UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

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

NOTICE OF FILING

Plaintiffs, by their undersigned counsel, give notice of the filing of the Monitoring Report of the Technical Assistance Committee in the case of *Brian A. v. Haslam*, dated June 18, 2013.

DATED: Nashville, Tennessee
June 24, 2013

Respectfully Submitted,

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CERTIFICATE OF SERVICE

I, Melissa Cohen, hereby certify that, on June 24, 2013, a true and correct copy of the Monitoring Report of the Technical Assistance Committee in the case of *Brian A. v. Haslam* has been served on Defendants' counsel Martha A. Campbell, Deputy Attorney General, General Civil Division, P.O. Box 20207, Nashville, TN 37202, and Jonathan P. Lakey, Pietrangelo Cook, PLC, 6410 Poplar Avenue, Suite 190, Memphis, TN 38119, electronically by operation of the Court's electronic filing system.

DATED: June 24, 2013

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MONITORING REPORT

OF

THE TECHNICAL ASSISTANCE COMMITTEE

IN THE CASE OF

BRIAN A. V. HASLAM

June 18, 2013

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INTRODUCTION

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

(a) because they were abused or neglected; or

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

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

The Role of the Technical Assistance Committee

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

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

The Focus of this Monitoring Report

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

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

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

The TAC issued its last monitoring report on June 28, 2012, for the monitoring period that ended on December 31, 2011. At that time, the Department was struggling to resolve problems with the design and implementation of the Tennessee Family and Child Tracking System (TFACTS), the Department's new automated information system which was originally expected to be fully operational by mid-2011. Not only had there been delays in implementing various functions that the Department had planned to be able to rely on in its day-to-day operations, but a significant number of aggregate reports that the Department expected to use for both internal management and TAC monitoring and reporting were delayed.

While there was sufficient reliable data to allow the TAC to provide in its June 2012 report updated aggregate reporting on DCS performance in many areas, reliable aggregate reporting for the monitoring period was not available for a number of significant areas, including caseloads, face-to-face case manager contacts with children, and the timeliness of filing for termination of parental rights.

More importantly, because the Department had fallen short of the TFACTS implementation time frames that it had established and had not met timelines for accurate aggregate reports, and because the field staff continued to experience high levels of frustration with TFACTS functionality, concerns were raised about the capacity of the Department to successfully address the problems with TFACTS within a reasonable time frame, if at all.

These concerns were compounded by revelations of disarray in the child death review process, including defects in record keeping, tracking, and reporting related to child deaths in DCS related cases.

These concerns ultimately resulted in a decision that the TAC, prior to issuing its next monitoring report, conduct an independent evaluation of TFACTS and assist the Department in developing, with input from the Plaintiffs, a revised child death review process. The TFACTS evaluation was completed and the report of its results was filed with the Court on April 2, 2013. The revision of the child death review process has also been completed and a document describing the revised process was filed with the Court and discussed at the status conference on April 29, 2013.

As discussed in detail in the TAC's TFACTS evaluation report[3], while the Department still has work to do on important aspects of TFACTS functionality and while some aggregate reports are still lacking, in the time that has passed since the issuance of the last monitoring report, the Department has succeeded in developing reliable TFACTS reporting for most of those key areas for which reporting had been unavailable a year ago.[4] For those remaining areas for which TFACTS reporting is still not available (or which the TAC has not had sufficient time to validate), the TAC, in collaboration with the Department, has developed alternative sources for gathering the information necessary to report on the Department's performance. This Report

[3] *Report of the Brian A. Technical Assistance Committee on Its Evaluation of TFACTS (April 2, 2013)*

[4] Unless otherwise indicated by the context in which the data is presented and/or specific qualifying language used in the presentation of the data, TFACTS data presented in this monitoring report has been found to by the TAC's validation processes to be reliable for the purposes for which it is being used in this report.

therefore provides a level of comprehensiveness that was absent from the June 2012 Monitoring Report.

The Structure of this Monitoring Report

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

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

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Section Two: Structure of the Agency (II)
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Section Thirteen: Financial Development (XIII)

EXECUTIVE SUMMARY

A Change in DCS Leadership

This Monitoring Report is issued at a time when the Department is in the midst of a significant transition. In February 2013, Commissioner Kathryn O'Day, who had served in that position for two years, resigned. During the latter part of Commissioner O'Day's tenure, the Department had come under considerable public scrutiny, with concerns about the process for responding to reports of abuse and neglect (CPS) and about the Department's computer system (TFACTS) garnering significant attention from the legislature and the press.

When Commissioner O'Day resigned, Governor Haslam appointed Commissioner Jim Henry (who at the time was serving as Commissioner of the Department of Intellectual and Developmental Disabilities) to take on the additional role of Interim Commissioner of DCS. Commissioner Henry assembled a new leadership team and moved quickly to begin to address the concerns that had received public attention and to do so with openness and transparency.

The Commissioner also identified issues related to management style and organizational structure that impeded the ability of the Department to meet the needs of the children and families it serves, and that he saw as obstacles to efficient and effective management of the Department. On April 15, 2013, with a major goal of making the Department more responsive and more efficient, the Commissioner unveiled a significant reorganization of the Department, with a much "flatter" structure that distributes leadership functions among a broader set of positions that report directly to the Commissioner.

On May 21, 2013, the Governor appointed a new Commissioner for the Department of Intellectual and Developmental Disabilities and announced that Commissioner Henry would be devoting his full attention to DCS as the Department's new Commissioner.

Scope of This Report

As reflected in previous monitoring reports, over the period from 2006 to 2010, the Department had made significant progress toward achieving the outcomes and meeting the other requirements of the Settlement Agreement and the parties fully expected that the progress would continue at the pace it had moving toward compliance and exit. While the Department's work has continued in many of the areas that the TAC had previously identified as requiring attention, there has been less progress than had been hoped for during this monitoring period.

In general, the period covered under this monitoring report (January 1 to December 31, 2012) has been dominated by those issues that have been the subject of public discussion and concern: TFACTS implementation and reporting; the adequacy of the Department's child protective services responses in general, and the child death review process in particular; and management issues within the Department. As a result, there has been less consistent focus and less visible

progress than in other periods on the work needed to move forward to achieve the remaining *Brian A.* outcomes and performance measures.

Some of the recent changes in policy and organizational structure that have been or are being implemented by the new Commissioner since he assumed office are responsive to concerns related to shortcomings in the Department's performance during the January to December 2012 monitoring period. This monitoring report therefore includes some discussion of these "post-monitoring period" developments and provides less detailed discussion of some of the policy and structural problems of the past administration that the Department has acknowledged and begun to address through the changes implemented by the new Commissioner.

Finally, because the Department's efforts to resolve the problems with TFACTS have been the subject of a separate TAC report filed with the Court on April 2, 2013, this Monitoring Report does not address the issues related to TFACTS with the level of detail or emphasis that it otherwise would. The executive summary of that report (which includes the key findings and recommendations) is attached as Appendix A to this report.

Developments in the Areas of Training and Quality Assurance

At the time that the TAC issued its June 2012 Monitoring Report, the Department, in addition to focusing a significant amount of effort on TFACTS, had just initiated two significant structural changes:

- bringing back "in house" the pre-service, in-service, and resource parent training, which for many years had been provided through a contract with a consortium of colleges and universities coordinated by the Tennessee Center for Child Welfare (TCCW) at Middle Tennessee State University; and

- revising the approach to the Quality Service Review (which serves as the annual review and assessment of child status and system performance required by Section XI of the Settlement Agreement) by eliminating the partnership with the Tennessee Commission on Children and Youth (TCCY) and with TCCW, both of which had been providing "external" reviewers as well as administrative support to the QSR process.

It is still too early to fully evaluate the impact of the shift in responsibility for training or of the revisions in the QSR process. However, some observations on each are appropriate.

The Department appears to have transitioned the training function to a largely "in-house" DCS activity without the major disruption and discontinuity that had been feared by some. The smoothness in this transition can be attributed in part to the Department's active recruitment of trainers and key training support staff from among those who had served those functions well for the training consortium. For example, the Department brought the key administrator of the resource parent training "in house," while contracting with four private provider agencies (three of which had already been delivering the Parents As Tender Healers (PATH) training for resource parents to conduct the training classes; and 18 of the 25 PATH trainers currently

teaching the DCS PATH classes under the contracts are trainers who conducted the PATH classes for the consortium, and three of the remaining seven were previously PATH trainers for private provider agencies.

In addition, the TFACTS training (both pre-service and in-service) appears to have benefited from a level of communication and coordination among trainers, TFACTS Customer Care Center staff, and Field Customer Care Representatives that is much more easily accomplished when all relevant staff are "in house" and directly responsible for serving the field staff needs and responding to field staff requests.

The Department, with assistance from the Vanderbilt Center of Excellence and the TAC, is evaluating this year's experience with the revised Quality Service Review process, and the results of that evaluation will be included in the next monitoring report. However, to the extent that there was concern that the changes in the reviewer pool would result in a less rigorous scoring standard, there is no evidence that this is the case at this time. While the Department has not been successful in developing a sufficient cadre of external reviewers to reach the balance of external and internal reviewers that the Department had intended, the TAC has been generally impressed by the skill level of the majority of the current lead reviewers and the reviewer pool compares favorably to the reviewer pool of previous years.

An Important Commitment to Improving the Response to Reports of Abuse and Neglect

While the Settlement Agreement itself focuses on the process for responding to reports of abuse and neglect of children in state custody, the Department recognizes that no function is more important than the process by which the Department receives and responds to abuse and neglect reports generally.

The Department has appropriately made improvement of the response to abuse and neglect reports a priority and has taken some significant initial steps to address some immediate needs, while developing its longer term strategies for improvement. A combination of staffing changes and upgrade in technology at the Child Abuse Hotline Center has coincided with a significant decrease in "abandoned calls" and an increase in the speed with which calls are being answered. In response to caseload demands and turnover, the Department's budget for fiscal year 2013-14 includes an additional 29 CPS positions and upgrades of 198 CPS positions to attract and retain capable CPS staff. And the work being done in the regions (through the In Home Tennessee Initiative) focused on improving the quality of both non-custodial services and non-custodial case practice is encouraging.

Key Challenges Remaining

In addition to addressing the problems with TFACTS (discussed at length in the TAC's TFACTS Evaluation), there are three areas of work that both the Department and the TAC consider to be central to sustaining the progress the Department has already made and meeting the remaining requirements of the Settlement Agreement:

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

Improving the Quality of Case Practice:

The TAC has described in previous monitoring reports the Department's three pronged approach—"training that is focused on field practice, utilizing practice seasoned trainers working more closely with the field; expanded expectations for the role of the QSR reviewer as a practice coach and the QSR as a vehicle for improved case practice supervision; and a revised performance evaluation process that emphasizes core practice competencies—which if implemented effectively, should result in broad and deep improvement in front-line practice."[5] While this approach to improved practice makes sense, the Department has not yet given implementation of the approach the attention and resources required for it to be effective.

Resource Home Recruitment and Retention:

The Department has long recognized the key role that resource home capacity plays with respect to a wide range of important outcomes and performance measures, and the challenge presented by both resource home attrition and increases in the numbers of children in custody. The Department has taken actions to build resource home capacity through development and implementation of regional recruitment plans that focused on increased utilization of kinship resources, improved responsiveness to inquiries from potential resource parents, targeted recruitment of resource parents willing and able to serve older children and sibling groups, and better engagement and support of resource parents. The regional efforts appear to have paid off. The trend of resource home attrition outpacing resource home recruitment appears to have been reversed and many regions have significantly improved their utilization of kinship resource homes. The Department will need to build on this success, especially in light of recent increases in the custodial population.[6]

Improving Outcomes for Older Youth:

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

[5] June 2012 Monitoring Report at page 10. See also November 2010 Monitoring Report at pages 6-9.

[6] The full constellation of reasons for the growth in the custody population after years of decline and for the slowing of exits to permanency is not entirely clear at this point. However, because so much of the progress made to date and the ability to make further progress depends on caseloads being manageable and placement and support resources being adequate, it will be important for the Department over the coming months to better understand and be able to respond to these placement population dynamics.

The Department is using the implementation of foster care to 21 as an opportunity to re-examine and re-invigorate its approach to case planning and practice for older youth in foster care. Some preliminary evaluative work was done in this regard by a highly qualified program director who has since left the Department. The findings of that evaluation of case planning for older youth provide valuable guidance for the new leadership as they work to improve case planning and service provision for older youth and help those youth take advantage of the opportunities for continued support under the extension of foster care to 21.

Conclusion:

The pace of progress during this monitoring period has been disappointing. However, the TAC continues to believe that it makes sense to approach the remaining work to achieve exit from court jurisdiction by focusing on a set of integrated strategies which cut across the specific sections and provisions of the Settlement Agreement and Exit Plan rather than focusing on individually working through a "check list" of Settlement Agreement provisions. Particularly relevant for the work ahead is continued emphasis on case practice improvement and the training, supervision and, accountability mechanisms focused on case practice; additional effort to recruit and retain appropriate resource families for children newly entering and remaining in custody; and intensive focus on permanency and successful transition to adulthood for older youth.

At the same time, because ultimately a child welfare system cannot adequately meet the needs of its foster care population unless it is also adequately meeting its non-custodial responsibilities, the Department must move forward with its efforts to improve the Child Protective Services (CPS) function, including completing the work that it has begun with the Child Abuse Hotline, ensuring manageable child abuse and neglect investigation and assessment caseloads, and strengthening the skills of the case managers handling those cases..

The TAC looks forward to working with the Department's new leadership team toward these ends.

KEY OUTCOME AND PERFORMANCE MEASURES AT A GLANCE

The following tables present DCS statewide performance on key outcome and performance measures.[7]

Table 1 presents the Settlement Agreement Section XVI outcome and performance measure requirements and the Department's level of achievement for those requirements for the following three periods: January 1, 2012 through January 1, 2013 (the monitoring period covered by this report); January 1, 2011 through January 1, 2012; and July 1, 2009 through June 30, 2010[8] (data presented in previous monitoring reports). When available, breakouts of data by race are included in brackets after the statewide performance percentage, with the percentage for White children listed first and the percentage for African-American children listed second.

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

Finally, Table 6 presents the statewide Quality Service Review (QSR) results for each of the past four years.[9]

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

[8] Because of the transition to TFACTS (which began with the implementation of a pilot in Mid-Cumberland in June 2010, before being implemented statewide in August 2010) data for the Section XVI outcome measures (XVI.A.1-6) for the period from July 1, 2009 to June 30, 2010 (which is drawn from TNKids) are incomplete: Mid-Cumberland data entered into TFACTS for June 2010 (and entered in June 2010 for case activity that occurred in May 2010) are not captured in the TNKids data presented for the period ending June 30, 2010.

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

Table 1: Settlement Agreement Outcomes	Settlement Agreement Standard	July 1, 2009 through June 30, 2010	January 1, 2011 through January 1, 2012	January 1, 2012 through January 1, 2013
XVI.A.1 Time to Reunification				
• Reunification within 12 months of custody	80%	82% [80%/84%]	72% [69%/67%]	67% [65%/62%]
• Reunification within 24 months of custody (remainder)	75%	Unavailable[10]	79% [81%/74%]	78% [78%/73%]
• Reunification within 24 months of custody (cumulative—logical corollary of the Settlement Agreement provision)[11]	95%	Unavailable	94% [94%/91%]	93% [92%/90%]
XVI.A.2 Time to Adoption				
• Finalization within 12 months of guardianship	75%	75% [77%/67%]	72% [70%/69%]	74% [73%/76%]
XVI.A.3 Number of Placements				
• 2 or fewer placements within past 12 months	90%	88% [87%/89%]	89%[12] [88%/87%]	93% [92%/91%]
• 2 or fewer placements within past 24 months	85%	Unavailable	76%[13] [75%/70%]	83% [82%/78%]
XVI.A.4 Length of Time in Placement				
• 2 years or less	75%	77% [78%/74%]	84% [83%/80%]	83% [81%/80%]
• Between 2 and 3 years	No more than 17%	Unavailable	9% [10%/11%]	10% [11%/12%]
• More than 3 years	No more than 8%	Unavailable	7% [7%/9%]	7% [8%/9%]

[10] Many of the Section XVI outcome and performance measures have more than one part. Because of the transition to TFACTS, the Department reported only the first part for most of these measures for this period.

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

[12] The data in this cell under-report actual performance. See footnote 78 in Section One of this report regarding this under-reporting.

[13] The data in this cell under-reports actual performance. See footnote 78 in Section One of this report regarding this under-reporting.

Table 1 (continued): Settlement Agreement Outcomes	Settlement Agreement Standard for Period V	July 1, 2009 through June 30, 2010	January 1, 2011 through January 1, 2012	January 1, 2012 through January 1, 2013
XVI.A.5 Reentry				
• Reentry within 12 months of most recent discharge	No more than 5%	6% [6%/7%]	6% [5%/8%]	6% [6%/7%]
XVI.A.6 Achievement measures				
• Youth exiting to non-permanency who met at least one achievement measure[14]	90%	86% [85%/88%]	86% [87%/82%]	80% [79%/77%]
XVI.B.1 Parent-Child Visits		(April 2010)	(December 2011)[15]	(December 2012)
• Visits at least twice per month	50%	29%	TFACTS: 20% Targeted Review: 40%-48%	27%
• Visits once per month (of those not visiting twice per month)	60%	30%	TFACTS: 24% Targeted Review: 11%-17%	30%
• Visits at least once per month (cumulative—logical corollary of the Settlement Agreement provision)	80%	51%	TFACTS: 39% Targeted Review: 51%-61%	49%
XVI.B.2 Sibling Placement				
• Sibling groups placed together (point-in-time)	85%	(June 2010) 84%	(December 2011) 81%	(December 2012) 82%
• Sibling groups placed together (entry cohorts)	85%	(FY09-10 entry cohort) 85% [88%/77%]	(FY10-11 entry cohort) 81% [84%/73%]	(FY11-12 entry cohort) 82% [84%/79%]

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

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

Table 1 (continued): Settlement Agreement Outcomes	Settlement Agreement Standard	July 1, 2009 through June 30, 2010	January 1, 2011 through January 1, 2012	January 1, 2012 through January 1, 2013
XVI.B.3 Sibling Visits		(March & April 2010)	(December 2011)[16]	(December 2012)
• Visits at least once per month	90%	47%	TFACTS: 19% Targeted Review: 84%-89%	46%
XVI.B.4 Timeliness of TPR Filing		through 4/30/10		
• TPR filed within 3 months of sole adoption goal	70%	88%	Unavailable	
• TPR filed within 6 months of sole adoption goal[17]	85%	NA	Unavailable	
XVI.B.5 PPLA Goals		(February 10, 2011)	(December 26, 2011)	(December 30, 2012)
• Class members with sole PPLA Goals	No more than 5%	0.2% [0.4%/0.1%]	0.4% [0.5%/0.4%]	0.2% [0.3%/0.3%]
XVI.B.6 Placement within Region or 75 Miles		(April 2010)		(April 2013)
• Class members placed within Region or 75 miles	85%	89% [89%/89%]	Unavailable	87%/85%[18]

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

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

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

Table 2: Placements[19]	2008	2009	2010	2011	2012
Number of *Brian A.* children in custody at end of year	(December 31) 5,443	(December 31) 5,297	(January 6) 5,659[20]	(December 26) 6,537	(December 30) 6,703
	FY07-08 entry cohort	**FY08-09 entry cohort**	**FY09-10 entry cohort**	**FY10-11 entry cohort**	**FY11-12 entry cohort**
Number of **ALL** *Brian A.* entries into custody during each fiscal year	5,317	4,582	5,290	5,492	5,799
First placement rate (per 1,000) (Number of first placements in parentheses)	3.0 (4,215) [2.7/3.3]	2.4 (3,606) [2.2/2.9]	3.0 (4,370) [2.6/3.8]	3.1 (4,584) [2.6/3.0]	3.3 (4,847) [2.5/2.8]
Initial placements in family settings	92% (3,895/4,215) [93%/90%]	92% (3,314/3,606) [92%/91%]	93% (4,053/4,370) [92%/93%]	90% (4,138/4,584) [90%/91%]	91% (4,407/4,847) [91%/91%]
Initial placements in kinship homes (as % of initial family setting placements)	22% (850/3,895) [25%/16%]	18% (604/3,314) [21%/11%]	17% (7689/4,053) [19%/15%]	29% (1197/4,138) [33%/20%]	29% (1,259/4,407) [32%/21%]
	Calendar year 2008 entry cohort	**Calendar year 2009 entry cohort**	**Calendar year 2010 entry cohort**	**Calendar year 2011 entry cohort**	**Calendar year 2012 entry cohort**
Initial placements in kinship homes (as % of all initial placements)	16.2%	14.8%	18.7%	26.1%	22.7%

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

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

Table 3: DCS Case Manager and Supervisor Caseloads	Average from July 2008 through December 2009	Average from January 2010 through April 30, 2010	Average from May 1, 2010 through December 31, 2011	Average from June 2012 through March 2013
Case Manager Caseload (% within Settlement Agreement limits)	97%	96%	Unavailable	87%
Supervisory Caseload (% within Settlement Agreement limits)	96%	95%	Unavailable	Unavailable

Table 4: Child and Family Team Meetings (CFTMs)	2Q 2011 (4/1/11-6/30/11)	3Q 2011 (7/1/11-9/30/11)	4Q 2011 (10/1/11-12/31/11)	1Q 2012 (1/1/12-3/31/12)	2Q 2012 (4/1/12-6/30/12)	3Q 2012 (7/1/12-9/30/12)	4Q 2012 (10/1/12-12/31/12)
Children entering custody who had at least one Initial CFTM	77%	74%	83%	85%	86%	88%	90%
Children entering custody who had at least one Initial Perm Plan CFTM	85%	66%	79%	76%	80%	79%	83%
Children w/ placement disruptions who had at least one Placement Stability CFTM	66%	54%	64%	61%	63%	70%	65%
Children beginning "trial home visit" (THV) or released from custody who had at least one Discharge CFTM	44%	45%	50%	46%	43%	37%	47%
Children with at least one CFTM during reporting period	58%	60%	57%	62%	60%	61%	58%

Table 5: Child Protective Services (CPS)	FY08-09	FY09-10	FY10-11	FY11-12
First investigation rate (per 1,000)	15.3	15.6	17.0	15.5
First substantiation rate (per 1,000)	3.5	3.8	3.9	3.8

Table 6: QSR Indicator (% acceptable)	**2009-2010**	**2010-2011**	**2011-2012**	**2012-13**[21]
Child and Family Indicators[22]				
Safety	98%	98%	98%	96%
Stability	70%	70%	75%	74%
Appropriate Placement	93%	92%	94%	91%
Health/Physical Well-being	99%	99%	100%	97%
Emotional/Behavioral Well-being	81%	85%	87%	83%
Learning and Development	81%	83%	89%	86%
Caregiver Functioning	95%	96%	98%	95%
Prospects for Permanence	23%	35%	30%	38%
Family Functioning & Resourcefulness	35%	42%	39%	32%
Family Connections	49%	52%	54%	46%
System Performance Indicators				
Engagement (VII.B-F, L, N)[23]	44%	59%	54%	54%
Teamwork and Coordination (VII.B-F, L, N)	45%	59%	58%	53%
Ongoing Assessment Process (VI.D)	40%	51%	56%	50%
Long-Term View	31%	43%	39%	43%
Child and Family Planning Process (VII.D)	34%	53%	56%	49%
Plan Implementation (VII.D, K)	39%	51%	55%	52%
Tracking and Adjustment (VII.D, K)	41%	53%	57%	55%
Resource Availability and Use	66%	74%	75%	NA[24]
Informal Support and Community Involvement	47%	64%	59%	58%[25]
Caregiver Supports	89%	92%	94%	93%
Successful Transitions	34%	50%	49%	55%

[21] The 2012-13 scores in Table 6 include final scores from Knox, Southwest, Smoky Mountain, Shelby, Davidson, South Central, and Northwest. The scores from Upper Cumberland, Tennessee Valley, Mid-Cumberland, East, and Northeast are also included, but have not yet been finalized.

[22] Because the Satisfaction indicator was not found to be a useful measure, it was not included in the revised 2012-13 QSR protocol. It is no longer included in Table 6.

[23] The references in parentheses in Table 6 are to those sections of the Settlement Agreement for which the parties and the TAC have used the QSR as a primary measure of practice/performance for its own internal monitoring and which the TAC has similarly utilized in its previous monitoring reports.

[24] The Resource Availability and Use indicator was not included in the revised 2012-13 QSR protocol, but elements of Resource Availability and Use were combined with elements of Informal Support and Community Involvement to form the new indicator designated "Formal and Informal Supports."

[25] This percentage refers to the Formal and Informal Supports indicator discussed in footnote 24.

SECTION ONE: DATA AND OUTCOME MEASURES OVERVIEW

Introduction:

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

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

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

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

For a number of areas addressed by these questions, the Settlement Agreement establishes specific outcome and performance measures and specifies numerical standards that the Department is to achieve. This section reports on the Department's level of achievement on these specific measures through December 31, 2012.[26] The discussion is supplemented by additional data and measures relevant to the particular area of focus.

The primary data sources for this section are reports from TFACTS (some produced by Chapin Hall at the University of Chicago,[27] others produced internally by the Department), and the results of the Quality Service Reviews (in-depth case reviews, which for 2011-12 were conducted jointly by the Department, the Tennessee Commission on Children and Youth, and the Tennessee Center for Child Welfare, and which for 2012-13 were conducted by the Department alone).[28] A more detailed description of each of the data sources relied on in this section is presented in Appendix D,[29] and a brief orientation to the aggregate data explaining the three types of data presented (point-in-time, entry cohort, and exit cohort) is presented in Appendix E.

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

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

[28] See Section Eleven beginning at page 289 for a discussion of the changes in the QSR process implemented for the 2012-13 reviews.

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

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

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

Key findings:

- *Brian A.* class members continue to account for about 80% of the DCS placement population.

- The number of children in placement, which had been declining each year for many years, began to increase during 2010. In 2009, admissions began increasing while exits began decreasing, resulting in a significant increase in the placement population. The number of admissions continued to exceed the number of exits during 2010 and 2011, and consequently, the number of children in placement continued to climb. Admissions decreased slightly and discharges increased significantly in 2012, slowing the rate of growth in the placement population during 2012. The placement population did not decrease in 2012, however, because admissions still outnumbered discharges by approximately 250.[30] The Department's custody data for the first several months of 2013 reflect a continuation of the overall upward trend in the number of children in custody.

- The statewide placement rate[31] had also decreased from 3.6 in fiscal year 2004-05[32] to 2.5 in 2008-09—the same placement rate observed at the time of the entry of the Settlement Agreement. However, the statewide placement rate has increased over the past three fiscal years, reaching 3.3 in 2011-12—the highest placement rate since 2004-05. On the regional level, placement rates increased considerably (by more than one per 1,000) between 2008-09 and 2011-12 for five regions: Upper Cumberland, Knox, Northeast, East, and Smoky Mountain.

[30] Admissions exceeded discharges during the first half of 2012, resulting in an increase in the placement population during that period, but discharges exceeded admissions during the second half of 2012, resulting in a decrease in the placement population during that period. The net change for all 12 months of 2012 was an increase in the placement population, though not as large an increase as the Department experienced during 2011.

[31] The term "placement rate" as used here refers to the number of children entering out-of-home placement for the first time per 1,000 children in the general population. It does not include children who reenter foster care. See discussion beginning at page 21.

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

1. Placement Population

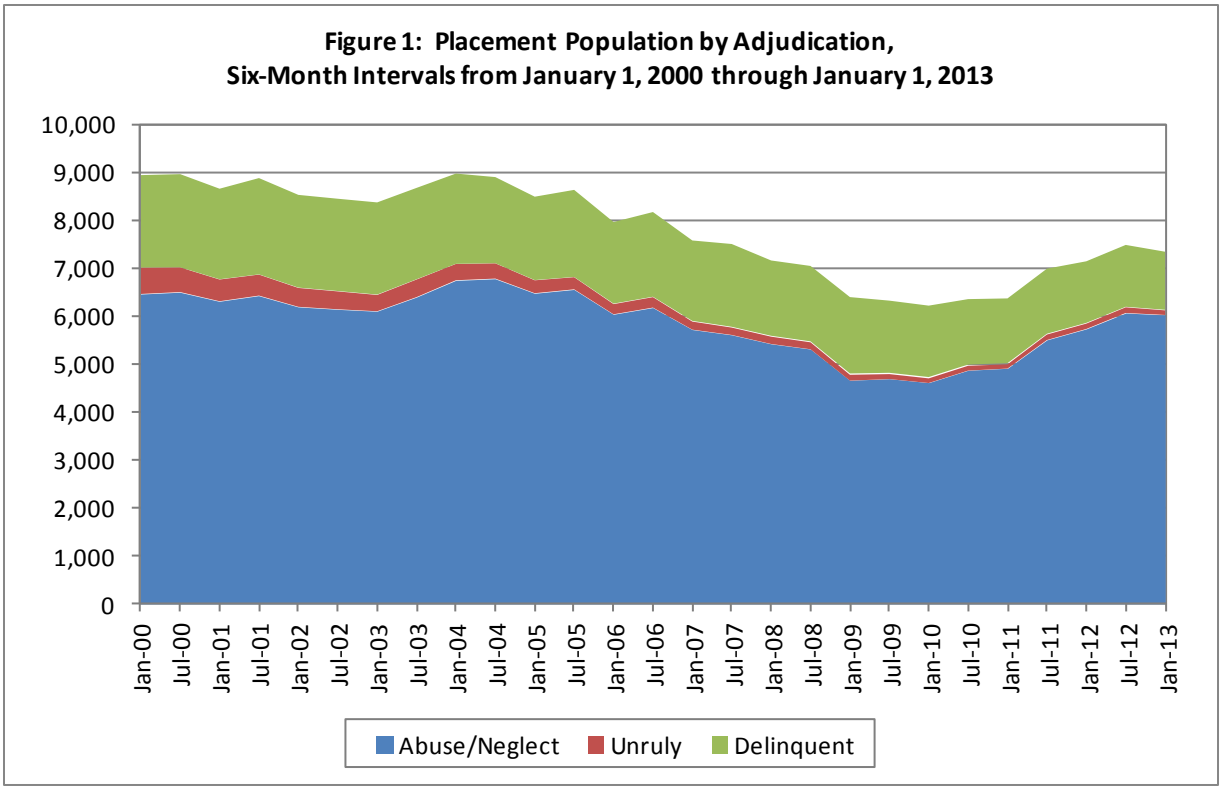
Figure 1 below provides some basic information about the composition of the DCS custodial population in out-of-home placement during the 13-year period beginning January 1, 2000.[33]

Between 2000 and 2004, the daily population of all children in DCS placement ranged from approximately 8,500 to 9,000. The daily population began to decrease in the second half of 2005, and by January 2010, had decreased to a low of 6,212—a decrease of 27% from the 8,499 children in DCS placement on January 1, 2005. Since January 2010, the daily population has been increasing, reaching 7,487 as of July 1, 2012 and declining slightly to 7,344 as of January 1, 2013—an increase of 18% from the 6,212 children in DCS placement on January 1, 2010.

As Figure 1 reflects, the majority of children enter placement because of findings that they were abused or neglected. On January 1, 2013, for example, 6,030 (81%) of the children in placement were abused or neglected, 95 (2%) were unruly (were truant from school, had run away from home, or engaged in other non-criminal misbehavior) and 1,219 (17%) were delinquent (had committed a criminal offense). Until January 2010, the Department had experienced some fluctuations in its daily placement population, but there had been an overall decrease in the number of children in placement in each category of adjudication. Between January 2010 and July 2012, the Department continued to experience an overall decrease in the number of children in placement with delinquent adjudications but experienced an increase in the number of children in placement with abuse, neglect, or unruly adjudications. Between July 2012 and January 2013, the number of children in placement decreased slightly for all adjudications.[34]

[33] There are some children who are in DCS legal custody but are physically living in their own homes, either awaiting out-of-home placement or on a trial home visit. The "custodial population" (children in DCS legal custody) on any given day will therefore be higher than the "placement population" (children in out-of-home placement). For example, on January 1, 2013 there were 8,268 children in DCS legal custody, of whom 7,344 were "in placement."

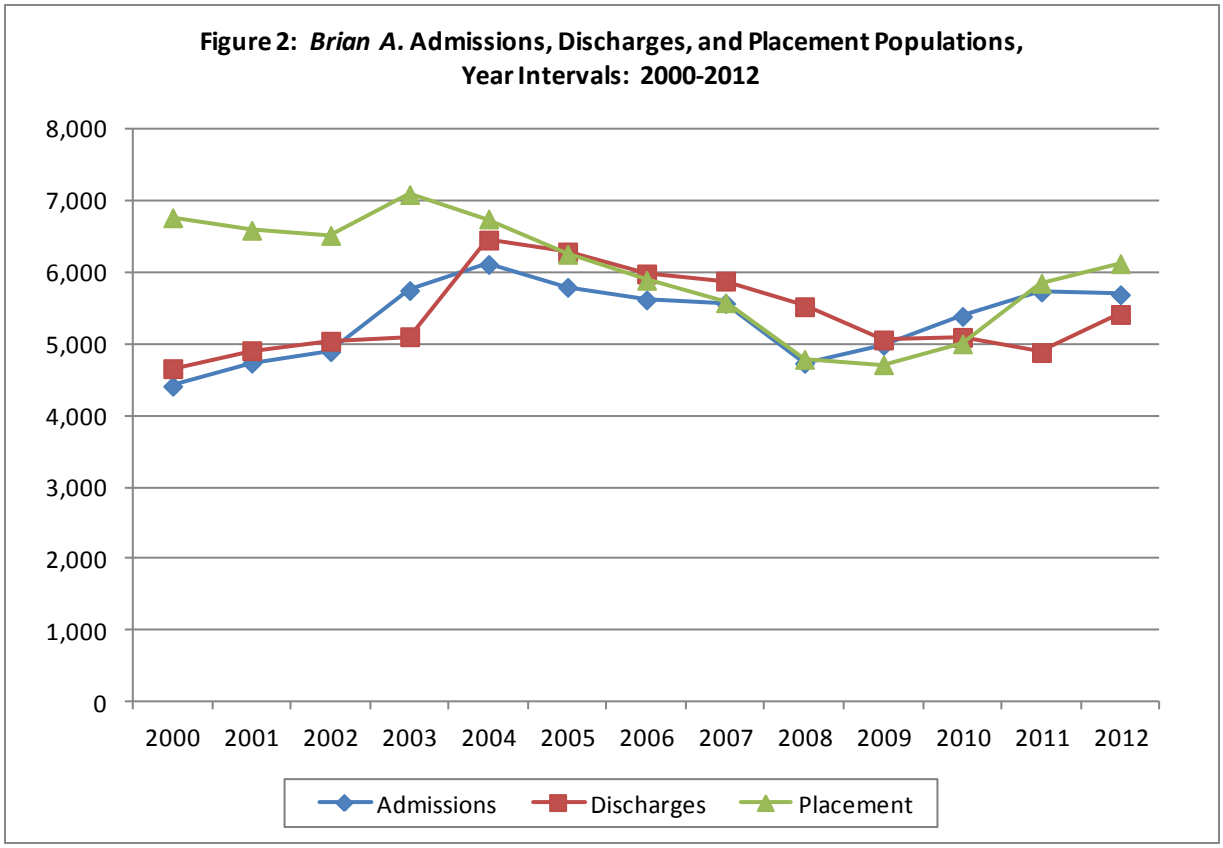
[34] Although DCS is responsible for and cares about the experiences of all children in its custody, for purposes of this report, the data reported in the remainder of this section (unless otherwise indicated) include only members of the *Brian A.* class: children who are in state custody based on findings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



Source: January 2000 through January 2013 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

Fluctuations in the number of children in placement reflect trends in both admissions and discharges. As indicated in Figure 2, the number of *Brian A.* class members entering placement increased from 2000 through 2004.[35] Between 2004 and 2008, the number of admissions decreased slightly and discharges generally exceeded admissions, resulting in a continuing and significant decline in the placement population. In 2009, the number of discharges only slightly exceeded the number of admissions (5,059 discharges compared to 4,984 admissions), resulting in a much less significant decline in the placement population than in previous years; and in 2010 and 2011, admissions exceeded discharges for the first time since 2003, resulting in an increase in the placement population. Admissions decreased slightly and discharges increased significantly in 2012, slowing the rate of growth in the placement population during 2012. The placement population did not decrease in 2012, however, because admissions still outnumbered discharges by approximately 250.

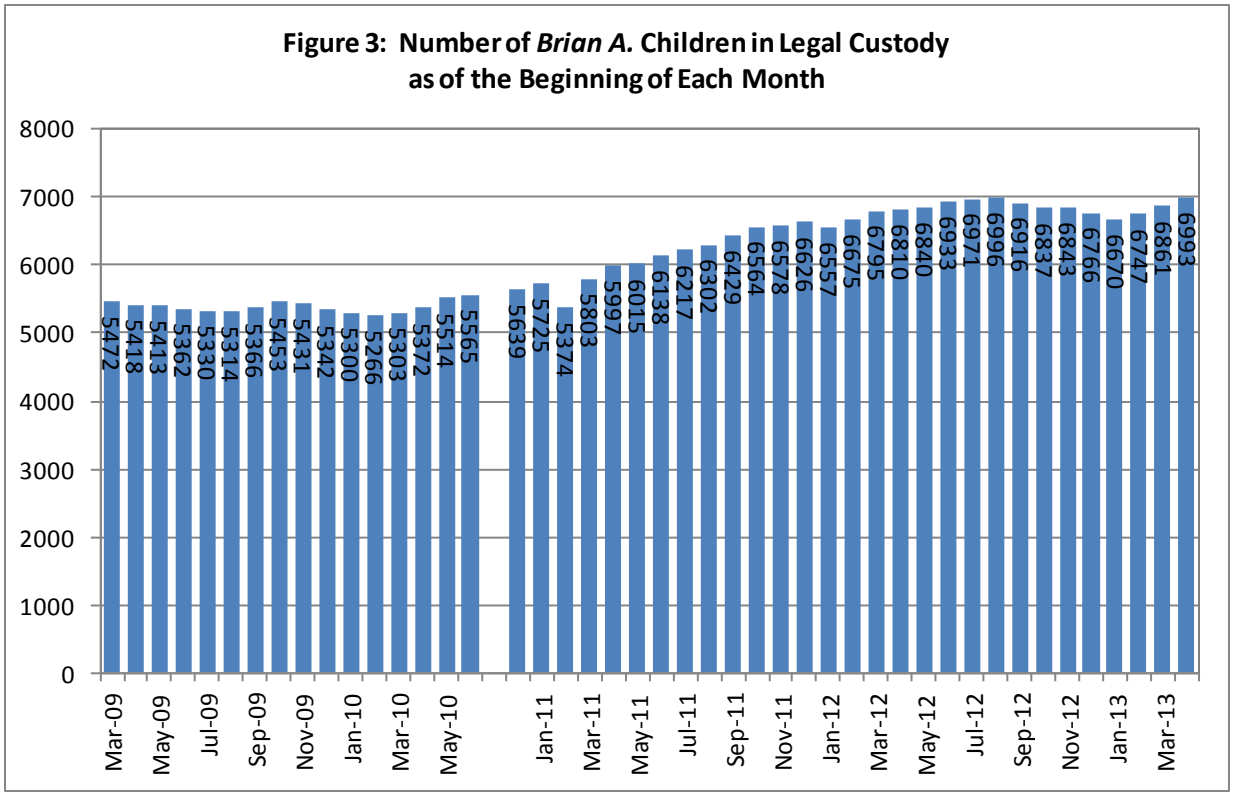
[35] Unlike many other measures presented in this section, all admissions (whether an entry into out-of-home placement for the first time or a reentry into out-of-home placement) are included in Figure 2. This distinction accounts for the difference in the number of admissions between Figure 2 (which presents all admissions) and Figure 4 (which presents only admissions into out-of-home placement for the first time). See footnote 38.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

As shown in Figure 3, according to the Department's point-in-time tracking of the number of children in custody each month, the number of *Brian A.* children in legal custody, after decreasing somewhat during the second half of 2012, has increased during the first four months of 2013.[36] The number of *Brian A.* children has generally increased over the past three years in all but two regions (Davidson and South Central). Some regions, including Upper Cumberland, Mid-Cumberland, Knox, and Northeast, have seen significant increases. Appendix G contains figures showing the number of children in custody over time in each of the 12 regions.

[36] As the figure also reflects, the *Brian A.* population in 2013 represents a 28% increase over the *Brian A.* population in March 2009.



Source: Mega Reports as of the beginning of each month from March 2009 through April 2013.

