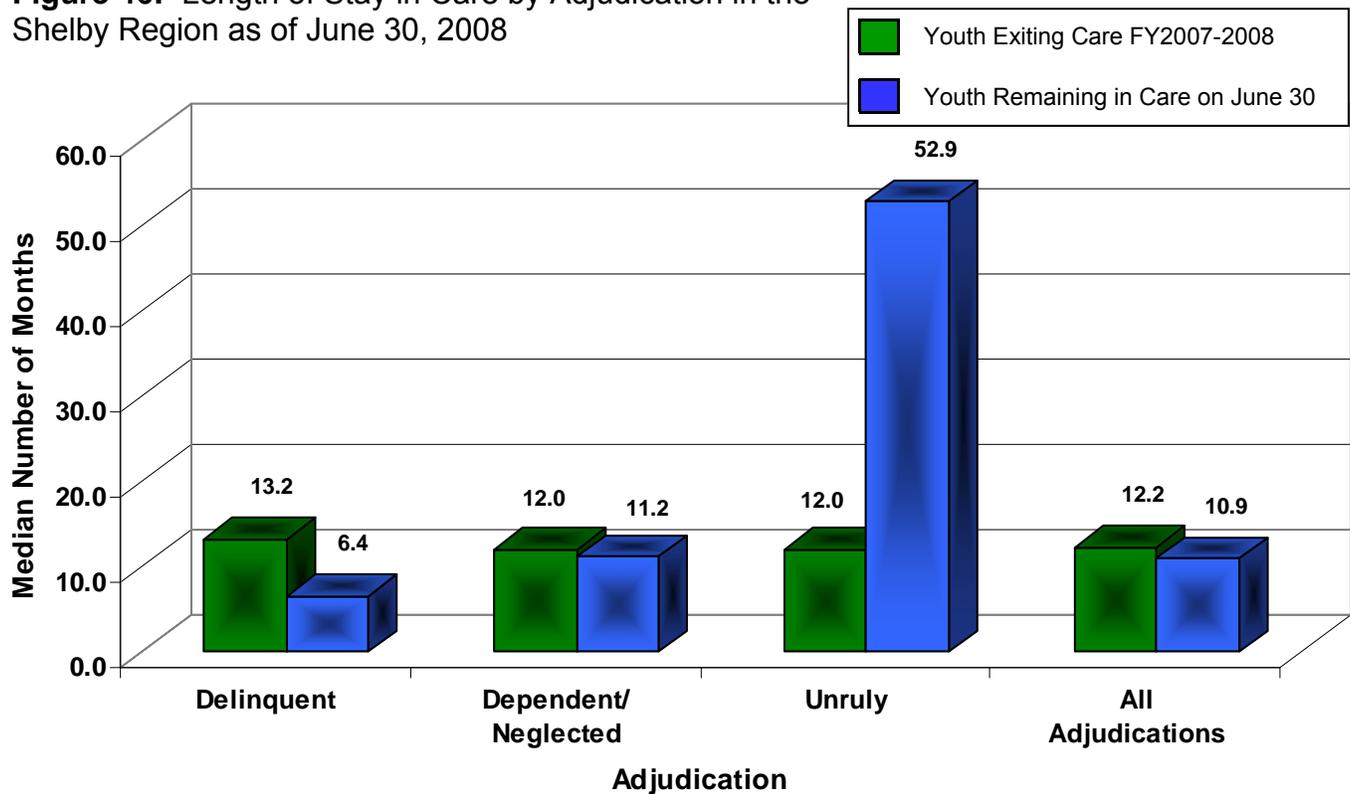


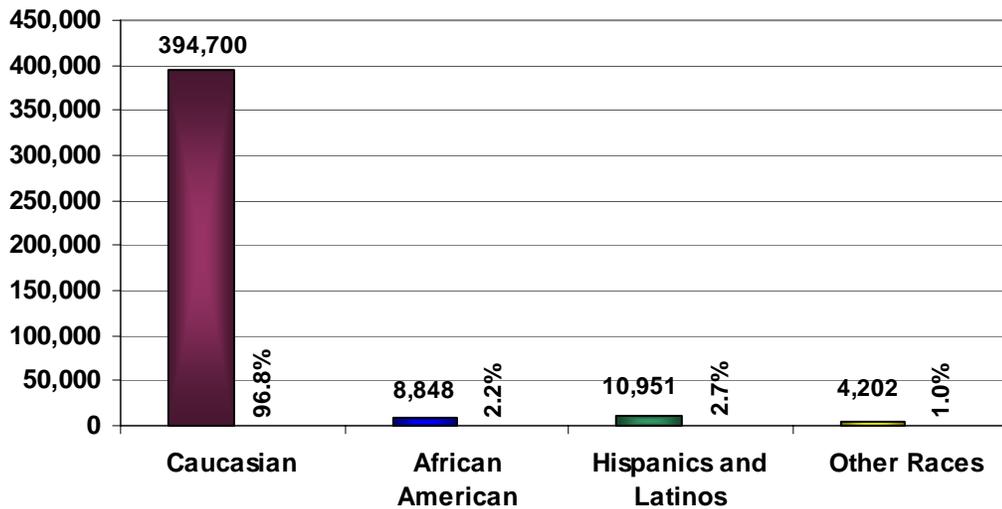
Figure 46: Length of Stay in Care by Adjudication in the Shelby Region as of June 30, 2008



Smoky Mountain Region



Total Population— 407,750*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 20: Placement Settings for Children In Care In the Smoky Mountain Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	5	0.6%
Contract Foster Home	39	5.0%
DCS Foster Home (Authorized, Expedited)	372	47.5%
DCS Group Home	3	0.4%
DCS Youth Development Center	28	3.6%
Emergency Services	9	1.1%
Foster Care Medically Fragile	3	0.4%
In-Home	5	0.6%
Level 2	179	22.9%
Level 3	69	8.8%
Level 4	3	0.4%
Runaway	15	1.9%
Trial Home Visit 30/60/90	52	6.6%
Missing	1	0.1%
Total	783	100.0%

Population ages 18 and under as of June 30, 2008—100,637

Number of children in care as of June 30, 2008—783

The Smoky Mountain Region includes seven counties with the regional office located in New Market. There are 147 staff members who support service delivery. The seven counties in the Smoky Mountain Region are: Blount, Claiborne, Cocke, Grainger, Hamblen, Jefferson and Sevier.

In Fiscal Year 2008, Smoky Mountain was the 3rd largest region based on 783 children in custody.

(Data Source: TN Kids)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 47: Children in Custody in the Smoky Mountain Region by Age Group Compared with Statewide Totals as of June 30, 2008

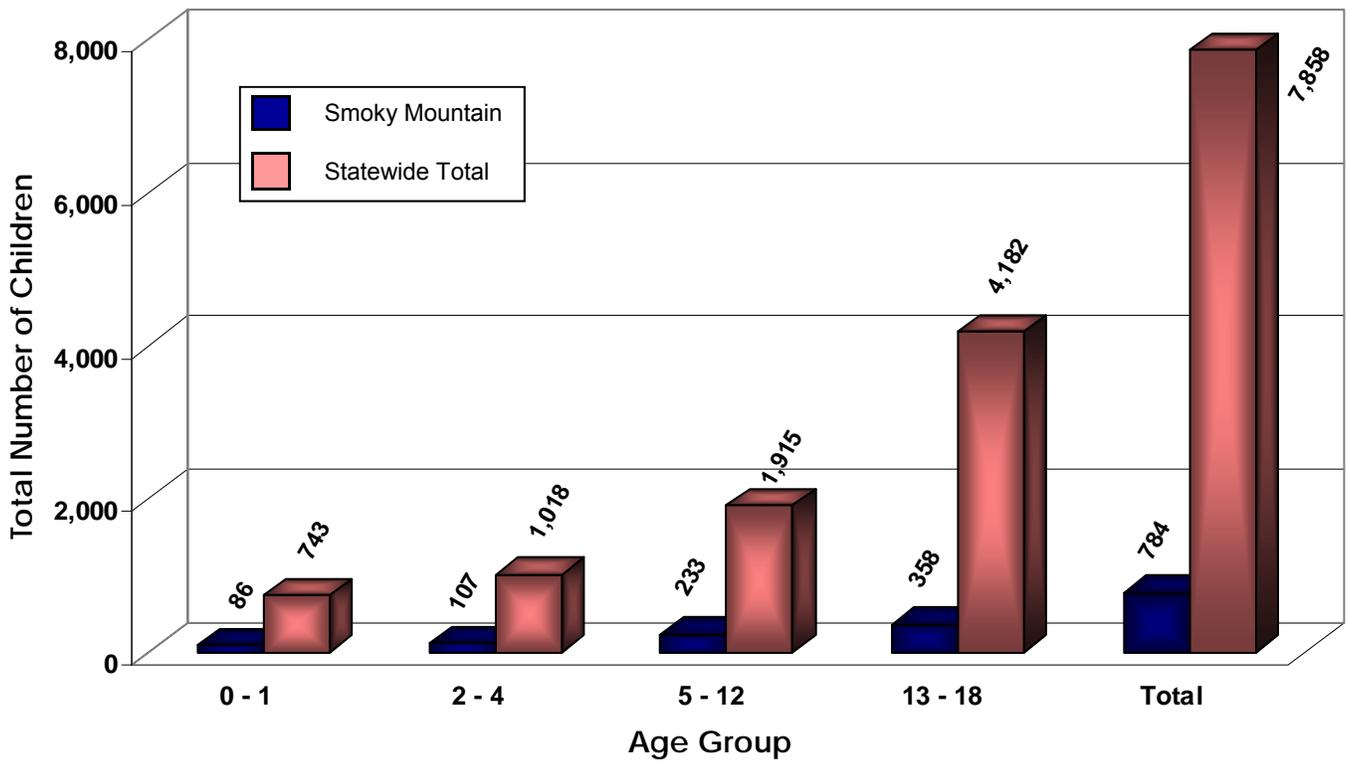


Figure 48: Children in Custody in the Smoky Mountain Region by Gender as of June 30, 2008

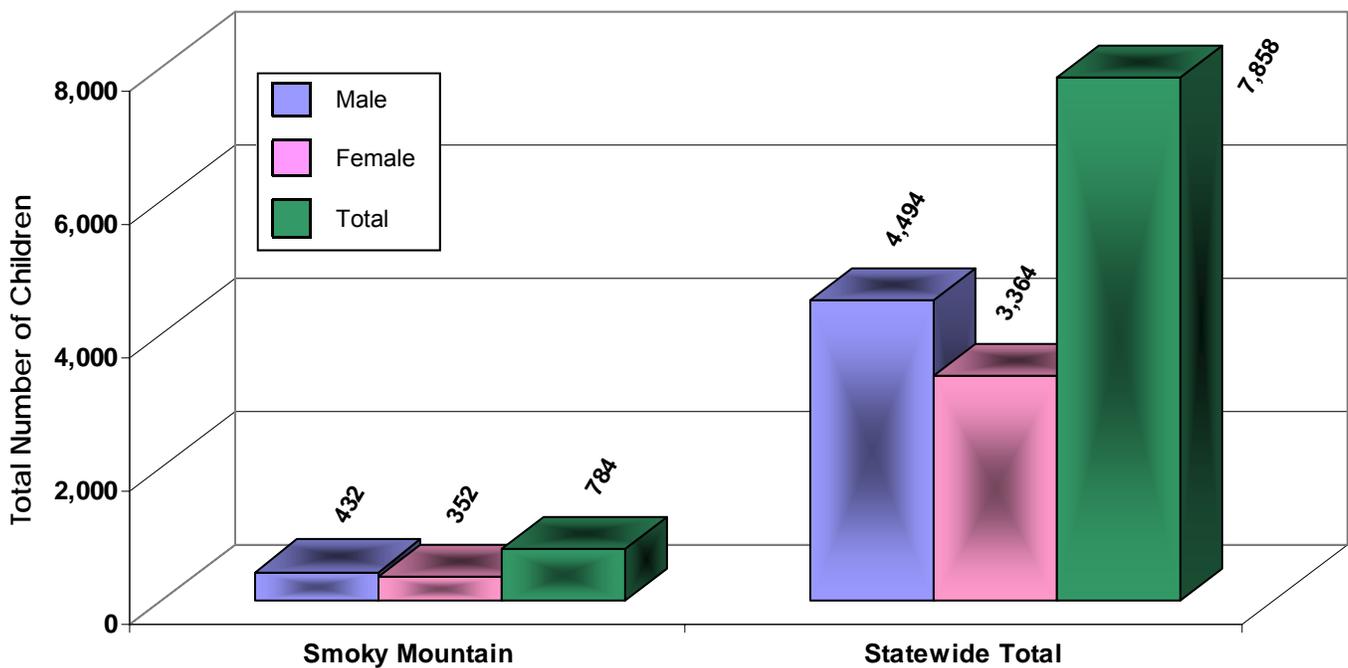


Figure 49: Children in Custody in the Smoky Mountain Region by Race/Ethnicity as of June 30, 2008