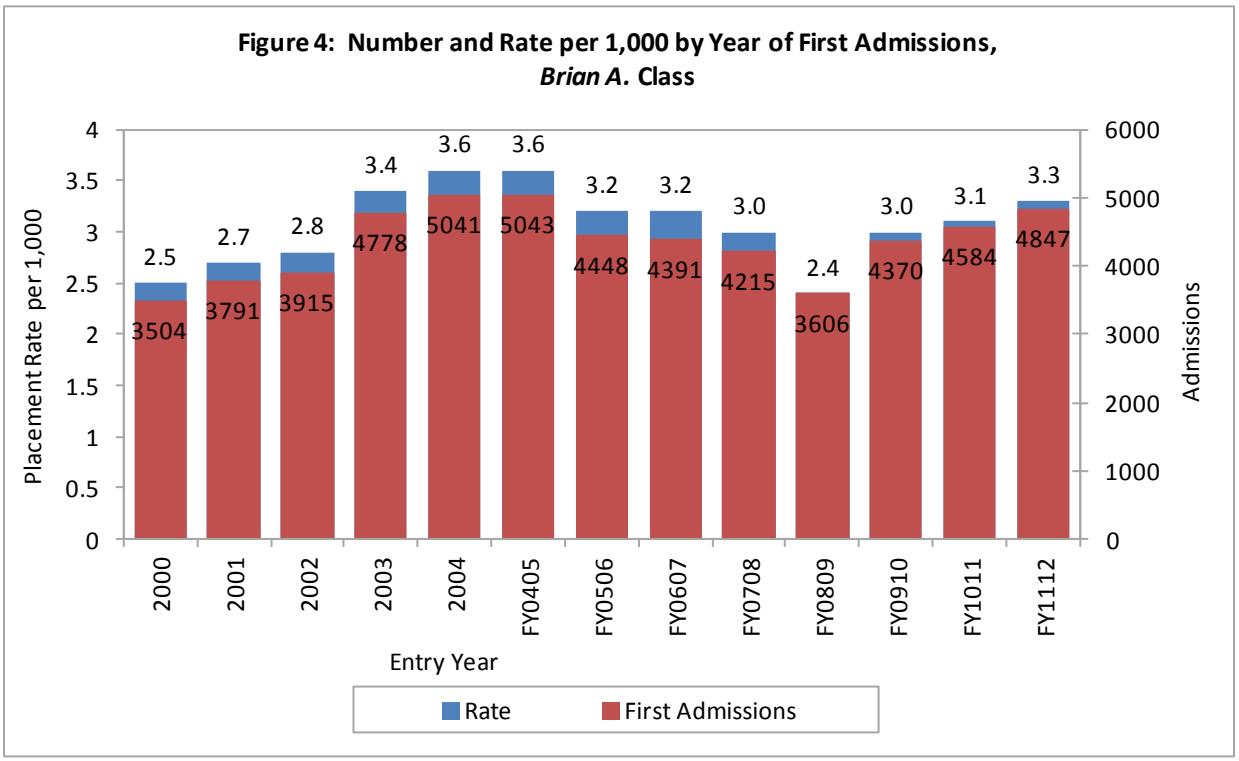
2. Placement Rates

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

One of the factors that influence the number of children coming into out-of-home placement is the number of children in the general population. The larger the number of children in the general population, the larger the number of children who may be subject to abuse or neglect, or who may have conflicts at home or at school leading to truancy and runaway behaviors. It is therefore important to look at the "placement rates" of class members (number placed per 1,000 children in the general population) and not just the raw number of placements.[37]

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

Figure 4 shows the patterns in statewide first placement[38] rates and in the number of first placements in Tennessee since 2000.[39] As reported in previous monitoring reports, first placement rates in Tennessee increased between 2000 and 2004, with a jump of 22% from 2002 to 2003. However, first placement rates decreased from a high of 3.6 in fiscal years 2003-04 and 2004-05 to a low of 2.4 in 2008-09, the lowest first placement rate since the Department began tracking placement rates in 2000. First placement rates have increased since 2008-09 to 3.3 during 2011-12, the highest placement rate since fiscal year 2004-05.



Source: 2000, 2001, 2002, 2003, and 2004 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in March 2007. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0607 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2012. FY0708 through FY1112 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. Placement rates were calculated using the Census Estimates produced by Claritas.

Figure 5 below displays regional placement rates for fiscal years 2009-10 through 2011-12, and Figure 6 compares the number of admissions by region for the same period. In Figure 5, the regions are ordered according to their placement ***rates*** for 2011-12, with the region with the highest placement rate listed first and the lowest listed last.

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

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

Smoky Mountain and East regions (which have traditionally had both high numbers of placements and high placement rates relative to other regions) continue to have among the highest placement rates in 2011-12. The 2011-12 placement rate in East (5.3) still represents a significant decrease from earlier placement rates (7.5 in 2006-07 and 7.0 in 2007-08). Upper Cumberland, Knox, and Northeast also have placement rates above the statewide placement rate.

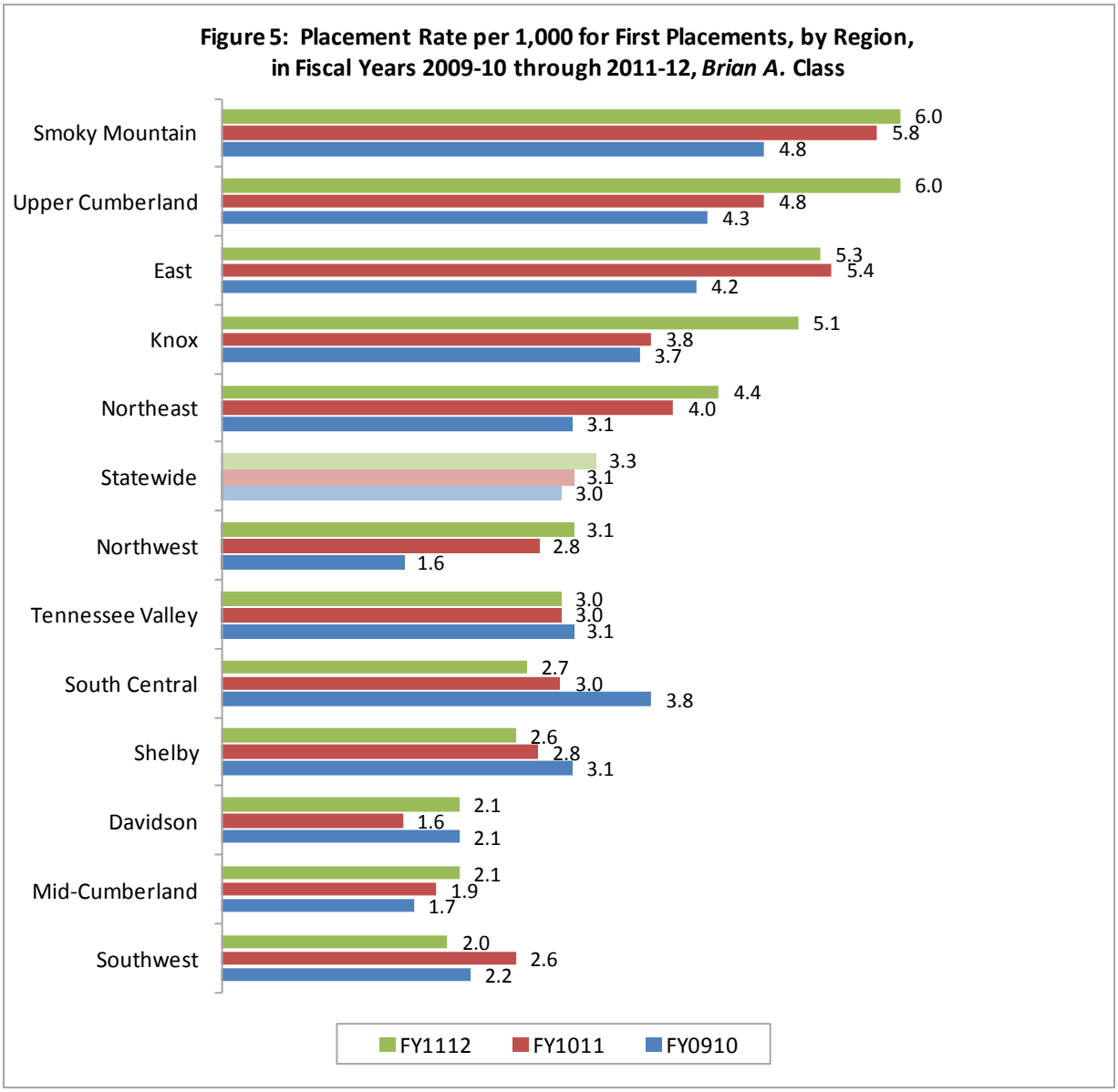
Consistent with the increase in statewide first placement rates over the past three years discussed above, placement rates increased significantly between 2009-10 and 2011-12 in five regions. The increase in placement rate (of 1.7) was largest in Upper Cumberland. The increase in placement rates was more than 1.0 in four other regions: Knox (1.4), Northeast (1.3), Smoky Mountain (1.2), and East (1.1).[40]

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

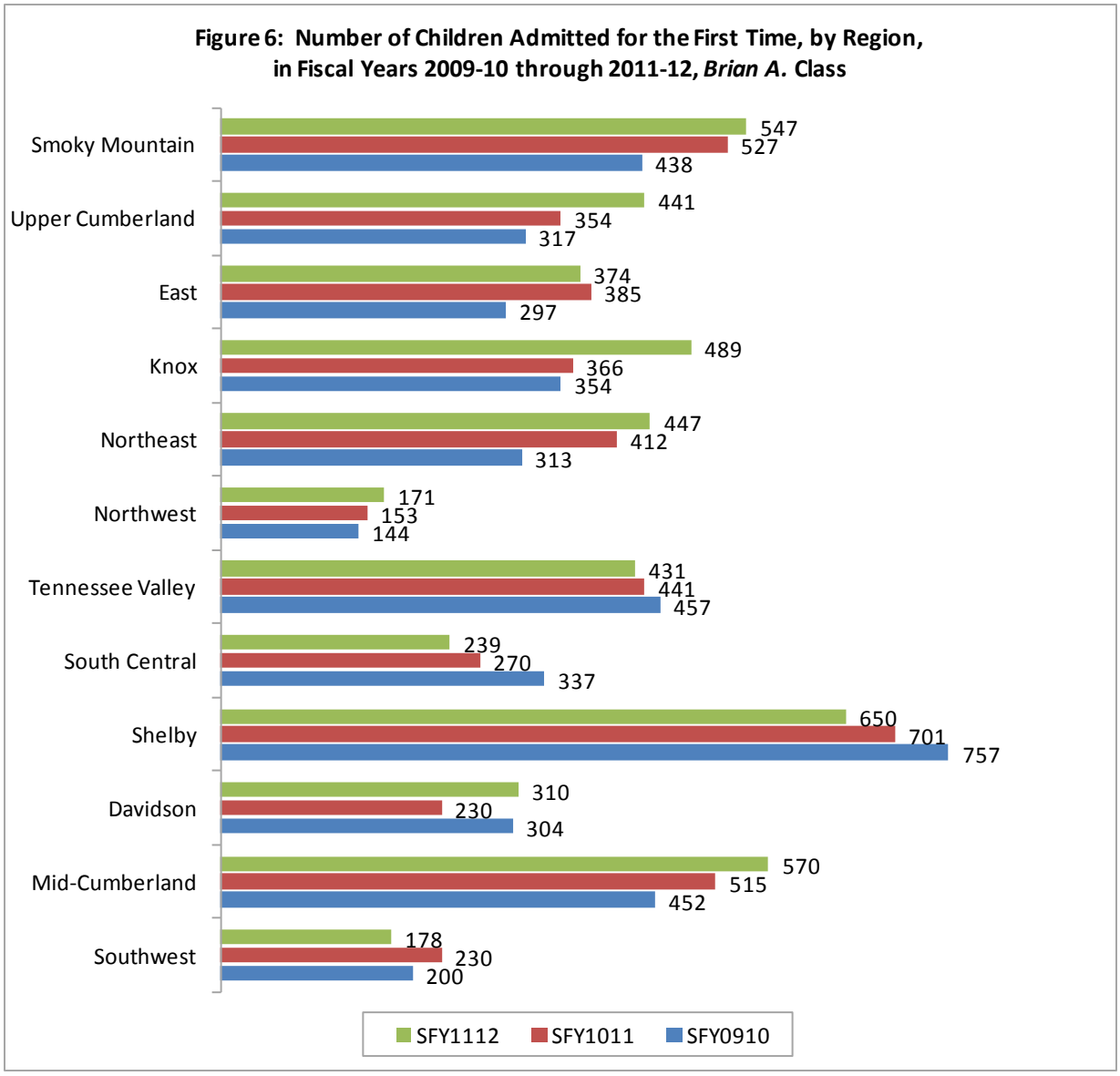
Given the population size of Shelby and the fact that its placement rate has moved closer to the statewide rate, it is not surprising that in all three fiscal years (2009-10 through 2011-12), Shelby accounted for the largest number of placements; in fact, the number of first placements in Shelby during 2009-10 and 2010-11 (757 and 701, respectively), was significantly higher than during any previous year since at least 2002. In 2011-12, Shelby ranked highest in number of first placements, followed by Mid-Cumberland, Smoky Mountain, Knox, Northeast, Upper Cumberland, and Tennessee Valley.

Davidson, Southwest, and Mid-Cumberland (which had the second highest number of placements in 2011-12) have had the lowest placement rates in the state during the past three fiscal years.

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



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013. Placement rates were calculated using the Census Estimate produced by Claritas.



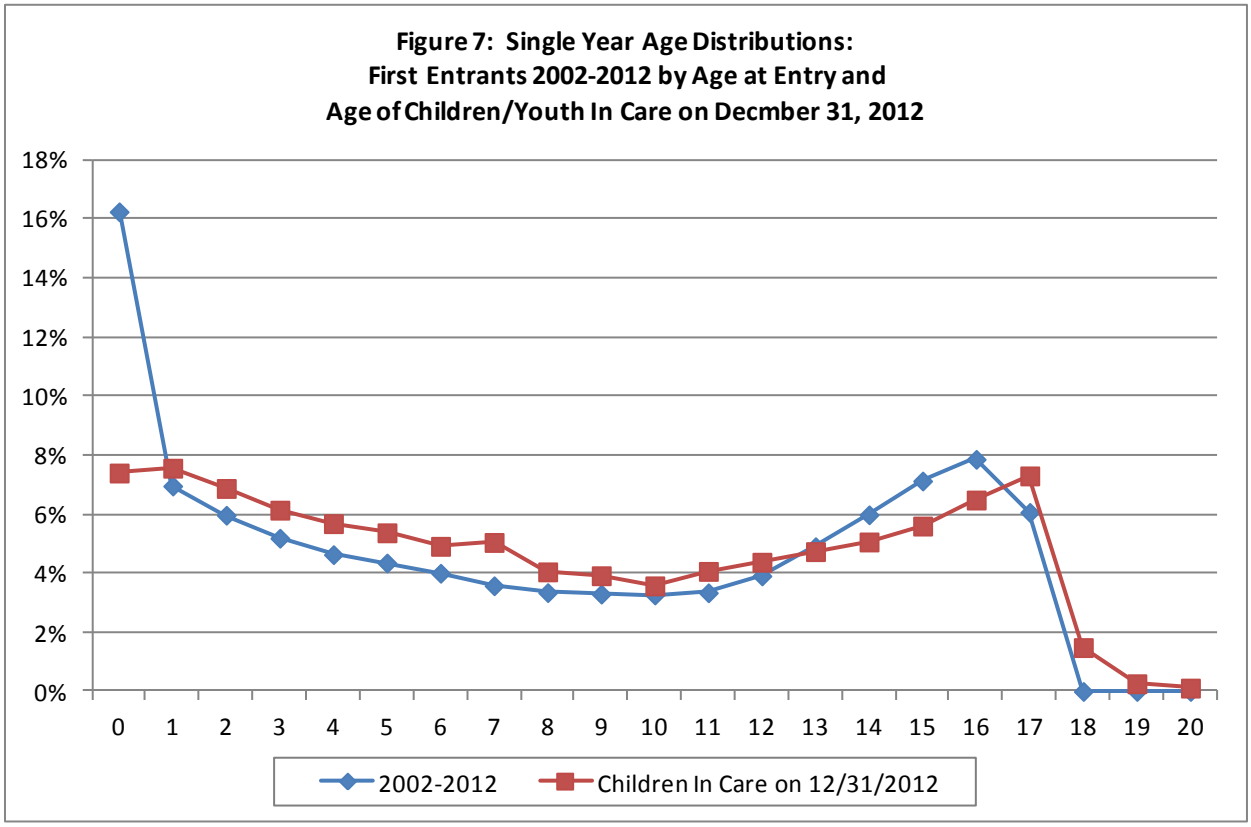
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

3. Placement by Age Group

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

Figure 7 below shows the age of children in the *Brian A.* class served by Tennessee's child welfare system, using both entry cohort data organized by the age of the child when the child

first entered out-of-home placement (the red line) and point-in-time data showing the age distribution of those children in out-of-home placement on December 31, 2012 (the blue line). Because the age distribution of class members entering out-of-home placement over the last several years has remained relatively constant, data from cohort years 2002 to 2012 are combined.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

The largest age group by far entering out-of-home placement is infants; the next largest age group is 16-year-olds, followed by 1-year-olds and 15-year-olds. While infants are the largest age group in any given entry cohort, the point-in-time data reflect that on any given day there are more 1-year-olds in out-of-home placement than any other age group, with the next largest groups being infants, 2-year-olds, and 17-year-olds.

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

It is traumatic for children to move from their homes to a completely new environment, even when they have been abused or neglected or are at risk of being abused or neglected in their home environment. A child's home community is the source of a child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life. For this reason, both the *Tennessee Department of Children's Services Standards of Professional Practice for*

*Serving Children and Families: A Model of Practice (*hereafter referred to as the DCS *"Practice Model")* and the Settlement Agreement emphasize placing children with siblings, close to their home and community, and in the least restrictive placement possible, utilizing resource families drawn from a child's kinship network whenever possible rather than placing a child with strangers.

Family members, relatives, friends, and members of a child's community who already have a connection with and commitment to the child are critical potential resources. They can serve as a support network for the child and the family, including serving as possible kinship placements for a child coming into care. For this reason, the Department in its *Practice Model* and implementation efforts emphasizes identifying, at the earliest stages of DCS involvement with a family, relatives and others with connections and commitment to the child, and aggressively exploring this natural kinship and community support system for potential resource home placements as an alternative to placing children with strangers or in congregate care facilities. By utilizing kinship resource homes,[41] not only can the trauma of removal be minimized for the child, but available resource homes can be saved for children who do not have those kinship options.

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

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

Key findings

- For each year from 2008 to 2010, 88% of the children entering foster care for the first time in Tennessee were placed in family settings, a significant improvement compared to 2002 (when 81% of first placements were in family settings) and a significant achievement compared to many other child welfare systems. In 2011 and 2012, 86% of children entering foster care were placed in family settings. This reflects a decline of two percentage points from 2010.

- The Department's recent efforts to increase utilization of kinship resource homes appear to be having an impact. Between 2004 and 2010, kinship resource homes accounted for

[41] The Department generally uses the term "kinship resource home" to refer to both resource homes headed by relatives (persons with whom a child has a blood relationship) and resource homes headed by "fictive kin" (persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member, or a family friend).

between 15% and 20% of all first placements. Kinship resource homes accounted for 26% of all first placements in 2011 and 23% in 2012.[42]

- The Department continues to place at least 85% of children within 75 miles of home or within region.

- Some children in foster care continue to experience a significant number of placement moves; however, placement stability has improved significantly since 2002. Consistent with the past three entry cohorts (2007-08 through 2009-10), 79% of children entering care during fiscal year 2010-11 experienced two or fewer placements during a two-year window of observation,[43] compared to 69% of children entering care during calendar year 2002.[44]

- Performance on parent-child visits reflected in the aggregate data produced from TFACTS has improved during 2012. According to TFACTS aggregate reporting for the month of December 2012, 27% of children with reunification goals visited with their parents twice during the month (compared with 17% in January 2012), and 30% of the remaining children visited with their parents once during the month (compared with 23% in January 2012). Although the aggregate reporting (both under TNKids and TFACTS) has failed to demonstrate the level of parent-child visiting required by the Settlement Agreement, results of two previous targeted case file reviews documented significantly higher levels of parent-child visiting than reflected in the aggregate reporting.[45]

- For siblings placed in foster care, the Department has historically experienced significant success in keeping sibling groups together. During the past nine fiscal years, between 81% and 87% of sibling groups entering out-of-home placement together for the first time were initially placed together.

- Performance on visits between siblings who are separated, as reflected in the aggregate data produced from TFACTS, has also improved during 2012. According to TFACTS aggregate reporting for the month of December 2012, 48% of separated siblings visited with at least once sibling from whom they were separated during the month (compared with 18% in January 2012). Although separated siblings do not appear, according to aggregate data (both under TNKids and under TFACTS), to be visiting each other as frequently as the Settlement Agreement contemplates, two previous targeted case file

[42] The aggregate data related to kinship resource homes initially produced from TNKids only included kinship resource homes headed by relatives because TNKids did not indicate whether a non-relative resource home was headed by "fictive kin." The Department released an enhancement to TNKids during 2008 that permitted the identification of "fictive kin" in the system. As a result of this expanded reporting capacity and transition to TFACTS, the kinship resource home data for 2012, 2011, 2010, 2009, 2008, 2007, 2006, and at least some of 2005 include "fictive kin" homes.
[43] The term "two-year window of observation" is defined and discussed in footnote 75.
[44] See the December 2008 Monitoring Report at page 38.
[45] For a detailed discussion of the findings of those reviews, see the June 2012 Monitoring Report at page 53 and the April 2011 Monitoring Report at page 26.

reviews found that separated siblings are visiting much more frequently than the aggregate tracking data reflect.[46]

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

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

Figure 8 below shows first placements by placement setting for children entering care during each of the past 11 years. The bottom two blue segments of the bar reflect family placements, broken out into non-kinship resource homes (segment shaded dark blue) and kinship resource homes[47] (segment shaded light blue). The top segment of the bar (shaded red) reflects congregate care settings. In 2002, 81% of children entering out-of-home placement for the first time were initially placed in family settings. This percentage increased over time, reaching a high of 89% in 2007 and remaining stable at 88% from 2008 to 2010.

In both 2011 and 2012, 86% of children entering foster care were initially placed in family settings, a decline compared to the previous three years,[48] but still a significantly higher percentage than in 2002. Since 2009, there has been a decline in the percentage of initial non-kin resource home placements that has been somewhat offset by an increase in kinship resource home placements. Notwithstanding the recent decrease in family setting placements (and the corresponding increase in congregate care placements), Tennessee continues to be able to successfully serve a significant number of children with higher levels of need in resource homes.[49]

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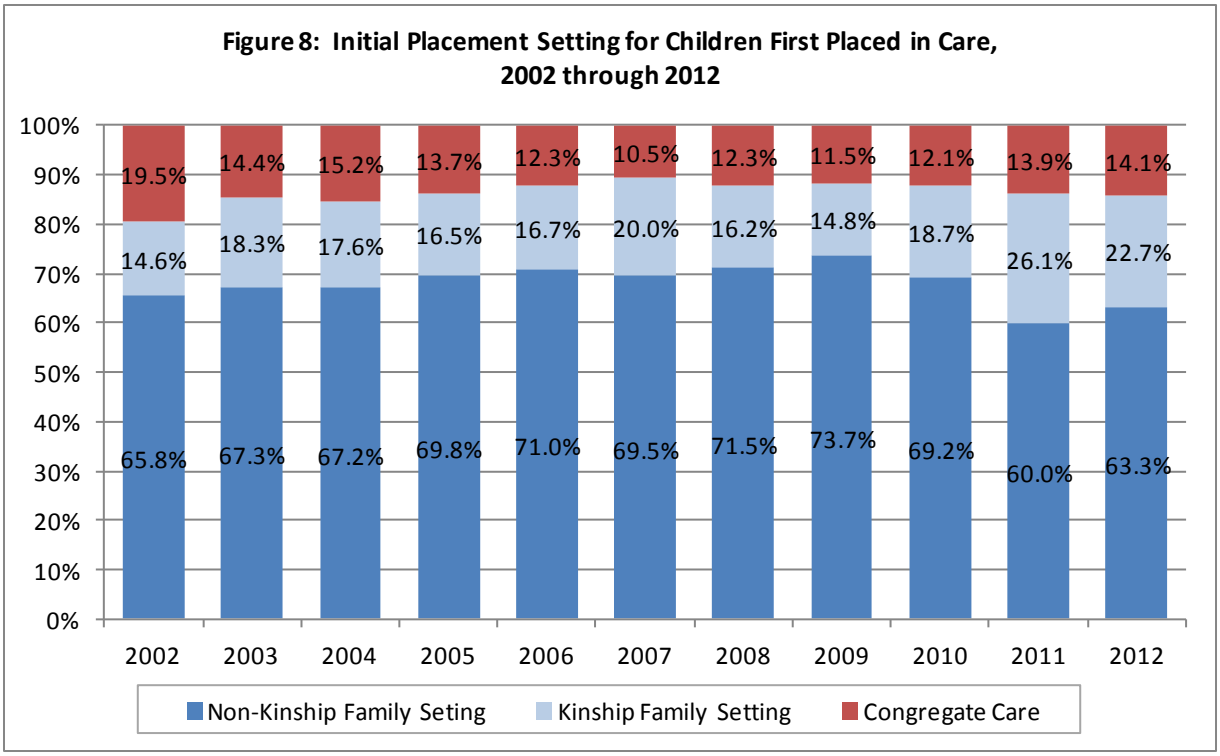
[46] For a detailed discussion of the findings of those reviews, see the June 2012 Monitoring Report at page 59 and April 2011 Monitoring Report at page 33.

[47] "Fictive kin" are included in the data for years 2006 through 2012 and at least parts of 2005 but are not reflected in the data for earlier years. See footnote 42.

[48] See discussion in Subsection b below about initial placements in non-family settings.

[49] The Department produces a weekly report (the "*Brian A.* Mega Report") that provides information about the "level of care" of *Brian A.* class members in their current placements. (The "level of care" ranges from Level I to Level IV, with the higher level of care reflecting a higher level of service need and a higher per diem rate.) Family settings make up the largest proportion of Level II and Level III placements. For example, as of December 30, 2012, 1,004 (82%) of the 1,221 Level II placements were in resource homes, 84 (7%) were on trial home visits (THVs), and 133 (11%) were in group settings. Of the 710 Level III placements on this date, 333 (47%) were in resource homes, 51 (7%) were on THVs, and 326 (46%) were in group settings. There were 84 Level IV placements on this date; all of these placements were in psychiatric facilities (Center for Intensive Residential Treatment, Parkridge Medical Center, Inc. (Valley), The Girls Center, and Inner Harbor). The fact that one child is of a different level than another child does not preclude them from being placed in the same facility or resource home. For example, many congregate care facilities serve both Level II and Level III children, and as of December 30, 2012, 15 Level III children were being served by particular psychiatric facilities that were otherwise serving Level IV children.

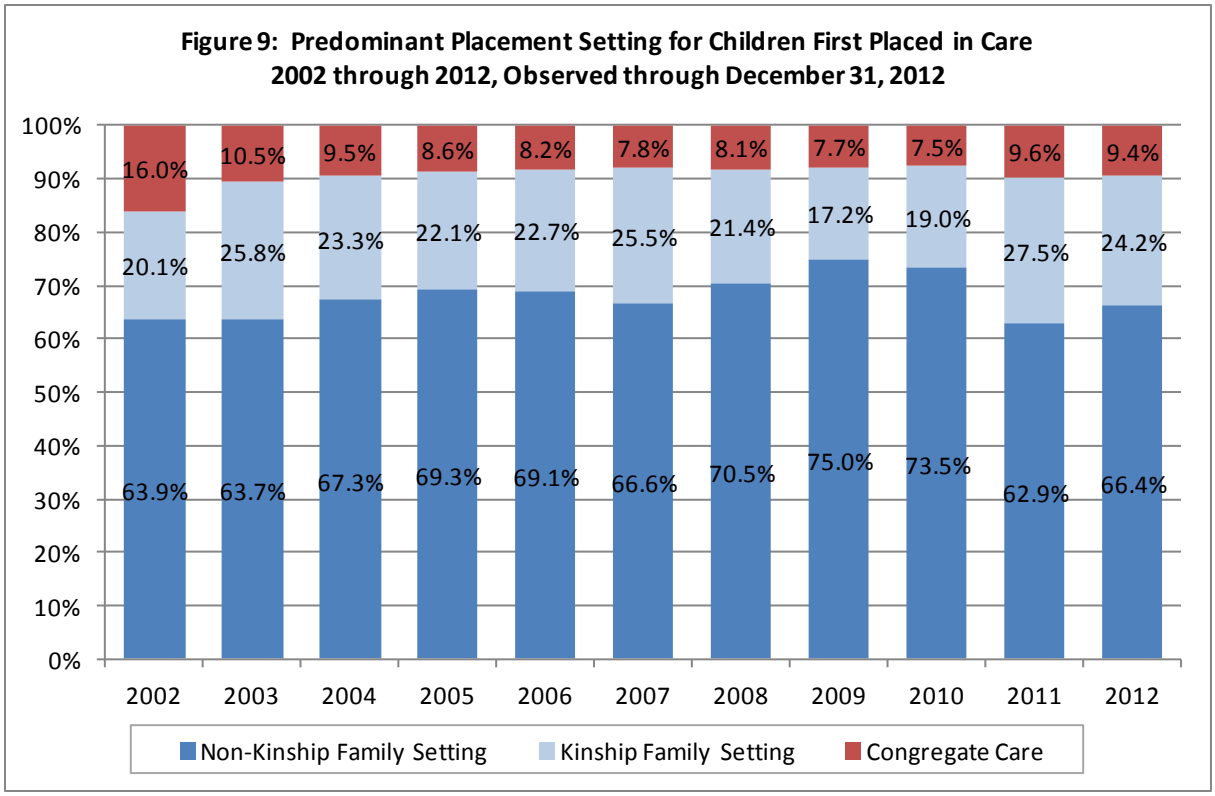


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

Figure 9 below shows, for children entering care during each of the past 11 years, the placement setting where they have spent more than 50% of their time in care (predominant placement) observed through December 31, 2012. The bottom two blue segments of the bar reflect family placements, broken out into non-kinship resource homes (segment shaded dark blue) and kinship resource homes[50] (segment shaded light blue). The top segment of the bar (shaded red) reflects congregate care settings. This figure shows that a somewhat larger percentage of children (91% for the most recent entry cohort) spend the majority of their time in family settings than are initially placed in family settings (86% for the most recent entry cohort).[51]

[50] "Fictive kin" are included in the data for years 2006 through 2012, and at least parts of 2005 but are not reflected in the data for earlier years. See footnote 42.

[51] Because the entry cohorts in this figure are only observed through December 31, 2012, the predominant placement setting for the most recent entry cohorts may still be unfolding and is subject to change.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

The Department also produces a weekly "point-in-time" report that looks at the placement setting for all children in custody, regardless of whether they are in a "first placement" or a subsequent placement. The Mega Report for December 30, 2012 indicates that 90% of the 6,703 *Brian A.* class members in custody on that date were placed in family settings.[52] This is consistent with historical performance.

a. Special Focus on Kinship Resource Homes

As discussed in the April 2011 Monitoring Report, the Department has been making a concerted effort to increase the utilization of kin as placement options for children in custody. The two "pilot" regions for this effort (Northeast and Davidson) succeeded in increasing kinship placements and had the highest percentage of initial kinship placements in the state following their pilot year. The lessons learned by these regions were shared with the other regions. During 2010 and the beginning of 2011, the remaining regions, following the model of the pilot regions, created Kinship Coordinator positions and began providing special training for staff and implementing protocols focused on improving identification and engagement of kinship resources.

The Department's efforts to increase utilization of kinship resource homes appear to be having an impact. In past years, kinship resource homes have accounted for between 15% and 20% of all first placements. Recent data reflect a significant increase. Statewide in 2012 initial kinship

[52] See footnote 49 for setting by level of care.

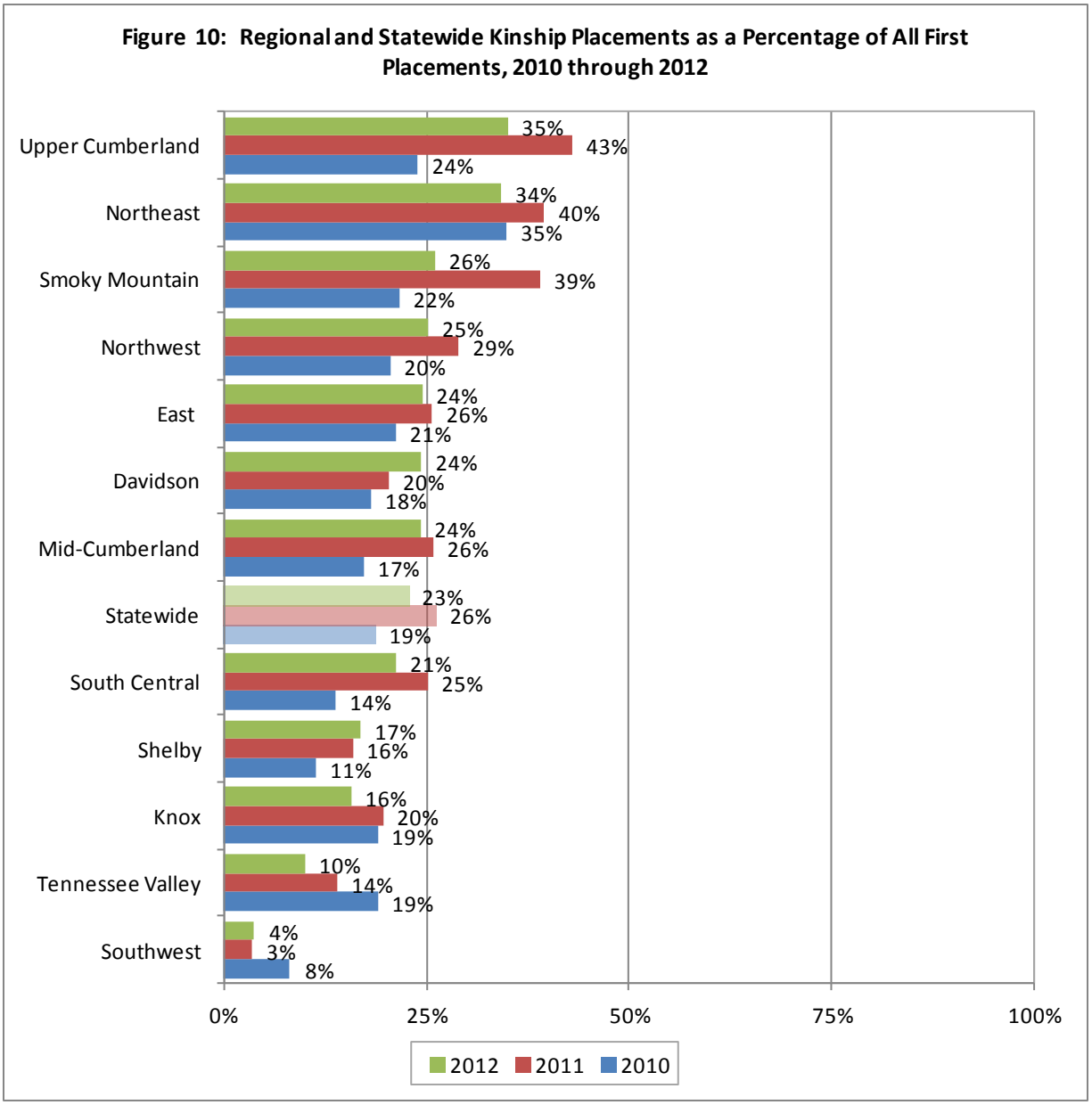
resource home placements accounted for 23% of initial placements and in 2011 accounted for 26%, compared to 15% in 2009.[53]

Figure 10 below shows initial placements in kinship resource homes as a percentage of all first placements for each region and for the state. As reflected in the figure, some regions have been particularly successful in identifying and utilizing kin resources and have been among the top performing regions for several years. Some of the poorer performing regions report that they are placing children with kin, but that those kin families are opting for taking legal custody of the children, rather than becoming kinship resource parents.[54] It is also possible that the data for some regions has been affected by data entry errors and coding defects that occurred during the course of the transition to TFACTS.[55]

[53] As reported in previous monitoring reports, in past years, kinship resource homes have accounted for between 17% and 22% of all initial placements ***in family settings***. Data for the most recent fiscal year reflect that in 2011-12, kinship resource home placements accounted for 29% of initial placements in family settings.

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

[55] Two sources of underreporting had been identified. The defects were addressed in the spring of 2013. See the June 2012 Monitoring Report for descriptions of the defects.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

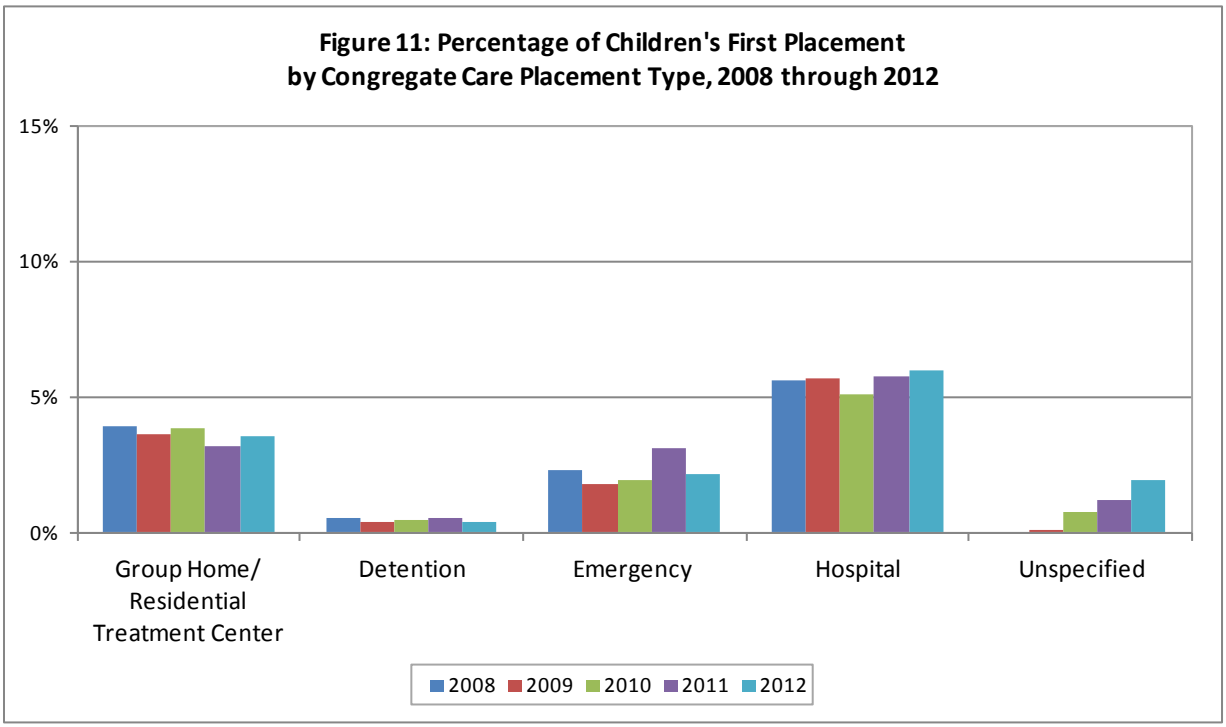
b. Congregate care placements

Figures 11 and 12 below show the different types of congregate care placements for the initial and predominant placements shown in Figures 8 and 9 above for the years 2008 through 2012.[56] The percentages of children initially placed in the various types of congregate care placements remained relatively stable during this period.[57] However, emergency placements increased from

[56] For performance going back to 2002 see the November 2010 Monitoring Report.

[57] The figure also reflects 35 unspecified initial placements in 2010, 59 in 2011, and 90 in 2012. "Unspecified" indicates a data entry error (including failure to enter type of placement); as data cleanup occurs, the numbers are revised and subsequent reporting will reflect the revision.

1.9% to 3.1% of all first placements in 2011 and then decreased to 2.2% in 2012. And hospital placements increased from 5.1% in 2010 to 5.8% in 2011 and 6.0% in 2012.