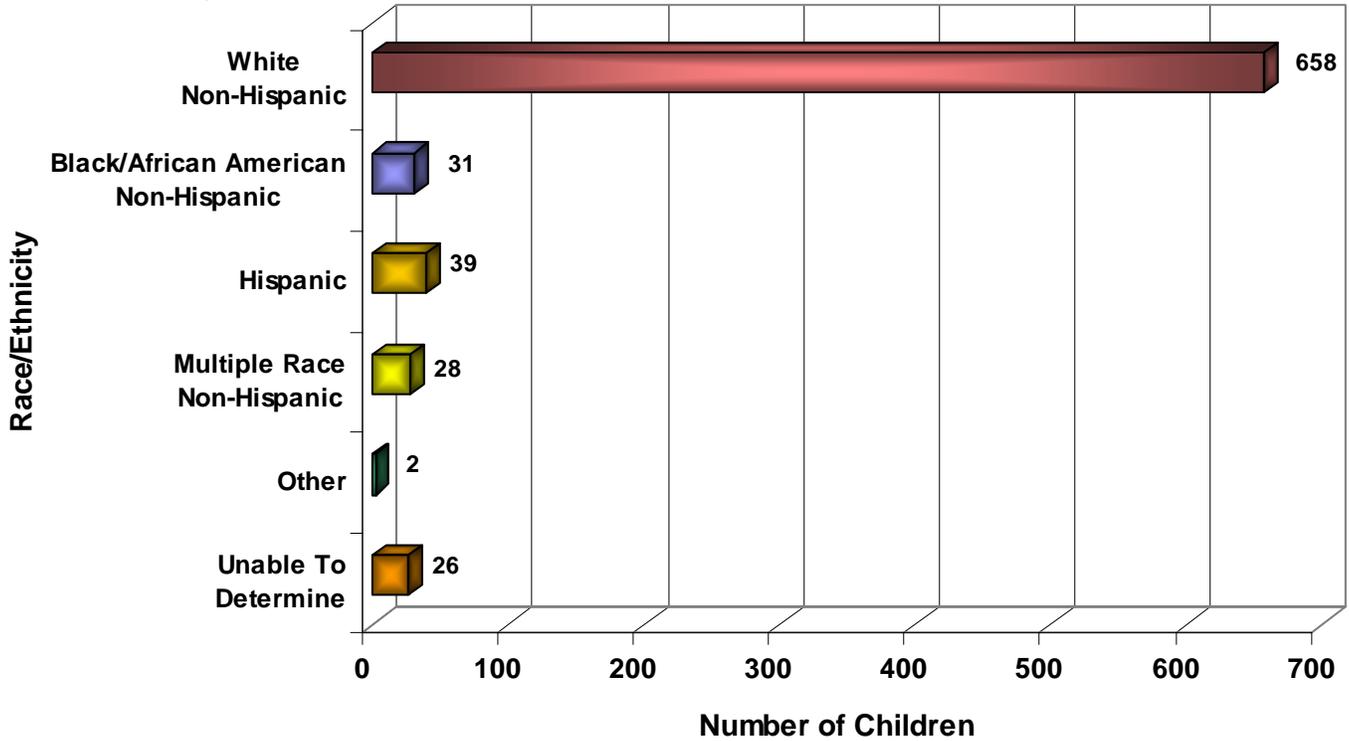
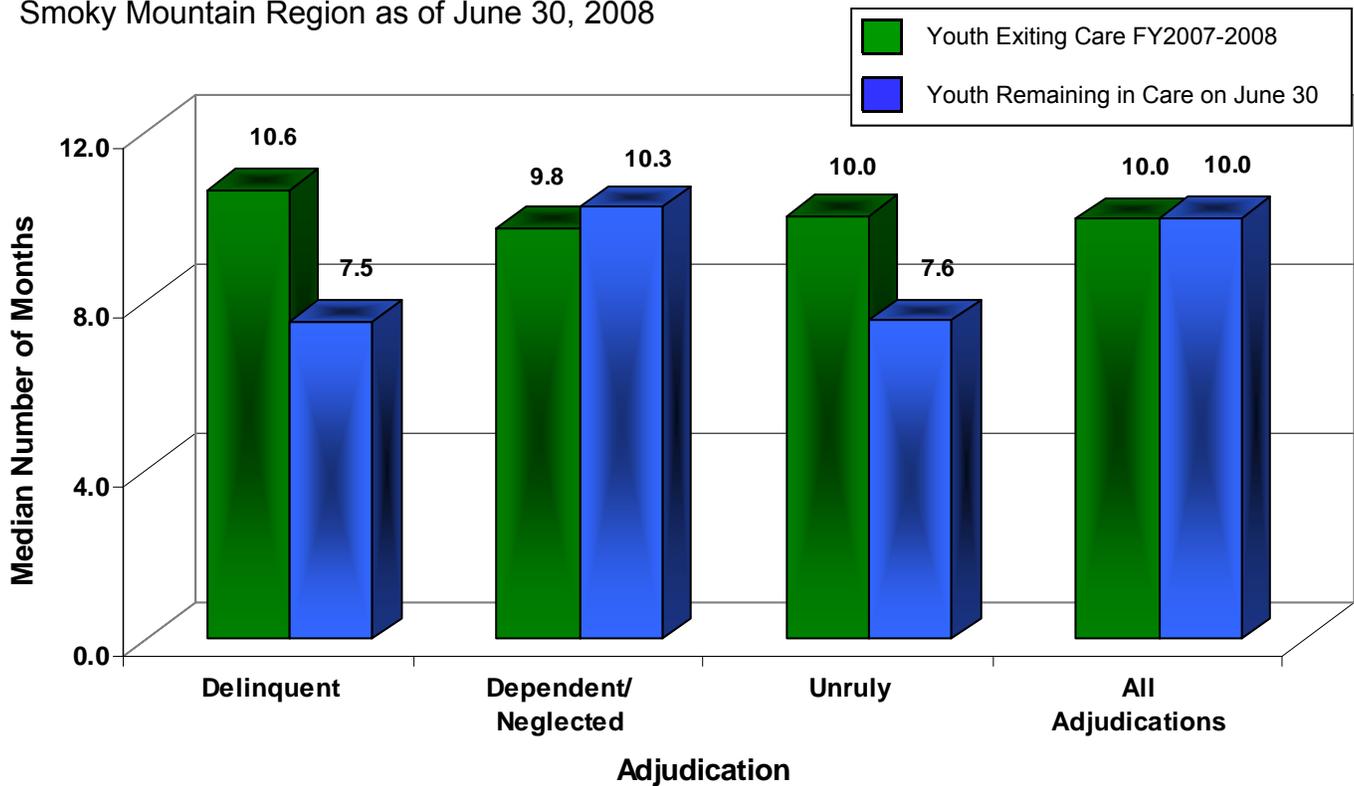


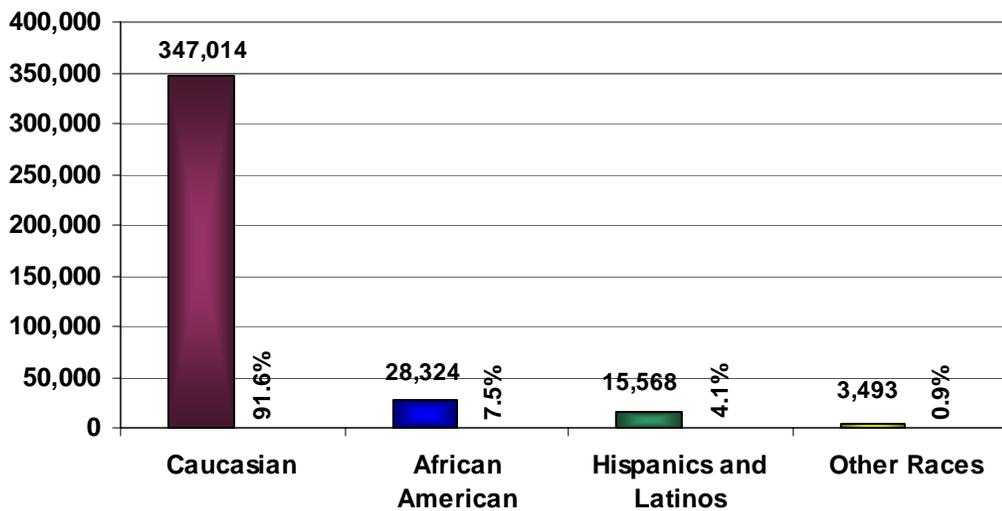
Figure 50: Length of Stay in Care by Adjudication in the Smoky Mountain Region as of June 30, 2008



South Central Region



Total Population— 378,831*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 21: Placement Settings for Children In Care In the South Central Region as of June 30, 2008

Placement Level**	Frequency	%
Contract Foster Home	38	6.5%
DCS Foster Home (Authorized, Expedited)	283	48.6%
DCS Group Home	5	0.9%
DCS Youth Development Center	18	3.1%
Emergency Services	7	1.2%
Foster Care Medically Fragile	3	0.5%
In-Home	6	1.0%
Level 2	113	19.4%
Level 3	71	12.2%
Level 4	6	1.0%
Runaway	10	1.7%
Trial Home Visit 30/60/90	21	3.6%
Missing	1	0.2%
Total	582	100.0%

Population ages 18 and under as of June 30, 2008—100,647

Number of children in care as of June 30, 2008—582

The South Central Region provides services to 12 counties of central Tennessee. The 12 counties are: Bedford, Coffee, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry and Wayne. There are 147 staff in the region with a regional office in Columbia.

Based on the number of children in custody, the South Central Region ranks 8th with 582 children.

(Data Source: TN Kids)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 51: Children in Custody in the South Central Region by Age Group Compared with Statewide Totals as of June 30, 2008

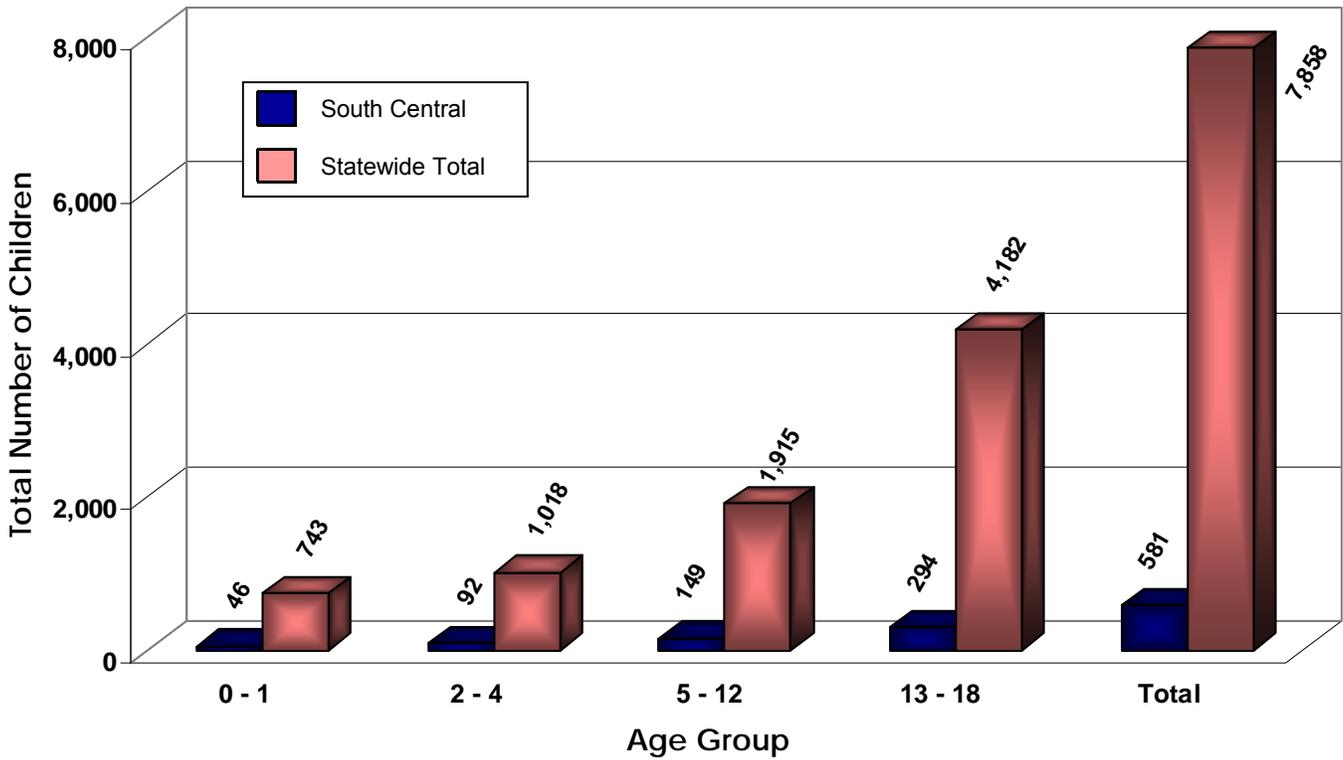


Figure 52: Children in Custody in the South Central Region by Gender as of June 30, 2008