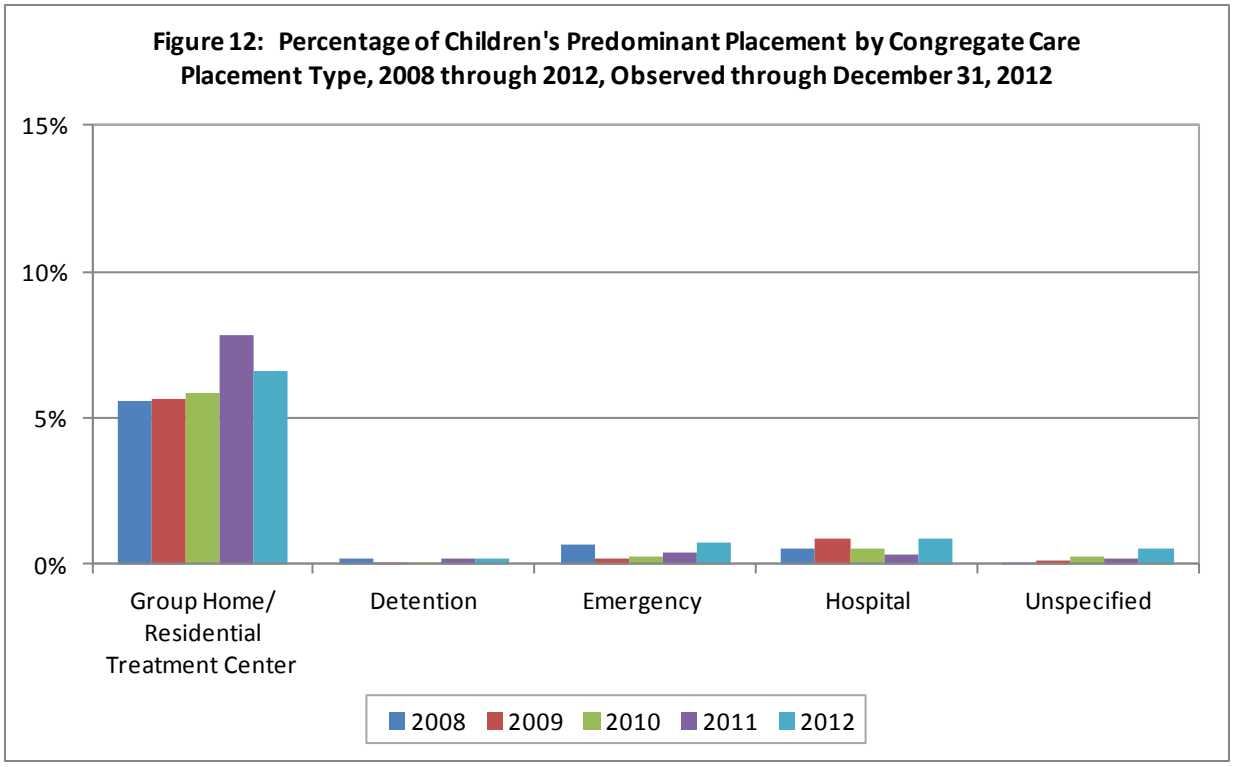


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

While the majority of first placements in congregate care settings are hospital placements, this is not the case for predominant placements, as shown in Figure 12 below.[58] The majority of predominant placements in congregate care settings are in group homes/residential treatment centers. The percentage of predominant placements in group homes/residential treatment centers remained relatively consistent at 5.6%, 5.7%, and 5.8% for the 2008, 2009, and 2010 entry cohorts respectively. For the 2011 entry cohort, this percentage rose to 7.8%, but has decreased to 6.6% as of December 31, 2012, for the 2012 entry cohort. No other congregate care type reached 1% during this time period.[59]

[58] Children who have not spent more than 50% of their custody stay in one type are referred to as "Mixed." There were 20 children in 2012 with a "Mixed" placement type who are not included in this figure.

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



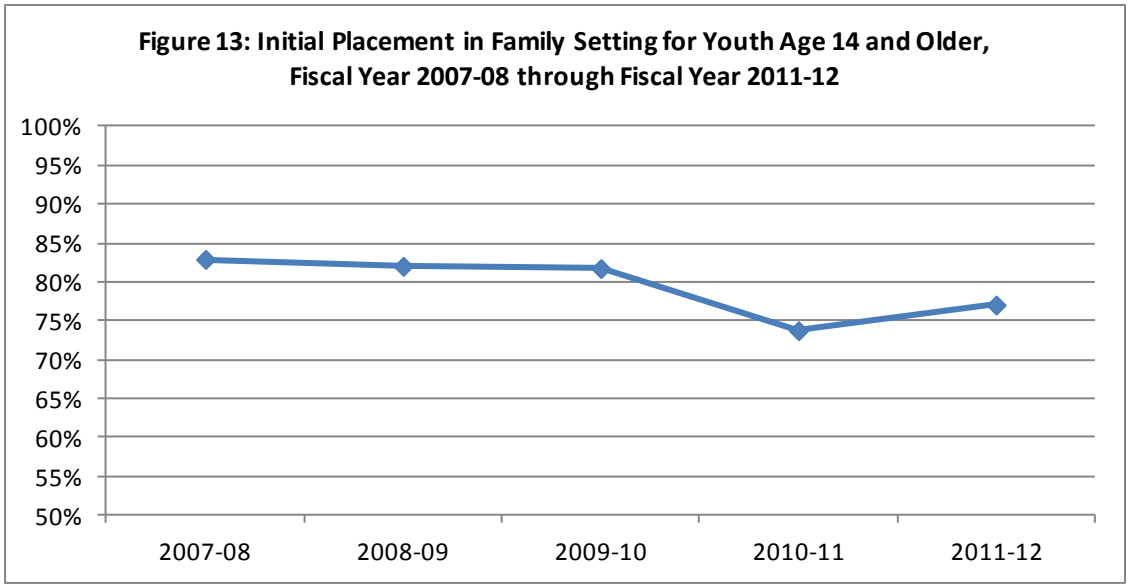
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

c. Placement Setting by Age Group

The Department also tracks first admissions initially placed in family settings by age group. Figure 13 below shows the percentage of *Brian A.* youth age 14 and older initially placed in a family setting for each of the most recent five fiscal years.[60] For fiscal years 2007-08 through 2009-10, the percentage remained stable at between 82% and 83%. In fiscal year 2010-11, the percentage decreased to 74%, but improved in 2011-12, rising three percentage points to 77%.[61]

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

[61] See Appendix H for the updated figure from the June 2012 Monitoring Report showing regional performance.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

2. Serving Class Members In or Near Their Home Communities

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

The Settlement Agreement requires that "*at least 85% of children in the class shall be placed within the region from which they entered placement or within a 75 mile radius of the home from which the child entered custody.*"[62] (XVI.B.6)

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

Reliable TFACTS reporting on this measure became available in November 2012.[63] However, the way in which the "home from which they entered custody" is determined in TFACTS reporting is somewhat different than the approach taken for TNKids reporting. TNKids considered the "home" to be the actual address of the child at the time the child came into custody. The current TFACTS reporting considers the "home" to be the current address of the parent designated as "primary caretaker" (to whom the child would return if return becomes appropriate); so as the parent changes addresses, the calculation of mileage is based on the zip code of the current address.

[62] The TAC has interpreted this to mean that on any given day at least 85% of the children in the class should be placed within the 75-mile limit.
[63] The report is run monthly and looks at children in custody as of the last day of the month.

This change in the calculation of the measurement makes sense from the programmatic perspective: the Department wants children to be close to where their families live so that they can have frequent contact with family members, so that counseling and Child and Family Team Meetings that involve both the child and parents can more easily be accomplished, and so that transportation does not become a significant obstacle for either the case manager or the family.

However, every time a parent moves and every time the parent's address is changed in TFACTS there is an opportunity for an error or omission of the critical piece of data—the zip code. In addition, while the Department will always know the home county from which the child was removed, the Department may not always have a current address for every parent, especially for cases in which the child is in full guardianship.[64] It is therefore not surprising, for example, that in the April 2013 "75 mile report," of the 576 children (8% of the class members in custody) for whom TFACTS was unable to make a mileage calculation, 493 were missing the current zip code for primary parent.

The children in custody for whom distance from home could not be calculated has been between 7% and 8% of the custodial population over the six-month period used for monitoring in this report. The TAC approached the question of how to deal with these 7% to 8% of the children in two ways.

First, the TAC assumed that the distribution of those children (for whom the distance from home could not be calculated) between those who were within 75 miles from home and those who were not would be in the same proportion as that of the children for whom the distance could be calculated. Table 7 below presents the data for the six-month period using that approach. This table shows between 87% and 88% of class members placed within region or 75 miles using this approach to reporting.

[64] These children are included in the 75 mile report because even if the Department is no longer working with the parent, the child's "home community" may continue to be a source of informal supports and important kinship connections. Therefore, trying to keep that child within 75 miles of that home community remains an important practice value.

Table 7: Placement Within Region or 75 Miles, November 2012 through April 2013, Approach One				
Month	**Within Region or 75 Miles**	**Percentage**	**Outside of Region and 75 Miles**	**Percentage**
November 2012	5966	87%	879	13%
December 2012	5947	88%	834	12%
January 2013	6000	88%	849	12%
February 2013	5973	88%	838	12%
March 2013	6106	88%	867	12%
April 2013	6118	87%	913	13%

Source: *Brian A*. 75 Mile Placement Detail Reports.

The second approach was to examine those cases for which mileage could not be calculated to see whether there was some information readily available from the extract or easily obtained through some targeted follow-up from which some reasonable conclusions could be drawn about compliance with the 75-mile placement limitation, without examining every case individually. As noted above, of the 576 children in the April 75 Mile Placement Detail Report for whom mileage could not be calculated, 493 could not be calculated because the current zip code for the primary parent was missing.[65] Of those 493, 360 of those children were presently placed in the same region as the court that placed them in DCS custody. Because the *Brian A.* requirement is that the child be placed either within the region or within 75 miles, the TAC treated these cases as "within region" for purposes of the second analysis. Table 8 below presents the data for the six-month period using that approach. This table shows between 85% and 86% of class members placed within region or 75 miles using this approach to reporting.

[65] The next largest group of cases for which distance from home could not be calculated involved omission of the placement zip code. There were 81 children in the April 2013 report that fell into this category.

Table 8: Placement Within Region or 75 Miles, November 2012 through April 2013, Approach Two						
Month	Within Region or 75 Miles	Percentage	Outside of Region and 75 Miles	Percentage	Missing Information	Percentage
November 2012	5856	86%	815	12%	174	3%
December 2012	5805	86%	777	11%	199	3%
January 2013	5871	86%	791	12%	187	3%
February 2013	5843	86%	781	11%	187	3%
March 2013	5993	86%	807	12%	173	2%
April 2013	5977	85%	838	12%	216	3%

Source: *Brian A*. 75 Mile Placement Detail Reports.

As is reflected by the data presented in the two tables above, irrespective of which approach is used, it appears that DCS continues to place at least 85% of children within 75 miles of home or within region.[66]

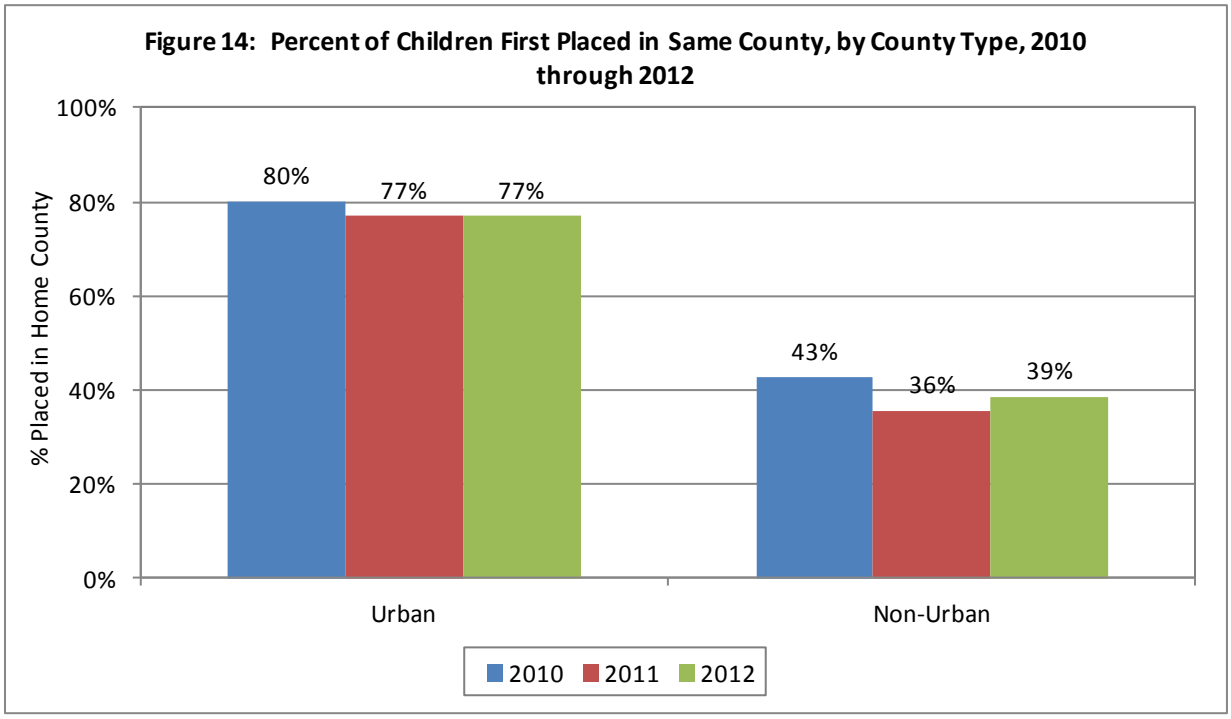
For its own internal management purposes, the Department utilizes "percent of children placed within their home county"—a more exacting measure than that of the Settlement Agreement—to evaluate the extent to which children are placed in close proximity to their home communities. The Department is committed to increasing the percentage of children placed within their home counties.[67]

The Department's regional goals for in-county placement take into account the differences between large, single-county urban areas and the other primarily rural multi-county regions. Those differences are reflected in Figure 14, which displays in-county first placement rates for the four most populous urban counties (Shelby, Davidson, Knox, each of which also constitute a

[66] TAC monitoring staff also examined the cases of the 838 children who were placed outside of the region and outside of the 75-mile limit in April 2013. Of those 838 children, 38% (320) were placed in congregate care settings; 16% (135) were either placed in a kinship resource home or on a Trial Home Visit, and 15% (125) were placed out-of-state.

[67] While it certainly makes sense to focus on increasing in-county placements generally, the in-county measure is an imperfect measure of the extent to which children are being placed in or near their home communities. On the one hand, for children from large counties, a placement within the county, but in a much different neighborhood, and/or geographically distant from the neighborhood that the child lives in, shares many characteristics with an out-of-county placement. On the other hand, for children whose home community is near a county border, an out-of-county placement may be closer to the child's home community than an in-county placement. In addition, a child may prefer to stay with a relative out-of-county than to live with strangers in his or her home county.
The Settlement Agreement recognizes that a child can appropriately be placed outside of a 75-mile radius of the home if "(a) *the child's needs are so exceptional that they cannot be met by a family or facility within the region, (b) the child needs re-placement and the child's permanency goal is to be returned to his parents who at that time reside out of the region; or (c) the child is to be placed with a relative out of the region.*" (VI.A.1.a)

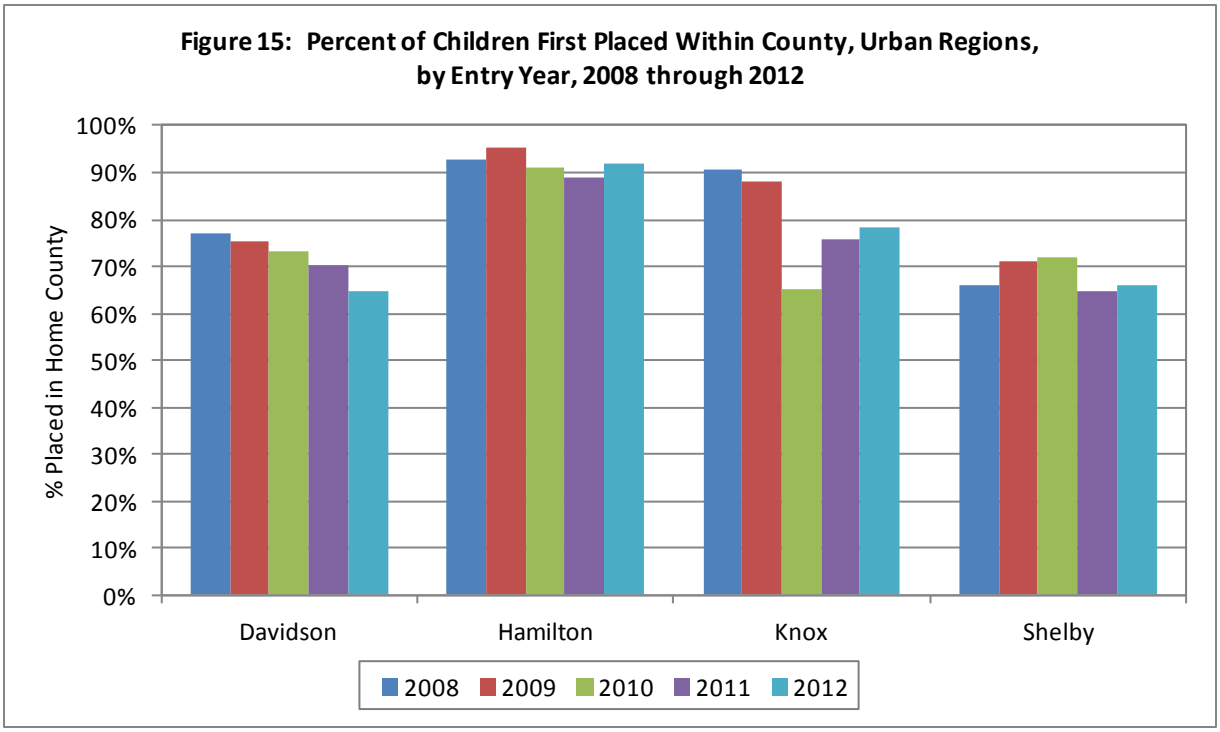
single county DCS region; and Hamilton, which had been a single county region, but is now part of the Tennessee Valley region) separately from in-county first placement rates for the remaining multi-county non-urban regions.[68] For children first entering out-of-home placement during 2012, 77% of children from urban counties were initially placed in their home counties (compared to 80% during 2010), while 39% of children from multi-county rural regions were initially placed in their home counties (compared to 43% in 2010). These data may reflect some need for additional resource family recruitment to ensure that children can be placed in or close to their home communities.



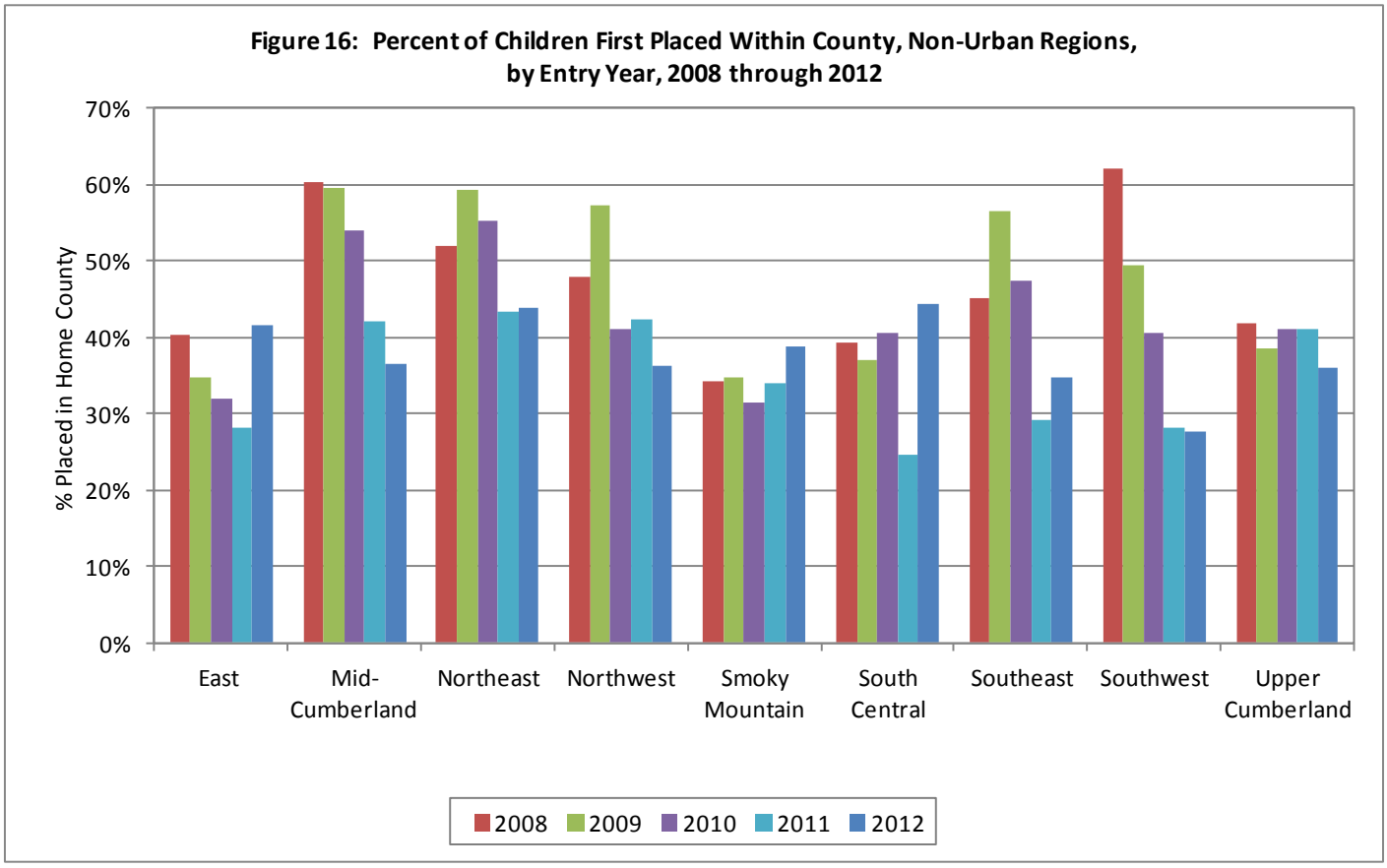
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

Figures 15 and 16 in combination present the performance of each of the regions with respect to in-county placement rates from 2008 through 2012.

[68] Although they have been consolidated into one new region (Tennessee Valley), the old Hamilton and Southeast regions are treated separately in Figures 14 through 16 to illustrate the difference in performance on in-county placements for the urban part of the region (Hamilton) and the rural part of the region (Southeast).



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

3. Improving Stability While in Placement

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

One of the most damaging experiences for children in foster care is changing placements multiple times while in foster care. Well-functioning child welfare systems find the right first placement whenever possible, and regularly ensure that a child moves no more than once.[69] The goal is to match each child with the right resource family and wrap services around that child and resource family to make that placement work for the child.

As discussed in previous monitoring reports, the Department has been pursuing a number of strategies to improve placement stability. While some children in foster care in Tennessee still experience a significant number of moves, recent data (both point-in-time and cohort) suggest ongoing incremental improvement in placement stability since 2002.

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

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

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

Of the 11,734 children in custody at any time between January 1, 2012 and January 1, 2013, 93% (9,720) had two or fewer placements within the previous 12 months in custody, and 76% (8,313) of those children had two or fewer placements within the previous 24 months in custody. This represents an improvement in performance on the 12- month stability measure. (Of the 10,380 children in custody at any time between July 1, 2009 and June 30, 2010, 88% had two or fewer placements within the previous 12 months in custody.) However, this represents a decline in performance on the 24 month stability measure. (Of the 10,168 children in custody at any time between January 1, 2009 and December 31, 2009,[70] 84% had two or fewer placements within the previous 24 months in custody.)

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

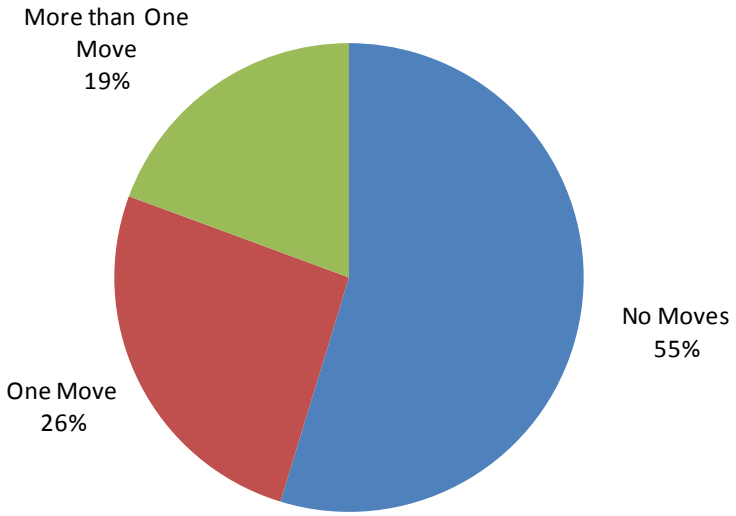
[70] Because of the focus on TFACTS implementation, the Department did not produce the second part of this measure—placements within the previous 24 months in custody—for the period from July 1, 2009 through June 30, 2010.

While the Department reports regularly on placement stability using the Settlement Agreement measure, the Department uses other placement stability measures as well to track and evaluate its performance, and these measures overall generally reflect improvement in placement stability over time.

Figure 17 below presents the number of placement moves experienced by children first entering custody in 2011, observing placement stability through December 31, 2012, a "window" for observing placement stability that is a minimum of 12 months (for children entering care during December 2011) and a maximum of 24 months (for children entering in January 2011).

Fifty-five percent of the children entering care during 2011 experienced no placement moves, and 26% moved only once during this window. This is similar to performance for the 2010 entry cohort. Over the same window of observation, 57% of children entering out-of-home care in 2010 experienced no placement moves, 25% experienced one move, and 18% experienced two or more moves.[71]

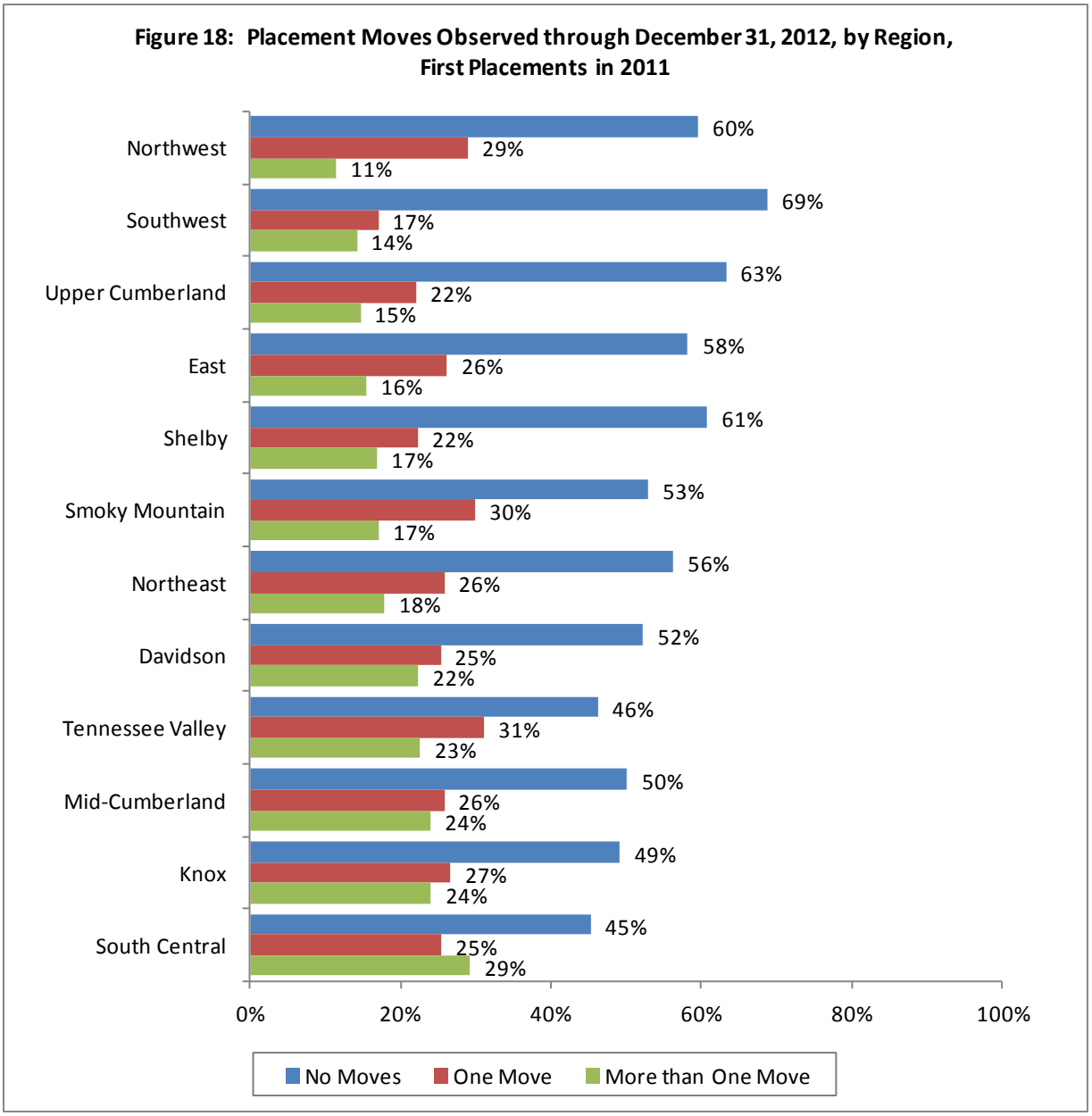
Figure 17: Placement Moves Observed through December 31, 2012, First Placements in 2011



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

Figure 18 provides a regional breakdown of these data. The figure organizes the regions by performance, with those regions with the lowest percentage of children moving more than once at the top.

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



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

The data presented in Figure 19 below reflect an improvement in placement stability for more recent entry cohorts across three different windows of observation.

The blue line shows the percentage of children entering out-of-home care[72] during each fiscal year who experienced two or fewer placements over a six-month window of observation.[73] For example, 87% of children entering care during the first six months of 2003-04 experienced two

[72] Unlike other cohort data presented in this report, this placement stability measure includes all children entering out-of-home placement, regardless of whether the children are entering care for the first time or are reentering care.
[73] This "six-month window" for each cohort year observes placement stability from a minimum of one day for children entering care on December 31st of the fiscal year to a maximum of six months for children entering care at the beginning of the fiscal year (on July 1st).

or fewer placements as of December 31, 2003. This percentage reached 92% (as of December 31, 2007) for children entering care during 2007-08 and has ranged between 91% and 93% for subsequent entry cohorts.

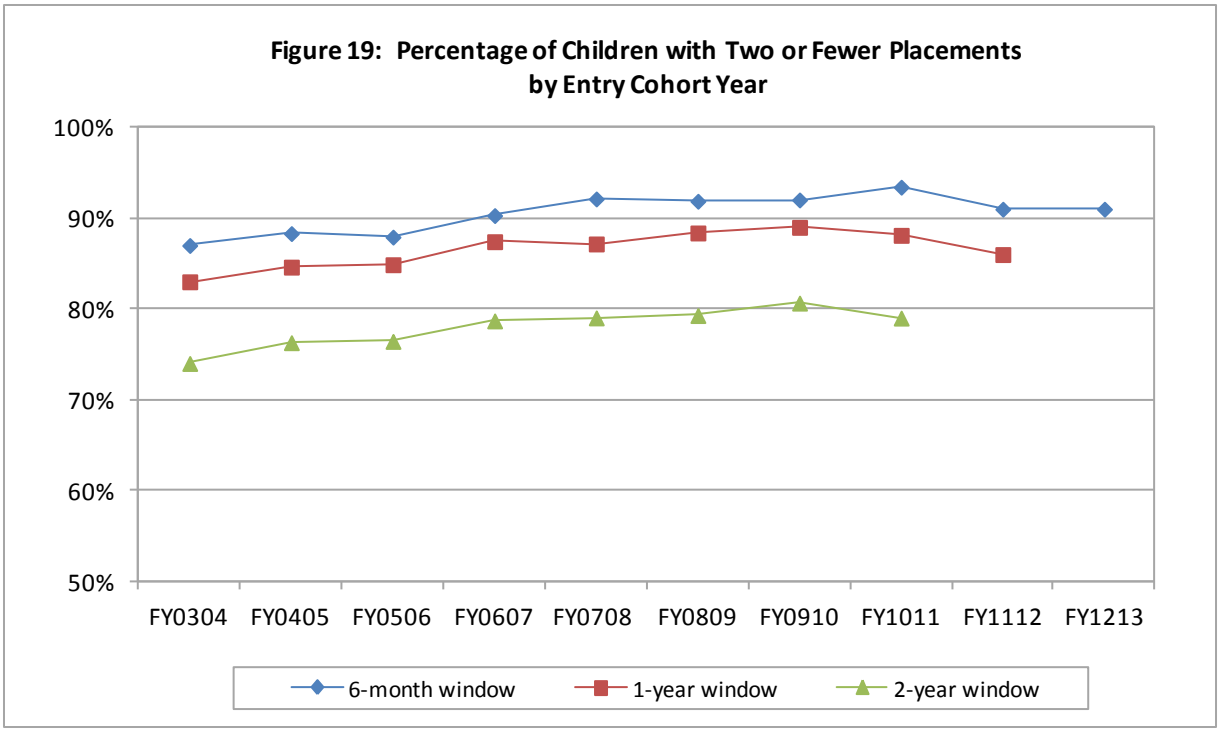
The red line, showing placement stability over a one-year window of observation,[74] also shows improvement over time. Eighty-three percent of children entering care during 2003-04 experienced two or fewer placements as of June 30, 2004, while 86% of children entering care during 2011-12 experienced two or fewer placements as of June 30, 2012.

Performance over a two-year window[75] also reflects this same trend. As shown by the green line, 74% of children entering care during 2003-04 experienced two or fewer placements as of June 30, 2005, while 79% of children entering care during 2010-11 experienced two or fewer placements as of June 30, 2012.[76]

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

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

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

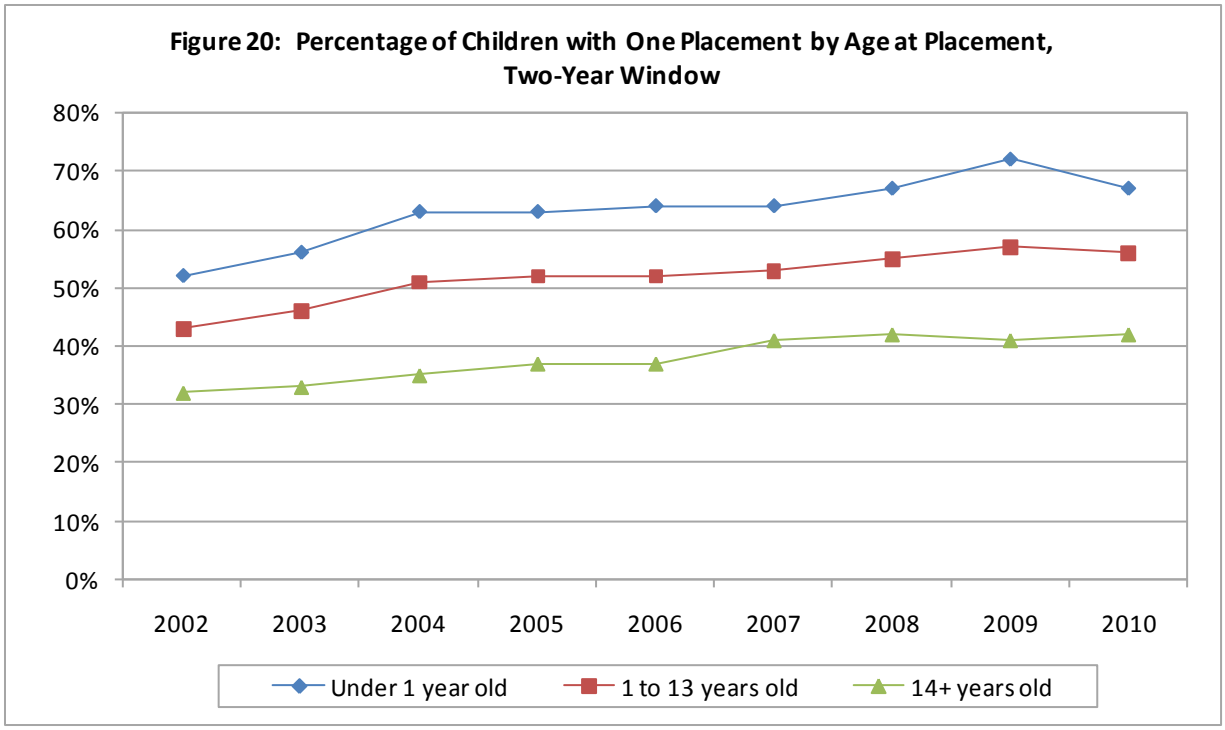


Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS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

Figure 20 presents a breakdown by age at the time of placement of the percentage of children in each calendar year entry cohort experiencing only one placement over a two-year window. The data show that a greater percentage of children under 1 year old experience only one placement than do children between 1 and 13 years old. Similarly, a greater percentage of children between 1 and 13 years old experience only one placement than do children 14 years and older.

Consistent with the overall improvement in placement stability, the percentage of children in each of the three age groups experiencing only one placement has generally increased since 2002. There was a five percentage point increase in the percentage of children under 1 year old experiencing one placement in the 2009 entry cohort (from 67% in the 2008 entry cohort to 72% in the 2009 entry cohort), but that percentage fell back to 67% for children under 1 year old in the 2010 entry cohort.[77]

[77] Updated data through entry cohort 2012 are not available for this report. However, because the trends in placement stability by age have been distinct and consistent over several cohort years—that children under one year old are less likely to experience placement moves than are older children, and that teenagers are most likely to experience placements moves—there is no reason to believe that those trends would have changed significantly in recent cohort years.



Source: 2002 through 2004 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in December 2007; 2005 through 2010 from longitudinal analytic files developed by Chapin hall from TFACTS data transmitted in April 2011.

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

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

Second, children who are placed in kinship resource homes appear to enjoy greater placement stability than children placed in non-kinship resource homes. This is consistent with trends nationally. As of December 31, 2012, 72% (904) of the 1,253 children entering out-of-home placement for the first time in 2011 who were initially placed in kinship resource homes did not experience a placement move, compared to 50% (1,436) of the 2,881 children entering out-of-home placement for the first time in 2011 who were initially placed in non-relative resource homes. The Department has recognized that increased identification and utilization of relatives and fictive kin as resource parents for children might reasonably be expected to improve

placement stability. As previously discussed, the Department continues to place special emphasis on improving regional kinship resource home recruitment and retention efforts.[78]

A more detailed presentation of this additional stability data, including an analysis of placement moves by region, is contained in Appendix I.[79]

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

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

As discussed in this subsection, the percentage of sibling groups placed together continues to be a significant strength for Tennessee's child welfare system; however, inadequate parent-child contact and inadequate sibling contact (for those siblings not placed together) have been identified in previous monitoring reports as areas of concern. Aggregate reports from TNKids reflected improvement in performance prior to the transition to TFACTS, and aggregate reports from TFACTS, which initially reflected significantly lower performance than under TNKids, have reflected improvement in performance during 2012, almost to the level reflected in TNKids reporting. However, case file reviews previously conducted by TAC monitoring staff have found that parent-child visits and separated sibling visits are occurring with significantly greater frequency than aggregate tracking data suggest.[80]

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[78] The data received from Chapin Hall, observing placement stability through December 31, 2011, for children first placed during 2010 and referenced in the June 2012 Monitoring Report, inaccurately reflected a significant decline from the levels of placement stability in prior years for children placed in kinship resource homes. This error was caused by the change in approval status for kinship resource parents appearing as a move for children in kinship homes. (Kinship resource parents usually take children on an expedited approval status and then complete the full resource home approval process to become fully approved resource parents). The placement setting for those children changed from Expedited Foster Home placement to DCS Foster Home placement. The children remained in the same home but the change in placement setting inaccurately appeared as a move in the data. All stability data presented in this report are accurate. Some but not all of the stability data presented in the June 2012 Monitoring Report was affected.

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

[80] For discussion of the findings of the case file reviews of parent-child visits, including a discussion of the factors contributing to under-reporting of frequency of visits in aggregate data, see Appendix H of the June 2012 Monitoring Report and Appendix D of the April 2011 Monitoring Report. For discussion of the findings of the case file reviews of separated sibling visits, including a discussion of the factors contributing to under-reporting of frequency of visits in aggregate data, see Appendix I of the June 2012 Monitoring Report and Appendix H of the November 2010 Monitoring Report.

a. Contact with Parents

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

The Settlement Agreement provides two exceptions:

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

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

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

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

The Department has been producing aggregate reporting on parent-child visits, first from TNKids and now from TFACTS. However, neither TNKids nor TFACTS aggregate reporting is able to identify children whose visits with their parents would be subject to permissible exceptions to the visit requirement. The Department's aggregate reports have therefore applied the standard to all class members with a goal of reunification who are placed away from their parents, excluding only the small number of children who either have run away from care or have a reunification goal but are in full guardianship.[81] For this reason, the aggregate data understate the level of DCS compliance with the Settlement Agreement parent-child visit requirement. TAC monitoring staff conducted a review of parent-child visits in 2011 and found that the aggregate data fail to capture a significant percentage of parent-child visits as a result of ongoing data entry issues with TFACTS.[82] The TFACTS aggregate reporting should therefore

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

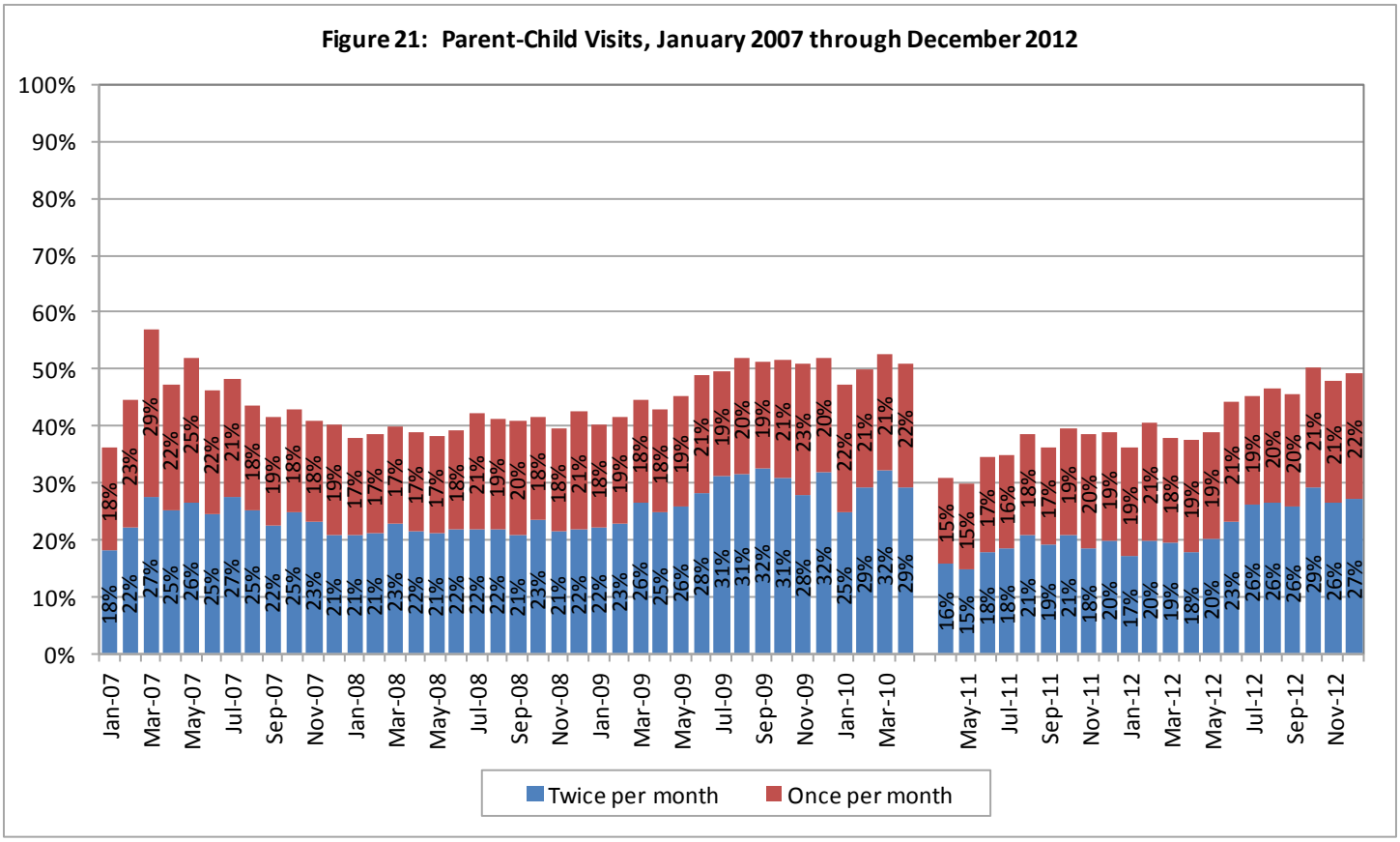
[82] For a summary of the findings of the TAC's 2011 Parent-Child Visit Review, readers are referred to the June 2012 Monitoring Report at page 53.

be supplemented by a case file review. The TAC plans to conduct another review of parent-child visits for the next monitoring report.

As shown in Figure 21 below, performance on parent-child visits reflected by TFACTS aggregate reporting data during 2011 and the first part of 2012 was considerably lower than performance reflected by TNKids data for the past few years. Performance had been increasingly gradually during that time, however, and by the end of 2012 was nearing the level of performance reflected in TNKids reporting prior to the transition to TFACTS. During December 2012, 27% of children with reunification goals visited with their parents at least twice (compared to 50% required by the Settlement Agreement), and 30% of the remaining children visited with their parents once during the month (compared to 60% required by the Settlement Agreement). Or, stated differently, a total of 49% of children visited with their parents at least once during December 2012. The Settlement Agreement effectively requires 80% visit at least once per month.[83] The percentage of children not visiting with their parents at all during the month was 51%.[84]

[83] This "effective" Settlement Agreement requirement is calculated by adding the number of cases in which the child visited with a parent at least twice per month to the number of cases in which the child visited with a parent once per month and then dividing by the total number of relevant cases (*i.e.*, all children with a goal of reunification who were placed away from their parents during December 2012, excluding only the small number of children who either had run away from care or have a reunification goal but are in full guardianship).

[84] As discussed in Section Six with respect to other face-to-face contact reports, the intent of the Settlement Agreement requirement is for visits to occur on at least two different days during the month. Because a single visit could be documented and counted twice (for example, when both the provider case manager and DCS case manager document the same visit) and because multiple visits can occur on a single day (for example, when a parent sees a child at a Child and Family Team Meeting and then later in the day visits with the child in another context), it is important to count the number of days on which visits occurred rather than simply counting the number of visits that are documented in TFACTS. Because the TAC relies on targeted reviews to determine compliance with this provision, the TAC has not asked that the Department run the report by contact days rather than number of contacts.



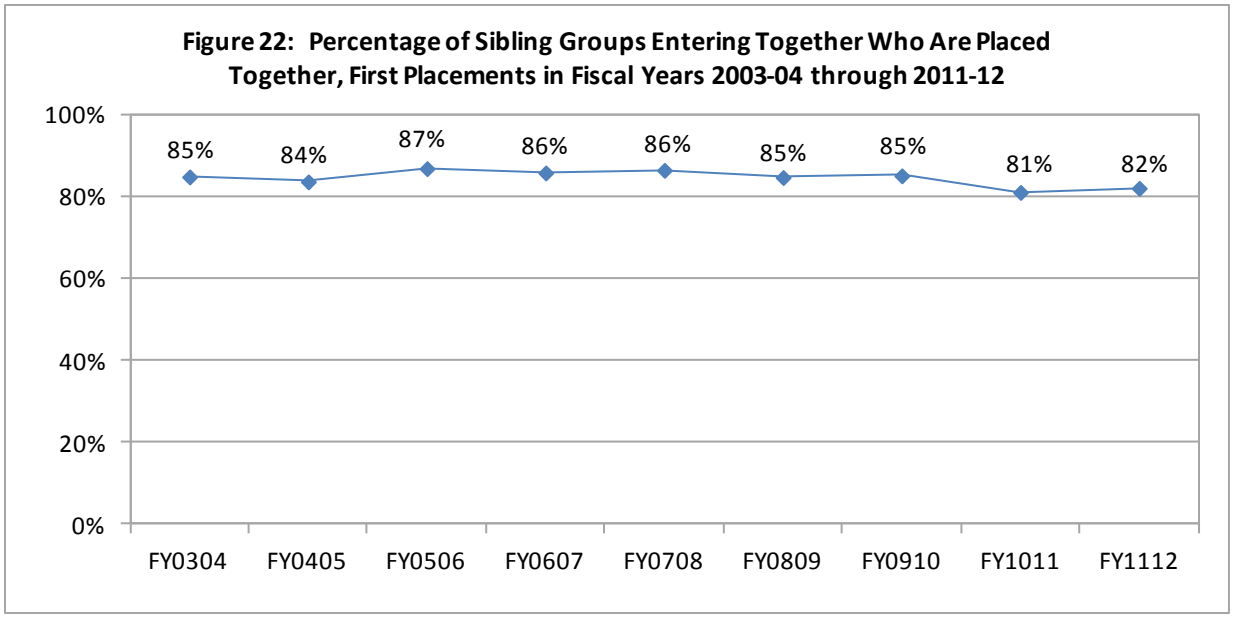
Source: January 2007 through April 2010 from TNKids "Parent-Child Visit Compliance Summary" reports (CEN-PRTCHDVT-200); April 2011 through December 2012 from TFACTS "*Brian A.* Parent Child Visit Summary and Detail" reports.

b. Placement with Siblings

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

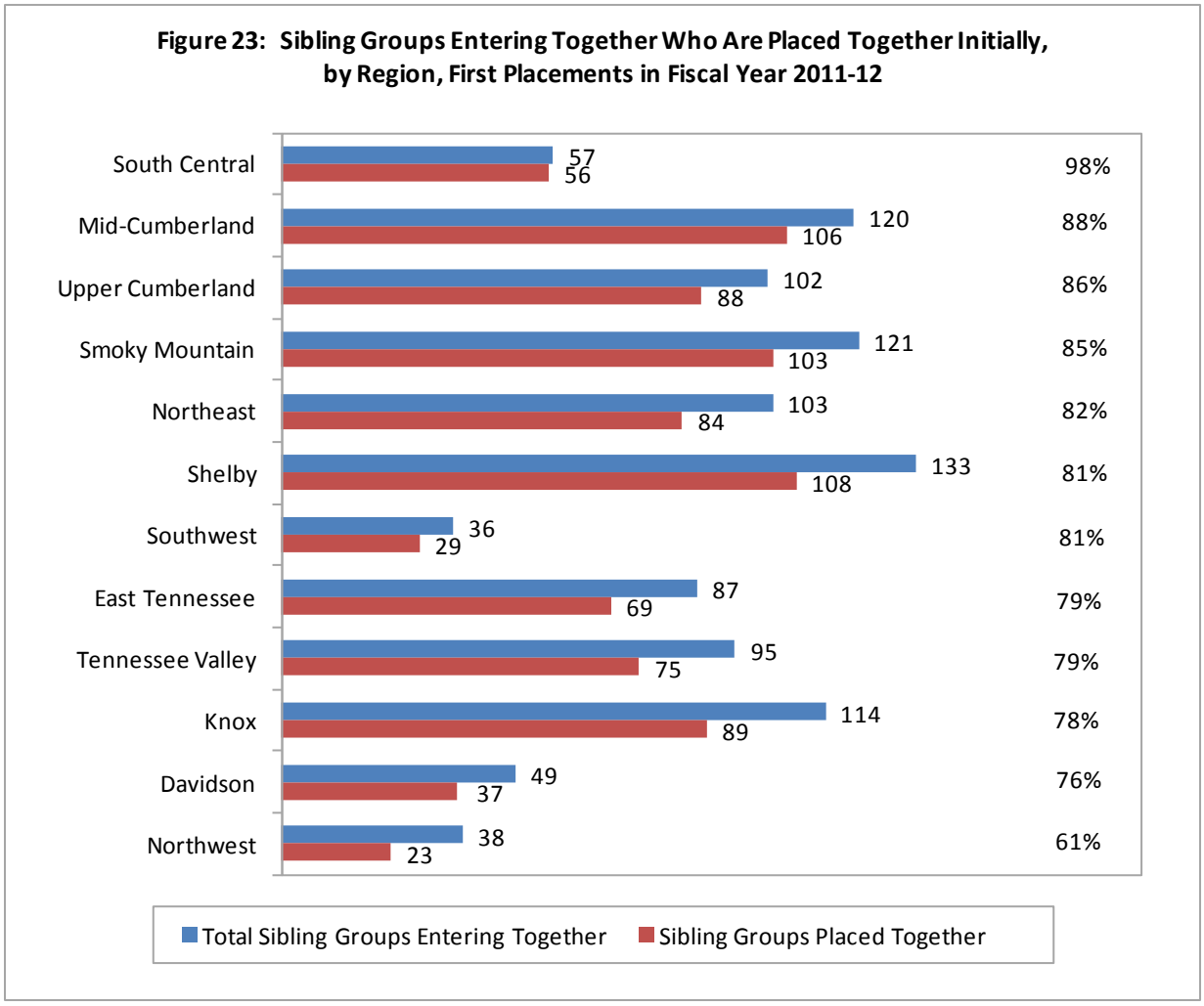
The Department has been producing aggregate reporting on separated siblings, first from TNKids and now from TFACTS. However, neither TNKids nor TFACTS aggregate reporting is able to identify children whose separation from their siblings fell within one of the exceptions to the general requirement that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

During fiscal year 2011-12, 82% of sibling groups entering out-of-home placement together for the first time were placed together. Figure 22 displays performance on this measure for entry cohorts in 2003-04 through 2011-12. Performance has remained between 81% and 87% since 2003-04.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August, 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2011. FY0607 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2012. FY0708 through FY1112 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

Figure 23 below presents both the total number of sibling groups entering together for the first time in fiscal year 2011-12 and the number of those sibling groups who were placed together initially. The regions are ordered in the figure by the percentage of sibling groups initially placed together, with the region with the highest percentage of sibling groups initially placed together at the top.



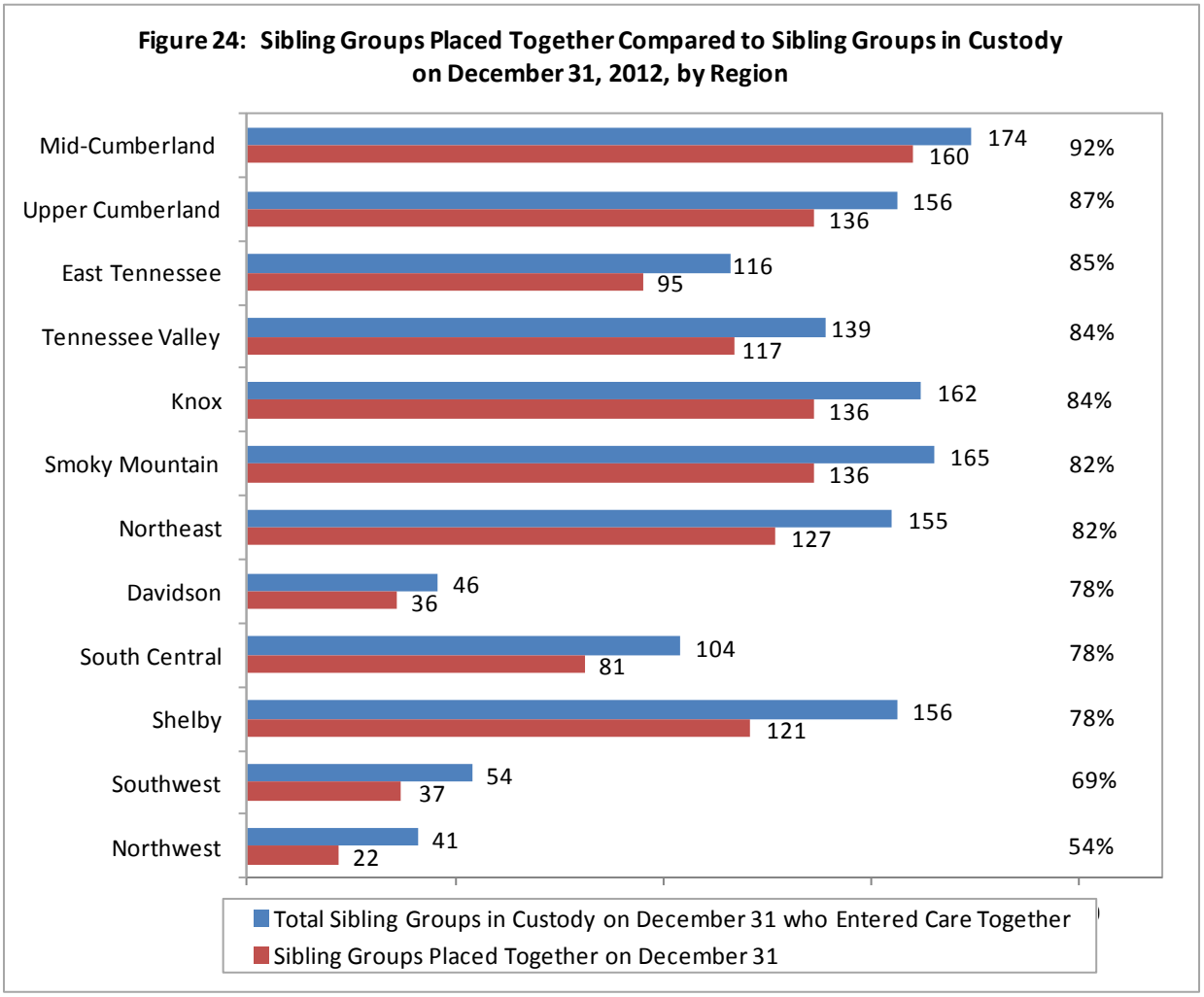
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

The Department also tracks the placement of all sibling groups in custody each month. Since the Department began producing this report from TFACTS (beginning in April 2011), the percentage of sibling groups who were placed together as of the report date has fluctuated between 79% (in April 2011) and 82% (in December 2012).[85] As of December 31, 2012, 82% (1,204) of the 1,467 sibling groups in custody were placed together.[86]

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

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

Figure 24 displays regional performance on this measure as of December 31, 2012. As shown in the figure, the placement of sibling groups in custody on December 31, 2012 differs significantly from the initial placement of sibling groups entering out-of-home care during fiscal year 2011-12. There are differences between the two measures for every region, though the differences are more pronounced for some regions than for others.



Source: TFACTS "Sibling Group Summary and Detail Statewide" report for the month of December 2012.

A previous targeted review of cases of separated siblings and sibling visits (a detailed summary of which was attached as Appendix I to the June 2012 Monitoring Report) found no separations to be in clear violation of the requirements. In each of the cases reviewed, there were facts

who entered earlier are not being pulled into the report). However, all of the children and siblings were included in the Sibling Group Extract, which Chapin Hall uses for its reporting and analysis.

articulated either in the case file or in supplemental information provided by the Department that arguably met one or more of the conditions under which separation of siblings is permissible.[87]

c. Contact with Siblings

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

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

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

[87] As discussed in Appendix I of the June 2012 Monitoring Report, some of the reasons for separation were clearly supported by the documentation in the case file. In other cases, the factual assertions were more difficult to evaluate. For example, in some cases the file referenced behaviors or "higher level treatment needs" of a sibling that could not be managed/met in the resource home serving the others in the sibling group; however, given the limited information available, the reviewer was not in a position to assess whether those behaviors/treatment needs could have been managed/met by timely provision of appropriate wraparound services. For a variety of reasons, reviewers were not in a position to differentiate between those cases within each of these categories in which the decision to separate the siblings reflected sound clinical judgment and those cases in which the best of interest of the siblings would have been to remain together. However, reviewers were more confident about the apparent reasonableness for certain categories of reasons (*e.g.*, aggression or physical abuse between siblings; sexual reactivity or perpetration between siblings) than for others (*e.g.*, special treatment needs of one or more siblings (higher level of care); behavior issues of one or more siblings). The TAC anticipates expanding the scope of the next targeted review of separated siblings to allow a deeper inquiry into the decision to separate siblings, with a particular focus on the facts articulated in the Placement Exception Request (PER) and the basis cited by the Regional Administrator for approval of the request.

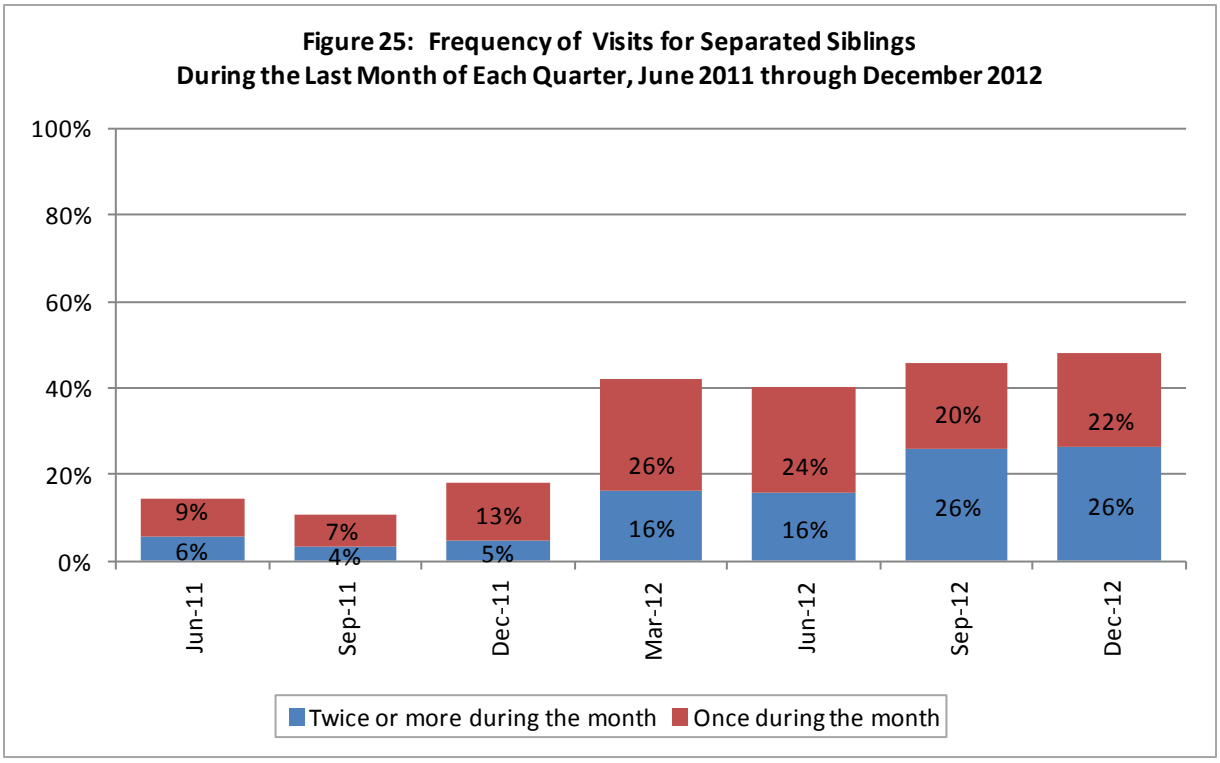
As is the case with reporting on parent-child visits, neither TNKids nor TFACTS is able to produce a report on sibling visits that identifies and excludes children for whom there is a permissible exception to the sibling visit requirement. The Department in its reporting applies this standard to all sibling groups who entered custody within 30 days of one another and are in different placement locations during the reporting period,[88] and current reporting is therefore likely to slightly understate performance on the Settlement Agreement requirement. TAC monitoring staff conducted a review of sibling visits in 2011 and found that, as a result of ongoing data entry issues, tracking data fail to capture a significant percentage of sibling visits. The aggregate reporting should therefore be supplemented by a case file review. The TAC plans to conduct another review of sibling visits for the next monitoring report.

Figure 25 below presents the percentage of siblings who visited with siblings from whom they were separated during the last month of each quarter from June 2011 through December 2012.[89] As discussed in the June 2012 Monitoring Report, TFACTS reporting on sibling visits during 2011 reflected significantly poorer performance on sibling visits than had previous reporting from TNKids.[90] However, performance has improved significantly during 2012. During December 2012, 26% of separated siblings had at least two visits with at least one sibling from whom they were separated and 22% had at least one visit. Therefore, of the total number of separated siblings, 48% visited with at least one sibling at least once during the month.

[88] This measure includes all sibling groups in custody who originally entered custody within 30 days of one another, regardless of the type of entry (first placement or reentry) or placement type (with family or out-of-home). For all siblings placed in different placement locations as of the last day of the reporting month, the report counts the number of visits involving at least two of the separated siblings during that month. It excludes any child from the sibling group who is on runaway status as of the last day of the reporting month. However, the Department is also working to address an error in its reporting on sibling groups that results in a slight under-reporting of the number of separated siblings in custody (see footnote 86).

[89] The summaries the Department has produced of sibling placement and sibling visits data, previously from TNKids and currently from TFACTS, count the number of sibling *groups* placed together and visiting. In the June 2012 Monitoring Report, the TAC reported the data for sibling visits from the Department's summaries. However, the TAC has discovered some errors in the Department's summaries of TFACTS reporting related to the way in which sibling groups are counted. Since the resumption of reporting on sibling visits from TFACTS, the report summary has counted the same sibling group in multiple categories if siblings within the group visited one another at different frequencies (for example, if two siblings visited with one another twice during the month and the third sibling had no visits during the month, the group would be counted in both the "zero visits" and "two visits" categories), resulting in the sum of the sibling groups visiting at each frequency being larger than the number of separated sibling groups. The TAC therefore uses the detail listing of siblings on the report to count the number of *siblings*, not *sibling groups*, visiting at each frequency. In addition, because this report takes an extraordinarily long time to run, the TAC decided, for purposes of this monitoring report, to rely on seven monthly reports (one for each quarter for which TFACTS reporting was available) so that the Department's IT staff could work on other reports that were of higher priority to the Department and the TAC.

[90] TFACTS uses a somewhat different measure than TNKids: the TFACTS measure looks at the number of visits occurring between separated siblings during a given month, while the TNKids measure looked at the number of visits between separated siblings that occurred once per month during a two-month period and the number that occurred only once during the two-month period.

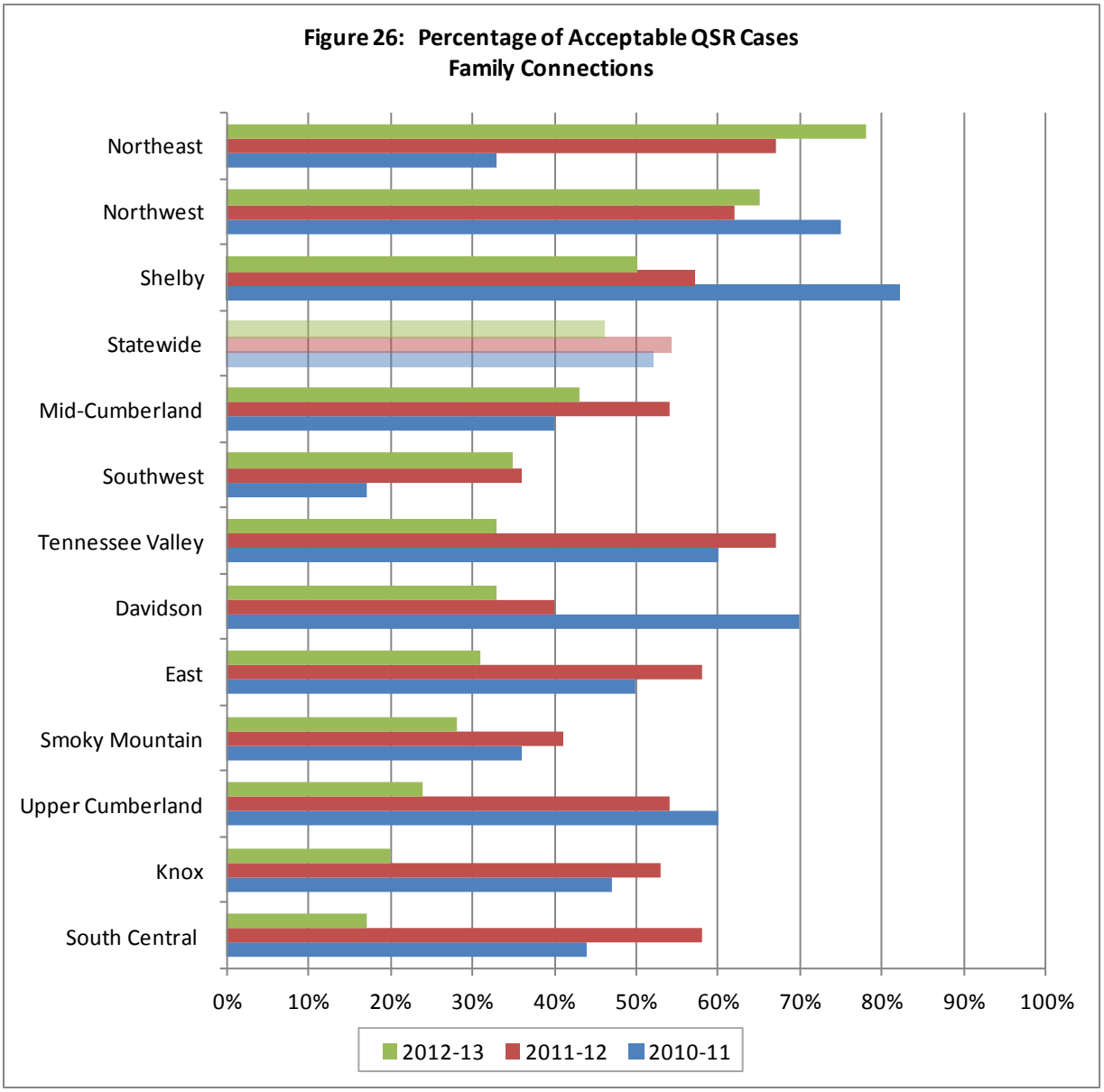


Source: TFACTS "Sibling Group Summary and Detail Statewide" reports for the last month in each quarter, June 2011 through December 2012.

d. Family Connections

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

Figure 26 presents the percentage of *Brian A.* cases receiving acceptable scores for Family Connections by region in the past three annual QSRs. The Family Connections indicator is only scored for cases in which (a) the child was placed in out-of-home care and was living apart from his/her parents and/or siblings and (b) maintaining at least one family relationship was appropriate and safe.



Source: QSR Databases.

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

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

Key Findings:

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

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

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

While over half of children who are discharged from state custody upon reaching the age of 18 remain in a secondary education program and over a quarter have graduated high school or completed a GED, a significant minority of children "age out" without such achievement/ongoing involvement.

1. Ensuring the Safety of Children in Foster Care

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

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

Once a child is brought into state custody, the state takes on a special obligation as the legal custodian to ensure that the child is in a safe placement and protected from harm. The Settlement Agreement has a number of provisions that address processes that the Department must have in place in order to identify and respond to reports of abuse and neglect of children in foster care. However, it does not contain particular numerical goals related to substantiated incidents of abuse or neglect. Nevertheless, there are a number of measures and sources of information that the Department utilizes for purposes of assessing and reporting on child safety

for children in foster care. These sources of information include: the Child and Family Service Review (CFSR) Abuse in Care Measure, the Quality Service Review, the Special Investigations Unit (SIU) reports, and the Incident Reporting (IR) system.

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

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

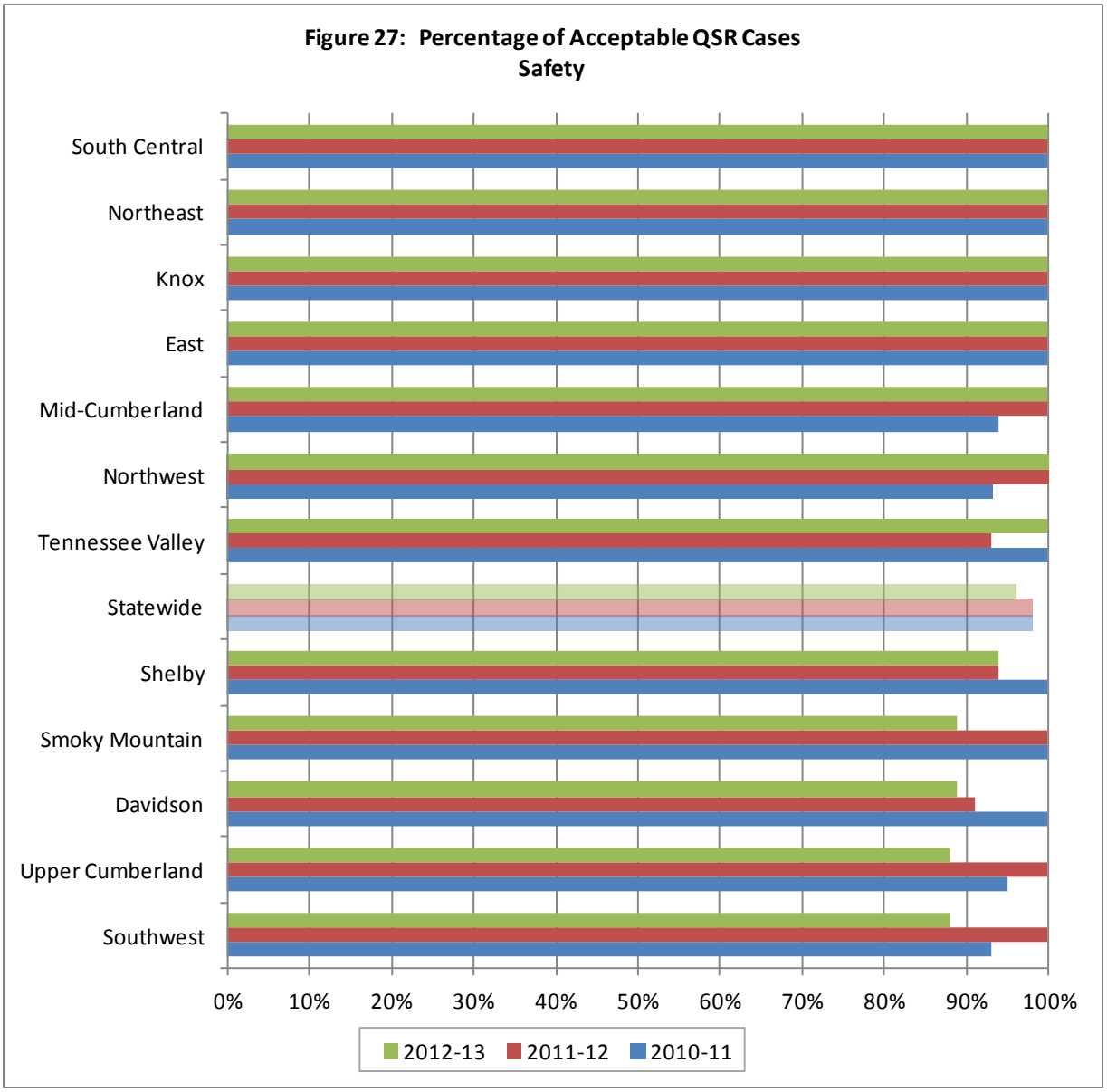
Tennessee reported that, for the 12-month period ending December 31, 2012, 0.15% of *Brian A.* class members who were in out-of-home placement during the year had been the victims of substantiated abuse or neglect by resource parents and/or congregate care facility staff.[91]

b. Quality Service Review Results

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

Figure 27 presents the percentage of *Brian A.* cases receiving acceptable scores for Safety by region in the past three annual QSRs.

[91] The denominator for this measure is the total number of *Brian A.* class members who had at least one day in out-of-home placement between January 1, 2012 and December 31, 2012. The numerator is the total number of these children who had an indicated abuse or neglect investigation conducted by the Department's Special Investigation Unit (see Section Three, pages 100 and 125, for a description of the allocation of responsibility between CPS and SIU for allegations of abuse or neglect of children while in custody) that began after the child was placed and prior to the child's discharge and in which the alleged perpetrator was either identified as a resource parent or a staff person at a treatment facility or whose relationship to the child was left blank. Chapin Hall currently produces this measure for the Department, and the TAC has confidence in the methodology used by Chapin Hall. The DCS staff person who had previously produced this measure has left the Department.



Source: QSR Databases.

TAC monitoring staff reviewed the 12 cases involving *Brian A.* class members which were scored unacceptable for Safety during the last two reviews (three from the 2011–12 QSR and the nine from the 2012-13 QSR[92]) to determine both the reason for the unacceptable score and whether TFACTS documentation subsequent to the review reflects actions to address the safety concerns.

Of the three cases that scored unaccetable for safety in the 2011-12 QSR:

[92] The four cases from the 2010-11 QSR which were scored unacceptable for safety were previously reviewed and discussed in the June 2012 Monitoring Report

- One child (age 11) was placed in congreagate care where he frequently displayed aggressive behaviors towards staff (in one outburst he choked and broke a staff member's nose), expressed violent thoughts about his peers, and expressed suicidal ideations. Reviewers were concerned that there was not a good safety assessment or plan to manage the child's aggression. After the QSR, the team scheduled a Child and Family Team Meeting (CFTM) to discuss the concerns raised in the review and had the child reviewed by the Vanderbilt Center of Excellence (COE) to ensure that his needs were apropriately addressed.

- One youth (age 17) had recently exited custody after the conclusion of a trial home visit. Reviewers were concerned that the child had resumed associating with negative peers. The mother was concerned because the child identified with a gang, was suspected of drinking alcohol and using illegal drugs, and was not compliant with the rules of the house. After the QSR, case recordings reflect that a non-custodial family support services (FSS) case was opened to monitor services and to determine whether the youth was in need of DCS placement. During the follow-up period, the youth was robbed by his peers and then had a breakdown and tried to harm himself. He was taken to the emergency room and mobile crisis was contacted. Upon release, the child received a mental health assessment and started to attend counseling, both at school and in the community. DCS also planned to refer him to a gang specialist to talk with the youth about his involvement in a gang.

- One youth (age 17) was placed on a trial home visit with her mother, but reviewers learned at the time of the review that the mother was in jail for drug possession and failure to appear charges, and the child was at home with a stepfather that team members knew very little about. Reviewers observed a bruise on the youth's arm and reported it to the child abuse hotline, where it was screened out with a notation that the information would be passed along to the foster care case manager to address.

Of the nine cases that scored unacceptable for safety in the 2012-13 QSR:

- One youth (age 17) was placed on a trial home visit with her father. When reviewers arrived, the review child and her father were engaged in a very loud argument. The youth expressed having suicidal thoughts in the last 30 days and said that a cousin in her home made her feel uncomfortable. Reviewers were also concerned that the father was using drugs. The trial home visit was discontinued the day after the QSR, and the child was placed in a resource home.

- One child's (age 9) aggressive behavior increased in both the community and school after resuming visitation with his mother. The child urinated on and physically attacked peers, and pounded and kicked objects. It is unclear from the case file whether the team took any specific measures to address the concerns of the QSR reviewers. The child is placed in a resource home where he receives therapuetic services by the provider.

- One youth (age 15) was placed in a resource home with smaller children, and reviewers were concerned because she has a history of bullying smaller children in the home and

the community. After the QSR, the child was removed from the home and placed in a residential facility after attacking another foster child on the school bus.

- One youth (age 14) had frequent runaway episodes and exhibited an increase in aggressive behaviors, both of which were very concerning to the reviewers. The youth tested positive for drugs on return from runaway, reported being raped during one of her runaway episodes, and asked random strangers to drive her to her placement when she returned from runaway. The youth ran away from her placement again after the QSR and returned. Her team held a CFTM without her for fear that she would run if she were aware of their plans to move her. The team discussed her treatment needs, found an appropriate placement for her, and developed an incentive to keep her at her placement so that she would not runaway before being moved.

- One child (age 1) had recently started unsupervised day visits with her mother that were granted by the judge. The reviewers were concerned that there were no set parameters around the visits. The child's mother lives with her grandmother, and tensions were so high between them that the interviewers had to separate the two adults multiple times to finish the QSR interview. The review child has been sexually assaulted by the grandmother's son who is currently in prison, and the grandmother denies the assault and blames her granddaughter for her son's incarceration. In addition, the mother of the child plans to move in with her mother (the maternal grandmother) after the maternal grandmother is released from prison. Reviewers were concerned that both caregivers lacked understanding of the safety risks to the child posed by contacts with the grandmothers and doubted the mother's ability to protect her child from further harm. The TFACTS case record does not reflect whether or not this concern was addressed.

- One youth (age 15) reported to reviewers that she did not feel safe at her congregate care placement because of the intimidating behaviors of the staff. The youth expressed to reviewers that she had filed three grievances to that effect. Reviewers were concerned that a boy she had intercourse with at school also lived in the placement, and the youth could potentially have access him. The youth ran away the day after the QSR and was moved to a different residential facility.

- One child (age 5) poses a safety risk to himself and others. The child has been known to kick, hit, bite, and act out sexually. Reviewers were also concerned that at times the child runs from school personnel and his resource parents and into the middle of the street. Case recordings reflect that the child receives bi-weekly individual therapy, weekly in-home therapy and behavioral support, and is prescribed medication.

- One youth (age 17) was placed in a primary treatment center because of multiple runaways. The youth expressed to the reviewers that he did not feel safe because he had been threatened by another child in the program. Case documentation does not reflect whether or not the youth's concerns were addressed. The child was accepted into the residential facility's treatment program and remains at the placement.

- One child (age 9) is aggressive toward his brother and has pulled a knife on him. The reviewers were concerned that the safety plan was not being followed because the review child was able to access a knife quickly and because the children were left alone and unsupervised during the interview. After the QSR, it was recommended that the brothers be separated. Seven days after the QSR, the brother was moved to a psychiatric hospital placement.

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

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

Prior to the implementation of TFACTS in 2010, the Department had been producing a monthly report (the "*Brian A.* Class Open Investigations Over 60 Days Old Report") of the number and percentage of overdue investigations for *Brian A.* class members only. The report provided data on investigations involving *Brian A.* class members, whether the investigations were conducted by SIU or CPS, and excluded from the data the non-custodial children and children with delinquent adjudications who are included in the other CPS and SIU aggregate data produced by the Department.[93]

The Department began producing a similar report from TFACTS in February 2012. The report provides data on the percentage of overdue SIU investigations specific to *Brian A.* class members, but unlike the previous report, it does not provide data on the percentage of overdue CPS investigations involving *Brian A.* class members.

As of November 13, 2012, 2% (2) of the 82 SIU investigations involving *Brian A.* class members open on that date had been open for more than 60 days. This represents a decrease in the number of overdue cases reflected in the June 2012 Monitoring Report. As discussed in that report, 9% (152) of the 172 SIU investigations involving *Brian A.* class members open on that date had been open for more than 60 days.