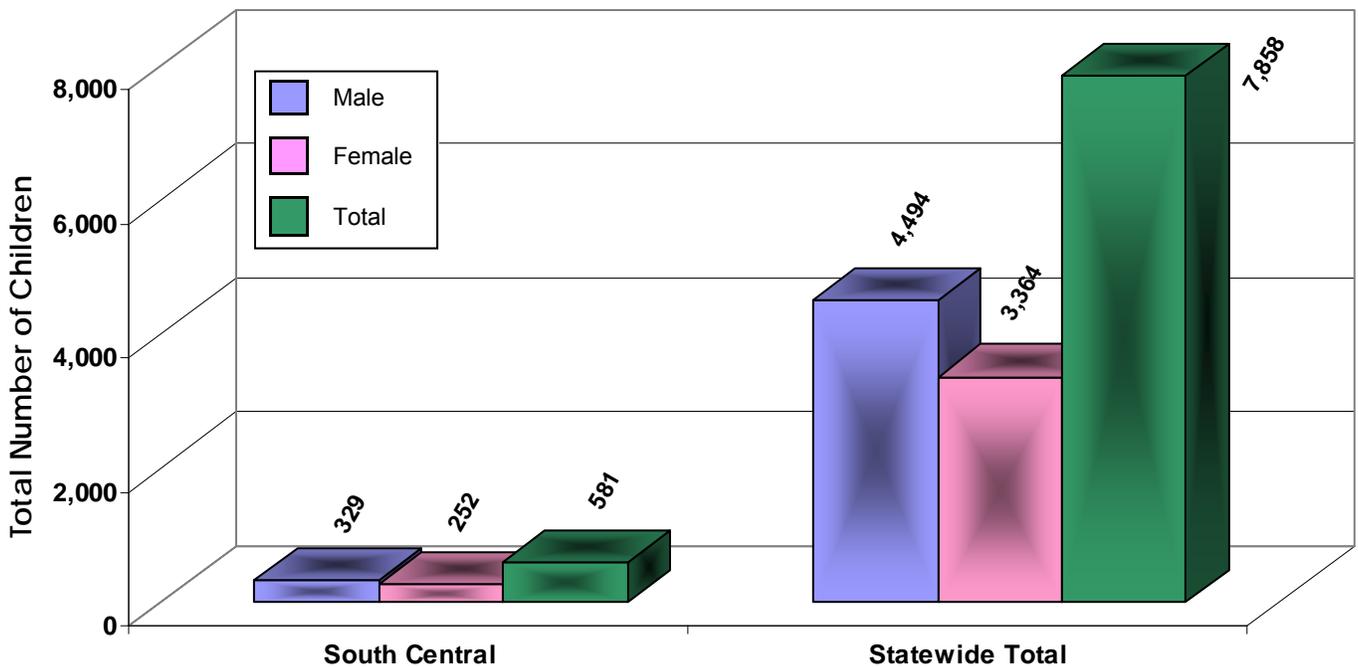


Figure 53: Children in Custody in the South Central Region by Race/Ethnicity as of June 30, 2008

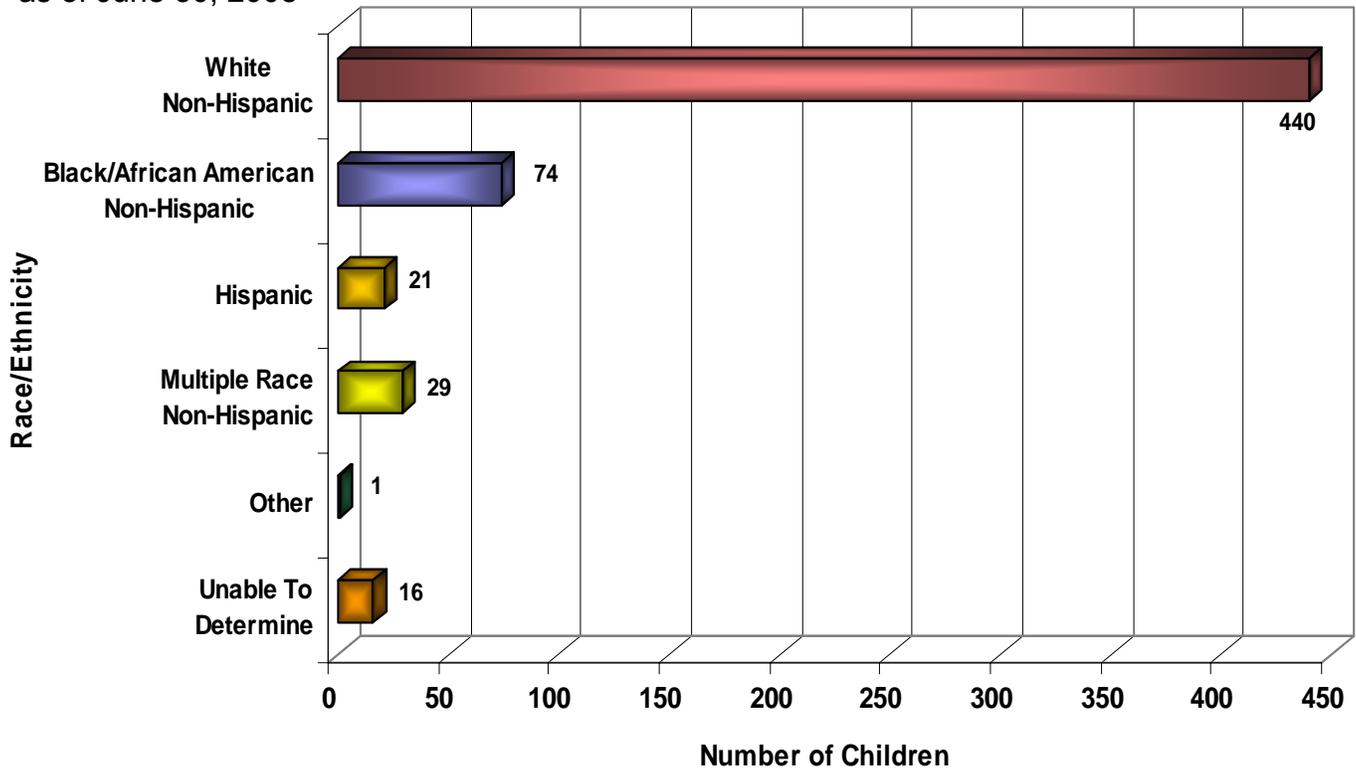
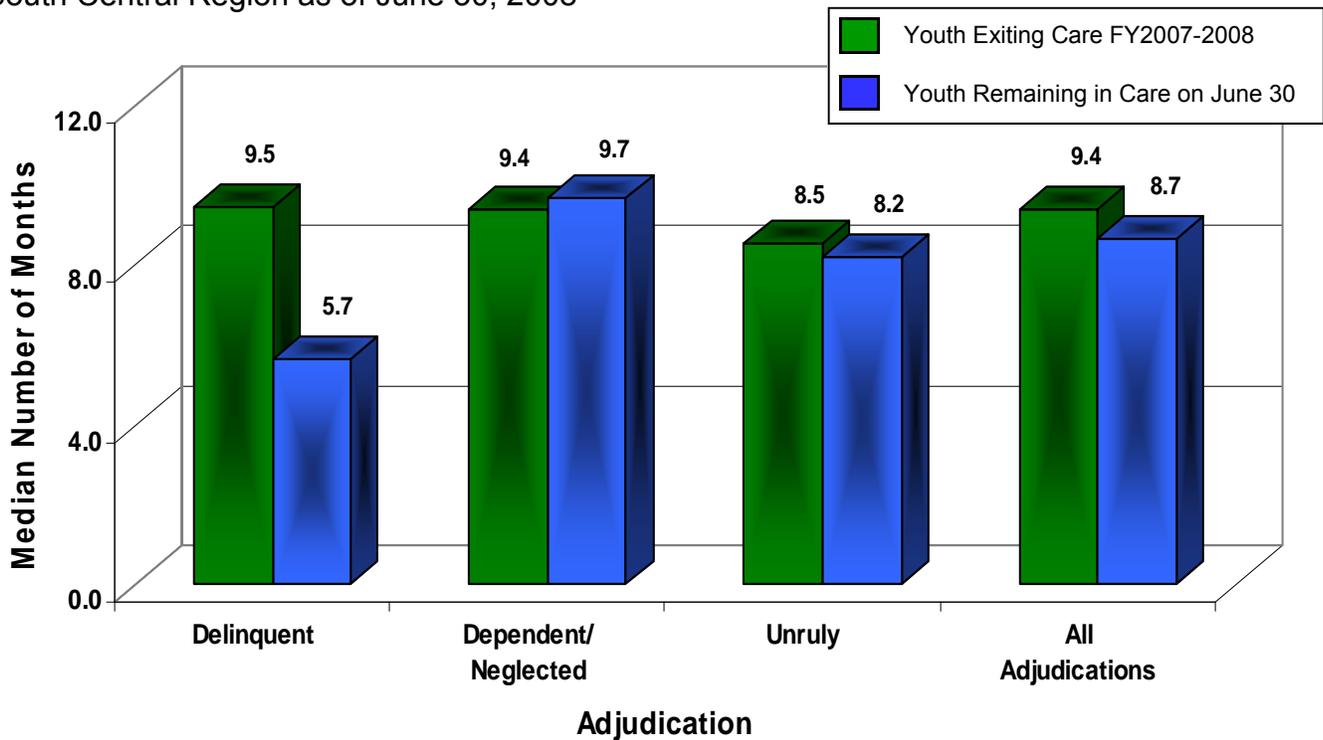


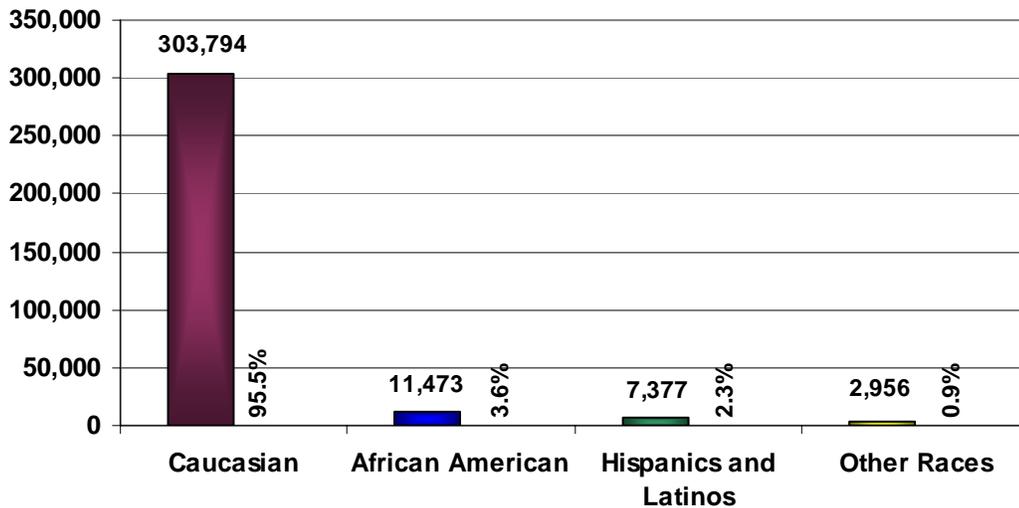
Figure 54: Length of Stay in Care by Adjudication in the South Central Region as of June 30, 2008



Southeast Region



Total Population— 318,223*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 22: Placement Settings for Children In Care In the Southeast Region as of June 30, 2008

Placement Level**	Frequency	%
Acute	1	0.3%
Contract Foster Home	27	7.5%
DCS Foster Home (Authorized, Expedited)	152	42.1%
DCS Group Home	2	0.6%
DCS Youth Development Center	26	7.2%
Emergency Services	1	0.3%
Foster Care Medically Fragile	5	1.4%
In-Home	1	0.3%
Level 2	67	18.6%
Level 3	35	9.7%
Level 4	8	2.2%
Runaway	9	2.5%
Trial Home Visit 30/60/90	24	6.6%
Missing	3	0.8%
Total	361	100.0%

Population ages 18 and under as of June 30, 2008—81,455

Number of children in care as of June 30, 2008—361

The Southeast Regional office is located in Chattanooga. The region is responsible for ten counties spanning two time zones. The ten counties are: Bledsoe, Bradley, Franklin, Grundy, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie. It has 12 offices, which cover ten courts, and has 107 staff members.

The Southeast Region has 361 children in custody. It ranks 11th among the 13 regions based on the number of children in custody.