The Department produced the first aggregate reporting on open investigations conducted by regional CPS (not SIU) involving *Brian A.* class members at the end of November 2012. According to that report, as of November 26, 2012, there were a total of 93 open CPS investigations and assessments involving *Brian A.* class members; 46 (65%) of the 71 open CPS

[93] See Section Three, pages 100 and 125 for a description of the allocation of responsibility between CPS and SIU for allegations of abuse or neglect of children while in custody.

investigations had been open more than 60 days, and one (5%) of the 22 open CPS assessments had been open more than 120 days.[94]

d. Incident Reports

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

During the first few months of 2012, the Department worked on a significant redesign and refinement of the IR system in TFACTS (discussed in more detail on page 70), intended to address the problems with the incident reporting process, discussed throughout this section, that limited the Department's ability to effectively use the TFACTS data on incident reports for monitoring placements and providers. The implementation of the redesign has been delayed significantly, with very little progress made as of the writing of this report, and the IR module within TFACTS still operates largely as it during 2011. For this reason, the following data presented and process described in connection with that data is the current process—a process which is substantially different than what the redesign envisions.[95]

Incident reports are currently assigned a "severity level" (1 through 4, with 1 being the least severe) based on the nature and circumstances of the incident.[96] The severity level determines

[94] TAC monitoring staff examined the detail in both the "Open SIU Investigations Involving *Brian A.* Clients" and the "Open CPS Investigations Involving Non-SIU *Brian A.* Clients" reports dated December 10, 2012 and determined that two weeks of data were missing. The TAC therefore excluded the reports for December 10, 2012 from its analysis.

[95] Prior to the change in gubernatorial administrations, the TAC had a clearer understanding of the Department's approach to IR, the processes in place, and the contemplated improvements, Over the past two years, the Office of Performance Excellence (OPE) instituted a manual tracking process that seemed inconsistent with both the previous IR process design and anticipated improvements. This created a level of confusion for DCS staff, which was compounded by problems with TFACTS and the OPE's failure to address those problems.

[96] As reflected in the data on Incident Reporting presented in the following pages, the numbers of Level 1 and Level 4 incidents reported each quarter are very small. The designation of severity level 4 refers to incidents involving a riot at a facility, the death or near death of a child in DCS custody, and incidents that do not involve death or near death but result in serious permanent injury or disability (*e.g.*, administration of medication that results in permanent paralysis but did not constitute a near death incident). Under earlier incident reporting protocols, such incidents were to be immediately reported to the Executive Director for Child Safety (and to 911, as appropriate). With respect to incidents of a death or near death of a child in DCS custody, it would appear that the recently adopted revised Child Fatality Review process has superseded the IR process. (The main function of the IR process is to alert DCS staff of an incident requiring a response. Since these incidents have already been reported and responded to prior to their entry into TFACTS, the Department has previously discussed eliminating the Level 4 incident category from TFACTS.) Level 1 incidents currently include some medication errors that are non-injurious, such as a child's refusal to take a Tylenol that had been prescribed, and three incident types created by the Department to capture certain resource problems: "disruption of service," "placement referral decision," and "rejection of service." By definition, these are not incidents that pose a serious risk of harm or cause actual harm.

the intensity of review and/or follow-up required of Departmental staff assigned to monitor and respond to incident reports.[97]

With respect to incidents involving children in private provider placements, private providers utilize the TFACTS Incident Reporting function[98] to report incidents directly into TFACTS. The entry of the report into TFACTS triggers a series of notifications and alerts to DCS staff with responsibility for reviewing and responding to the report.[99] With respect to incidents involving children in DCS placements, the Department had not been routinely capturing such incidents in the TFACTS Incident Reporting function. Over the past year, the Department developed a process for entering incidents involving children in DCS placements into the TFACTS Incident Reporting function, and the resource parent support staff responsible for managing the DCS resource homes have received training on how to enter incidents into TFACTS. The Department continues to work on communicating the process for reporting incidents to the resource parents, and incidents occurring in DCS resource homes are beginning to be entered into TFACTS.

Table 9 below displays the number of incidents reported through TFACTS[100] between October 1, 2012 and December 31, 2012 by severity level (Level 1 being the lowest and Level 4 being the

[97] Each Level 3 and Level 4 incident type is assigned to a particular group within DCS for response, and a "responder lead" has been identified for each group to coordinate the response process. The seven responder groups are: Central Intake, Health Unit Nurses, Regional Psychologists, Regional Management, Network Development, Internal Affairs, and the Absconder Recovery Unit, although a "lead" for the Regional Management responder group (assigned to the Assault, Contraband, and Arrest of Child or Youth incident types) has not been identified. It does not appear that all of the assigned responders within their groups are receiving timely notification of the appropriate incidents. Most significantly, those IRs that are most relevant to the Settlement Agreement (physical restraint, seclusion, and emergency use of psychotropic medication) are among those for which the responders had the least confidence that they were receiving all of notifications in a timely manner. It is also not clear that all of the responders understand what is expected of them in terms of reviewing and responding to the incidents.

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

[99] If for some reason the private provider is unable to access the TFACTS Incident Reporting function, the provider is required to fax a hard copy incident report to a designated Central Office staff member. For incident types that health unit nurses and regional psychologists have responsibility for responding to (these include Emergency Medical Treatment, Physical Restraint, Medication Error, Mental Health Crisis, Emergency Use of Psychotropic Medication(s), Mechanical Restraint, and Seclusion), there is a process in place to ensure that incident reports are emailed to Central Office and then forwarded to the regions for a response. It is unclear what occurs with other incident types because there is no established back-up process for handling those incidents when providers are unable to access the system. And in any event, there is no process for ensuring that the emailed IR is ultimately entered into TFACTS. Fortunately, while inability to access the TFACTS IR function was a significant problem during the initial phases of TFACTS implementation, providers rarely have problems with accessibility at this time, and the number of incident reports received by email is very small.

[100] There continues to be some inconsistency in the way in which some types of incidents are entered into the system. The definitions for some incident types are broad (Runaway, Physical Restraint, and Seclusion in particular) and therefore can and do result in some amount of miscategorization of these incidents. There is also a lack of clarity among providers regarding the appropriate way to enter an incident involving multiple children and/or consisting of multiple incident types.

highest)[101] and incident type[102] for both *Brian A.* class members and children with delinquent adjudications.

There were a total of 3,238 incidents reported between October 1, 2012 and December 31, 2012, and four incident types made up the vast majority of the reports: physical restraint[103] (755); emergency medical treatment[104] (556); runaway[105] (454); and assault[106] (429). There were no Level 4 incidents reported during this quarter.

As reported in the June 2012 Monitoring Report, there were a total of 3,320 incidents reported between October 1, 2011 and December 31, 2011, and these same four incident types made up the vast majority of the reports: physical restraint (790); assault (513); emergency medical treatment (477); and runaway (450). There were no Level 4 incidents reported during this quarter.

[101] The aggregate report relied on for purposes of this report (the weekly "SIR Report") provides data about the number of incidents by type over a period of many months, but it does not include data about the severity level of the incidents. TAC monitoring staff therefore assigned data regarding severity level to the incidents in the weekly "SIR Report" based on the definitions document dated June 25, 2010. A small number of incidents (less than 5% of the incidents entered each quarter) did not include the sub-type information necessary to determine the severity level. Those incidents are categorized as "unspecified" for purposes of this report.

[102] A list of definitions for each incident type is included as Appendix J.

[103] Physical restraint is defined as the involuntary immobilization of a child without the use of mechanical devices, including escorts where the youth is not allowed to move freely.

[104] Emergency medical treatment is defined as a child or youth suffering an injury or illness that requires emergency medical attention.

[105] Runaway is defined as a child or youth leaving a program without permission and his or her whereabouts are unknown or not sanctioned.

[106] Assault is defined as a willful and malicious attack by a child or youth on another person, not including horse-play.

Table 9: Incident Reports October 1, 2012 through December 31, 2012							
Incident Type	**Severity Level**					**Total Number of Incidents**	**Percentage of Total Incidents**
	Level 1	Level 2	Level 3	Level 4	Unspecified		
Abduction	0	0	1	0	0	1	0%
Abuse or neglect	0	0	143	0	0	143	5%
Arrest of child or youth	0	0	63	0	0	63	2%
Arrest of parent, surrogate or staff person	0	0	1	0	0	1	0.0%
Assault	0	309	75	0	21	405	14%
Contraband	0	27	146	0	4	177	6%
Disruption of Service	0	0	0	0	0	1	0%
Emergency Medical Treatment	0	383	72	0	39	494	17%
Emergency Use of Psychotropic medication(s)	0	0	1	0	0	1	0%
Major Event at Agency	0	0	70	0	0	70	2%
Mechanical Restraint	0	0	18	0	0	18	1%
Medication Error	160	40	0	0	12	212	7%
Mental Health Crisis	0	42	136	0	10	188	6%
Physical Restraint	0	592	146	0	6	744	25%
Placement Referral Decision	0	0	0	0	0	0	0%
Rejection of Service	5	0	0	0	0	5	0%
Runaway (off facility property and out of physical sight of staff)	0	0	375	0	0	375	13%
Seclusion	0	38	13	0	1	52	2%
Total	**165 (6%)**	**1431 (49%)**	**1260 (43%)**	**0**	**93 (3%)**	**2949**	**100%**

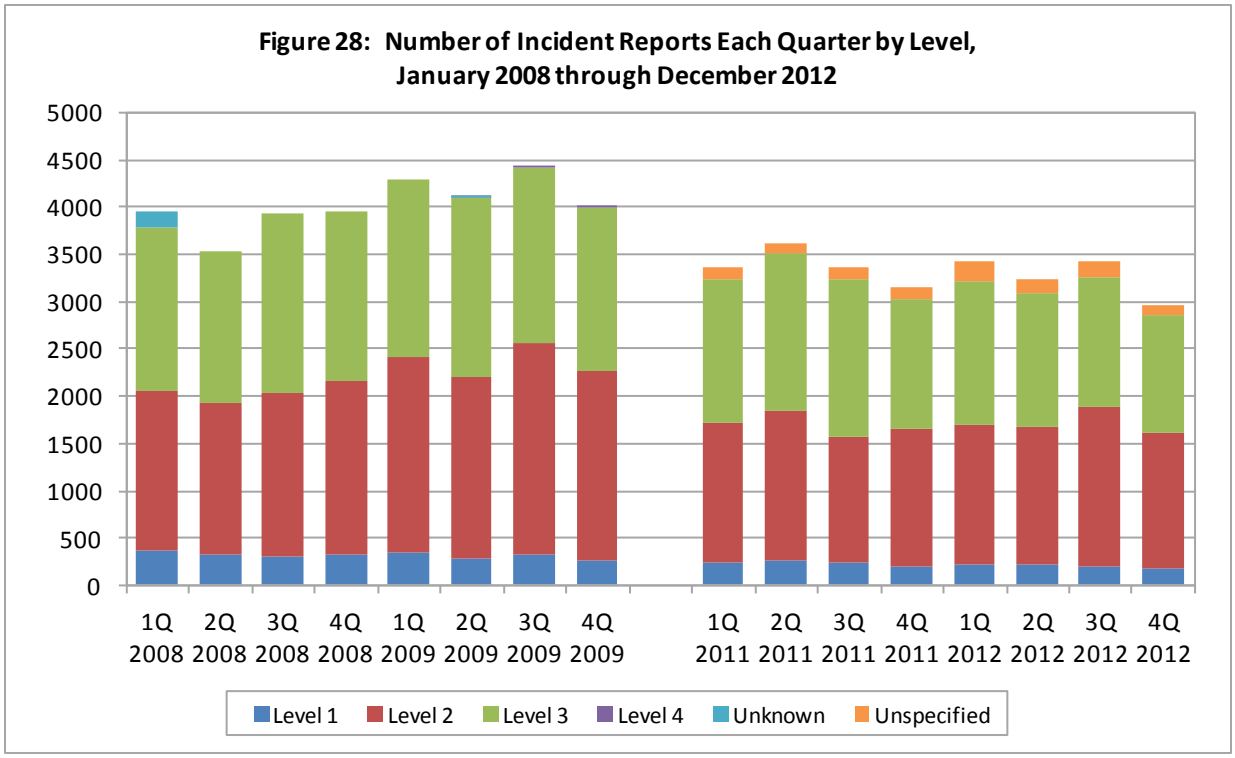
Source: Weekly "SIR Report" from TFACTS for January 8, 2013.

Table 10 and Figure 28 below present the number of incidents reported through the TFACTS Incident Reporting function each quarter, by severity level, since January 2008. Data for 2010 are unavailable because of the transition to TFACTS; reliable aggregate reports from TFACTS regarding incidents became available beginning in January 2011.

Table 10: Number of Incident Reports Each Quarter by Level, January 2008 through December 2012

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

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



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

In early 2012, the Department made considerable progress in a significant redesign and refinement of the IR process. The work on this redesign involved:

- developing a plan to train identified staff in each region to enter IRs for incidents occurring in DCS resource homes and to train all current and future DCS resource parents regarding their role in reporting incidents occurring in their homes;
- reviewing the definitions of all incident types and subtypes with stakeholders and revising them as necessary to:
    - address areas of confusion and concerns expressed by stakeholders;
    - simplify the structure of the severity levels;
    - ensure that each incident sub-type is assigned to the appropriate responder(s);
- addressing the identified problems with the functioning of the responder process;
- merging the "Critical Incident Reporting" system for delinquent youth in the hardware-secure Youth Development Centers into the Incident Reporting system in order to create a unified system;
- conforming the policies and forms related to the Incident Reporting process to the changes discussed above; and
- planning a redesign of the Incident Reporting module in TFACTS to:
    - fix existing defects;
    - enact the proposed changes to the IR process discussed above;
    - expand the functionality of the system to better support the IR process.

The redesign was largely completed by June 2012, but Department leadership failed to move forward with the implementation of the new process. In April 2013, the new administration re-initiated implementation of the IR redesign, and the Department is currently working to review the decisions previously agreed upon to ensure that the redesigned IR process will meet the Department's needs. The TAC will report on the progress of the implementation of the re-designed Incident Reporting process in the next monitoring report.

2. Meeting the Health Needs of Children in Care

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

There are a number of data sources that the Department uses to track and report on the extent to which it is identifying and responding to health care needs of children in its custody, including the Quality Service Review (QSR) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT)[107] data reports.

a. Quality Service Review Results

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

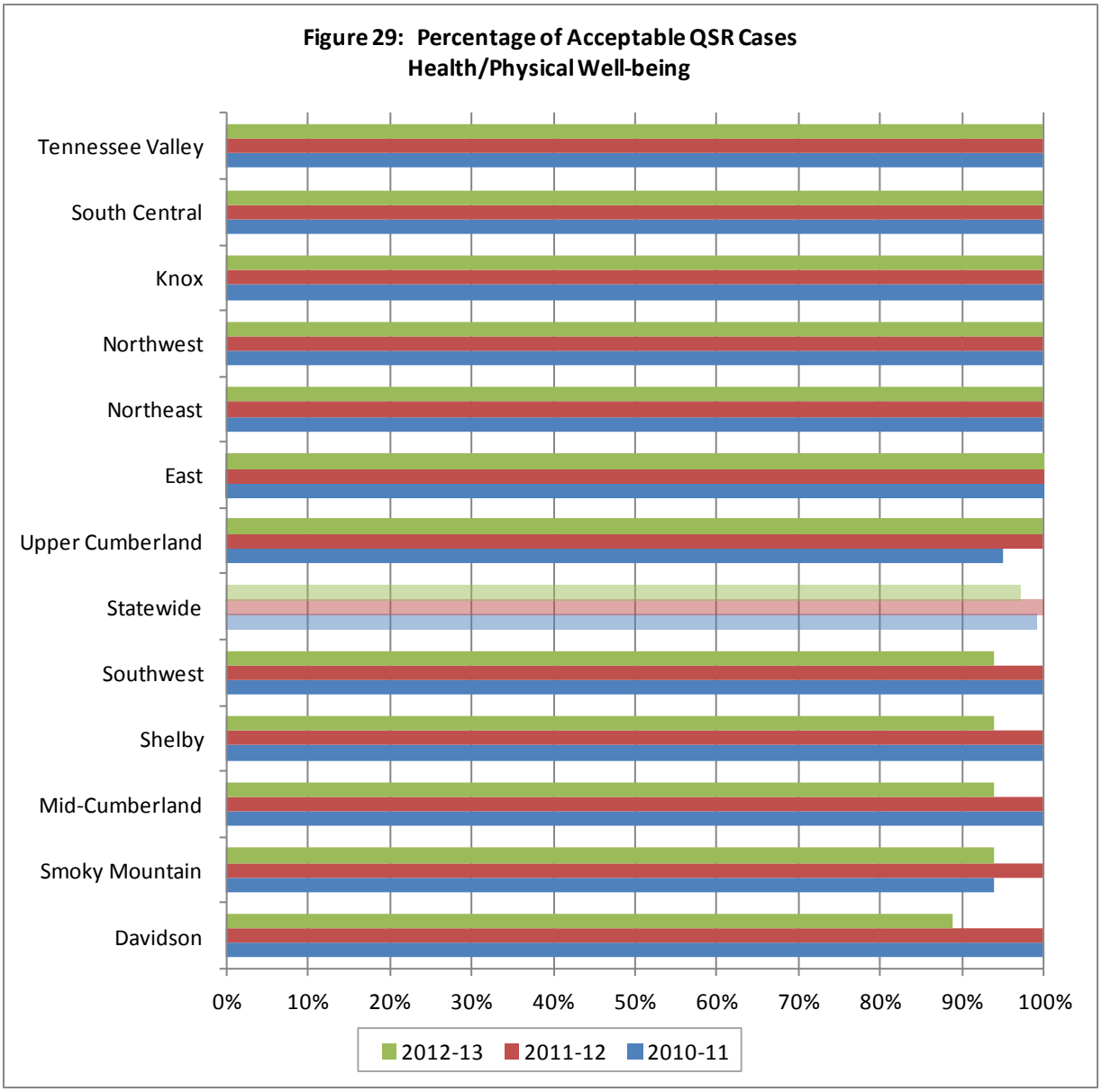
The reviewer must determine whether the child at the time of the review is receiving proper medical and dental care (including appropriate screening, regular preventive care, and immunizations) and whether the child is receiving appropriate treatment for any medical conditions that require treatment.

To receive a minimally acceptable score for this indicator, the child's health status must be good (unless the child has a serious chronic condition, in which case the child must be receiving at least the minimally appropriate treatment and support relative to that condition). The child must have received routine health and dental care and immunizations must be current. Acute or chronic health care must be generally adequate, and symptom reduction must be adequate.[108]

Figure 29 presents the percentage of *Brian A.* cases receiving acceptable scores for Health and Physical Well-being by region in the past three annual QSRs.

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

[108] A case can be scored minimally acceptable even if the care or immunizations received were not received on schedule, even if some follow-ups or required treatments had been missed or delayed, and even if the child has frequent colds, infections, or non-specific minor injuries that respond to treatment.



Source: QSR Databases.

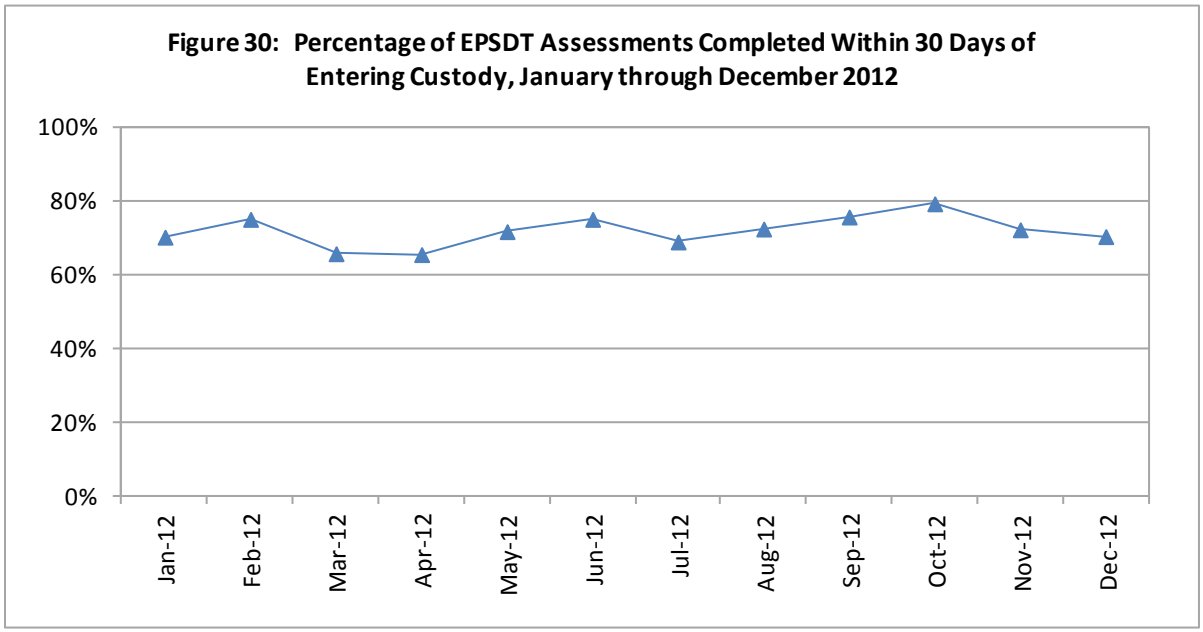
b. EPSDT Assessments

The Department regularly produces three separate TFACTS reports related to EPSDT and dental assessments. Two reports, originally designed to meet the reporting requirements of *John B. v. Goetz* (a class action lawsuit focused on Tennessee's implementation of EPSDT, which included as a subclass children in DCS custody), are run weekly and provide data on the extent to which children in DCS custody are receiving annual EPSDT health assessments and semi-annual dental assessments.[109] The third report is run monthly and provides data on the extent to which *Brian*

[109] Because the *John B.* subclass included all children in DCS custody except those placed in the five youth development centers, detention, or jail, these two reports include both *Brian A.* class members and some children with delinquent adjudications. The annual EPSDT report excludes children on runaway from DCS custody, children in custody for fewer than 30 days, and children with a documented "good cause" exception. The semi-annual dental

A. class members entering foster care are receiving an EPSDT health screening within 30 days.[110]

Figure 30 below presents data from the Initial EPSDT Report for each month of 2012. As reflected in the figure, the percentage of initial EPSDT assessments completed within 30 days of entering custody during 2012 ranged from 65% to 79%.



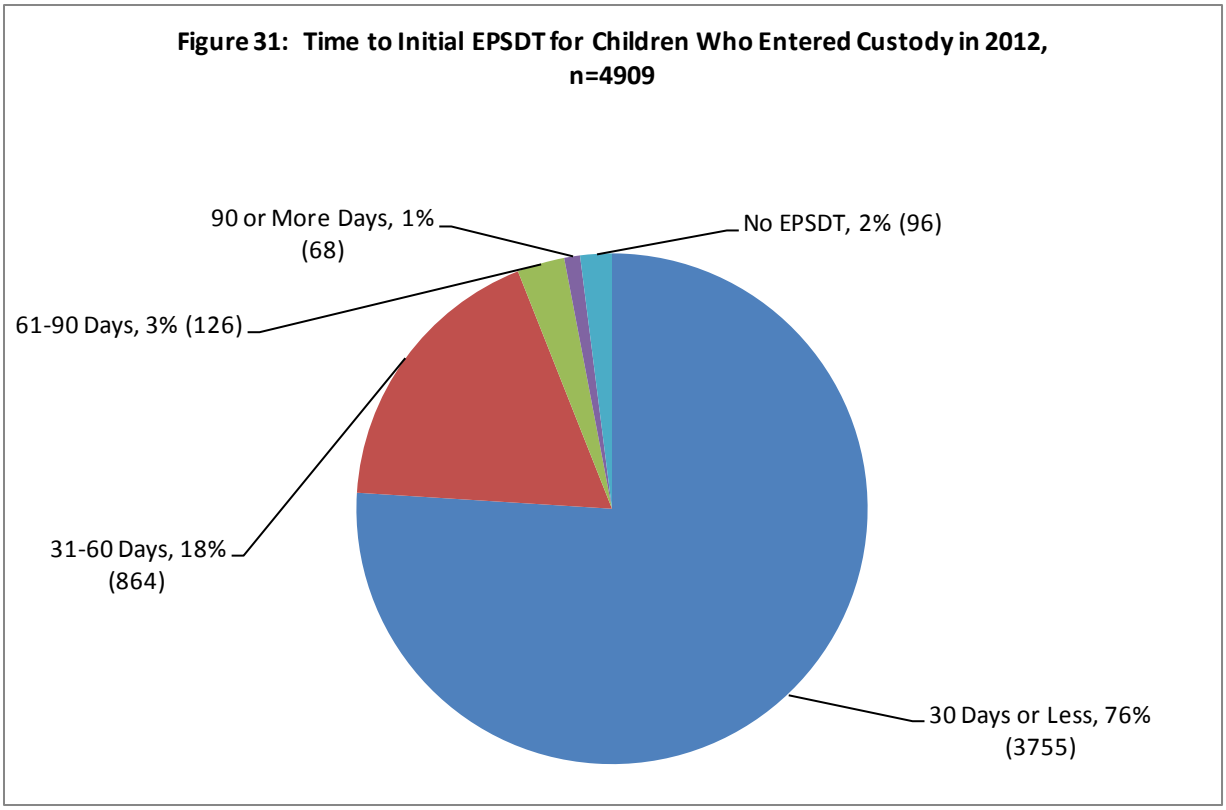
Source: "TFACTS New Custody EPSDT Medical Visit Completion Rates Summary" reports for the months of January through December 2012.

In order to understand the extent of the delays in obtaining EPSDT screens for those children who do not receive their EPSDT within 30 days of entering custody, TAC monitoring staff analyzed a 2012 entry cohort[111] TFACTS extract from which the time from date of entry into care to time of initial EPSDT screening can be calculated and aggregated. As Figure 31 reflects, of the 4,909 class members who entered custody in 2012 and had custodial stays of 30 or more days, 76% (3,755) had an EPSDT screening within 30 days, and an additional 18% (864) had an EPSDT within 31 and 60 days.

assessment report also excludes children under 12 months old and children in custody for fewer than 30 days. Because insurance will not cover dental assessments until after six months from the date of the previous dental assessment, the report checks for dental assessments within the past seven months.

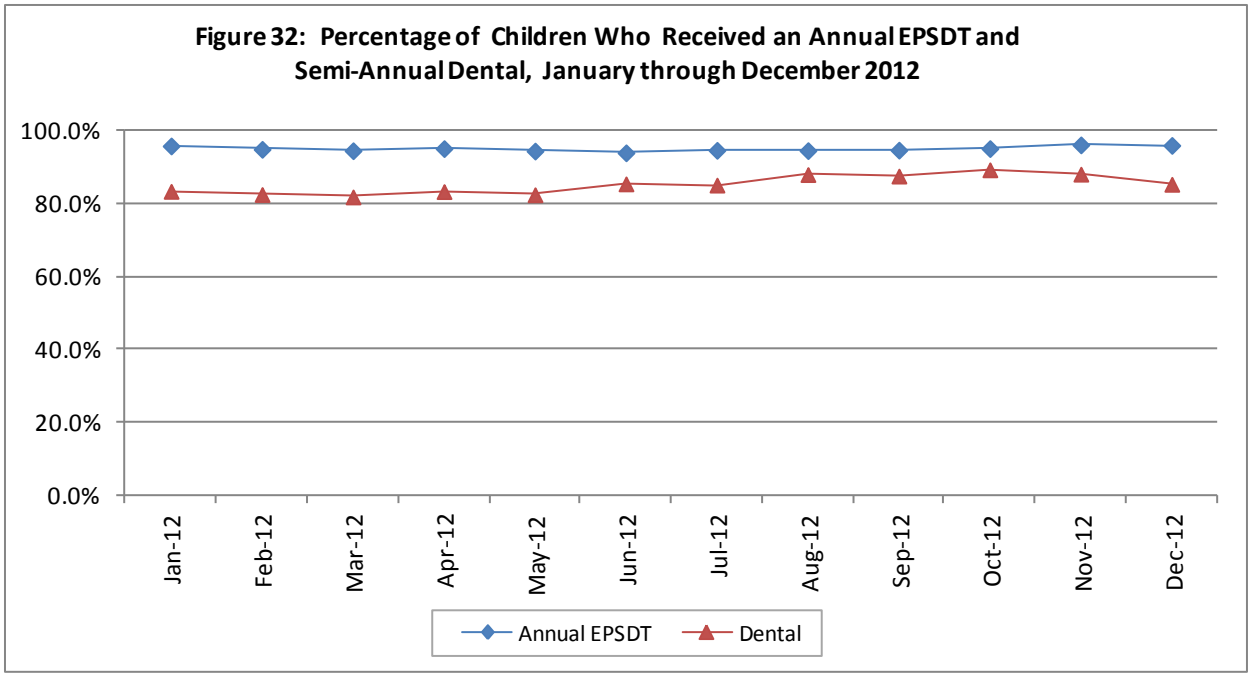
[110] Because this report is intended to measure performance on the *Brian A.* Settlement Agreement that each class member receive an initial health assessment within 30 days of entering custody, the initial EPSDT report includes all *Brian A.* class children entering custody during the reporting month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

[111] The 2012 entry cohort for this extract included every class member who entered DCS custody in 2012.



Source: New Custody 2012 EPSDT Extract.

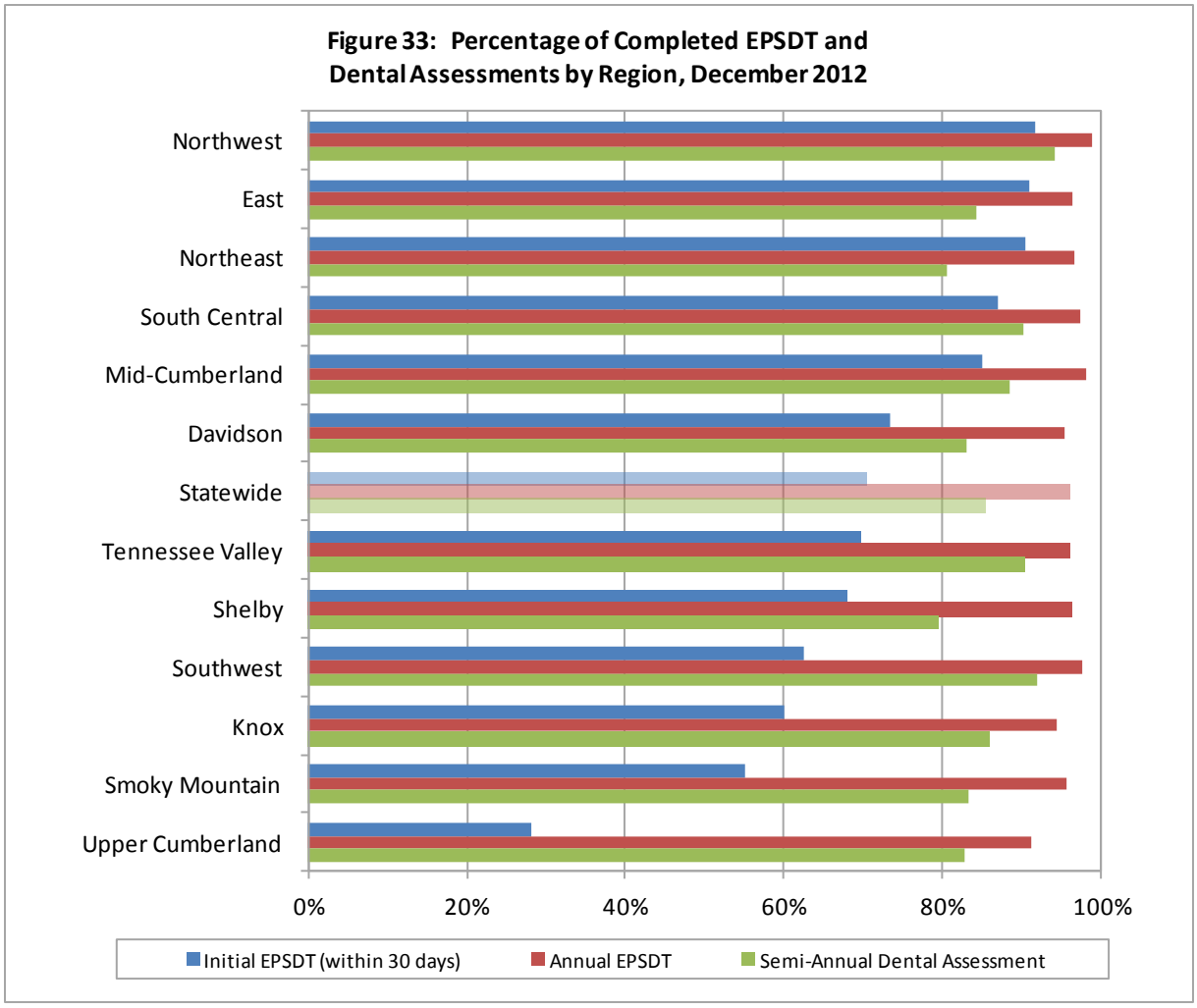
As discussed in previous monitoring reports, the Department has generally done a good job of ensuring that children in its custody receive their annual EPSDT medical assessment and their semi-annual dental check-ups. That continued to be the case in 2012. As reflected in Figure 32, during any given month of 2012, between 94% and 96% of the children for whom an annual EPSDT was required had received one and between 82% and 89% of the children for whom a semi-annual dental check-up was required received one.



Source: "DCS Medical Visit Completion Rates Summary" and "DCS Dental Visit Completion Rates Summary" reports, January 2012 through December 2012.

Figure 33 below, using the Initial EPSDT, Annual EPSDT, and Semi-Annual Dental Screening reports for December 2012, presents regional performance on each of the required health screens. (The regions are arranged in descending order based on the percentage of initial EPSDT assessments completed within 30 days of entering custody.[112])

[112] Omitted from the figure are children from each report whose region was designated as "undefined": 16 children on the December 2012 New Custody EPSDT Medical Report were omitted, eight of whom had an initial EPSDT assessment within 30 days of entering custody; 17 children on the DCS Medical Visits Completion Summary were omitted, 13 of whom had an annual medical visit in the previous year; and 15 children on the DCS Dental Visit Completion Summary were omitted, 13 of whom had a dental screening in the previous seven months.



Source: "New Custody EPSDT Medical Visit Completion Rates Summary," "DCS Medical Visit Completion Rates Summary," and "DCS Dental Visit Completion Rates Summary" reports for the month of December 2012.

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

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

a. Quality Service Review Results

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

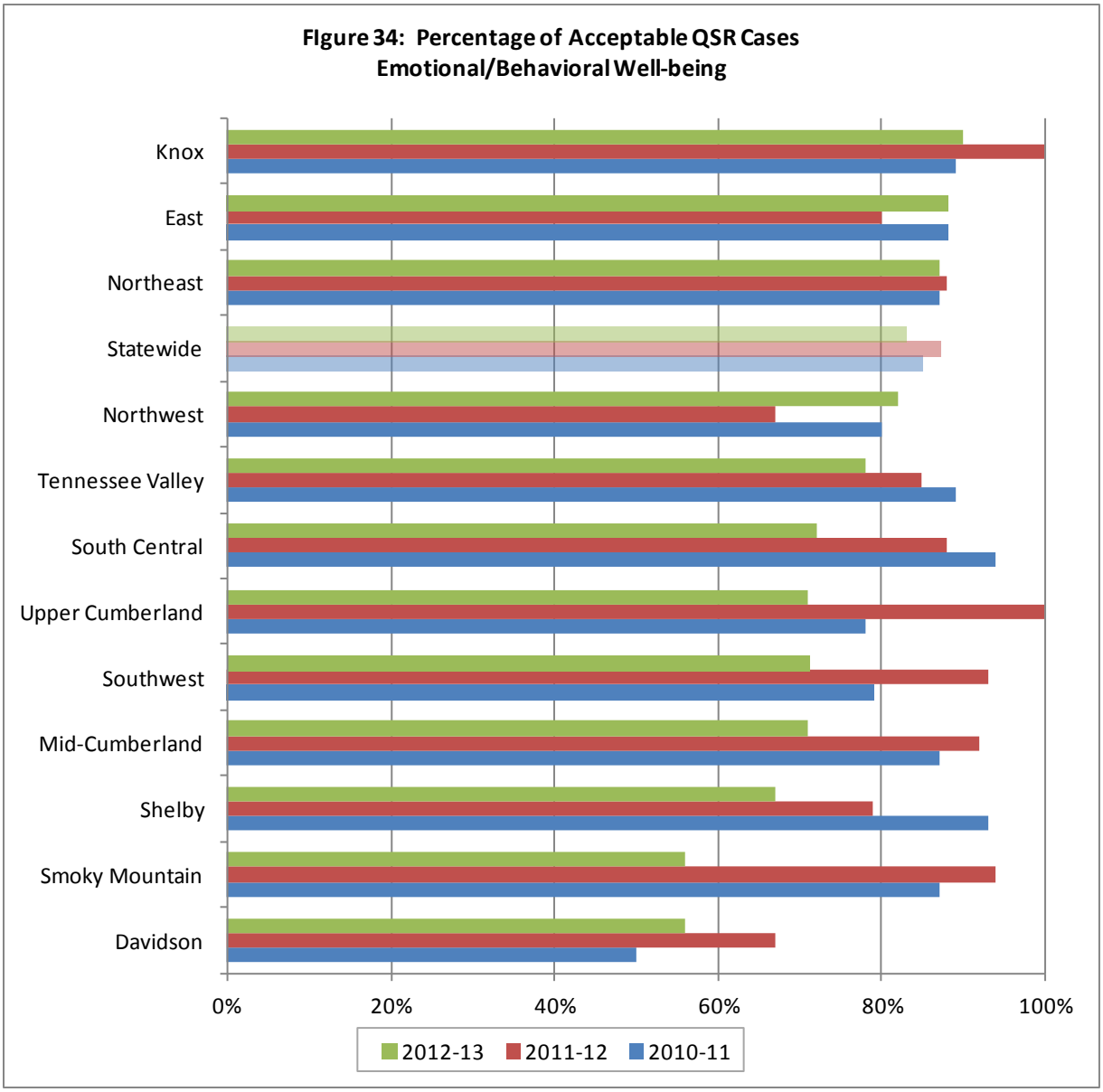
The QSR indicator for Emotional/Behavioral Well-being requires that the reviewer examine the emotional and behavioral functioning of the child in home and school settings, to determine that either:

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

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

Figure 34 presents the percentage of *Brian A.* cases receiving acceptable scores by region for Emotional/Behavioral Well-being in the past three annual QSRs.[113]

[113] Beginning in the 2006-07 review, this indicator has been scored only for cases of children 2 years and older.



Source: QSR Databases.

b. Psychotropic Medications

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

Attached as Appendix K to this monitoring report are the Department's reporting and analysis of the BlueCross BlueShield pharmacy data for calendar years 2010, 2011, and 2012, which include a breakdown of that data by age and race. The data in those reports are consistent with pharmacy data from prior years, reflecting that in any given year between 25% and 30% of children in DCS custody received one or more psychotropic medications at some point during the year.

During 2012, the number of children receiving medication during a given month ranged from a low of 1,482 to a high of 1,631. A total of 3,402 (29%) of the 11,621[114] class members who were in DCS custody at some time during 2012 received one or more psychotropic medications at some point during that time.

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

The primary source of information on the extent to which educational and developmental needs of children are being met while they are in foster care is the Quality Service Review.[115]

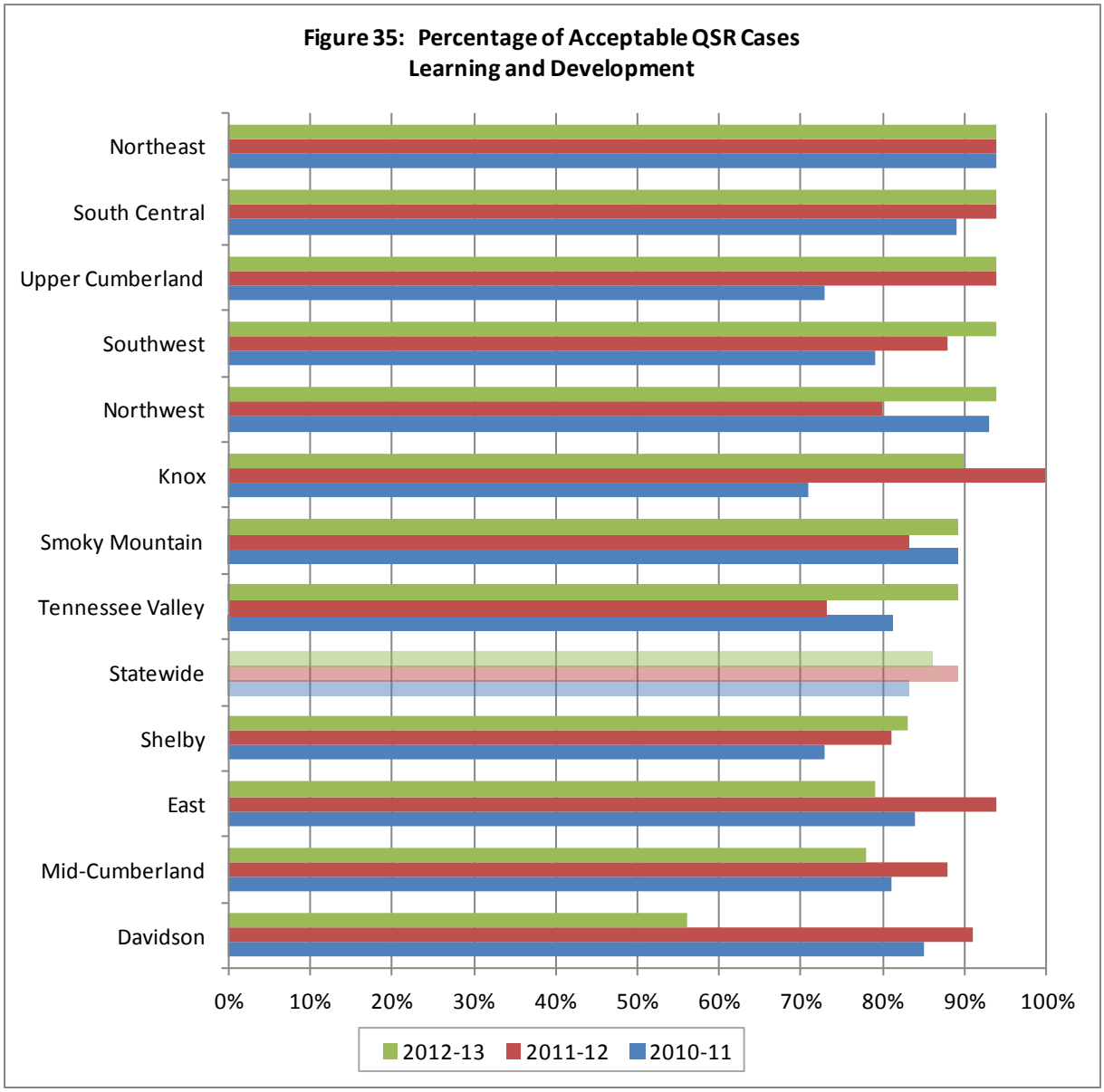
a. Quality Service Review Results

The QSR indicator for Learning and Development requires that the reviewer of a school-age child determine whether a child is regularly attending school, in a grade level consistent with the child's age, actively engaged in instructional activities, reading at grade level or IEP expectation,[116] and meeting requirements for annual promotion and course completion. If the child has exceptional education needs, the reviewer is required to determine that there is a current and appropriate IEP and that the child is receiving the exceptional education services appropriate to the child's needs. Children who are not school-age are expected to reach normal age-appropriate developmental milestones or be receiving appropriate supports or services.

To give a case an acceptable score for this indicator, the reviewer must find that the child is enrolled in at least a minimally appropriate educational program, consistent with the child's age and ability. The child must have at least a fair rate of school attendance and a level of participation and engagement in educational processes and activities that is enabling the child to meet the minimum educational expectations and requirements for the assigned curriculum and IEP. The child must be reading at least near grade level or near the level anticipated in an IEP and must be at least meeting the minimum core requirements for grade level promotion, course completion, and successful transition to the next educational setting (to middle school, to high school, to graduation, etc.).

Figure 35 presents the percentage of *Brian A.* cases receiving acceptable scores for Learning and Development by region in the past three annual QSRs.

[114] This number includes 86 children whose adjudication was either unknown or missing.
[115] See Section Six C for additional discussion of Settlement Agreement requirements related to education.
[116] IEP refers to the Individualized Education Plan required for exceptional education students.



Source: QSR Databases.

5. Preparing Older Youth for Adulthood

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

The Settlement Agreement states that "*at least 90% of the children who are discharged from foster care because they reached the age of 18 shall have at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school,*

college, alternative approved educational program for special needs children, vocational training; or be employed full time." (XVI.A.6)[117]

Of the 297 youth discharged from foster care at age 18 between January 1, 2012 and January 1, 2013 who had exit survey data entered into TFACTS,[118] 80% (236) met one or more of those educational or vocational achievement measures. (For each of the previous four years, 2008-2011, 86% of youth discharged at age 18 had met one or more of these achievement measures.)

Of the 236 youth who met one or more of those achievement measures: 187 (63%) were enrolled in school at the time of discharge; 92 (31%) had obtained a high school diploma or GED at the time of discharge; and 9 (3%) were employed full-time at the time of discharge.[119]

The Department's concerns about outcomes for older youth go beyond the narrow focus of this specific achievement measure. As discussed further in Section Six, the Department has identified significant opportunities for improvement in the areas of permanency and preparation for adulthood for older youth and has made improved delivery of services and supports to older youth a priority area of focus.[120]

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

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

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

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[117] *This measure excludes children on runaway status at the time they reach the age of 18.* (XVI.A.6)

[118] A total of 412 youth were discharged from foster care at age 18 during this period, but only 297 had exit survey records entered into TFACTS. The Department is working to improve data collection related to older youth transitioning to adulthood, including revising the Transitional Survey (which is the present source of the achievement data) to make it shorter, clearer, and easier to fill out and focusing on the data collection and reporting required by the Fostering Connections Act.

[119] Two questions from the Transition Survey in TFACTS have been used to identify those youth who likely had a full-time job at the time of discharge. If both questions ("Does youth have a job at discharge?" and "If employed prior to discharge, was the job full-time (32 hours or more)?") were answered in the affirmative, the youth was counted as having full-time employment at the time of discharge. However, the second question is ambiguous and, given the overall problem with the current Transition Survey, the TAC does not feel comfortable reaching any conclusions from the survey about whether a child is employed full-time at the time of exit. All that the TAC is able to say based on the survey is that of the 297 youth discharged from foster care at age 18 between January 1, 2012 and January 1, 2013 who had exit survey data entered into TFACTS, 54 (18%) had a job, either full- or part-time, at discharge.

[120] See Section Six E.

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

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

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

Key findings:

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

- The pattern of exits from foster care has not changed very much over the past 11 years, although children who entered care during 2012 are exiting more slowly than did children in previous cohort years. The median length of stay (the time by which 50% of the children who entered care in a given year have exited the system) has consistently been around nine months or less; more than 70% have exited the system within 18 months, and about 80% have exited by about 24 months.

- The median length of stay increased to 9.0 months for children entering care during 2011, longer than it has been for any previous entry cohort.

- There continues to be significant variation in median length of stay among the regions, although the median length of stay for children in the 2011 entry cohort has increased in most regions when compared to recent cohort years. In 2011, the median length of stay ranged from 5.6 months in Davidson to 12.5 months in Knox and 11.2 months in Upper Cumberland.

- The rate of exit to a permanent exit (including reunification with family, discharge to a relative, and adoption) has increased for children in entry cohorts from 2004-05 through 2009-10, but it has slowed for children in the 2010-11 and 2011-12 entry cohorts.[121]

Subsections 1 and 2 below present measures focused on how rapidly children exit custody to a permanent placement. Subsection 3 presents measures focused on how likely children are to exit to a permanent placement rather than a non-permanent exit (running away or "aging out" of the system), and Subsection 4 presents measures focused on how likely children are to remain in a permanent placement rather than reentering care. Subsections 5 and 6 present data on the Settlement Agreement requirements regarding the filing of the petition to terminate parental rights (TPR) and the assignment of goals of Planned Permanent Living Arrangement (PPLA), respectively.

1. Time to Permanency through Reunification and Adoption

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

a. Time to Reunification

The Settlement Agreement requires that "*at least 80% of children entering care who are reunified with their parents or caregivers at the time of discharge from custody shall be reunified within 12 months of the latest removal date."* The Settlement Agreement further requires that "*of the remaining children, 75% shall be reunified within 24 months of the latest removal date.*" (XVI.A.1)[122]

Of the 3,748 children reunified with their parents or caretakers between January 1, 2012 and January 1, 2013, 67% (2,518) were reunified within 12 months. Of the remaining 1,230 children, 78% (961) were reunified within 24 months.[123] This represents a decline from previous performance. Of the 3,216 children reunified with their parents or caretakers between January 1, 2011 and January 1, 2012, 72% (2,307) were reunified within 12 months. Of the remaining 909 children, 79% (717) were reunified within 24 months.

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[121] The "rate of exit to permanency" reflects how quickly children are exiting to permanency. An increase in the rate of exit does not necessarily mean that more children are exiting to permanency, but it does indicate that those who do exit to permanency are reaching permanency faster. As discussed on page 89, the data also suggest that the overall percentage of children exiting to permanency increased for children in the 2004-05 through 2006-07 entry cohorts. More time is needed to observe exits to determine whether this trend will be maintained for later entry cohorts.

[122] The Settlement Agreement requires that 80% of children exit to reunification within 12 months and that an additional 15% (75% of the remaining 20%) exit to reunification within 24 months, for a total of 95% of children exiting to reunification within 24 months. Of children reunified with their parents or caretakers between January 1, 2012 and January 1, 2013, a total of 93% were reunified within 24 months.

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

b. Adoption Finalization

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

Of the 858 children for whom parental rights were terminated or surrendered between January 1, 2011 and January 1, 2012, 74% (631) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship. This is an improvement over performance from the previous reporting period. Of the 995 children for whom parental rights were terminated or surrendered between January 1, 2010 and January 1, 2011, 72% (712) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship.

2. Length of Time in Placement

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

The Settlement Agreement states that "*at least 75% of the children in placement who entered after October 1, 1998, shall have been in placement for two years or less.*" (XVI.A.4) Of the 11,908 children in custody between January 1, 2012 and January 1, 2013, 83% (9,867) had been in custody for two years or less. This is a slight decline from performance for the previous reporting period. Of the 11,103 children in custody between January 1, 2011 and January 1, 2012, 84% (9,305) had been in custody for two years or less.

The Settlement Agreement further provides that "*no more than 17% of the children in placement shall have been in placement for between 2 and 3 years.*" (XVI.A.4) Ten percent (1,204) of the children in custody between January 1, 2011 and January 1, 2012 had been in custody between two and three years. Nine percent (1,040) of the children in custody between January 1, 2011 and January 1, 2012 had been in custody between two and three years.

Finally, the Settlement Agreement states that "*no more than 8% of the children in placement shall have been placed for more than 3 years.*" (XVI.A.4) Seven percent (837) of the children in custody between January 1, 2012 and January 1, 2013 had been in custody for more than three years. The percentage of children in custody between January 1, 2011 and January 1, 2012 who had been in custody for more than three years was also 7% (758).

In addition to reporting on length of stay as required by the Settlement Agreement, the Department tracks length of time in placement in a number of other ways, focusing on entry cohorts (all children entering during a specific year).[124]

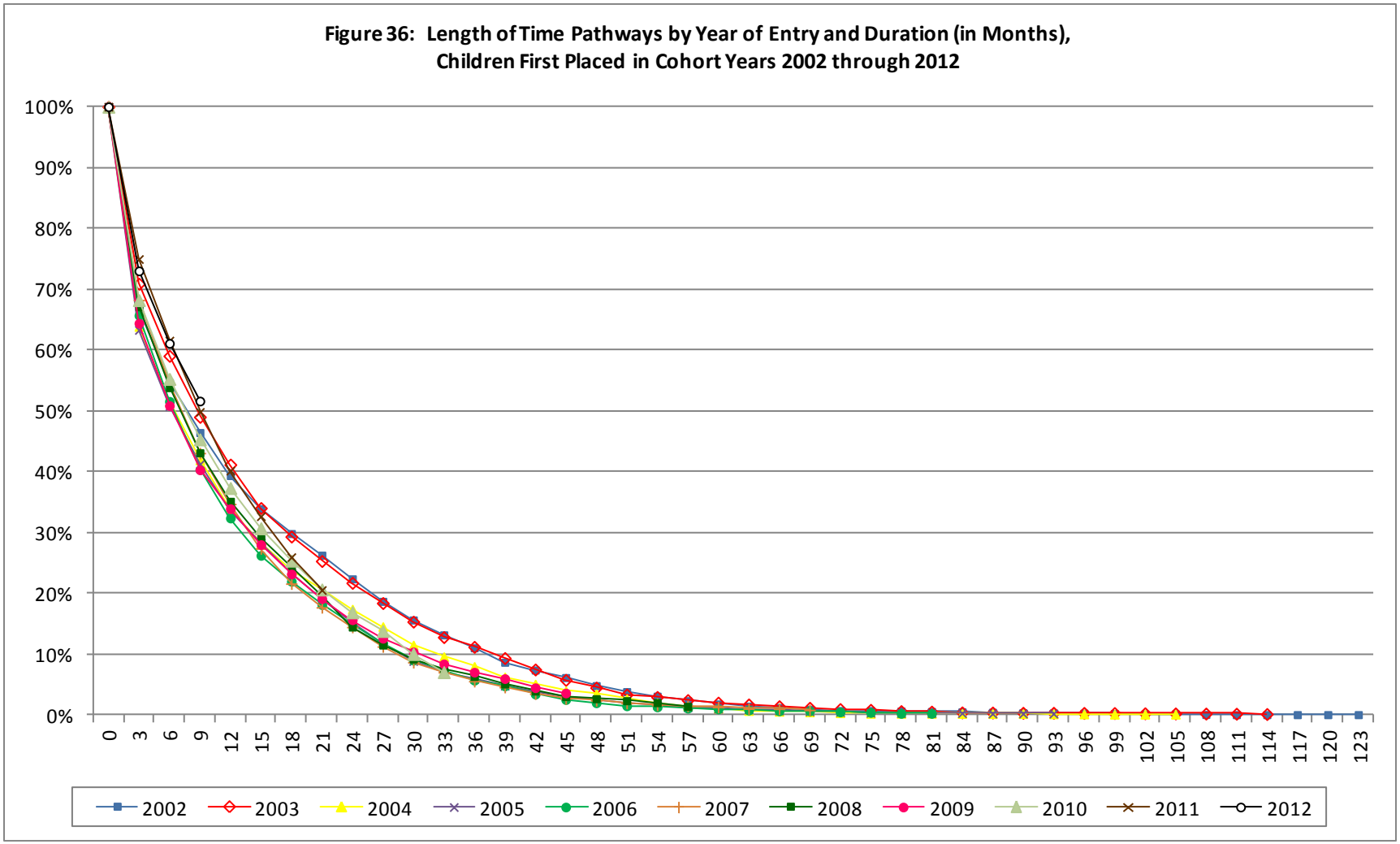
[124] For further discussion on the value of using entry cohort data to supplement the point-in-time data called for by the Settlement Agreement, see Appendix E.

Figure 36 shows length of stay by duration in months for 10 entry cohorts, 2002-2012.[125] Each line shows how many children were still in placement after each monthly interval of time. For example, for the 2002 entry cohort, the figure shows that after 60 months, all but about 2% of children had been discharged from foster care. The pattern of those discharges can be seen by following the path back in time.[126]

The data in Figure 36 show that the speed of exit from foster care in Tennessee increased in 2004 and remained at that level through 2009. The paths traced by each entry cohort during those years are similar. The paths for 2010 and 2011 reflect a decrease in the speed of exit during the first 15 months (and the 2011 path reflects a greater decrease in speed than the path for 2010), but by 18 months, the speed of both paths had accelerated to match prior cohort years. The path for 2012 has followed the path for 2011, at least for the first six months in care.

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

[126] This figure is useful for providing a general sense of the speed at which children from each cohort leave placement—regardless of their exit destination. Length of stay depicted in this way is useful because one can begin to see the shape of the paths or curves—and therefore the speed at which children exit—before all the children have exited from each entry cohort. Steeper curves, which can be observed within the first six months, indicate faster movement out of care. Shallower curves indicate slower exits from foster care. This measure also projects performance for the next three-month interval for each entry cohort based on previous performance for that cohort. Therefore, future updates of this figure may shift somewhat for the most recent three-month interval for each cohort. For example, the figure projects the percentage of children in the 2012 entry cohort who will remain in care for at least nine months (52%), even though this percentage has not yet been observed.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

The Department tracks and reports on median lengths of stay (or median durations)—the number of months that have passed at the point at which 50% of the children entering care in a given cohort year have exited care. While median durations provide less detail than the data in Figure 36, they provide a useful summary statistic that can be compared over time and across subgroups in the population.

Table 11 shows median durations for entry cohorts in calendar years 2002 through 2011, statewide and by region. Statewide, 50% of children entering care in 2004, 2005, 2006, and 2009 spent less than 6.5 months in out-of-home placement, and 50% of children entering care in 2007 and 2008 spent 6.9 months in care. That number increased to 7.5 months for children entering care in 2010, indicating that it took as long for 50% of the children entering care in 2010 to exit as it did for children entering care in 2002, but not as long as it did for children entering care in 2003. The median increased to 9.0 for 2011, indicating that it took 50% of children entering care in 2011 longer to exit than in any previous cohort year. The regional medians illustrate that the magnitude of the change differs significantly around the state.[127]

[127] Data for the measure do not yet reflect the merger of the Hamilton and Southeast regions into the new Tennessee Valley region.

Table 11: Median Duration in Months by Entry Year and Region, First Placements January 2002 through December 2011										
Region	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Davidson	7.5	7.2	4.4	2.0	2.4	2.9	1.4	1.4	2.3	5.6
East Tennessee	3.6	6.4	4.7	7.1	4.7	6.5	7.2	6.1	6.9	7.9
Hamilton	8.0	17.8	8.8	7.6	8.7	12.3	11.5	13.8	10.9	9.7
Knox	12.9	10.7	10.4	9.6	8.3	11.0	7.5	11.0	10.6	12.5
Mid-Cumberland	7.0	7.6	7.3	7.7	6.7	6.1	7.0	7.0	8.0	8.4
Northeast	6.9	7.9	6.0	5.3	8.0	7.6	6.4	10.1	10.1	10.2
Northwest	8.9	5.7	5.7	4.4	3.6	4.8	7.7	7.6	6.2	9.0
Shelby	11.9	11.8	9.5	7.8	7.2	6.4	5.2	2.8	3.1	6.1
Smoky Mountain	6.2	6.7	5.3	8.1	5.8	7.6	6.2	7.3	8.7	10.1
South Central	5.7	7.7	6.0	5.8	7.5	11.3	8.0	5.4	8.7	8.9
Southeast	7.8	10.8	6.0	4.6	7.7	5.2	7.2	7.6	5.5	9.0
Southwest	7.7	7.8	4.2	3.8	4.3	6.0	9.0	6.7	4.1	8.1
Upper Cumberland	8.2	10.6	7.7	8.7	8.1	8.9	11.2	10.0	11.9	11.2
Statewide	**7.5**	**8.6**	**6.3**	**6.2**	**6.4**	**6.9**	**6.9**	**6.2**	**7.5**	**9.0**

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

3. Improving Exits to Permanency

While the Department tracks and reports on the two separate measures for timely exit to permanency set forth in the Settlement Agreement ("Time to Reunification" for those children who exit to reunification and "Time to Adoption" for those who exit to adoption), the Department also utilizes a different measure that focuses generally on permanent exits of all types. Additional information on exits to permanency by exit type is included as Appendix L. In addition, the Department tracks and reports the number of finalized adoptions by fiscal year.

a. Rate of Exit to Permanency

i. All Permanent Exits

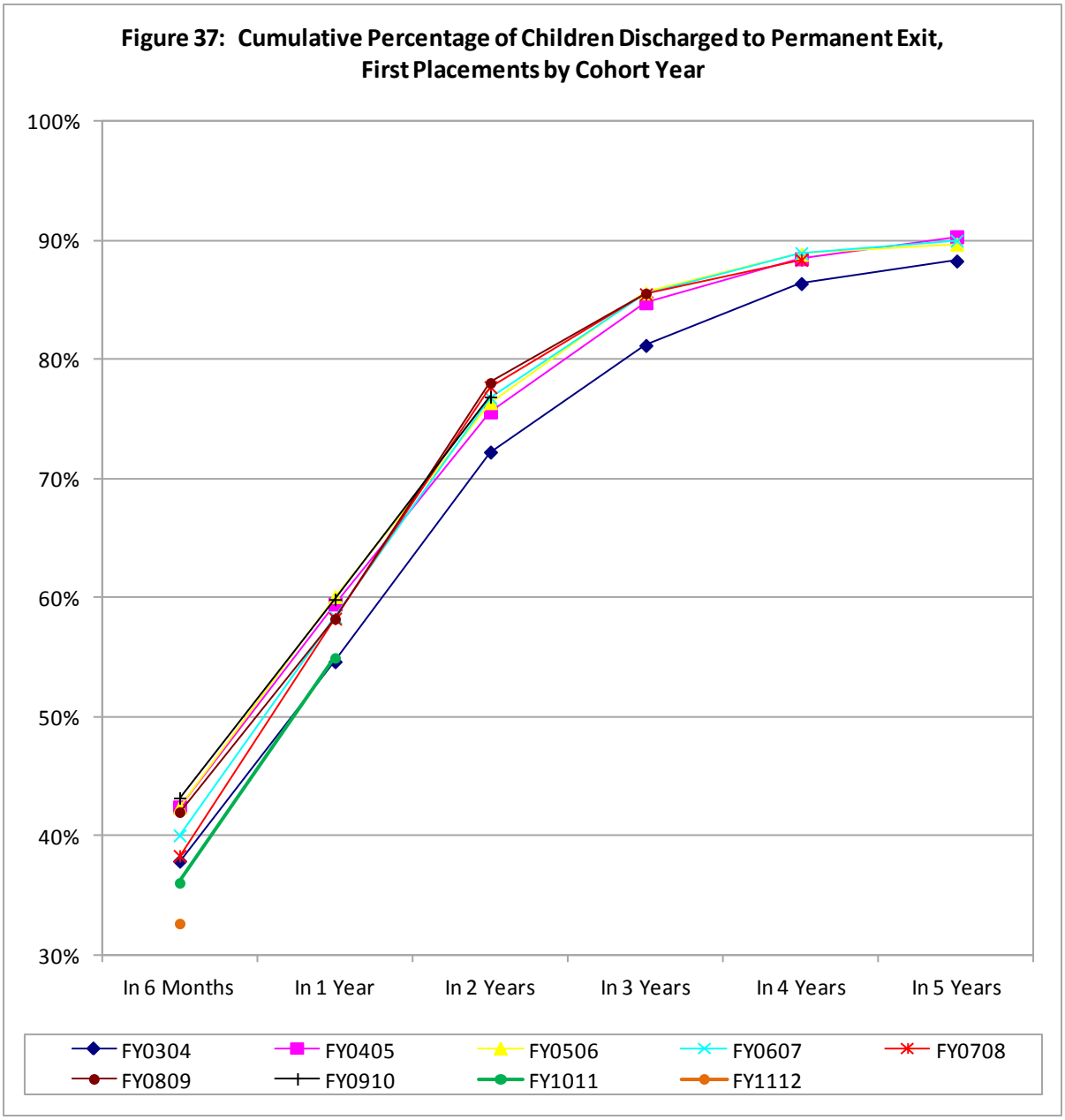
Figure 37 shows the percentage of permanent exits[128] for entry cohorts in fiscal years 2003-04 through 2011-12.[129] Each line shows the percentage of children entering out-of-home placement for the first time during each year who were discharged from placement to a permanent exit after each interval of time. For example, for the 2003-04 entry cohort, the figure shows that 38% had exited to a permanent exit within six months of entering care, and 55% had exited within one year. The curve becomes less steep as the time intervals become longer, indicating that the rate of discharge to permanency slows as children remain in care longer. The curves for subsequent entry cohorts show the same pattern of decreasing exits to permanency over time.

The increasingly steeper curves for entry cohorts between 2004-05 and 2009-10 indicate that children in those cohort years are exiting to permanency more quickly than did children in the 2003-04 entry cohort. However, children in the 2010-11 and 2011-12 entry cohorts are exiting to permanency more slowly than did children in previous cohort years. For example, while 38% of children entering care in 2003-04 exited to permanency within six months, only 36% of children entering care in 2010-11 and 33% of children entering care in 2011-12 exited to permanency within six months.

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

[128] Reunification, discharge to a relative, and adoption are the three exit types included in this "permanent exit" category.

[129] This measure includes all children entering out-of-home placement for the first time during the cohort year who remain in care for more than four days.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 through FY1112 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

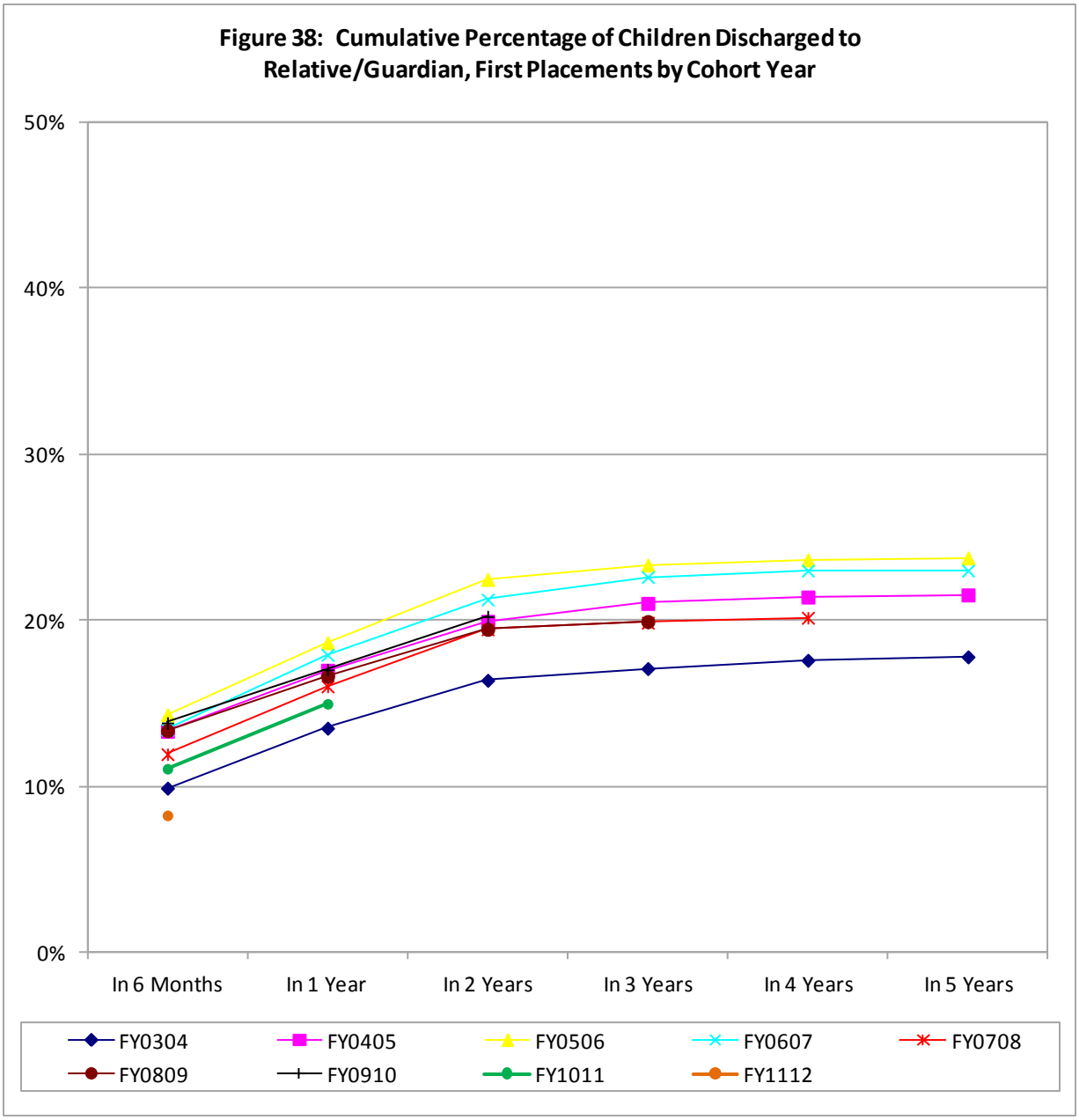
ii. Permanent Exits to Relatives

Similar to Figure 37 above, the lines in Figure 38 show the percentage of children entering care during each cohort year (fiscal years 2003-04 through 2011-12) who were discharged from placement to relatives after each interval of time.

The rate of exit to relatives has increased for children entering care during fiscal years subsequent to 2003-04, when 16% of children had exited to a relative within two years. For the

entry cohorts for fiscal years 2004-05 through 2009-10, the percentage of children exiting to a relative within two years fluctuated between 19% and 22%. The rate of exit appears to have slowed somewhat for children in the 2010-11 entry cohort, with only 15% of children having exited to a relative within one year. The rate of exit to relatives for children in the 2011-12 entry cohort appears to be slower, at least for the first six months, than for children in any previous cohort, with only 8% of children having exited to a relative within six months.

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



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 through FY1112 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

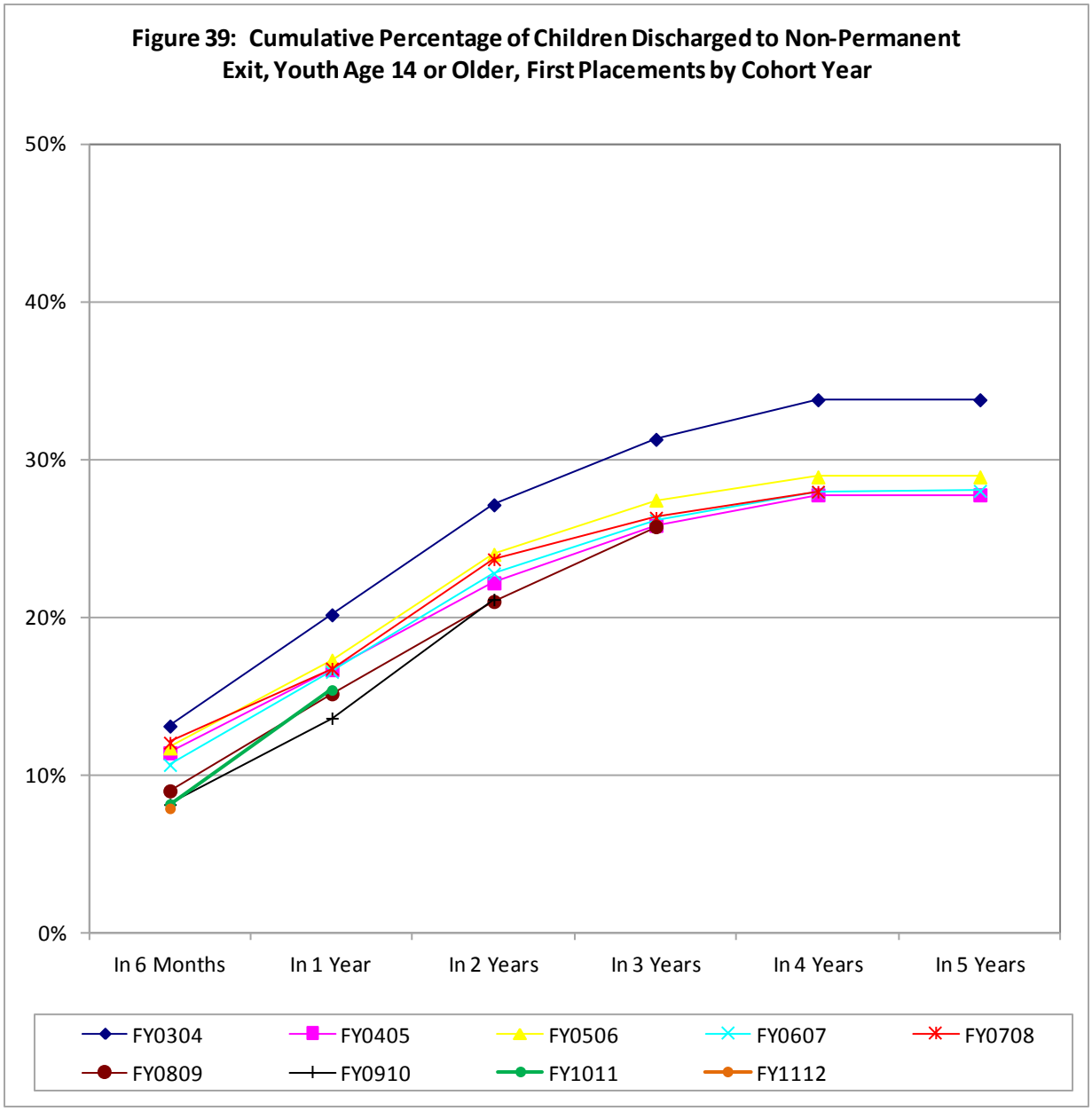
iii. Non-Permanent Exits

The rate and percentage of discharges from care to a non-permanent exit[130] has decreased for youth age 14 or older who entered care in the years since fiscal year 2003-04 (the vast majority of discharges to non-permanent exits are among youth age 14 or older). As shown in Figure 39 below, 20% of youth age 14 or older who entered care during 2003-04 were discharged to a non-

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

permanent exit within one year of entering care. The percentage of youth age 14 or older who were discharged to a non-permanent exit within one year was 17% for the 2004-05 through 2007-08 entry cohorts, 15% for the 2008-09 and 2010-11 entry cohorts, and 14% for the 2009-10 entry cohort. Only 8% of youth age 14 or older in the 2011-12 entry cohort were discharged to a non-permanent exit within six months of entering care.

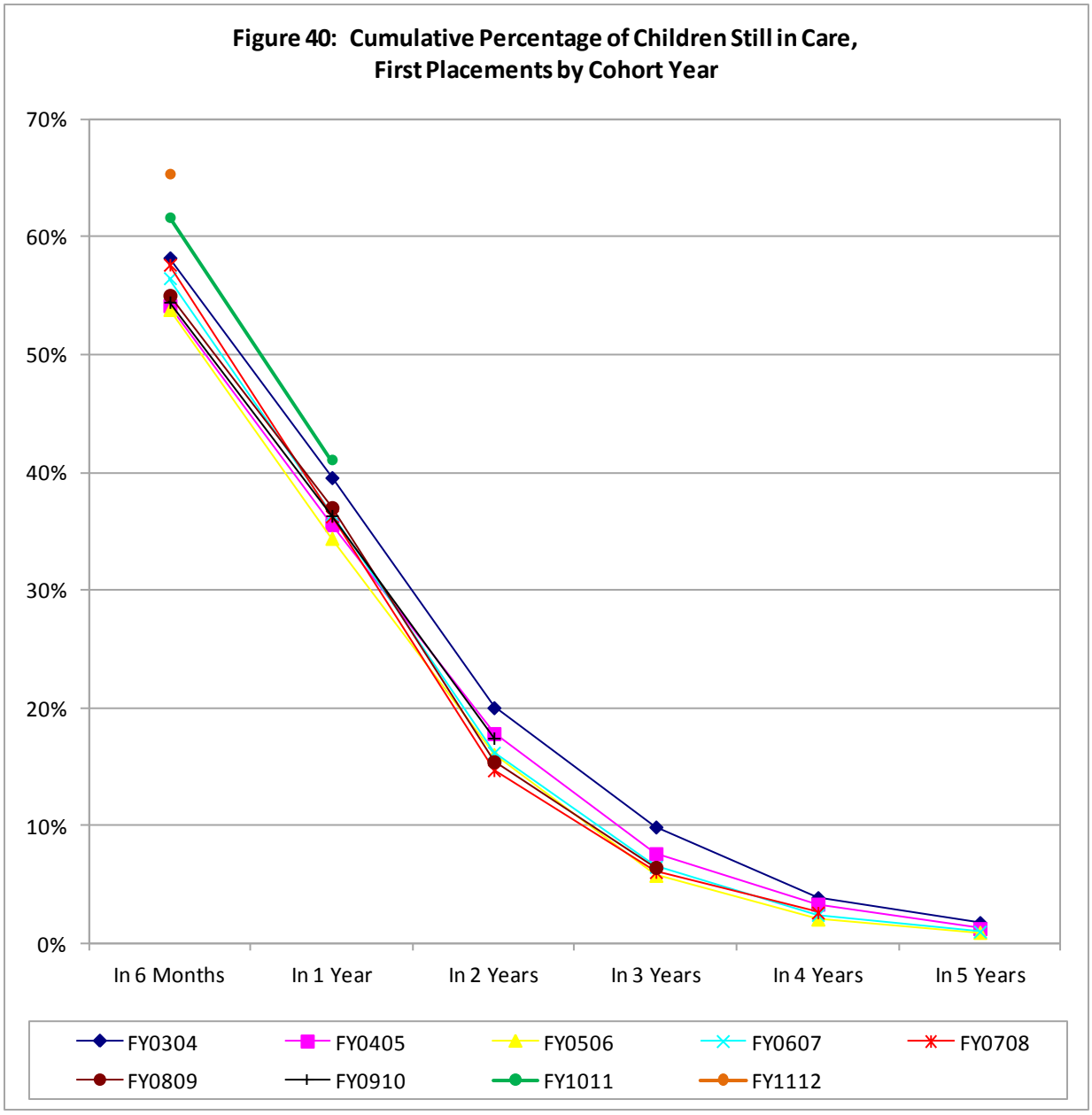
The data also suggest that the overall number and percentage of youth "aging out" of care without a permanent family within five years of entry into custody decreased for children in the 2004-05 through 2006-07 entry cohorts. While 34% of youth in the 2003-04 entry cohort were discharged to a non-permanent exit within five years, only 28% of youth in the 2004-05 entry cohort, 29% of youth in the 2005-06 entry cohort, and 28% of children in the 2006-07 entry cohort were discharged to a non-permanent exit within five years.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 through FY1112 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

iv. Children Remaining in Care

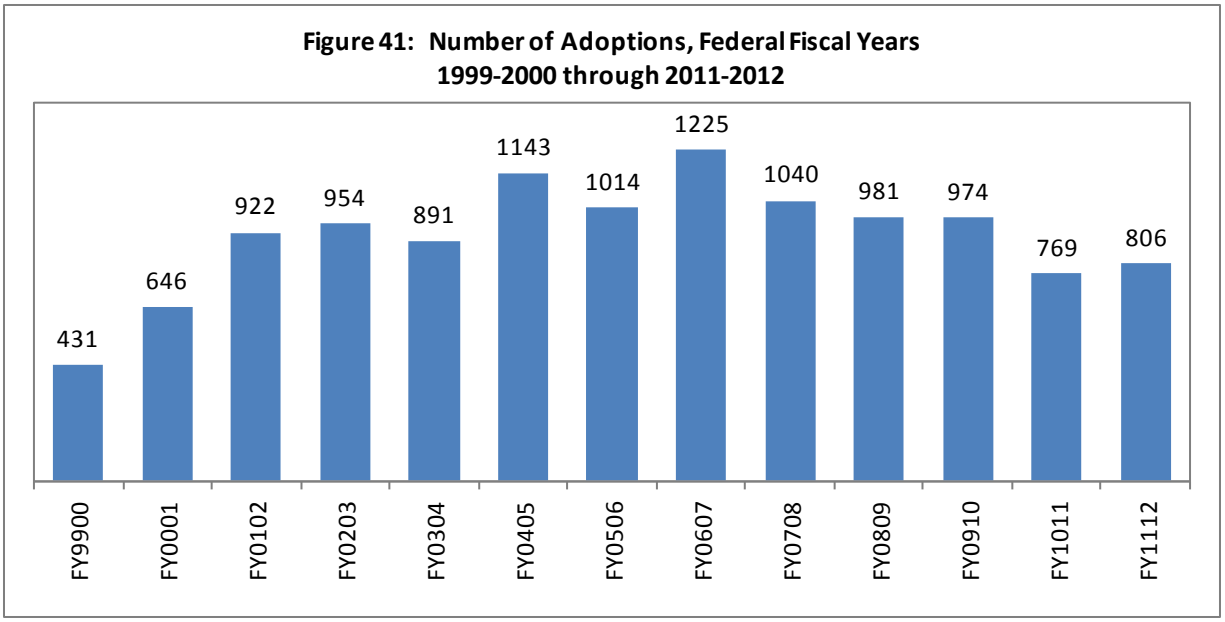
Figure 40 presents data on the percentage of children in each entry cohort who remain in care at each time interval. As shown in the figure, the percentage of children from the 2004-05 through 2009-10 entry cohorts remaining in custody at each time interval has remained consistently lower than the percentage of children in the 2003-04 entry cohort. However, children in the 2010-11 and 2011-12 entry cohorts appear to be remaining in care longer than children in any of the previous cohorts.



Source: FY0304 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in August 2009. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0506 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2011. FY0405 from longitudinal analytic files developed by Chapin Hall from TNKids data transmitted in February 2010. FY0708 through FY1112 from longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

b. Annual Adoption Finalization

As reported in the December 2008 Monitoring Report, the Department was recognized by the U.S. Department of Health and Human Services in 2006 for impressive increases in the number of children for whom it has successfully found adoptive homes. Figure 41 below displays the annual number of finalized adoptions during each federal fiscal year (October 1 through September 30) since 2000.



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

4. Reducing Reentry into Care

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

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

The statewide reentry rate for children discharged from foster care between January 1, 2011 and January 1, 2012 was 5.5%—that is, of the 4,535 children who exited care between January 1, 2011 and January 1, 2012,[131] 251 reentered care within 12 months of their discharge date.[132] This

[131] As discussed in previous monitoring reports, the Department was not able to provide aggregate data on children who reenter care after adoption finalization at the time that the reporting for this measure was developed. However, with the transition of the production of this report from DCS to Chapin Hall for the previous reporting period, children who exit to adoption are now included in the denominator for this measure. This measure therefore observes reentry for children who exited custody during the reporting period to all permanent or non-permanent exits.

[132] Because the measure includes children who age out of custody as part of the group examined for reentry, it is important to note the number of children falling into that category when reviewing the reentry data (since those who age out, by definition, can never reenter). Of the 4,535 children who exited during the reporting period, 441 aged out of custody.

is an improvement over performance for the previous reporting period. As reported in the June 2012 Monitoring Report, the statewide reentry rate for children discharged from foster care between January 1, 2010 and January 1, 2011 was 5.8%.