(Data Source: TN Kids)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 55: Children in Custody in the Southeast Region by Age Group Compared with Statewide Totals as of June 30, 2008

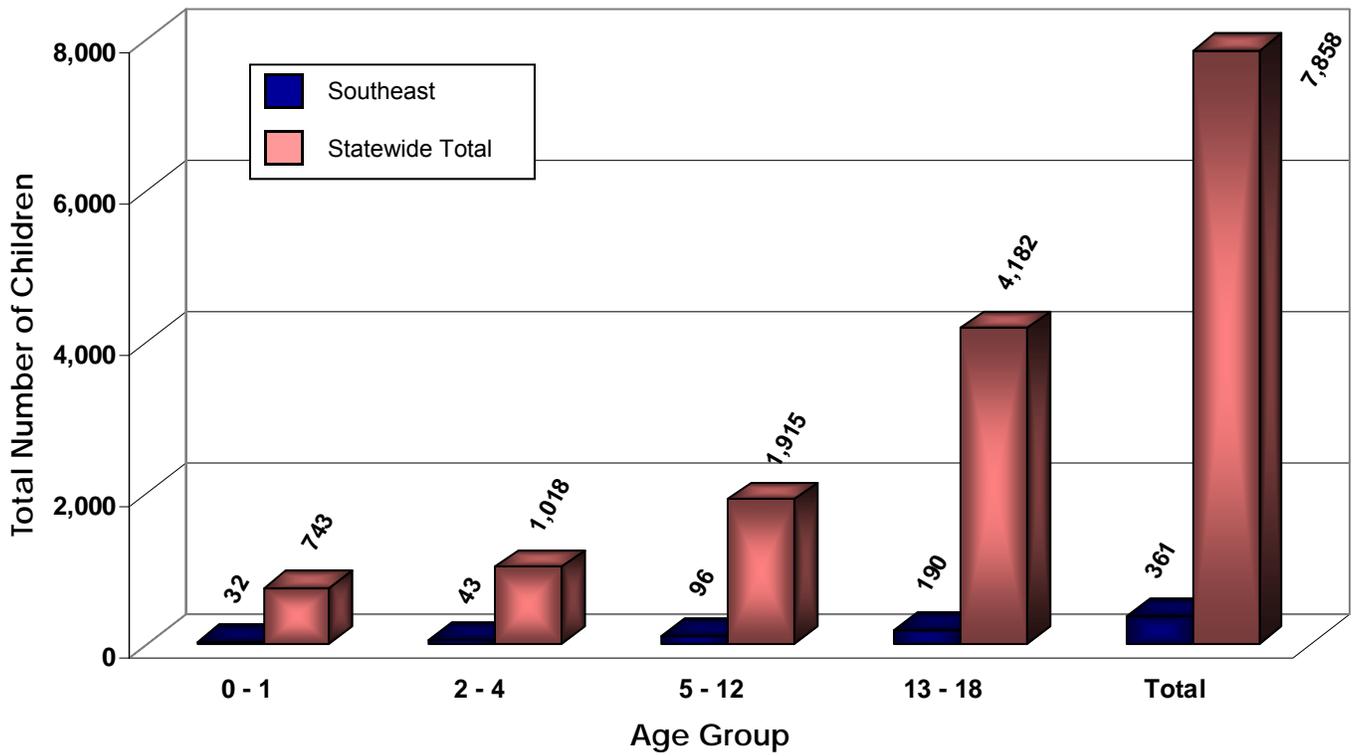


Figure 56: Children in Custody in the Southeast Region by Gender as of June 30, 2008

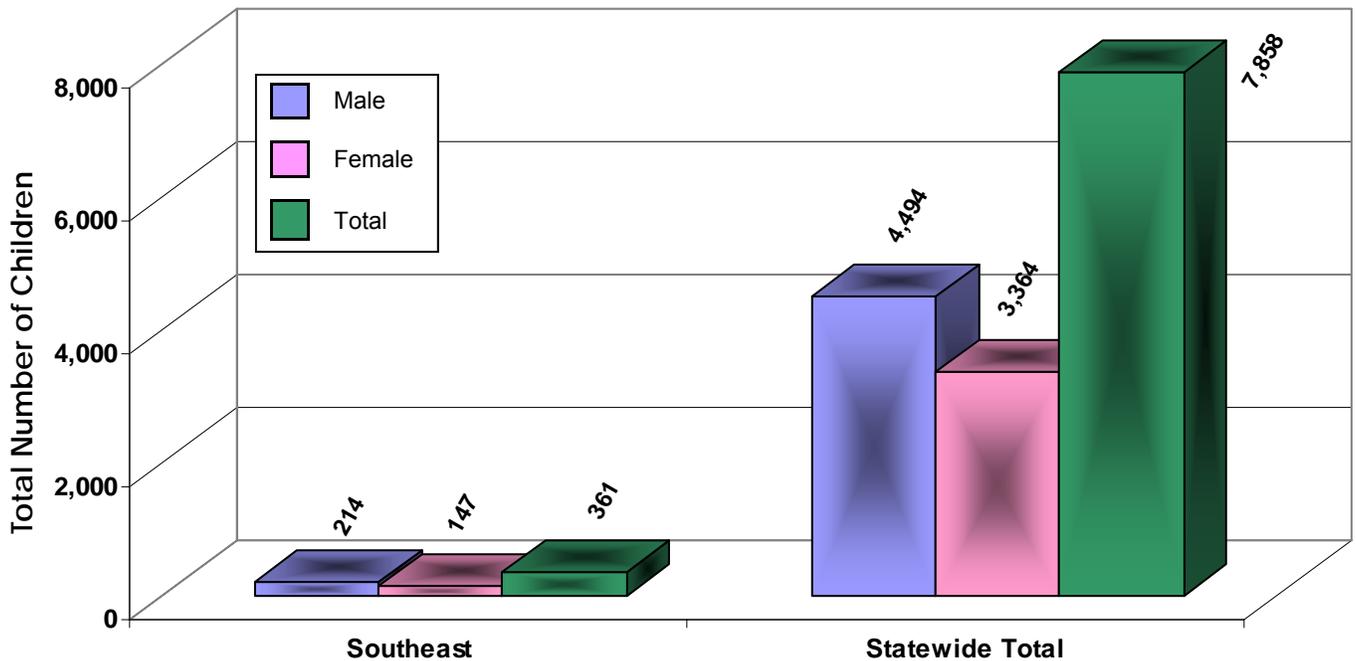


Figure 57: Children in Custody in the Southeast Region by Race/Ethnicity as of June 30, 2008

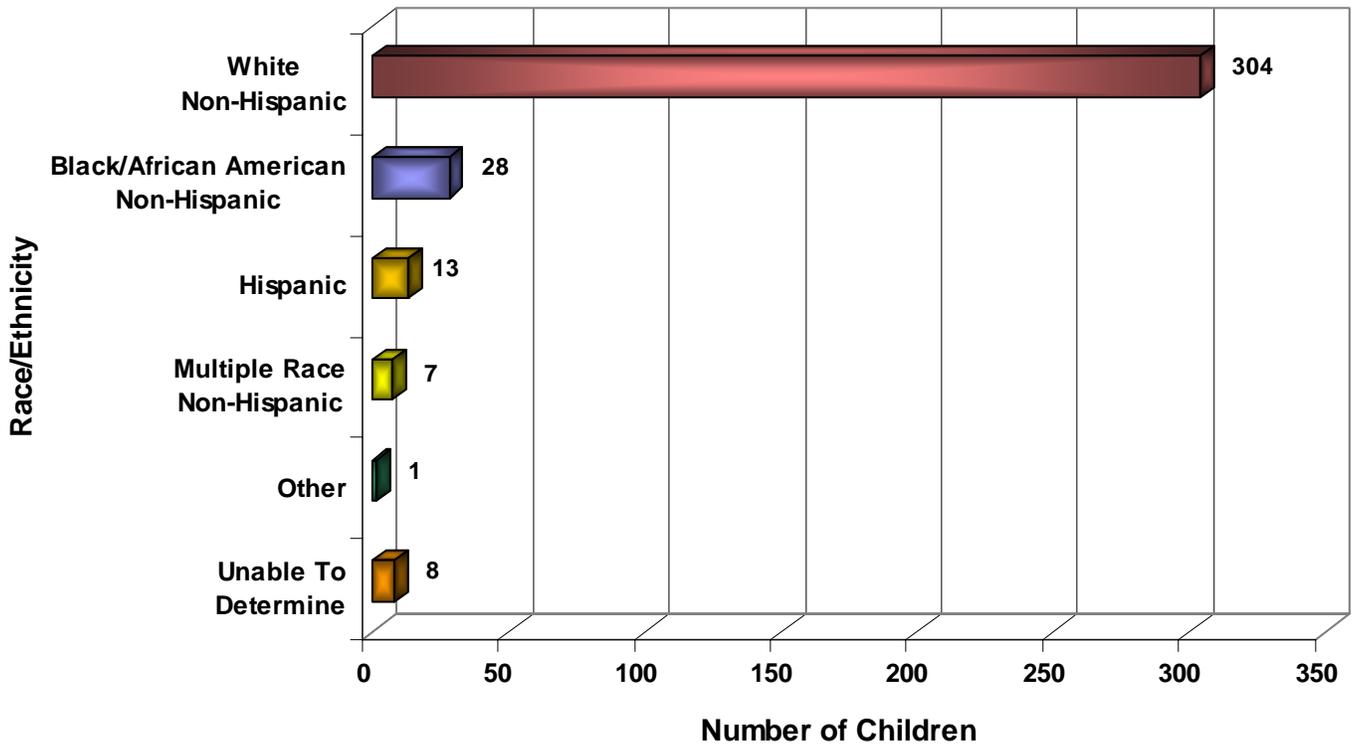
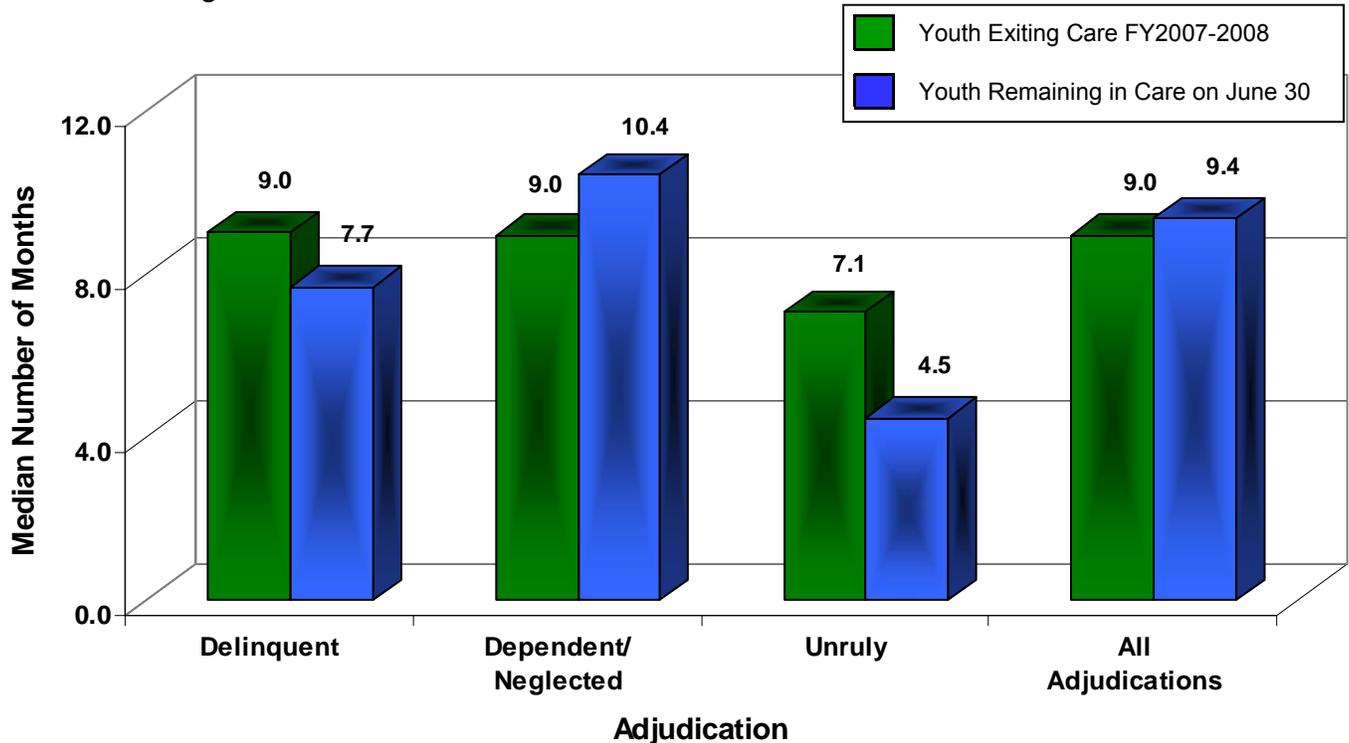


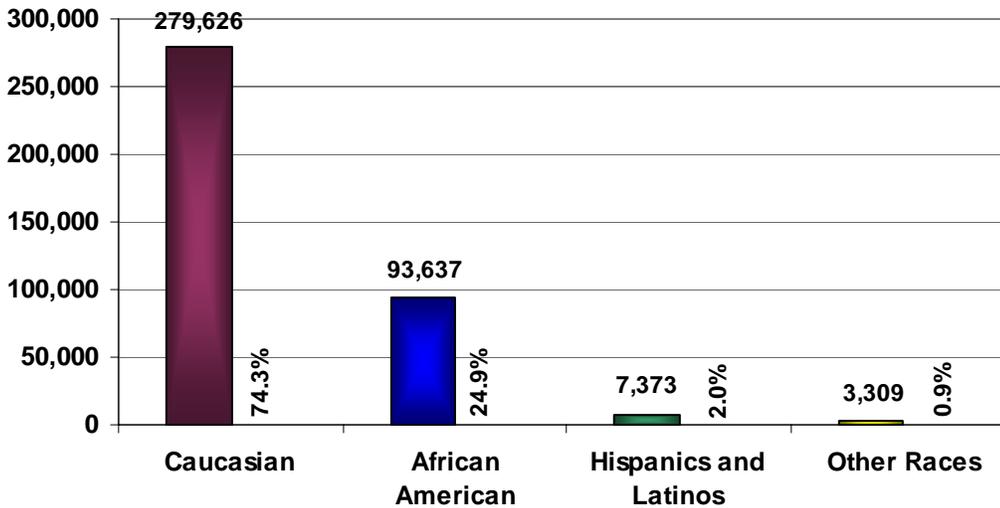
Figure 58: Length of Stay in Care by Adjudication in the Southeast Region as of June 30, 2008



Southwest Region



Total Population— 376,572*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 23: Placement Settings for Children In Care In the Southwest Region as of June 30, 2008

Placement Level**	Frequency	%
Contract Foster Home	9	2.8%
DCS Foster Home (Authorized, Expedited)	120	37.2%
DCS Group Home	6	1.9%
DCS Youth Development Center	30	9.3%
Emergency Services	10	3.1%
Foster Care Medically Fragile	1	0.3%
In-Home	2	0.6%
Level 2	54	16.7%
Level 3	60	18.6%
Level 4	2	0.6%
Runaway	7	2.2%
Trial Home Visit 30/60/90	22	6.8%
Total	323	100.0%

**See glossary for complete definitions of terms used in this table.

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Population ages 18 and under as of June 30, 2008—101,631

Number of Children in care as of June 30, 2008—323

The Southwest Region encompasses 11 counties with the regional office located in Jackson. The 11 counties are Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy and Tipton. There are 143 staff that provide services to children and families in the region.