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

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

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

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

To evaluate the extent to which the Department is meeting this requirement of the Settlement Agreement, TAC monitoring staff conducted a targeted case file review of a sample of cases drawn from the population of all children in DCS custody on November 29, 2012 who, according to the Mega Report, had a sole goal of adoption. The Mega Report listed 375 children who entered care after January 1, 2011 and had a sole goal of adoption. A statistically valid random sample of 77 class members, stratified by region, was required for a confidence level of 95% and a confidence interval of plus/minus 10.[133] Reviewers examined each case file to determine the date that adoption had been established as the sole goal and the date of any "TPR activity"—the filing of a TPR petition or the execution of a voluntary surrender or waiver of interest. For any cases for which there was no TPR activity, the reviewers sought to determine whether there was some explanation for the absence of TPR activity, notwithstanding the goal. The review was conducted during April and May 2013 and reflects the status of the children as of the date the case file was reviewed.

Of the 77 cases reviewed, 62 (81 %) had TPR activity prior to or within three months of the sole goal establish date and 71 (92 %) had TPR activity prior to or within six months of the sole goal establish date. In an additional three cases, TPR activity occurred more than six months after the sole goal establish date. In one of the remaining three cases, reunification with the parent occurred within 11 months of the sole goal establish date; in another case, the judge refused to accept the surrender of the child's adoptive parents and the child, who will turn 18 in June, did not want to be adopted by anyone else; and in the third case, the Department was, at the time of the review, awaiting the results of paternity testing and a search of the putative father registry.

[133] Two cases were replaced. In one case the child had reentered care after a failed adoption and the Mega Report pulled the goal from the pre-adoptive case. The other case was replaced because the child's goal changed to return to parent 21 days after the date that adoption had been established as the sole goal.

The TPR activity of the cases reviewed consisted of the filing of TPR, the executing of a surrender, or both; none of the cases involved a waiver of interest as a TPR activity.

- TPR was filed in 47 cases: prior to the sole goal establish date in 26 cases; within three months of the sole goal establish date in 15 cases; between three and six months in five cases; and after six months in one case.

- Surrenders were executed in 25 cases: surrenders were executed prior to the sole goal establish date in 16 cases; within three months of the sole goal date in five cases; between three and six months in three cases; and after six months in one case.

6. Limiting Planned Permanent Living Arrangement as a Permanency Goal

In the vast majority of cases, the preferred permanency options are reunification with family or adoption. While federal law recognizes Planned Permanent Living Arrangement (the designation that Tennessee now uses for what was previously called "permanent foster care" or "long term foster care") as a permissible permanency option, the parties agreed that the circumstances under which such an option would be preferable to adoption or return to family were so unusual and the potential misuse of this option so great that a measure limiting its use would be appropriate.[134]

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

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

As of December 30, 2012, less than 1% of the class had a permanency goal of PPLA. The percentage of children in the plaintiff class who had a sole goal of PPLA was 0.24%, with no region exceeding 0.08%. The percentage of class members who had a concurrent PPLA goal was 0.25%, with no region exceeding 0.06%.

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

SECTION TWO: STRUCTURE OF THE AGENCY

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

As discussed in prior monitoring reports, the "reasonable steps" that the Department has taken and continues to take consistent with the requirements of this provision include: adopting the *Tennessee Department of Children's Services Standards of Professional Practice for Serving Children and Families: A Model of Practice (DCS Practice Model)*; reviewing and revising DCS statewide policies to conform to the *Standards*; developing and implementing a new pre-service curriculum based on the *Standards*; implementing a statewide Quality Service Review process that evaluates child status and system performance using 22 indicators that focus on the core provisions of the *Standards*; creating a system for data collection and reporting that includes standardized reports for statewide and regional reporting; and adopting a family conferencing model, the Child and Family Team Process, as the statewide approach for individual case planning and placement decision making.

The Department's policy, practice standards, training, and evaluation process send the consistent and clear message that the expectations for quality practice with families and children are the same irrespective of which of the 95 counties a child and family happen to live in.[135]

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

SECTION THREE: REPORTING OF CHILD ABUSE AND NEGLECT

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

Reports of abuse and neglect of children in state custody, just like any other reports of abuse and neglect, must be made to the Child Protective Services (CPS) Child Abuse Hotline.[136] As discussed in more detail in Subsection B below, based on the allegations and the information gathered by the Hotline, some categories of cases are assigned to the Special Investigations Unit (SIU) for investigation and other categories of cases are investigated by regional CPS case managers as part of the general Child Protective Services/Multiple Response System (CPS/MRS) caseload.[137]

This section updates the information on both the Child Protective Services/Multiple Response System (CPS/MRS) investigative process and the Special Investigations Unit (SIU) investigative process presented in the June 2012 Monitoring Report. Both processes are affected by the DCS reorganization announced by the new Commissioner on April 15, 2013. While the data presented in this section are for the reporting period preceding this reorganization, some of the structural changes envisioned by the reorganization are relevant to the issues discussed and therefore worth noting at the outset.

Under the reorganization, some parts of which were effective immediately, and some parts of which, including those related to changing the supervisory structure for CPS/MRS, will be implemented over time, the responsibilities for responding to abuse and neglect reports have been separated into two primary functions: investigation and service provision. The investigation function includes: operation of the Hotline Center; investigation of all cases assigned by the Hotline Center staff to the "investigation track;" and operation of SIU which retains responsibility for investigation of allegations that a child was abused or neglected while in DCS custody. These functions fall under the responsibility of a newly established Deputy Commissioner of the Office of Child Safety. The CPS investigation function will now be operated directly from the Central Office, rather than having responsibility flow through the regional administrators. The Department envisions that the CPS investigators will continue to operate out of the regional offices, work closely with other regional staff, be an integral part of the regional presence, and maintain the familiarity with the communities they serve that is so

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

[137] Regional CPS also conducts the vast majority of the investigations of reports of abuse or neglect involving children not in DCS custody. SIU investigations are subject to all of the protocols and processes applicable to CPS cases in general.

important; however, the reporting and accountability structure and the responsibility for recruiting, hiring, training (foundational, specialty, ongoing), coaching, mentoring, and supervision of CPS investigators will be separate from the regional supervisory structure.[138]

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

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

The Department has also established a revised Child Death Review process, described in documents filed with the Court and discussed at the Status Conference of April 29, 2013. Under the reorganization, oversight of that process is the responsibility of the newly established Deputy Commissioner of the Office of Child Health. That process is well designed and should, if implemented conscientiously, ensure appropriate review and response to child deaths and near deaths in cases in which the Department has had relevant contact.[139]

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[138] The proposed restructuring creates an additional layer of complexity to some of the challenges that the Department has faced since its implementation of its Multiple Response System: moving cases between tracks in a Multiple Response System is often a problem and it may well be a bigger problem if the assessment and investigations workers see themselves as part of different structures; coordinating the handoff between a CPS investigations worker and an ongoing services worker (and between the CPS worker recommending placement and the placement services worker responsible for figuring out where the child should be placed) may again be complicated by the different chains of supervision; and the separate supervisory structures may add complexity to the process of organizing the initial family team meetings.
Whether one is a proponent of MRS or not, some of the problems that DCS has experienced and concerns that have arisen since the implementation of MRS resulted at least in part from insufficient anticipation of the challenges of MRS, insufficient preparation for implementation, and MRS caseloads that were higher than the Department had anticipated. As the Department moves forward with a further revision of the MRS structure, it will not only be important to resolve the lingering questions and concerns related to MRS, but it will need to anticipate and prepare for the challenges that are inherent in the contemplated structural change.

[139] The actions taken within the first 24-48 hours of the child fatality or near fatality to assess the situation and take any necessary action to assure that other children and family members are safe, to gather and preserve critical information about the circumstances (through an appropriate CPS or SIU investigation), and to assure the integrity of the record—is critically important to not only mitigate any immediate risks, but to ensure that the Child Death Review Team will be able to start its review and its safety systems analysis with clear understanding of immediate circumstances surrounding the death or near death and with confidence that it has access to all relevant documentation. It is therefore essential that the Department in these next several months pay particular attention to implementation of the "rapid response process" component of the new child death review process.

The following discussion focuses on DCS performance during 2012, and with the exception of referring to the Central Intake as the Child Abuse Hotline Center, uses language that conforms to the CPS/MRS, SIU, and Quality Assurance structures and approaches that were in place during that period.

A. CPS/MRS Process Performance

1. Timeliness of CPS/MRS Process

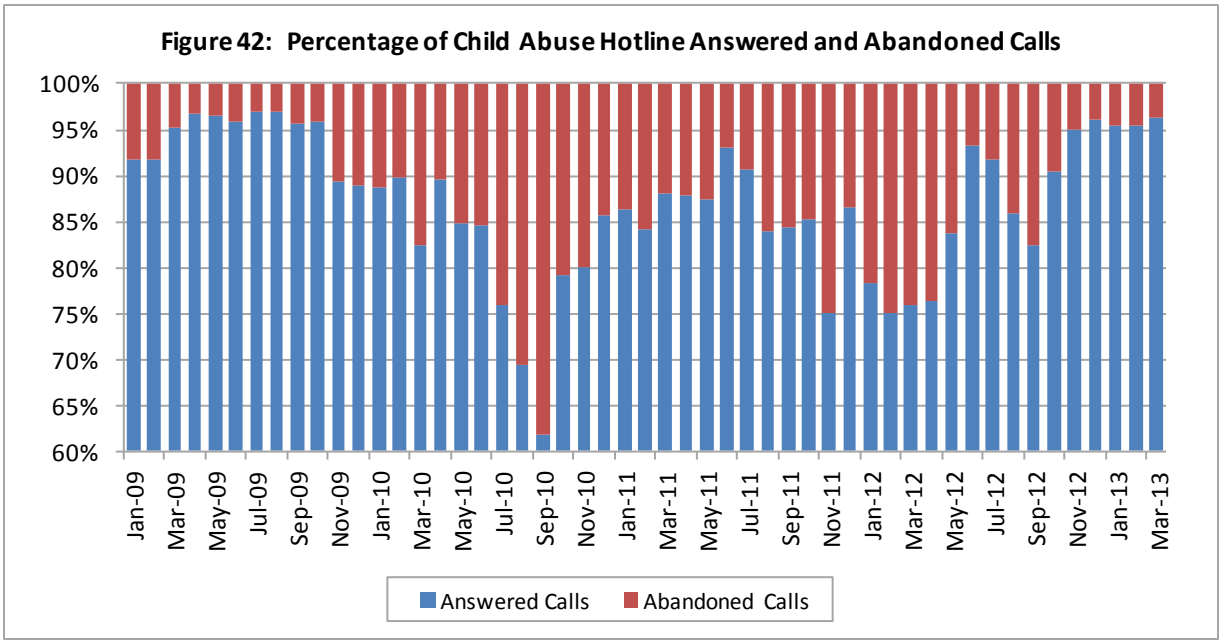
The Department focuses on three key indicators of the timeliness of its CPS/MRS process: Child Abuse Hotline Center response; investigation and assessment priority response; and time to assessment/investigation completion.

a. Child Abuse Hotline Center Response

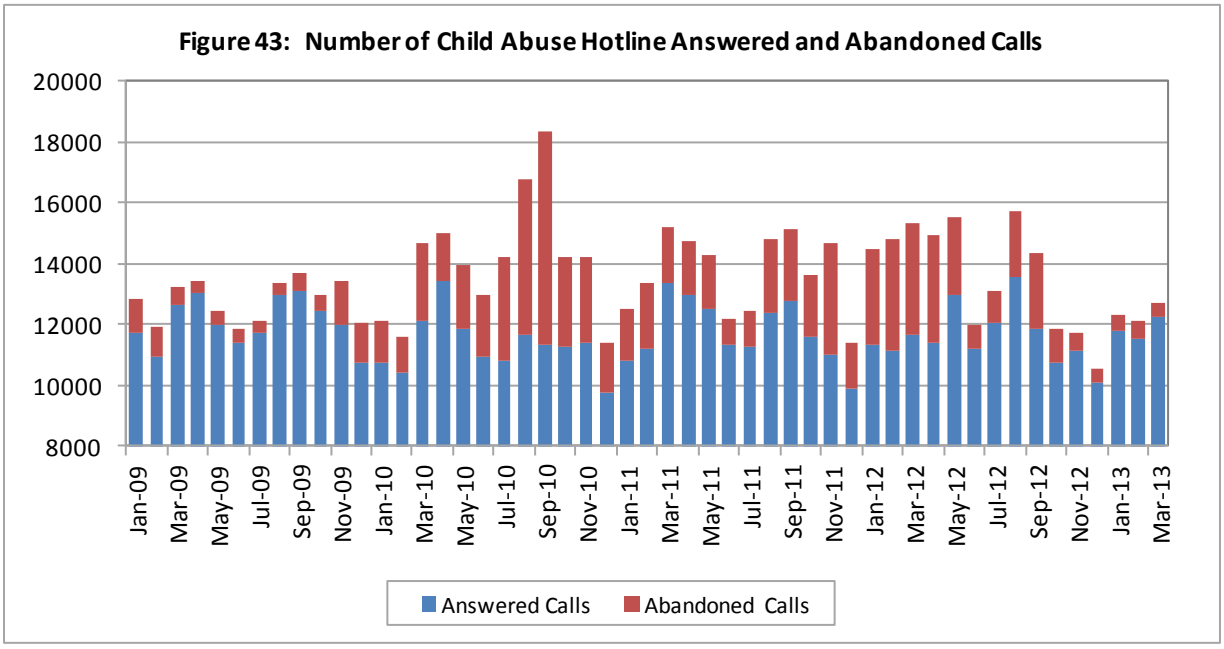
The first key indicator is the responsiveness of the Child Abuse Hotline Center staff to phone calls alleging child abuse or neglect. The Department utilizes the automated tracking and reporting capacity of the Hotline Center's telephone system to look at "abandoned" or "dropped" calls (the number of calls that are terminated as the result of someone hanging up before they connect to an intake person); "wait times" (the time a person calling in to the system waits before being connected to a Hotline Center staff who takes down the information regarding the allegations); and "talk time" (the amount of time an intake worker spends on the phone with the person making the report).[140]

Figure 42 below shows the percentage of answered and abandoned calls to the Hotline monthly for the period between January 2009 and March 2013, and Figure 43 shows the number of both answered and abandoned calls making up the total call volume for each month.

[140] In October 2012, the Department deployed a new phone system, Cisco, which has the capability to generate aggregate reports for the entire Child Abuse Hotline Center, for teams within the Hotline Center, and for individual Hotline Center workers. The automated system tracks all incoming calls. Web referrals are submitted and tracked through a proxy email box in Outlook and the vendor for Cisco is in the process of developing a method to capture web referral data.



Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2009 through October 2012; Cisco Unified CCX Historical Reports: Contact Service Queue Activity Reports for November 2012 through March 2013.



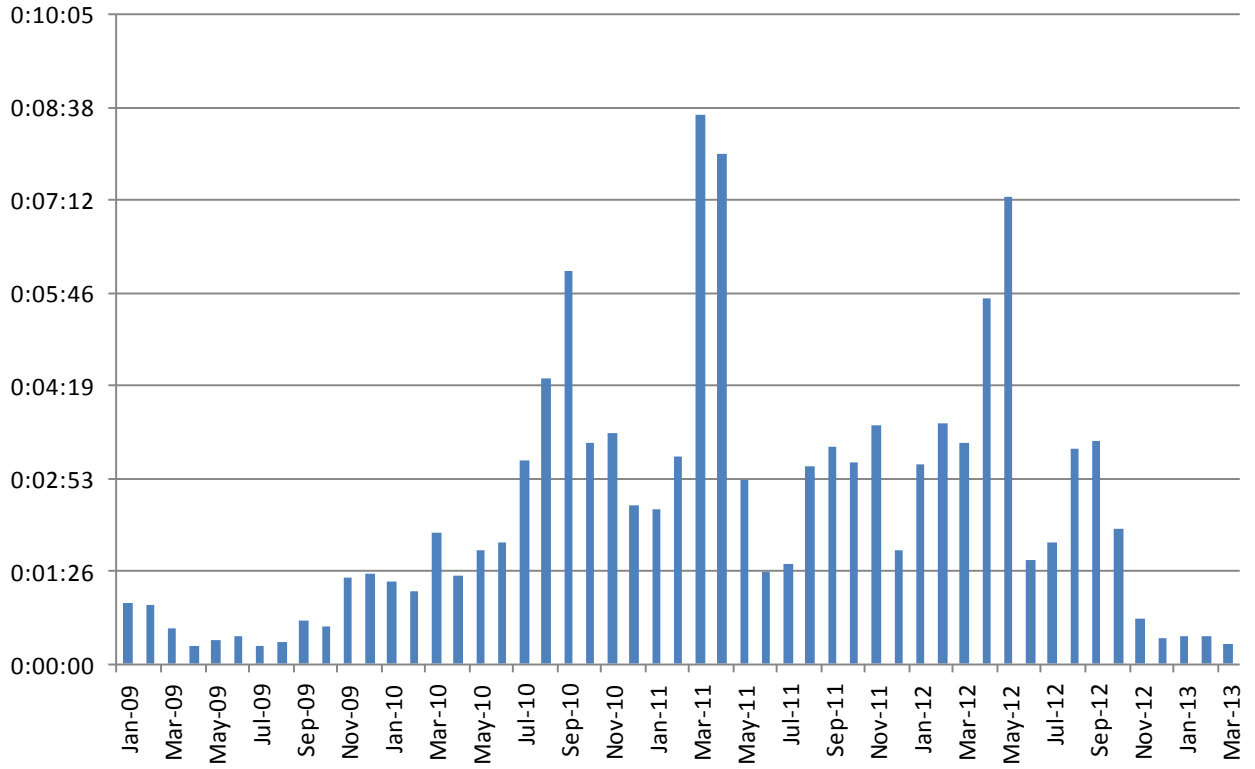
Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2009 through October 2012; Cisco Unified CCX Historical Reports: Contact Service Queue Activity Reports for November 2012 through March 2013.

As reflected in the figures above, the percentage of abandoned calls, which had been relatively low (less than 5%) between March and October 2009, increased substantially beginning in November 2009 and remained significantly higher through October 2012. As reported in the June 2012 Monitoring Report, one of the most significant factors contributing to the decline in performance during 2011 and 2012 appeared to be technical difficulties with an aging phone system, which were compounded by the age of the Hotline Center's computers. After the transition to the new phone system in October 2012 (accompanied by the furnishing of new

computers), the percentage of abandoned calls decreased to 5% during November 2012 and has remained at or below that level through March 2013.

Figure 44 shows the average time to answer a call during each month between January 2009 and March 2013. Data on average time to answer calls show a pattern similar to that for the data on answered and abandoned calls shown in Figures 42 and 43 above. In contrast, the average time Hotline Center workers spent gathering information from each call has remained relatively stable from 2009 through October 2012, ranging from a low of nine minutes and 48 seconds in July 2009 and September 2009 to a high of 11 minutes and 54 seconds in January and March 2012. Beginning in November 2012, after the deployment of the new phone system, the average talk time has been significantly higher, ranging from 14 minutes and 37 seconds (in December 2012) to 15 minutes and 29 seconds (in November 2012).

Figure 44: Child Abuse Hotline Average Time to Answer Calls



Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2009 through October 2012; Cisco Unified CCX Historical Reports: Contact Service Queue Activity Reports for November 2012 through March 2013.

A second significant factor contributing to the decline in Hotline Center performance prior to 2013 has been staff turnover and vacancies. To address staffing issues, the Hotline Center has been using its automated call data in an effort both to ensure that overall staffing is sufficient and to deploy those staff in response to what the data reflect are peak call times.[141] As of May 1, 2013, the Hotline Center has no vacancies.

[141] The Department has been using the Baseline Capacity Model introduced by the Governor's Call Center Team.

In the fall of 2012, DCS recognized that the Hotline Center was not meeting the daily demands of a high functioning child welfare child abuse hotline. Callers to the hotline were experiencing long wait times and many callers were disconnecting, which led to an increased abandoned call rate. Strategies were urgently needed to address these performance issues and make sustainable changes to ensure the Hotline Center was able to efficiently and effectively respond to callers reporting child abuse and neglect. The Department received assistance from the Governor's Customer Focused Government Team and the Annie E. Casey Foundation in both assessing the functioning of the Hotline Center and recommending improvements.

Since November 2012, in response to the findings and recommendations of the assessments, the Department has taken a number of actions in the following areas:

- Staffing, including:
  - emphasizing substantive knowledge and experience in hiring (with a preference for applicants with CPS field experience or at least with a social work degree), and
  - improving the use of data to determine staff scheduling;

- Training and skill development, including:
  - the expansion of the part-time trainer position to a full-time position focused on professional development,
  - incorporating a training component into monthly meetings of supervisors, and
  - improving case managers' technical skills (particularly typing speed and accuracy);

- Supervision, including:
  - filling all vacant supervisor positions,
  - implementing regular meetings for supervisors focused on improving supervisory skills and communication,
  - implementing monthly performance debriefings for case managers,
  - providing each supervisor with an administrative day each month to provide time to prepare for case managers' performance briefings, and
  - relocating workspaces to move team members closer to one another in order to facilitate enhanced supervision and efficiency;

- Operations and processes, including:
  - reconfiguring phone queues so that a subset of more experienced and efficient case managers answer the professional lines,
  - implementing strategies to eliminate the redundancy of having supervisors review the screening of every abuse or neglect report, beginning with a pilot of skilled and efficient case managers,
  - making Tennessee maps easily accessible for case managers to reference while taking reports of abuse or neglect, and
  - revising policies regarding allegations of drug-exposed infants, including the requirements to have a face-to-face contact with the alleged child victim within 24 hours and to conduct extensive history search on the family in TFACTS; and

- Technical issues, including:
    - providing wireless headsets to improve efficiency for case managers conducting certain functions, and
    - working with a vendor to improve the interface with the case manager for the TFACTS screens into which the Hotline Center case managers enter reports of abuse or neglect.

b. Investigation and Assessment Priority Response

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

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

Reports assigned a Response Priority 2 (P-2) "allege injuries or risk of injuries that are not imminent, not life-threatening or do not require medical care where a forty-eight (48) hour delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child." Investigators or assessors responding to a P-2 report must initiate the investigation or assessment through face-to-face contact with the alleged victim(s) within 48 hours.

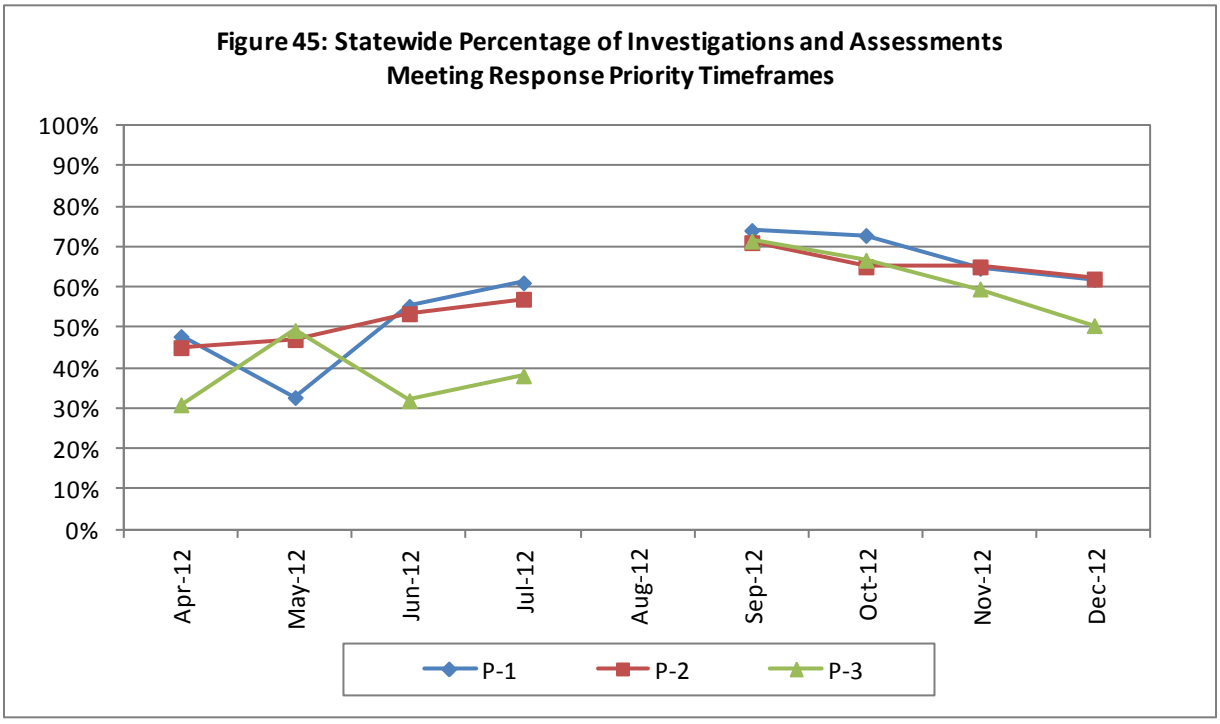
Reports assigned a Response Priority 3 (P-3) "allege situations/incidents considered to pose low risk of harm to the child where three (3) business days will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child." Investigators or assessors responding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

TFACTS reporting on response priority has been available since April 2012 and it appears to reflect a significant decline in performance when compared to performance under TNKids reporting.[142] However, TFACTS uses a much more rigorous measure than had TNKids reporting. Under TNKids, workers simply entered the date and time that the response was made: no narrative was required; a separate case recording could be entered to describe the contact at a later date. The priority response report compared that information with the date and time that the referral was made to Central Intake. If the worker was unable to locate the family, the worker could enter "good faith effort" as the type of response that was made.

[142] Reporting under TNKids during 2009 and 2010 had consistently reflected compliance with response priority time frames at rates of between 84% and 88% for P-1 referrals, between 78% and 85% for P-2 referrals, and between 82% and 93% for P-3 referrals. For data regarding performance on response priority for the period from January 2009 through April 2010, readers are referred to the April 2011 Monitoring Report at pages 57-58.

Under TFACTS, workers must enter a case recording documenting the face-to-face response along with the date and time that the response was made. The TFACTS priority response report then checks the date and time of the "face-to-face contact" case recording to see whether it met the applicable response priority time frame. If the worker is unable to locate the family, the worker must enter three case recordings documenting attempts to contact the family in order to qualify as "good faith efforts" for reporting purposes. In addition, the convening of the Child Protection Investigative Team (CPIT), which was counted as meeting the response priority under TNKids reporting, is not counted as meeting the response priority under TFACTS.

Figure 45 below shows the statewide percentage of investigations and assessments meeting the required time frames for each response priority based on TFACTS monthly Response Priority Reports.[143] Performance on meeting response priority requirements improved between April and September 2012, which likely reflects a learning curve as CPS supervisors and staff began to understand how documentation needed to be entered differently in order to be counted under the methodology for TFACTS reporting. After reaching a high point in September 2012 of 74% for P-1 referrals, 73% for P-2 referrals, and 71% for P-3 referrals, performance for each response priority decreased through the end of 2012.[144]



Source: TFACTS "CPS Referral Priority Response" reports for April 2012 through December 2012.

Consistent with the changes in response priority reporting discussed above, the percentage of responses that were non-compliant because no case recording had been entered to satisfy the

[143] The data in Figure 45 also include performance on priority response for Special Investigations. Data for August 2012 are not included in Figure 45 because there was an error in the running of the report for that month.

[144] The Department believes that to some extent, the report understates performance because it is run before the full 30-day period to enter data has been completed. The TAC will examine this more closely in its next monitoring report.

response requirement is significantly higher under TFACTS reporting than it was under TNKids reporting, which showed larger percentages of referrals that were non-compliant because the response that was entered did not meet the required time frame.[145]

The TAC has a limited role with respect to reporting on the general CPS process and therefore the TAC has not conducted a targeted review to determine the extent to which those cases, particularly those designated priority one, which TFACTS reporting shows as not being responded to within the required priority time frame, are cases in which the response actually did occur within the required time period, but for which there was some problem with the timing or timeliness of the documentation of that response in TFACTS. There are certainly a significant number of cases that fall into that category. However, given the priority that DCS has now placed on improving CPS practice, the Department should include a more in depth look at CPS cases that fall outside the priority response times.

c. Time to Investigation/Assessment Completion

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

Under Tennessee law, investigations are expected to be completed within 60 days;[146] however, the Department recognizes that in some cases, a full, multi-disciplinary investigation will require additional time to complete. Based on their experience, including extensive administrative reviews of CPS/MRS cases, the Department expects that at any given time as many as 20% of investigations might require more time to complete and therefore remain "open" for more than 60 days.

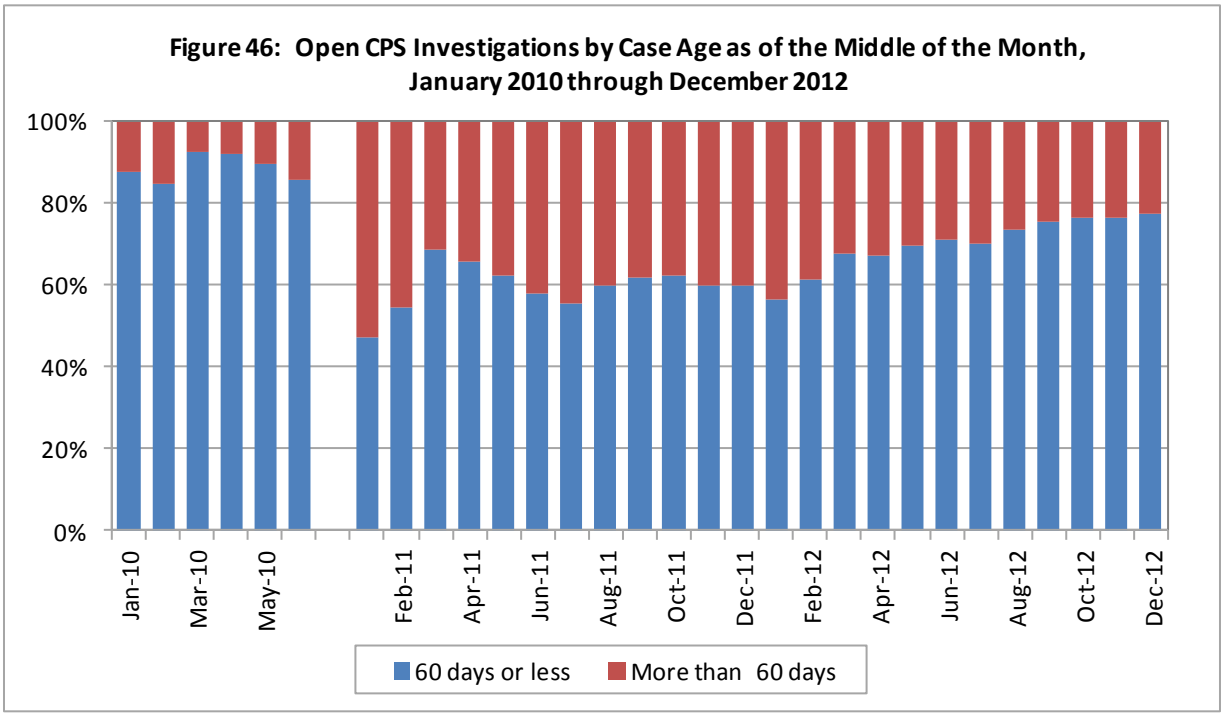
TFACTS implementation began in June 2010, and reporting on investigations and assessments was unavailable through the end of 2010.[147] Reporting resumed in January 2011, and the reports show a significantly larger percentage of overdue investigations and assessments each month as seen in the figures throughout this section. However, there were problems with the mechanics of

[145] There is a certain "convention" used in the production of both the TFACTS and TNKids reports that results in the erroneous designation of some investigations as "overdue" when, in fact, they were completed within the appropriate timelines. The monthly reports include a considerable number of non-compliant responses categorized as "Negative Response Time." Negative response times generally indicate one of two circumstances: (1) the investigator or assessment worker responds to a call from law enforcement requesting immediate assistance and makes face-to-face contact with the alleged victim prior to the referral being called into the Child Abuse Hotline Center or 2) the investigator or assessment worker fails to enter both the response time and response date into the appropriate TFACTS fields. In December 2012, 26 (10%) of the 263 non-compliant response times for P-1, 22 (4%) of the 530 non-compliant response times for P-2, and 17 (2%) of the 1,031 non-compliant response times for P-3 fell into this category.
Under TNKids reporting, there was an additional category of referrals that were counted as non-compliant when, in fact, they were completed within the appropriate time frames. New referrals received by the Central Intake regarding allegations that were already being investigated in an overdue investigation were categorized as "Linked to Overdue Investigation" because TNKids automatically linked the response time to the earliest referral date. This is not an issue in TFACTS.
[146] Tennessee Code Annotated 37-1-406(i).
[147] The TFACTS pilot began in the Mid-Cumberland region on June 9, 2010. Data regarding open investigations and assessments for June 2010 in Figures 46, 48, and 50 are incomplete because these reports were run subsequent to June 9th, after Mid-Cumberland had stopped entering data into TNKids.

closing investigations and assessments in TFACTS during the initial months of TFACTS implementation, and the Department believes that the increase in overdue investigations and assessments, to a significant extent, reflects the backlog of completed cases waiting to be closed out in TFACTS.[148]

Figure 46 below shows the percentage of "overdue" CPS investigations (investigations that take longer than 60 days to complete) as of the middle of each month for the period from January 2010 through December 2012.[149]

Between January 2010 and June 2010, the percentage of investigations open more than 60 days ranged from a high of 15% (in February 2010) to a low of 7% in March 2010. During 2011, however, the percentage of investigations open more than 60 days fluctuated around 60%. During 2012, the percentage of overdue investigations has been decreasing and, as of December 2012, is getting closer to the levels that had been reflected under TNKids reporting. Of the 4,095 investigations that were open on December 17, 2012, a total of 920 (23%) had been open more than 60 days (546 (13%) had been open between 61 and 90 days, and 374 (9%) had been open more than 90 days).



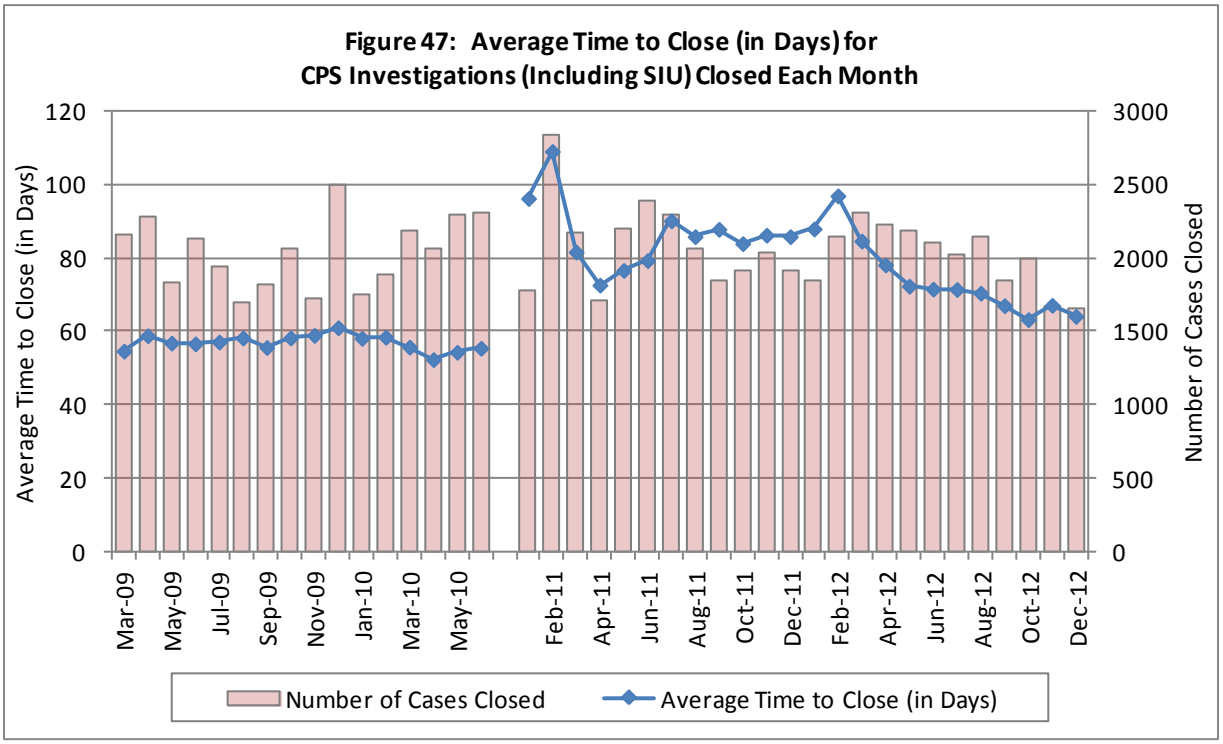
Source: TNKids "CPS Open Investigations by Age" reports as of the middle of each month from January 2010 through June 2010 and TFACTS "CPS Open Investigations by Age" reports as of the middle of each month from January 2011 through December 2012.

The Department also produces regular aggregate reporting on the average number of days between the time that investigations were opened and the time they were closed. In Figure 47

[148] By now, this initial backlog should not be a significant factor (or *as* significant a factor) in the percentage of overdue cases each month.

[149] In Figures 46, 47, and 50, open SIU investigations are included in the number of investigations and assessments for each month.

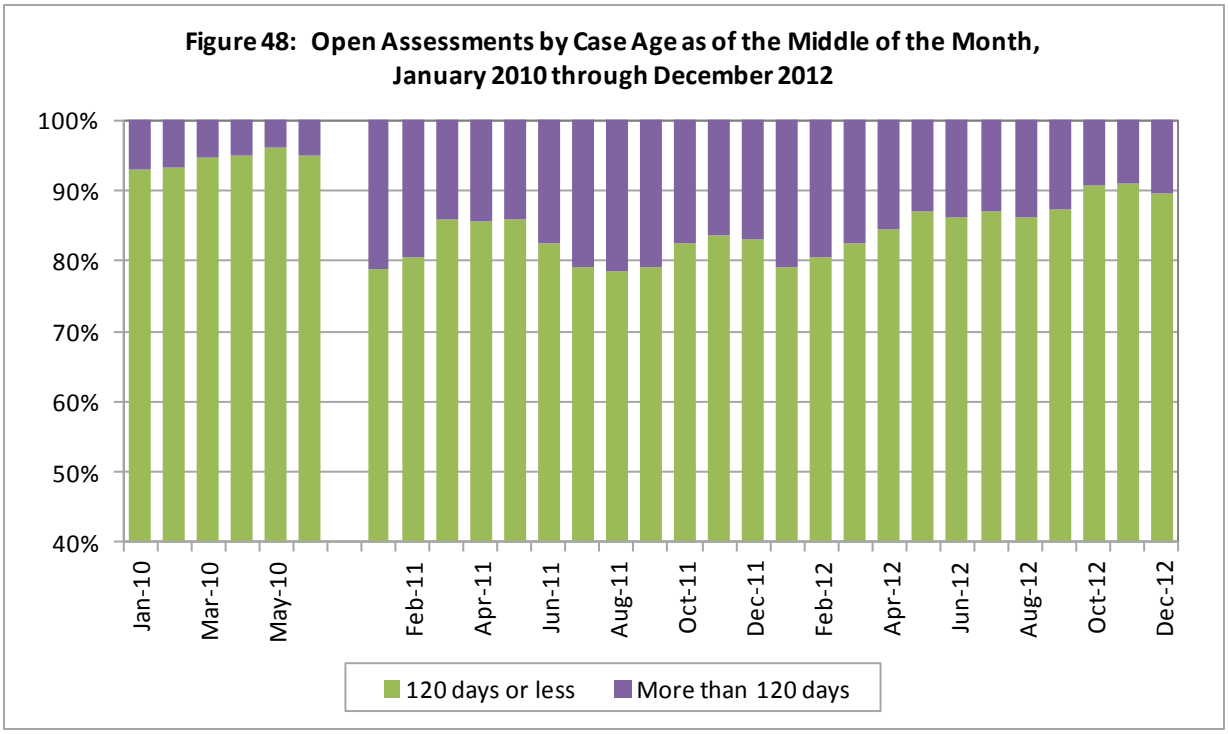
below, the pink bars represent the number of investigations closed during each month (on the right axis) from March 2009 through June 2010 (from TNKids reporting), and the blue line represents the average number of days (on the left axis) it took to close those investigations. The data support the trends described above regarding overdue CPS investigations—specifically, there was a much higher average time to closure after TFACTS reporting resumed in January 2011 that decreased steadily during 2012. However, the average time it took to close the cases that were closed during December 2012 was still more than 60 days (on average, they took 64.2 days to close).[150]



Source: TNKids "Closed CPS Investigations" reports from March 2009 through June 2010 and TFACTS "Closed CPS Investigations" reports from January 2011 through December 2012.