The Southwest Region has 323 children in custody and ranks 12th in the state.

(Data Source: TN Kids)

Figure 59: Children in Custody in the Southwest Region by Age Group Compared with Statewide Totals as of June 30, 2008

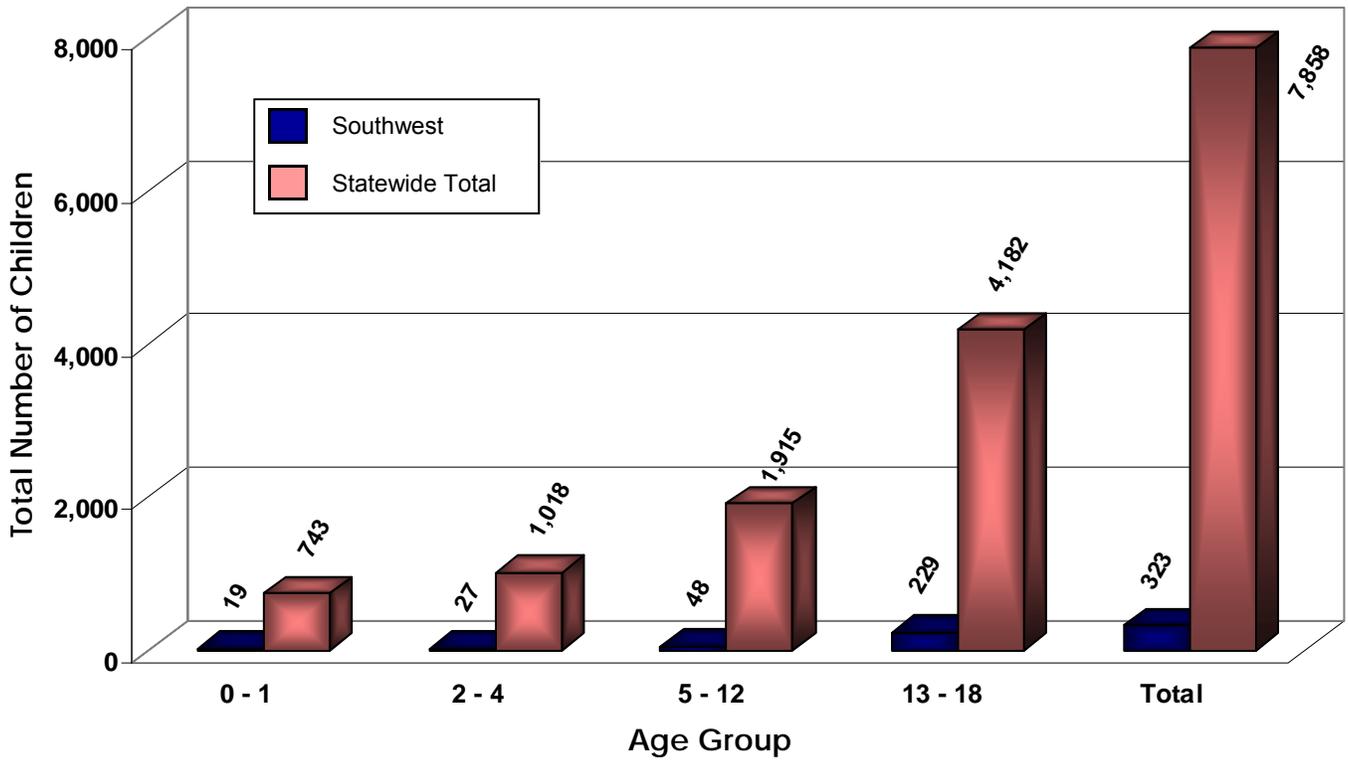


Figure 60: Children in Custody in the Southwest Region by Gender as of June 30, 2008

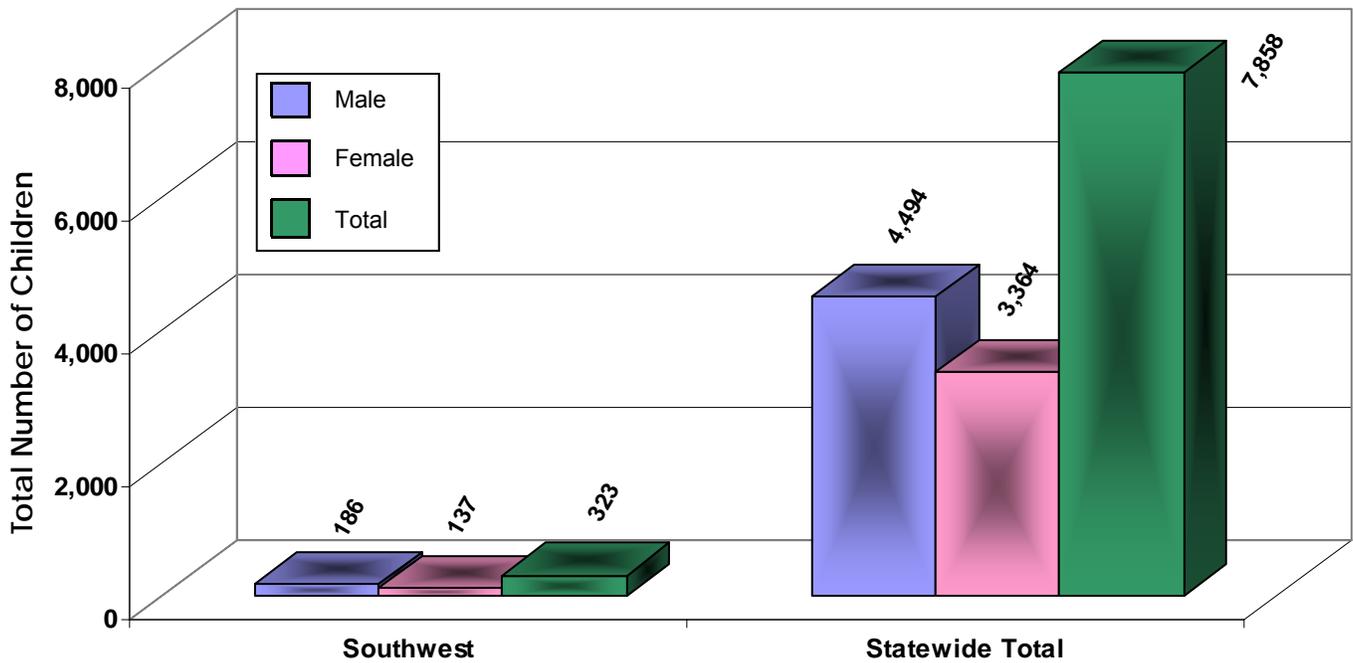


Figure 61: Children in Custody in the Southwest Region by Race/Ethnicity as of June 30, 2008

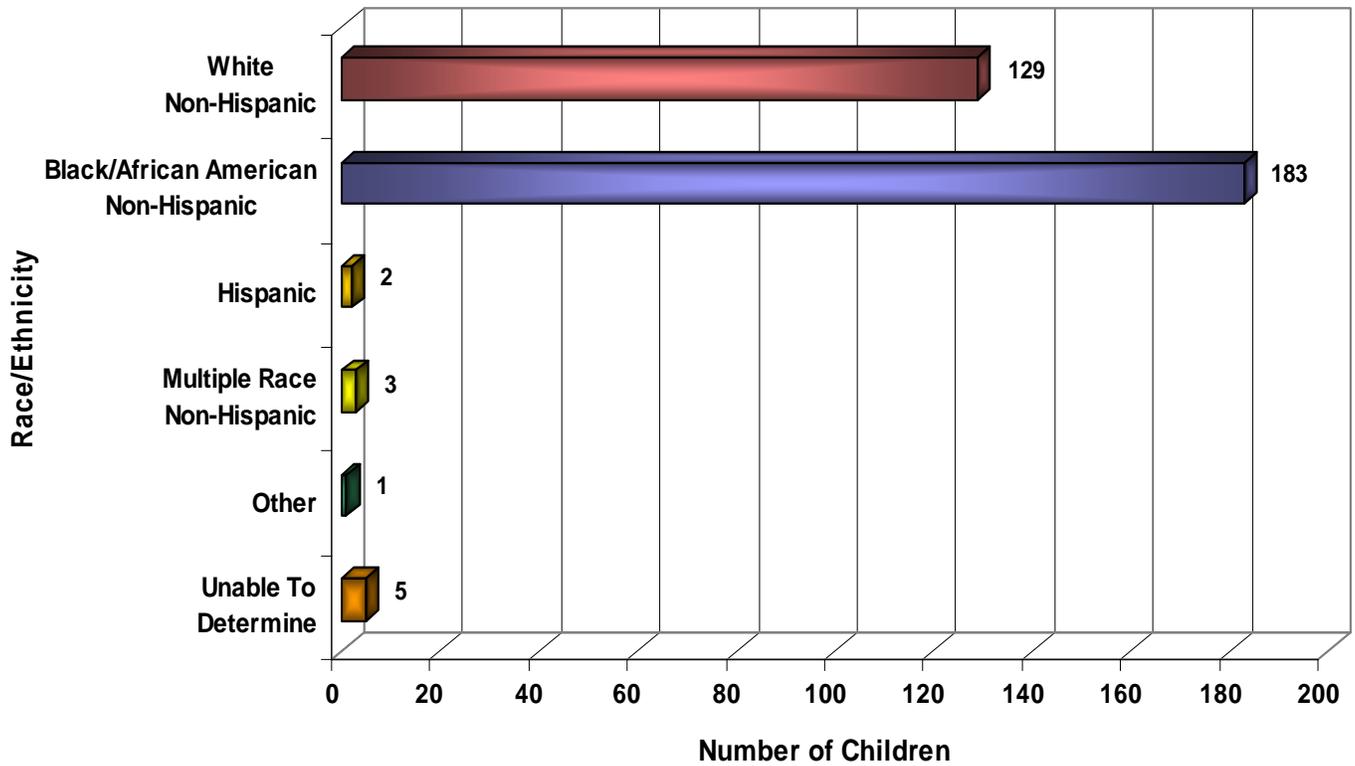
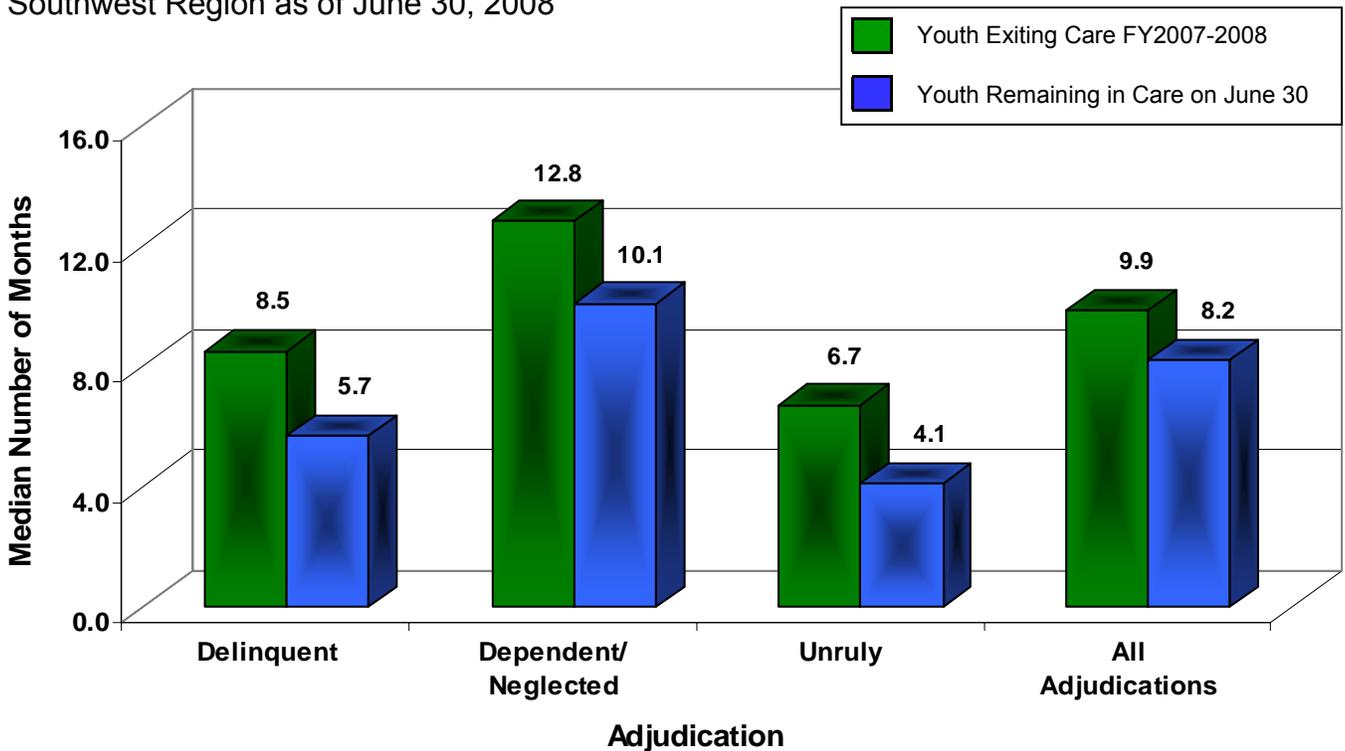


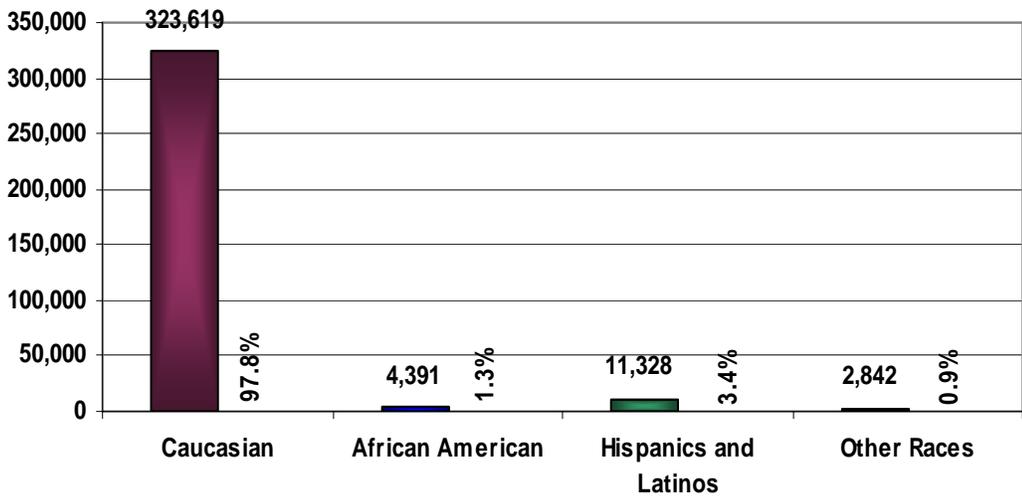
Figure 62: Length of Stay in Care by Adjudication in the Southwest Region as of June 30, 2008



Upper Cumberland Region



Total Population— 330,852*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 24: Placement Settings for Children In Care In the Upper Cumberland Region as of June 30, 2008

Placement Level**	Frequency	%
Contract Foster Home	28	5.4%
DCS Foster Home (Authorized, Expediated)	270	51.8%
DCS Group Home	4	0.8%
DCS Youth Development Center	15	2.9%
Emergency Services	6	1.2%
In-Home	2	0.4%
Level 2	91	17.5%
Level 3	54	10.4%
Level 4	4	0.8%
Runaway	5	1.0%
Trial Home Visit 30/60/90	42	8.1%
Total	521	100.0%

Population ages 18 and under as of June 30, 2008—82,868

Number of children in care as of June 30, 2008—521

The Upper Cumberland Region covers 14 counties in Middle Tennessee. The 14 counties are: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White. The regional office is located in Cookeville. There are 141 DCS employees that serve the region.

Based on children in custody, the Upper Cumberland Region is the 9th largest with 521 children.

(Data Source: TN Kids)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 63: Children in Custody in the Upper Cumberland Region by Age Group Compared with Statewide Totals as of June 30, 2008

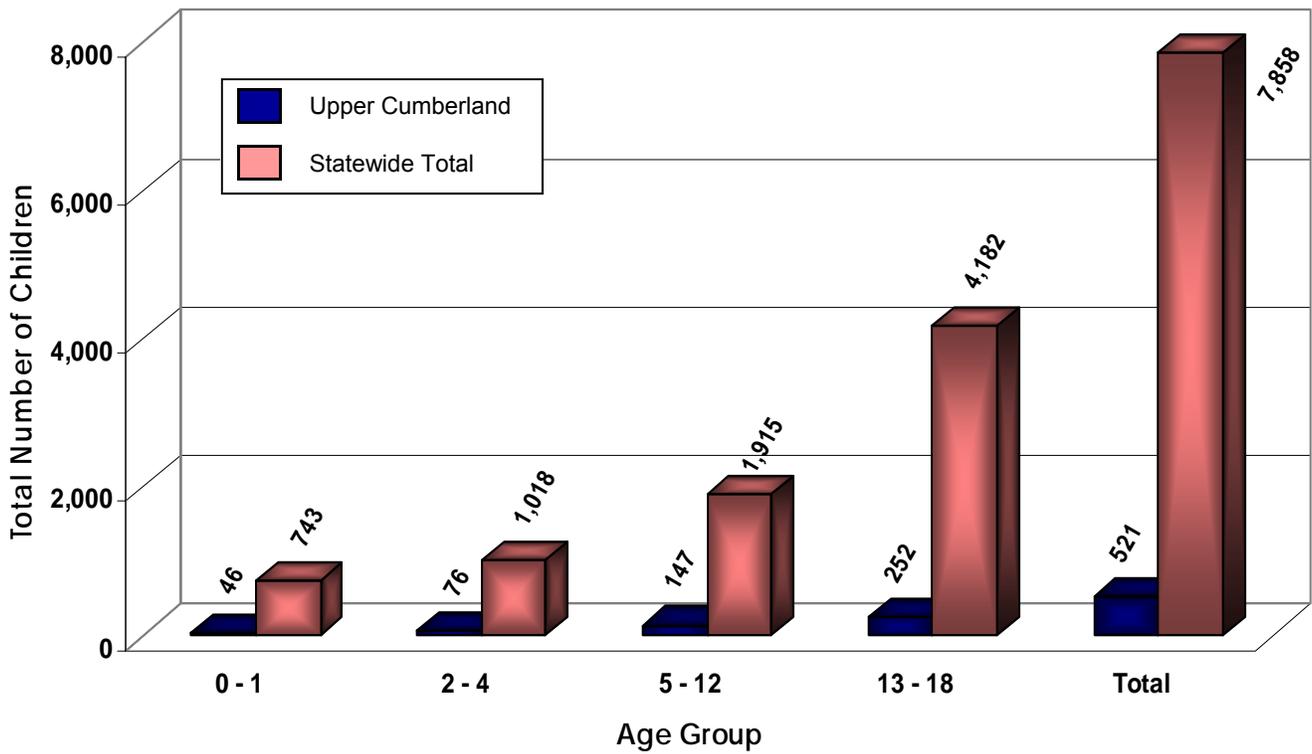


Figure 64: Children in Custody in the Upper Cumberland Region by Gender as of June 30, 2008

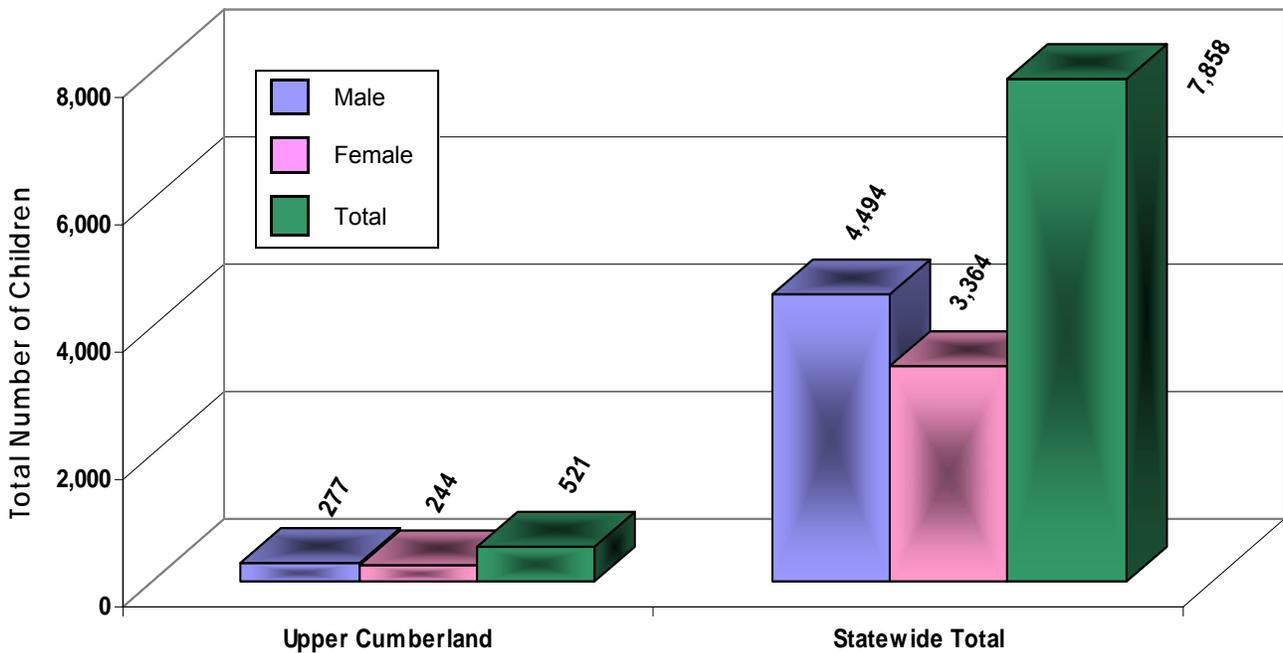


Figure 65: Children in Custody in the Upper Cumberland Region by Race/Ethnicity as of June 30, 2008

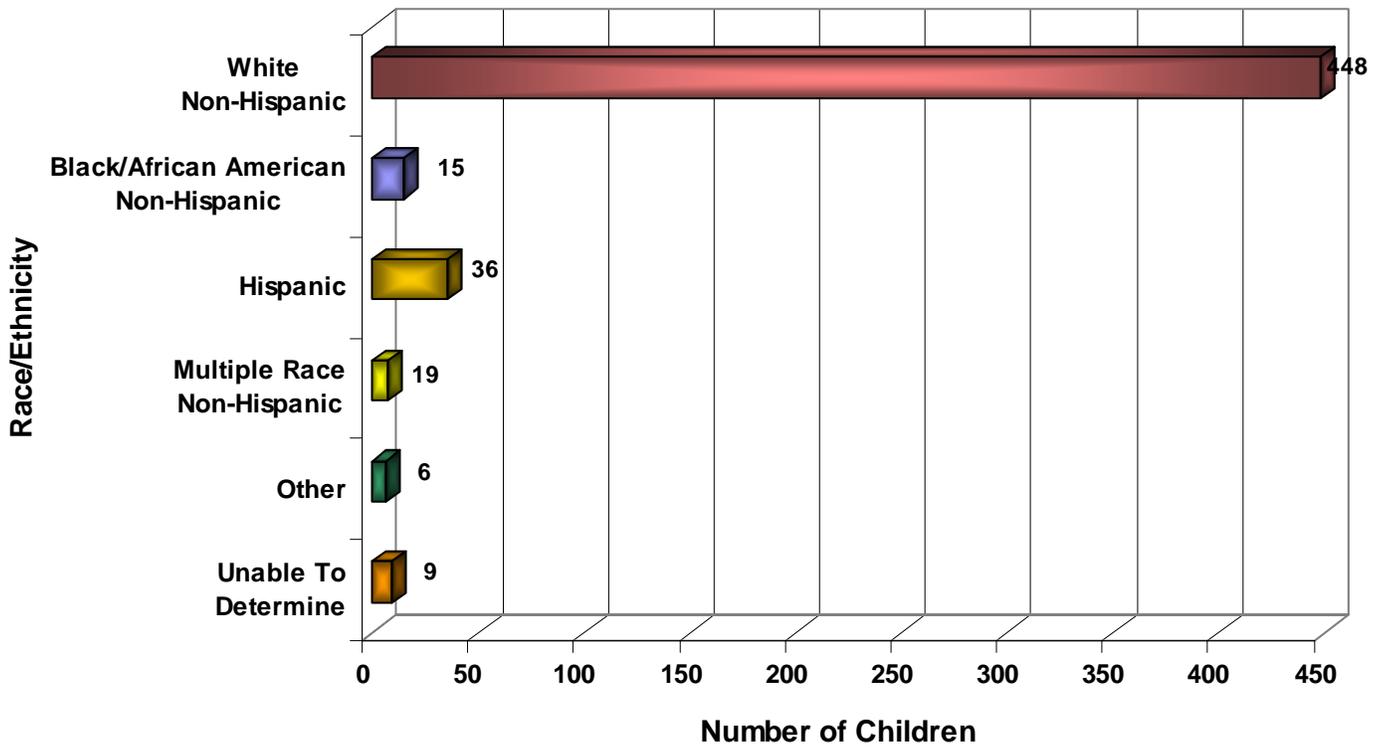
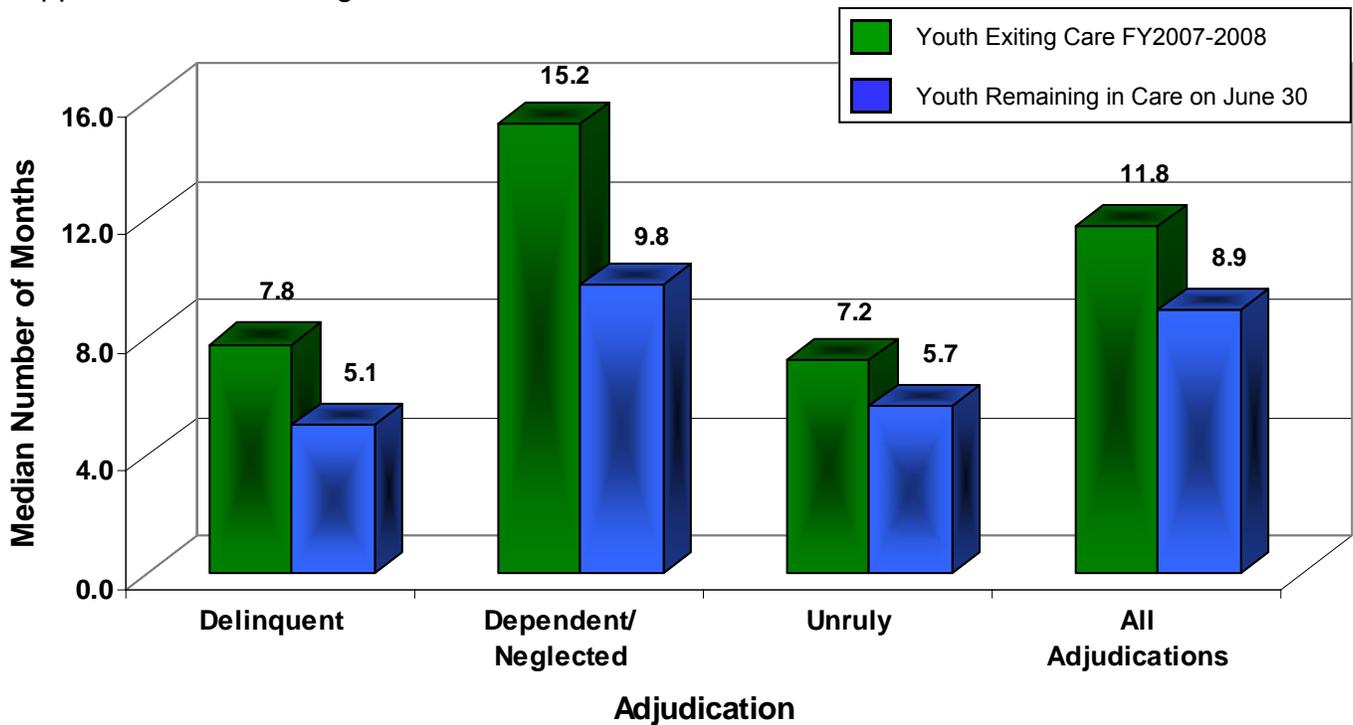


Figure 66: Length of Stay in Care by Adjudication in the Upper Cumberland Region as of June 30, 2008



Glossary

Absconder: A delinquent offender who hides, conceals, or absents him/herself from a non-secure setting with the intent to avoid custody or supervision by DCS. (For the purposes of DCS - A JJ child/youth that leaves a non-secure placement or a probation or aftercare case whose location is unknown.)

Adjudication: The outcome of the court's process to determine the validity of allegations made in a petition or complaint. The process consists of the presentation of witnesses and evidence by oral testimony or written statements, and arguments by counsel or the parties.

Adjudication of Delinquency: A juvenile court has found beyond a reasonable doubt that a child has committed a delinquent act. (TCA 37-5-103)

Adoption Assistance: The federal or state programs available to adoptive parent(s) adopting special needs children to enable them to meet the child's maintenance, medical, psychological, or other needs.

Allegation: A charge or claim of fact in a report of child abuse or neglect or in a petition. It must be proven if the report or petition is to be found true. The abuse report lists specific events, injuries, or threats (such as physical abuse, neglect, sexual abuse, or emotional abuse) as an introduction to the report's specific allegations.

Assessment: The ongoing process that is the foundation for all case management decisions made for families and children relative to the intensity of their level of care services and type of placement, if out of home placement is warranted.

Block Grant: A system of disbursing funds to meet health, education and social welfare

needs while permitting the recipient organization(s) to determine how best to distribute the money.

Board Payments: Board payments financially support children in DCS custody or receiving services voluntarily past 18 years of age. There are 3 types of board payments: standard, special circumstances, and negotiated rates. Board payments are made to the foster parents caring for children.

Case File Review: A paper review of an indicated perpetrator's case file by DCS Commissioner (or designee) without the legal representation of either the department or the perpetrator.

Case Recordings: The ongoing chronological narrative written by a family service worker in a case file that serves to document each contact or to document any activity related to the case.

Child Advocacy Centers: Agencies or organizations that champion the rights of children to be free from abuse or exploitation, and to have opportunities to develop toward their full potential.

Child Protective Investigation Team (CPIT): A legally mandated, multi-disciplinary team that conducts investigations of alleged sexual abuse or other severe child abuse. A CPIT includes one DCS family service worker, one District Attorney's office representative, one juvenile court officer or investigator, one properly trained law enforcement officer with county-wide jurisdiction, the Child Advocacy Center director/designee, and one mental health profession representative (optional). (TCA 37-1-607)

Child Protective Services (CPS): A program division of DCS whose purpose is to

investigate allegations of child abuse and neglect and provide and arrange preventive, supportive, and supplementary services.

Civil Service Register: The document or record containing the names of the highest-ranking eligible candidates available for a class of positions for consideration by an appointing authority in filling a vacancy.

Commitment: The legal placement of a child/youth in the care and custody of the Tennessee Department of Children's Services.

Community After-care: Supervision of a youth who has been released from custody and who is subject to conditions imposed by the courts and the Department of Children's Services.

Concurrent Planning: In child welfare services the casework approach that focuses on timely, appropriate implementation for achieving permanence for children, whether it is reunification, relative placement, or termination of parental rights.

Contract Providers: Individuals and organizations, which have entered into a legal agreement to perform services for the Department.

Custody: The control of actual physical care of the child, including the rights and responsibility to provide for the physical, mental and moral well being of the child.
[TCA 37-1-102 (b) (8)].

Delinquent Act: means an act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law; excluding traffic offenses other than those classified as a felony (i.e., failure to stop when involved in an accident, driving under the influence, vehicular homicide, etc.).
(TCA 37-1-102)

Dependent and Neglected Child: A child who is without a parent, guardian, or legal custodian or whose parent, guardian, or person with whom the child lives, is unable to properly care for the child, or neglects or refuses to protect the child.
[TCA 37-1-102(b)(12)].

Detention: The temporary confinement of a child, who has been adjudicated delinquent, in a secure area.

Early Periodic Screening, Diagnosis & Treatment (EPSDT): The preventive health care services provided under TennCare (Tennessee's Managed Care Medicaid program) to children under the age of 21.

Entitlement Grant: A transfer of funds from one organization or individual to a group of people who belong to a specified class.

Family Service Worker (FSW): A DCS employee responsible for providing case management services to children under the State's supervision, in State custody, or at risk of State custody and their families.

Flexible Funding: Monetary resources made available for the purpose of acquiring additional services or goods that can be used to prevent the need for state custody or to return a child home who is in state custody.

Foster Care Review Board: An advisory body appointed by a juvenile court judge(s), which reviews the status of each neglected and dependent, and unruly child's case in DCS custody at least once within the first 90 days of initial placement in DCS custody and within every 6 months thereafter.

Resource Parent: A person who has been trained and approved by the department or a licensed child-placing agency to provide full-time temporary out-of-home care in a private residence for children who, for various reasons, can no longer remain in their own homes.

Guardianship: The legal status of a child when all parental rights to the child have been terminated by surrender, court order or clearing the Putative Father Registry and DCS has guardianship of the child with the right to consent to the child's adoption.

In-Home Services: The process of providing services to a child and his/her family within their home or place of residence, rather than in an outside service setting.

Independent Living: Consists of a series of developmental activities that provide service opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. The provision of Independent Living Services is required for any child in DCS custody age 16 years of age or older.

Intake (CPS): The process DCS family service workers follow in accepting oral or written complaints, reports or allegations of child abuse or neglect for investigation which includes gathering the information needed to determine if a Child Protective Services investigation is warranted, determining the urgency of the situation and then initiating the appropriate response.

Interstate Compact on Juveniles: An agreement between all fifty states, the District of Columbia, Guam and the Virgin Islands authorizing out-of-state supervision of delinquent juveniles who are eligible for aftercare (parole) or probation; provides for the return to their home state of absconders, escapees and non-delinquent runaways; and includes the cooperative institutionalization of delinquent juveniles.

Interstate Compact on the Placement of Children: A uniform law enacted by all fifty states, the District of Columbia, and the Virgin Islands that establishes orderly procedures for the placement of children across state lines into other party states for the purpose of foster care or preliminary to an

adoption and fixes responsibility for those involved in placing the child.

Investigation: A fact-finding and emergency service engagement process with the preliminary goal of protecting children from abuse or neglect.

Least Restrictive Placement: An out of home placement alternative that best preserves the family, or minimizes the impact of separation. Placement may involve brief stays with relatives, a shelter, or temporary foster care.

Neglect: Acts of commission or failure to provide for basic needs of a child including but not limited to food, medical care, and safe living conditions.

Parental Rights: The legally recognized rights and responsibilities to act as a parent, to care for, to name, and to claim custodial rights with respect to a child.

PATH (training): Training for foster care, kinship care, and adoption, entitled **Parents as Tender Healers**

Permanency Planning: The process of intervention and decisive case work on the part of the family service worker, focusing on choosing the least restrictive permanent outcome for the child, i.e., return to parent, relative placement, adoption, or independent living in a timely manner.

Placement Levels of Care:

Acute—Same as Level 4 but for children that are MR or low functioning.

Foster Care—Foster Care is a program for children, youth, and their families whose special needs can be met through services delivered primarily by foster parents trained, supervised, and supported by agency staff with the goal of permanency based on the best interest of the child.

Foster Care Medically Fragile—Foster Care Medically Fragile program provides recruitment, training, and support services to foster parents trained to meet the needs of youth who are appropriate for family-based care but require a higher level of medical support, intervention, and case coordination. Foster parents are specially trained to care for children with extreme medical needs, which cannot be provided in their family homes.

Foster Care Therapeutic—Therapeutic Foster Care Services include recruitment, training, and support services to foster parents trained to meet the needs of youth who are appropriate for family based care but require behavioral intervention, case coordination, and/or counseling services. Foster parents require more frequent respite and support services and training in behavioral intervention.

Level 1—Foster Care is a program for children, youth, and their families whose special needs can be met through services delivered primarily by foster parents trained, supervised, and supported by agency staff with the goal of permanency based on the best interest of the child.

Level 2—Level II Residential Treatment is designed to meet the needs of children who are unable to live at home or in a resource home and require temporary care in a group or residential setting. The residential treatment program provides structure, counseling, behavioral intervention and other services identified in a child's permanency plan for children with moderate clinical needs. Children in this program type attend public school in the community.

Level 2 Continuum—Continuum of Care is a service model with a focus on achieving the outcome of successful permanency for children in a family setting.

Continuums have flexibility to design services, in coordination with a Child and Family Team, which are individualized for children and families and the ability to customize the delivery of services to each child and family in the least restrictive manner. A Level II Continuum is an array of services for children with moderate mental health and behavioral issues and their families, which includes residential services, resource homes with wrap-around services, in-home services, and support and services to the child's family. The goal of all continuum services is timely permanency and well being for the children served.

Level 2 Special Needs—Level II Special Needs is a structured group home or residential treatment facility specializing in treatment of youth with both developmental delays and behavioral and/or emotional disorders. The program provides structure, counseling, behavioral intervention, and other needs identified in a child's permanency plan. Children and youth may, if appropriate, attend an on-site school approved by the Department of Education and the Department of Children's Services Educational Division.

Level 2 Special Population—Level II Special Population is a structured group home, residential treatment facility, or Wilderness program that provides structure, counseling, behavioral intervention, and other needs identified in a child's permanency plan for youth with moderate clinical needs. The youth do not attend public school in the community for specified treatment reasons.

Level 3—LEVEL III Residential Treatment provides an interdisciplinary psychotherapeutic treatment program in a 24-hour a day facility for children and youth with serious emotional and/or psychological

treatment needs and in need of intensive residential treatment facility. The agency provides intensive day treatment and an educational program. A Level III Continuum is an array of services for children with moderate mental health and behavioral issues and their families, which includes residential services, resource homes with wraparound services, in-home services, and support and services to the child's family.

Level 3 Continuum—Continuum of Care is a service model with a focus on achieving the outcome of successful permanency for children in a family setting. Continuums have flexibility to design services, in coordination with a Child and Family Team, which are individualized for children and families and the ability to customize the delivery of services to each child and family in the least restrictive manner. A Level III Continuum is an array of services for children with moderate mental health and behavioral issues and their families, which includes residential services, resource homes with wrap-around services, in-home services, and support and services to the child's family. The goal of all continuum services is timely permanency and well being for the children served.

Level 3 Continuum Special Needs—A Level III Continuum Special Needs is an array of services for children with serious mental health and behavioral issues and their families, which includes residential services, resource homes with wrap-around services, in-home services, and support and services to the child's family.

Level 4—Level IV programs provide psychiatric hospitalization, which is a physician-directed level of care focused on establishing the behavioral and emotional prerequisites for functioning in less restrictive, non-hospital environments. It

is a transitional level of care that a child may enter as a step-down from an acute admission or as a temporary admission from a lower level of care for the purpose of emotional and/or behavioral stabilization. All admissions to Level IV programs meet the criteria for voluntary admission subject to the availability of suitable accommodations as defined by the hospital. The child's treatment team under the leadership of the physician makes decisions regarding which clinical issues are addressed on the plan of care, the sequence in which they are addressed and discharge recommendations. The use of seclusion or restraint in Level IV programs shall be directed by a physician (licensed independent practitioner) and must be in compliance with applicable statutory Department of Children's Services, licensure, CMS and JCAHO requirements. The regional psychologist must approve all admissions of children in custody to a Level IV program.

Placement Quality Team System (PQTS):

A cross functional team comprised of both regional and central office staff from multiple divisions who meet weekly to discuss provider performance issues, both systemic and provider specific, in order to improve overall provider performance. When issues of concern are presented to the PQTS, the team can consider specific interventions that include: technical assistance to the provider, issuance of a corrective action plan (CAP), admission freeze, reduction of contract, or termination of contract.

Probation: Supervision of a youth who has been adjudicated delinquent by a court and who is subject to conditions imposed by the court and probation division.

Surrender of Parental Rights: The legal document whereby the birth parent(s) or guardian(s) of the child voluntarily relinquish his/her rights or rights of guardianship and

responsibilities directly to DCS, a child-placing agency or directly to the prospective adoptive parent(s) for the purpose of adoption.

Targeted Case Management: The process of focusing on a particular aspect or aspects of a case in order to bring about specific change(s).

Temporary Custody: The legally ordered status of a child when an adult or an agency receives physical care, control, and supervision of a child for a limited time. Temporary custody is subject to the remaining rights and duties of the parent or guardian and to any limitations in the court's order.

TennCare: A managed healthcare program for Tennesseans who are either eligible for Medicaid, or are uninsured or uninsurable.

Title IV-E: A section of the Social Security Act that provides funding for the maintenance of children in foster care who meet certain Temporary Assistance for Needy Families (TANF) eligibility criteria and who meet

certain legal requirements, e.g., best interests, reasonable efforts.

TN KIDS: A statewide database application developed by the TN Department of Children's Services to provide efficient access to information about children and families served by DCS.

Unruly Child/Youth: A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory schools attendance under TCA 49-6-3007; or is habitually disobedient of the reasonable and lawful commands of parents/guardians or other legal custodians to the degree that such child's health and safety are endangered; or commits an offense which is applicable only to a child; or is a runaway.

Wraparound Funds: Funds used to provide appropriate support for living arrangements that will lead towards permanency for children and youth in DCS custody.

Acronyms

A

A&D – alcohol and drug
ACA – American Correctional Association
ADD – attention deficit disorder
ADHD – attention deficit disorder with hyperactivity
AFDC – Aid to Families with Dependent Children
AG – attorney general
ASFA – Adoption and Safe Families Act
AWOL – absent without leave

B

BHO – behavioral health organization
BIP – behavior intervention plan
BPR – Board of Professional Responsibility

C

CAPTA – Child Abuse Prevention and Treatment Act
CART – child abuse review team
CASA – court appointed special advocate
CBT – computer-based training
CFSR – child and family service review
CFTM – child and family team meeting
CM – case manager
CIP – court improvement program
CIT – crisis intervention team
CLE – continuing legal education
CLT – Core Leadership Team
CMV – cytomegalovirus
CO – Central Office
COA – Council on Accreditation
CPIT – child protective investigative team
CPS – Child Protective Services
CQI – continuous quality improvement
CRI – Children’s Rights, Inc.
CRP – community residential program
CSA – Community Services Agency
CSLA – children in special living arrangements
CSO – Children’s Services Officer
CWB – child welfare benefits
CWLA – Child Welfare League of America
CY – calendar year

D

DA – district attorney
D&N – dependent and neglected
D&E – diagnostic and intervention
DEA – Drug Enforcement Agency
DHS – Department of Human Services
DMHDD – Department of Mental Health
and Developmental Disabilities
DMRS – Division of Mental Retardation Services
DNA – deoxyribonucleic acid
DNR – do not resuscitate

DOC – Department of Correction
DOE – Department of Education
DPA – direct purchase authority
DMS-IV – Diagnostic and Statistical Manual for
Mental Disorders

E

ED – emotionally disturbed
EAP – Employee Assistance Program
EPSDT – early periodic screening, diagnosis and
treatment

F

F&A – Department of Finance and Administration
FAPE – free appropriate public education
FAQ – frequently asked questions
FBA – functional behavior assessment
FCIP – family crisis intervention program
FCRB – foster care review board
FF – flex funds
FHACP – Resource home and Child Placement
FLSA – Fair Labor Standards Act
FSA – field system administrator
FSS – family support services
FSW – Family Service Worker
FTT – failure to thrive
FY – fiscal year
FYI – for your information

G

GAF – Global Assessment of Functioning
GH – group home

H

HCCM – home county case manager
HIPAA – Health Insurance Portability and
Accountability Act of 1996

I

IA – Internal Affairs
IAP – individualized accommodation plan
ICE – Immigration and Customs Enforcement
ICJ – Interstate Compact on Juveniles
ICPC – Interstate Compact on the Placement of
Children
ICWA – Indian Child Welfare Act
IDEA – Individuals with Disabilities Act
IEP – individualized education plan/program
IEPA – Inter-Ethnic Place Act
IPP – individual program plan
IR – information resources
IS – information systems

ISM – information systems management
IV-D – section of federal Social Security Act
IV-E – section of federal Social Security Act

J

JJ – juvenile justice
JCCO – juvenile court commitment order
JJDPA – Juvenile Justice and Delinquency Prevention Act

L

LDI – legally defensible interviewing
LEA – local education agency
LRE – least restrictive environment
LTPA – long-term placement agreement

M

MCO – managed care organization
MD – manifestation determination
MEPA – Multi-Ethnic Placement Act of 1994
MR – mentally retarded
MRS – Multiple Response System

N

NACC – National Association of Counsel for Children
NCAC – National Child Advocacy Centers

O

O&A – observation and assessment
OIG – Office of the Inspector General
OIR – Office of Information Resources
OJJDP – Office of Juvenile Justice and Delinquency Prevention
OJT – on-the-job training
OT – occupational therapy

P

P2E – Path to Excellence
PAR – program accountability review
PATH – Parents as Tender Healers
PCP – primary care provider
PD – public defender
PER – placement exemption request
POA – power of attorney
PPLA – planned permanency living arrangement
PQTS – Placement Quality Team System
PT – physical therapy
PTSD – post-traumatic stress disorder

R

RA – regional administrator
RAC – residential appeals committee
RAD – reactive attachment disorder

REACT – Resource Exchange for Adoptable Children in Tennessee

RFP – request for proposals

RGC – regional general counsel

R/O – rule out

ROCM – risk-oriented case management

RSV – respiratory syncytial virus

S

SACWIS – State Automated Child Welfare Information System

SAT – services and appeals tracking

SDM – Structured Decision Making

SEA – State Education Agency

SED – seriously emotionally disturbed

SIR – serious incident report

SIU – Special Investigations Unit

SPMI – seriously and persistently mentally ill

SSA – Social Security Act

SSI – supplemental security income

T

TAC – Technical Assistance Committee

TANF – Temporary Assistance for Needy Families

TBI – Tennessee Bureau of Investigation

TC – team coordinator

TCA – Tennessee Code Annotated

TCCY – Tennessee Commission on Children and Youth

TCSSES – Tennessee Child Support Enforcement System

TDM – team decision making

TEIS – Tennessee Early Intervention Services

THP – trial home placement

THV – trial home visit

TIPS – Tennessee Infant Parent Services

TL – team leader

TRCP – Tennessee Rules of Civil Procedure

TRJP – Tennessee Rules of Juvenile Procedure

U

UAPA – Uniform Administrative Procedures Act

UCCJEA – Uniform Child Custody Jurisdiction and Enforcement Act

UPP – Unified Placement Program

V

VAP – voluntary acknowledgement of paternity

VPM – Viola P. Miller

VVCO – violation of a valid court order

Y

YDC – youth development center

YSO – youth services officer

Addendum I



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES
OFFICE OF EVALUATION AND MONITORING
Division of Licensing
1272 Foster Avenue, Nix 3
Nashville, TN 37243-1290
(615) 532-5598

Annual Licensing Report FY2008

The DCS Division of Licensing is a regulatory authority governed by statute and regulates all programs making application for licensure that fall within the purview of applicable state licensing statute and rules. The DCS Division of Licensing develops and promulgates applicable rules; issues conditional and annual licenses; reviews, investigates, documents and processes grievances and complaints, implements disciplinary actions; ensures compliance with applicable federal and/or state laws, regulations, and/or department rules, standards, and guidelines; reviews and makes recommendations on applicable legislation; coordinates annual adoption fees scheduling and compiles annual data on the activities of the entities it licenses.

The following information is based on annual self-reported data collected from all agencies licensed by the Tennessee Department of Children's Services (DCS) during the 2008 fiscal year. Please note that this information is compiled for all reporting licensed agencies and is therefore not limited to those DCS-licensed agencies contracting with the department for residential and/or foster care.

Self-Reporting Summary

Private and public agencies licensed or approved by the Department of Children's Services providing residential childcare served **9,511** children during the 2008 fiscal year (July 1, 2007 through June 30, 2008).

Agencies served a total of **7,256** children whose cases were subject to foster care review law. This included **6,066** cases subject to review through the Department of Children Services for those children residing in custodial foster care; and **1,190** children for whom the agencies themselves were responsible for foster care review.

Children served by the agencies, but not subject to foster care review, totaled **2,255**.

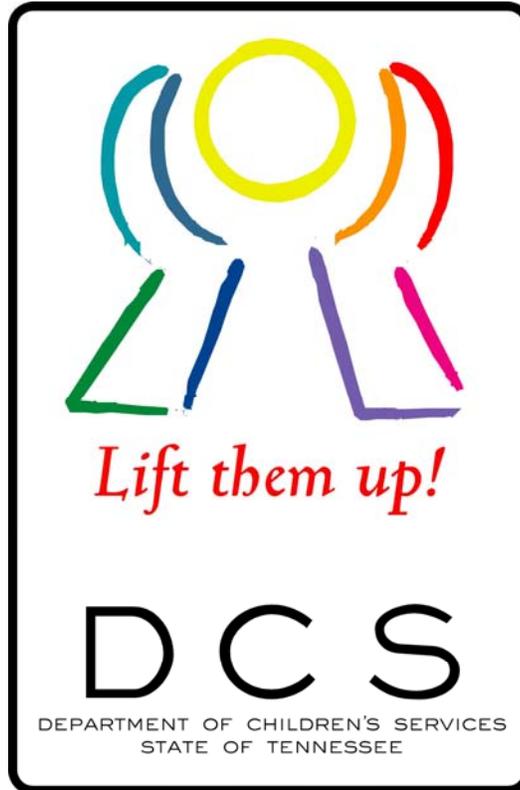
The total number of children residing in programs licensed by the Tennessee Department of Children's Services on June 30, 2008 was **3,653**.

The number of children placed for adoption by the licensed private agencies or approved public agencies totaled **593**. Of this total:

150 were in the age range of infant to two years;

118 were in the range of 2 through 6 years;

325 were aged 7 or older.



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Phil Bredesen, Governor

Viola P. Miller, Commissioner



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