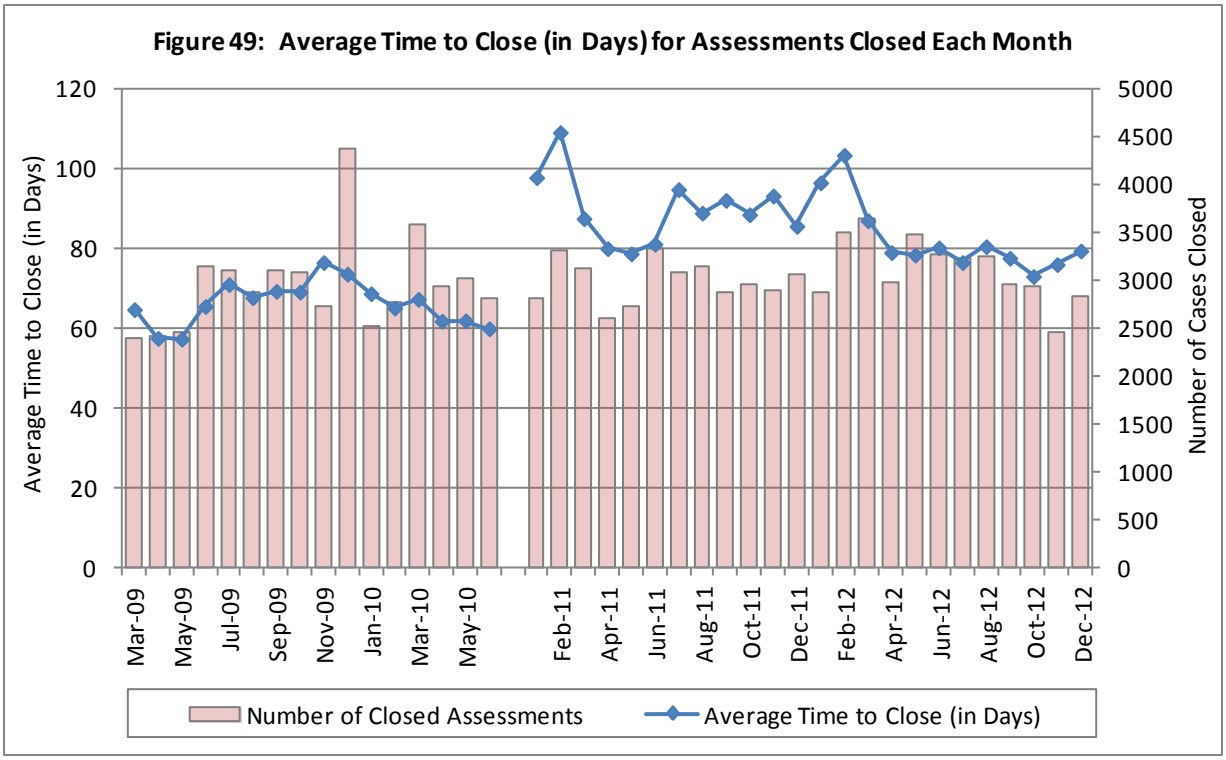
Cases assigned to the assessment track are expected to be completed within 120 days. Figure 48 shows the percentage of overdue assessment cases (cases that are open more than 120 days) during the period from January 2010 to December 2011. Up until TFACTS implementation in June 2010, this percentage had remained close to 10% from the time that the Department first began reporting assessment cases separately in August 2007. Between January and June 2010, the percentage of overdue assessment cases ranged from a high of 7.0% (in January 2010) to a low of 3.9% (in May 2010). During 2011, however, the percentage of assessment cases open more than 120 days ranged between 14% and 22%. As with CPS investigations, the percentage of overdue assessments has been decreasing during 2012 and, as of December 2012, is nearing the levels that had been reflected under TNKids reporting. Of the 8,856 open assessments on December 17, 2012, 7,943 (90%) had been open 120 days or less, 894 (10%) had been open between 121 and 365 days, and 19 (0.2%) had been open more than 365 days.

[150] The TFACTS pilot began in the Mid-Cumberland region on June 9, 2010. Data regarding closed investigations and assessments for May and June 2010 in Figures 47, 49, 51, 52, 53, and 54 are incomplete because these reports were run subsequent to June 9th, after Mid-Cumberland had stopped entering data into TNKids.



Source: TNKids "CPS Open Assessments by Age" reports as of the middle of each month from January 2010 through June 2010 and TFACTS "CPS Open Assessments by Age" reports as of the middle of each month from January 2011 through December 2012.

The Department also produces regular aggregate reporting on the average number of days between the time that assessments were opened and the time they were closed. In Figure 49 below, the pink bars represent the number of assessments closed during each month (on the right axis) from March 2009 through June 2010 (from TNKids reporting), and the blue line represents that average number of days (on the left axis) it took to close those assessments. Under TNKids reporting, assessments that were closed each month took an average of around 60 to 80 days to close. Under TFACTS reporting, during 2011, the average time to close remained significantly higher and fluctuated a great deal, ranging between 78 and 109 days. For most of 2012, the average time to close assessments has remained steady at around 80 days, which is nearing the level of performance seen in 2009-2010.

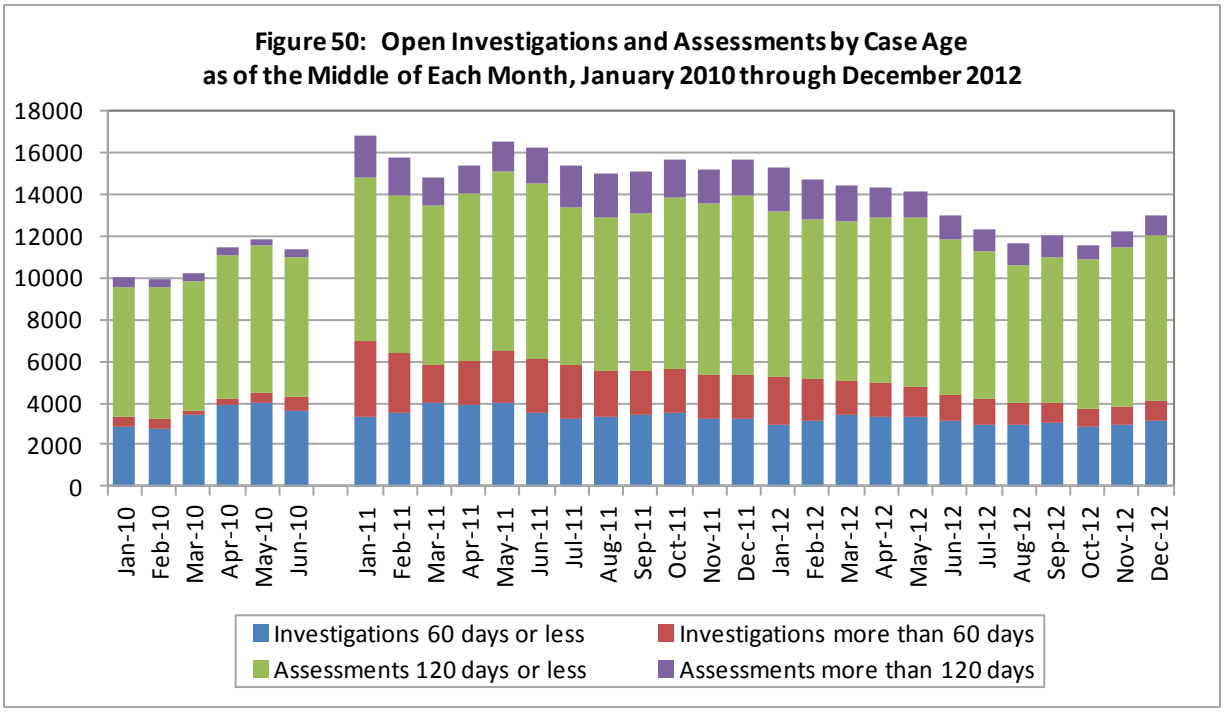


Source: TNKids "Closed CPS Assessments" reports from March 2009 through June 2010 and TFACTS "Closed CPS Assessments" reports from January 2011 through December 2012.

The Department also tracks the numbers of open investigations and assessment cases to identify trends in caseload volume and the distribution of caseload between investigations and assessment cases.

Figure 50 below shows the number of open investigations and assessment cases as of the middle of each month for the period from January 2010 through December 2012. Through June 2010, the total number of open investigations and assessments showed a generally increasing trend, from 9,993 open cases in January 2010 to 11,850 cases in May 2010. Since the resumption of reporting after the transition to TFACTS, however, the data showed a significantly larger total number of open cases each month during 2011, ranging from a high of 16,805 open cases in January 2011 to a low of 14,740 open cases in March 2011. The total number of open cases each month has shown a decreasing trend for much of 2012. In August, September, and October 2012, the total number of open cases (11,588, 11,996, and 11,554, respectively) was similar to the total number of open cases during April, May, and June 2010 (11,440, 11,850, and 11,368, respectively). There was a slight increase in the total number of open cases at the end of 2012, however, with a total 12,951 open CPS investigations and assessments as of December 17, 2012.

Figure 50 also reflects the proportion of open cases on any given day assigned to the assessment track instead of the investigative track during the period from January 2010 to December 2012. Assessment cases made up between 62% and 67% of open cases between January 2010 and June 2010 and between 58% and 66% of open cases between January 2011 and December 2011. Between January 2012 and September 2012, assessment cases consistently made up 65-66% of open cases, but during the last quarter of 2012, that percentage increased to 68-69%.

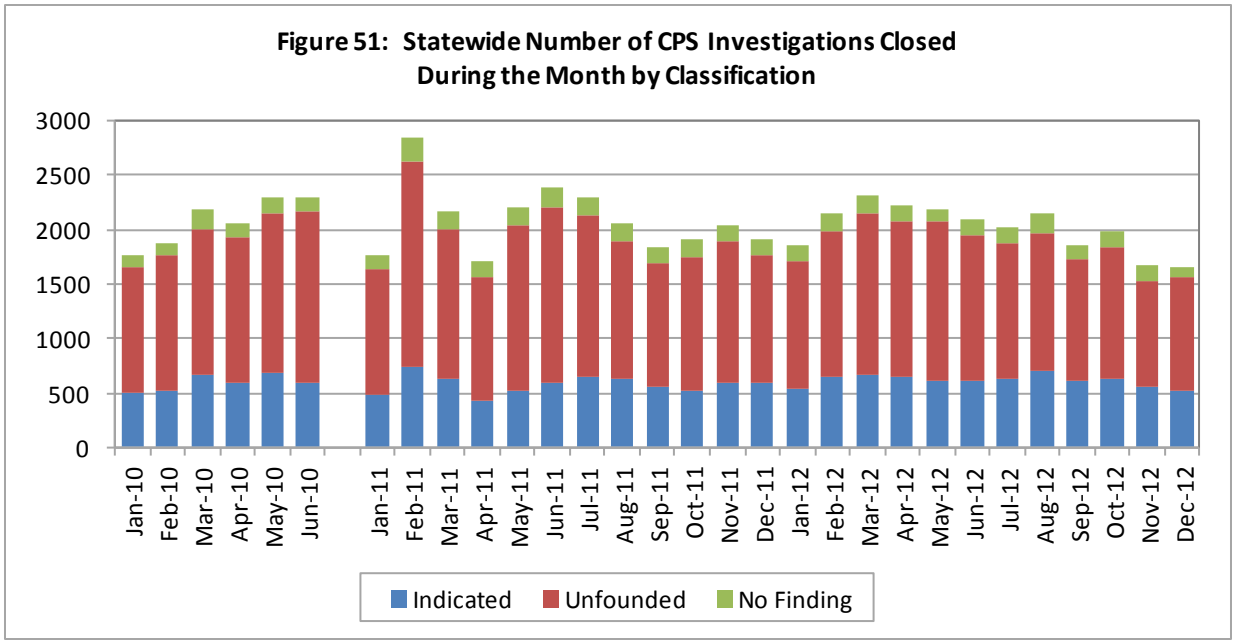


Source: TNKids "CPS Open Investigations by Age" and "CPS Open Assessments by Age" reports as of the middle of each month from January 2010 through June 2010; TFACTS "CPS Open Investigations by Age" and "CPS Open Assessments by Age" reports as of the middle of each month from January 2011 through December 2012.

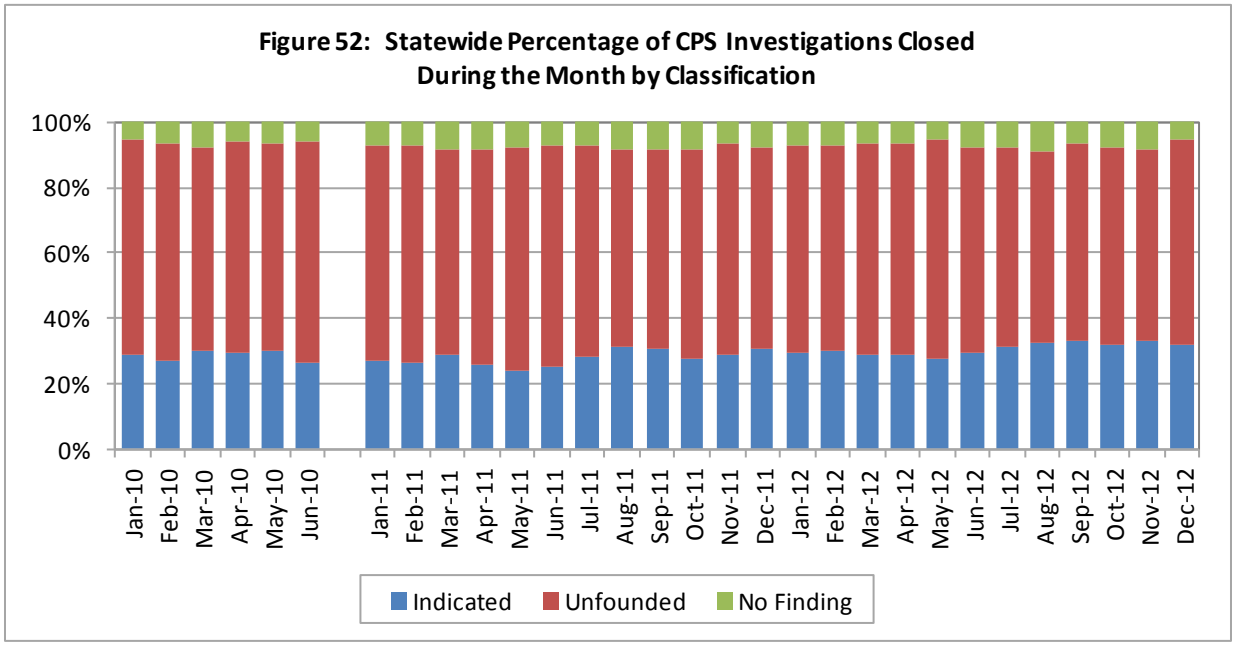
2. Classification of Investigations and Assessments

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

Figure 51 below presents the number of investigations closed during each month from January to June 2010 and from January to December 2012 according to classification (reports for the months of July to December 2010 are unavailable because of the transition to TFACTS), and Figure 52 presents the percentage of investigations classified in each category. While the number of investigations closed each month in early 2011 showed more fluctuation than in the past, the percentage of indicated investigations each month has shown little variation. On average, between January 2009 and June 2010, 29% of investigations were indicated; during 2011, 28% of investigations were indicated; and during 2012, 31% of investigations were indicated.



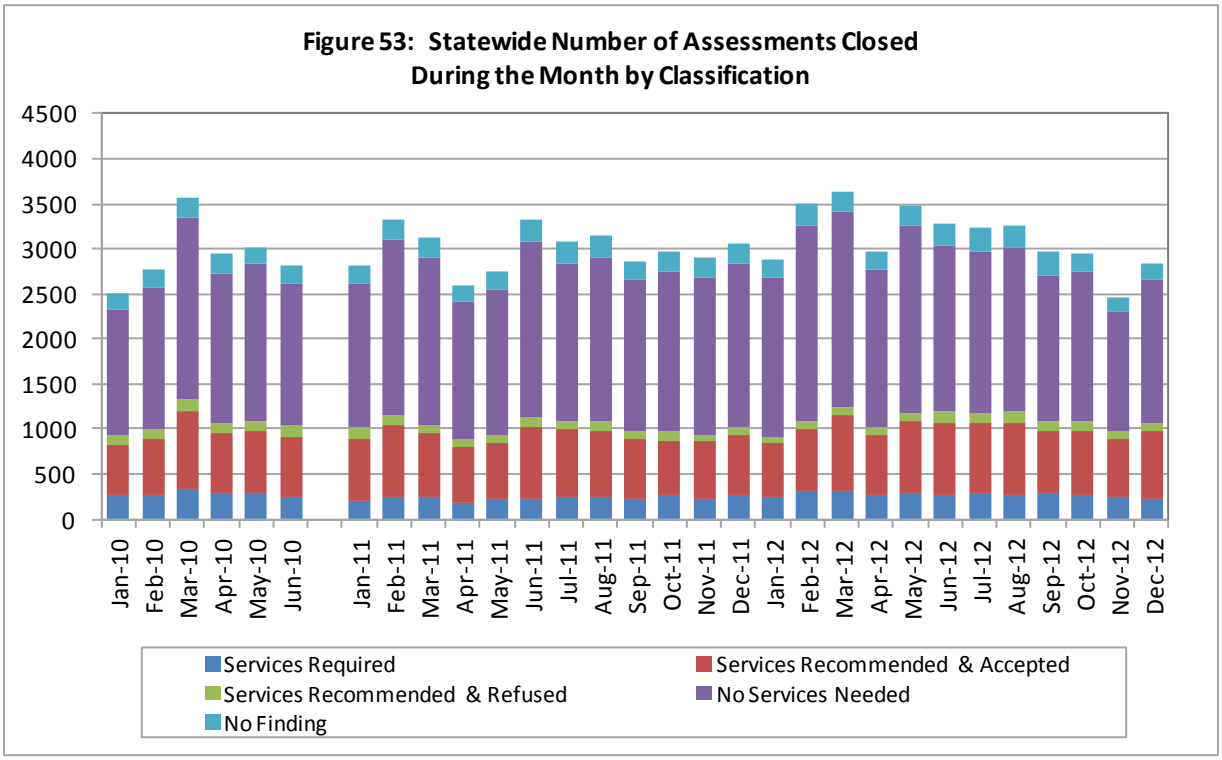
Source: TNKids "CPS Closed Investigations by Classification" reports for the period from January 2010 through June 2010; TFACTS "CPS Closed Investigations by Classification" reports for the period from January 2011 through December 2012.



Source: TNKids "CPS Closed Investigations by Classification" reports for the period from January 2010 through June 2010; TFACTS "CPS Closed Investigations by Classification" reports for the period from January 2011 through December 2012.

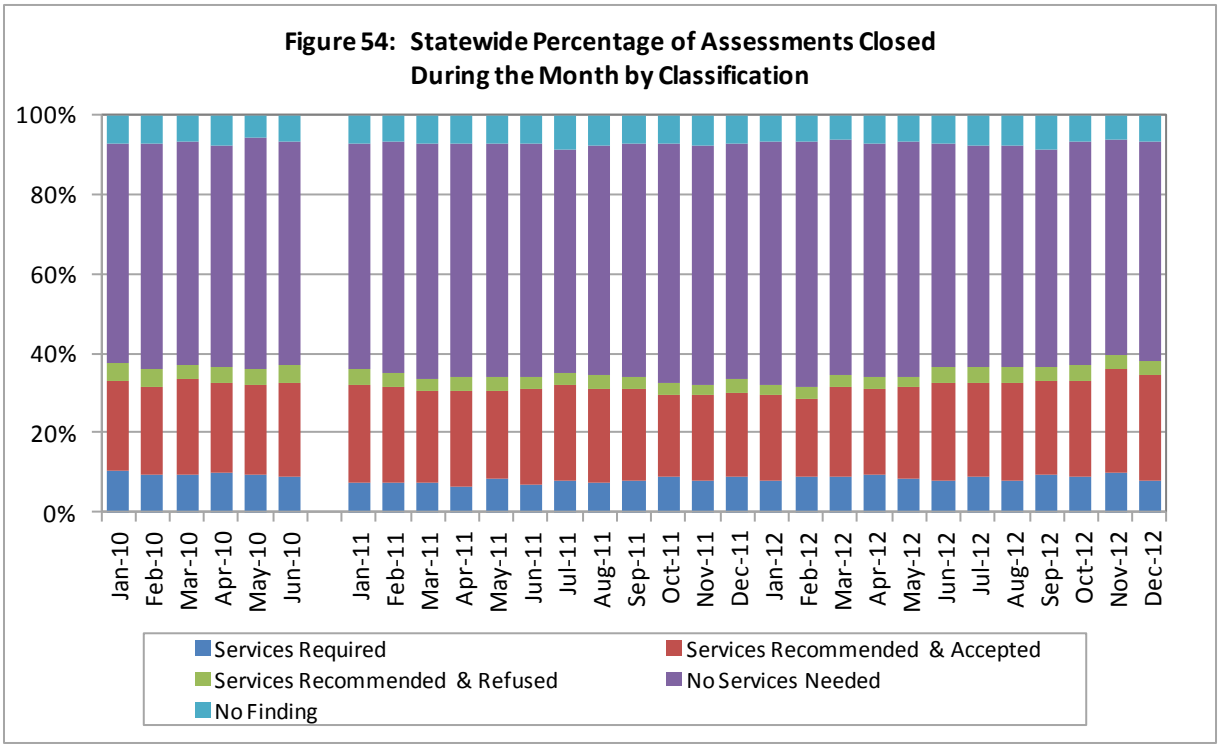
Figure 53 below presents the number of assessments closed during each month from January to June 2010 and from January to December 2012, according to classification (reports for the months of July to December 2010 are unavailable because of the transition to TFACTS), and Figure 54 presents the percentage of assessments classified in each category. The percentage of assessments classified in each category over that period remained relatively stable. On average, between January 2009 and June 2010, 10% of assessments were classified as "Services Required" and 60% were classified as "No Services Needed;" during 2011, 8% of assessments

were classified as "Services Required" and 59% were classified as "No Services Needed;" and during 2012, 9% of assessments were classified as "Services Required" and 57% were classified as "No Services Needed."[151]



Source: TNKids "CPS Closed Assessments by Classification" reports for the period from January 2010 through June 2010; TFACTS "CPS Closed Assessments by Classification" reports for the period from January 2011 through December 2012.

[151] As the Department moves forward in its efforts to improve its CPS/MRS functions, it will be important to examine those assessment cases for which services are required. On one hand, it may be a very good sign that 10% of the assessment cases present sufficient risk for the Department to require services: it could show that the assessment workers are taking risk seriously and are not afraid to approach the case as one would an investigation case when necessary. On the other, it could suggest that the Child Abuse Hotline Center staff send relatively high-risk cases to assessment more often than they should. And, of course, it would be even more concerning if in fact more than 10% of the cases being assigned to the assessment track are of high risk, and therefore some high risk cases are not being required to receive services when in fact they should.

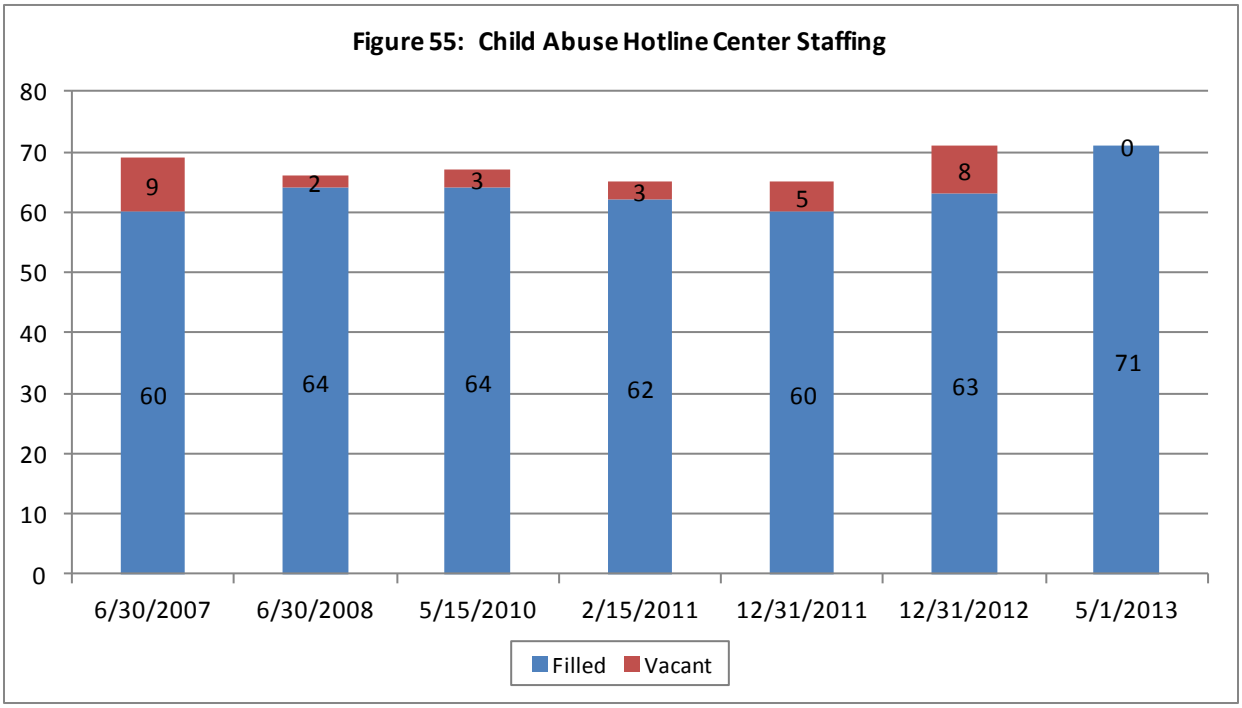


Source: TNKids "CPS Closed Assessments by Classification" reports for the period from January 2010 through June 2010; TFACTS "CPS Closed Assessments by Classification" reports for the period from January 2011 through December 2012.

3. Adequacy of CPS/MRS Staffing

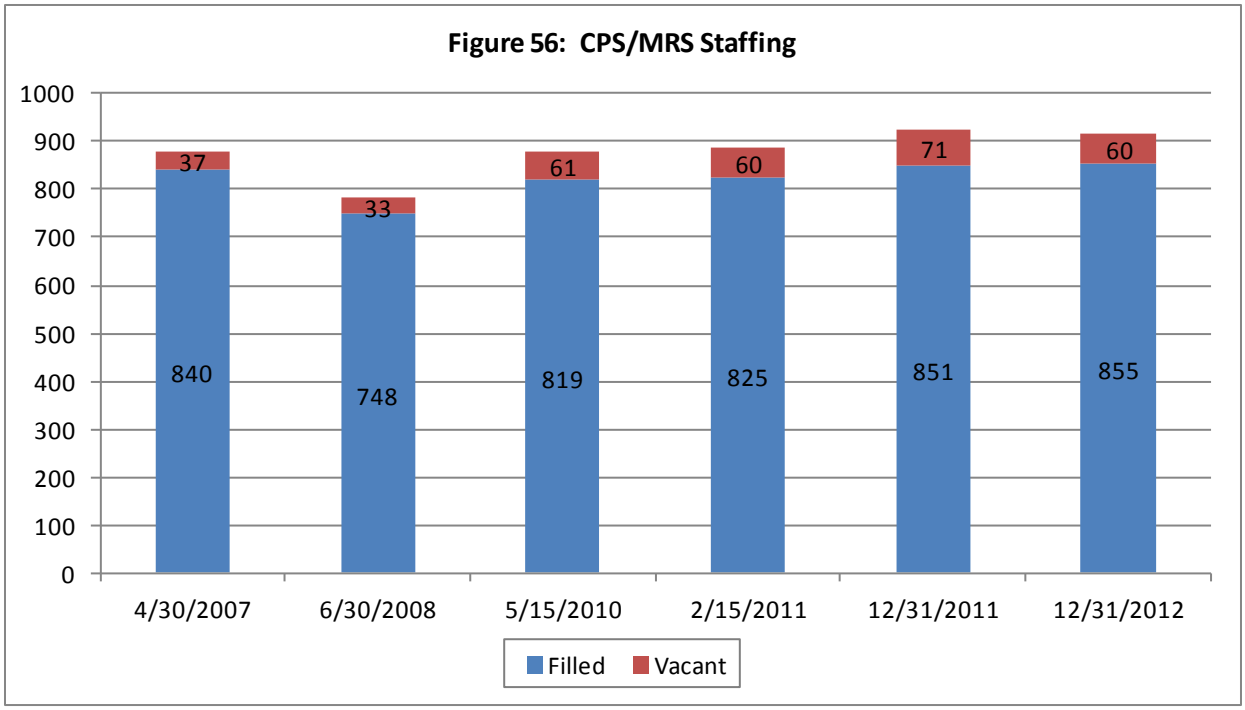
While the Child Abuse Hotline Center response times and the investigation completion times provide some indication of the adequacy of CPS/MRS staffing, the Department also tracks staffing at the Hotline Center and the number of open investigations on the caseload of each CPS/MRS worker as part of its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

Figure 55 presents staffing data for the Hotline Center that the Department has periodically shared with the TAC. As of May 1, 2013**,** all 71 positions allocated to the Hotline Center were filled.



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

Figure 56 below presents staffing data for the CPS/MRS that the Department has periodically shared with the TAC. As of December 31, 2012, there were 915 positions allocated to CPS/MRS, 855 (93%) of which were filled. Of the 915 total CPS/MRS positions, 231 were generally assigned investigations (of which 217 were filled), 455 were generally assigned assessments (of which 417 were filled), and 159 were supervisor positions (of which 154 were filled). There were 31 positions assigned to the Family Crisis Intervention Program (FCIP) and 16 assigned to Resource Linkage. There were 23 clerical or support positions.



Source: Periodic CPS staffing data provided by the Department.

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

The Department is not yet able to produce accurate aggregate reporting on CPS investigation and assessment caseloads from TFACTS.[152] The change from an automated case file system organized around a "child case" (as TNKids was) to a "family case" (as TFACTS is) has many positive aspects; however, it adds a level of complexity to designing a caseload report, particularly when there are multiple children associated with one family or multiple services being provided to one family.[153]

While the Department continues to work out the challenges to producing an accurate caseload report directly from TFACTS, it has implemented a manual caseload tracking process to meet its own management needs and provide data for monitoring.[154] The Department began this manual caseload tracking process in April 2012, but CPS cases were not consistently captured until June

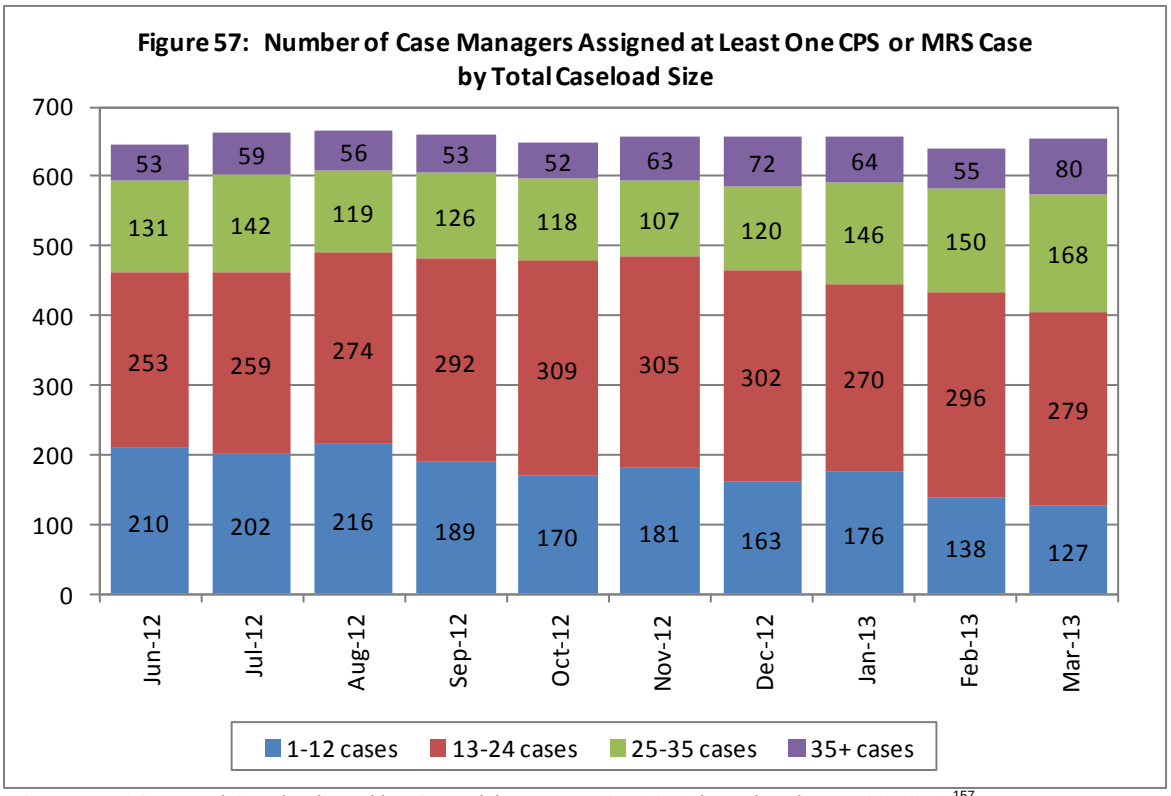
[152] For data regarding performance on assessment and investigation caseloads for the period from January 2009 through April 2010, readers are referred to the April 2011 Monitoring Report at pages 65-66.

[153] The family case in TFACTS was designed so that all workers involved in a particular case are assigned to the family, but not to the individual children for whom they have responsibility. A mechanism is therefore required to determine what type of service each worker provides the family and to which children. The Department has developed mechanisms for this purpose, but they require uniformity in the entry of assignment information across the state, which is not yet at a level sufficient for accurate caseload reporting.

[154] See Appendix U for a description of the manual caseload tracking process.

2012.[155] Figure 57 below presents, for case managers who had at least one investigation or at least one assessment on their caseloads (including non-caseload carrying case managers, such as facilitators, who might on occasion carry an overflow case), the total number of cases on their caseloads at the beginning of each month according to the Department's manual caseload tracking process. Figure 58 presents the percentage of case managers whose total caseload size fell within each category (0-12 cases, 13-24 cases, 25-35 cases, and more than 35 cases).

Statewide, the number of case managers carrying at least one CPS investigation or assessment case reported on the manual caseload tracking spreadsheet each month between June 2012 and March 2013 ranged from 639 to 665 (an average of 655), and the percentage of those case managers who had more than 25 cases on their caseloads at the beginning of each month ranged between 26% (in August, October, and November) and 38% (in March). The percentage of case managers who had more than 35 cases on their caseloads at the beginning of each month ranged between 8% (in June, August, September, and October) and 12% (in March).[156]

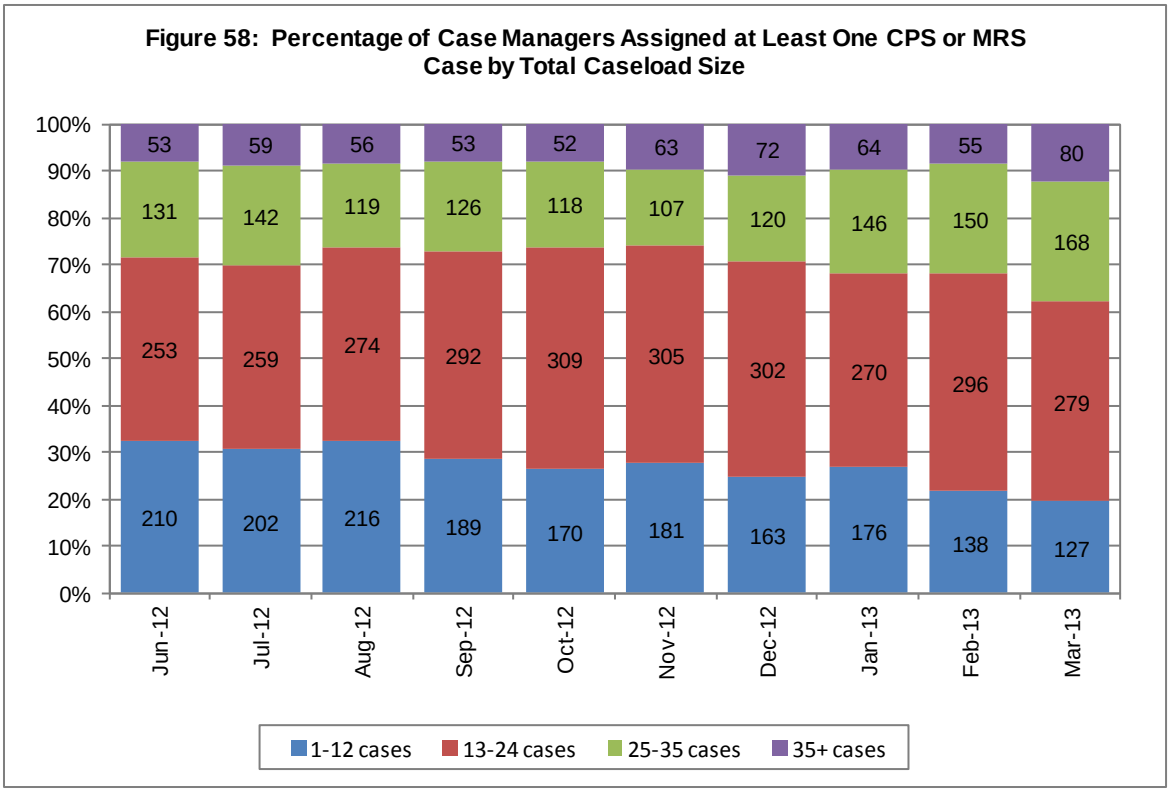


Source: DCS Manual Caseload Tracking Spreadsheets, May 31, 2012 through February 28, 2013.[157]

[155] Because the initial emphasis was on custodial caseloads, the TAC was not confident that the regions were accurately reporting CPS caseloads prior to June 2012.

[156] According to the manual tracking spreadsheets, the highest monthly CPS caseload has ranged from 62 (in June and September 2012) to 81 (in January 2013).

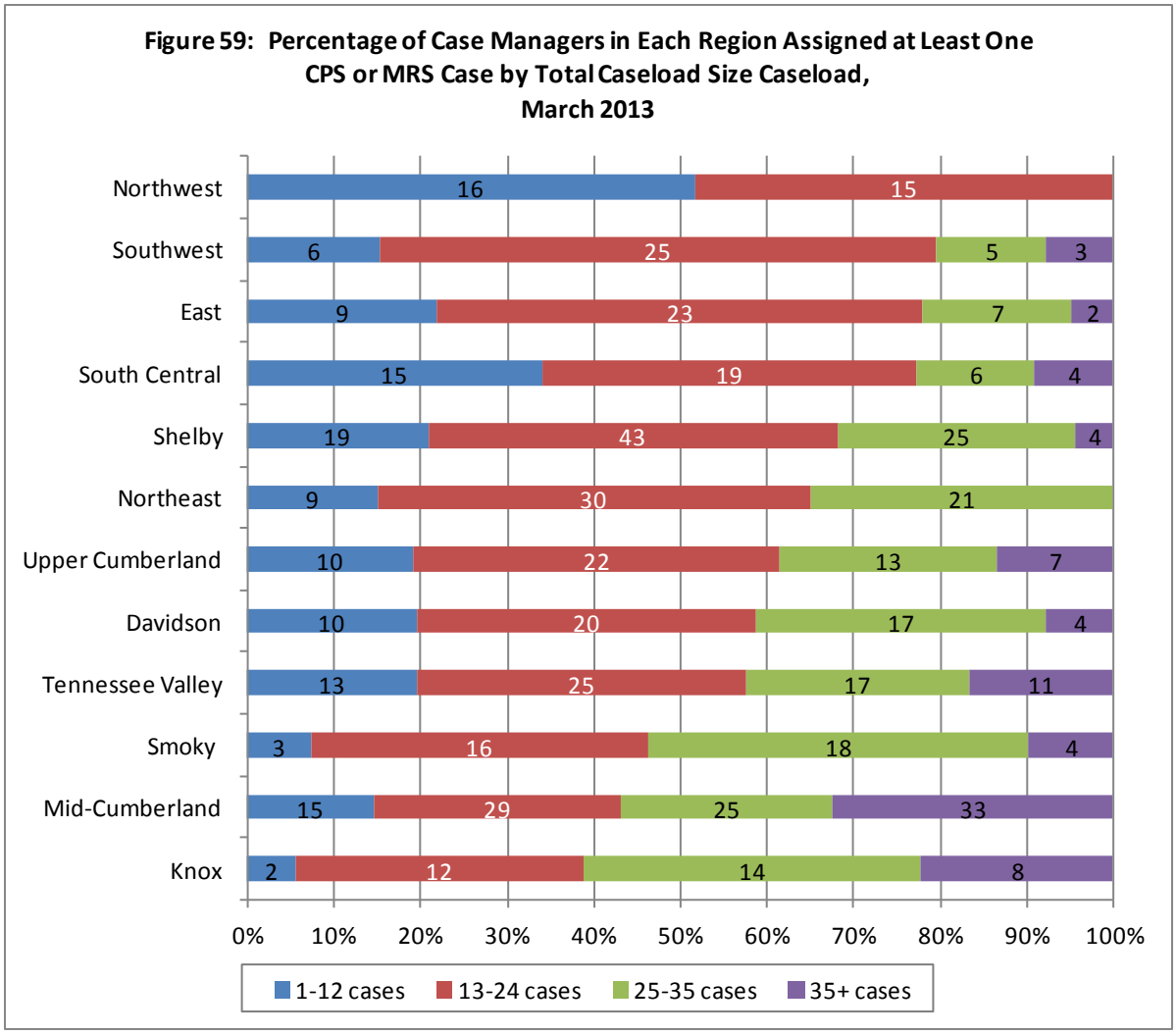
[157] The March 2013 bar in the figure corresponds to manual data submitted by the region in March on a spreadsheet dated February 28, 2013 report.



Source: DCS Manual Caseload Tracking Spreadsheets, May 31, 2012 through February 28, 2013.

Figure 59 shows these data by region as of the beginning of March 2013, with the region with the smallest percentage of caseloads of 25 or more cases at the top and the region with the largest percentage of caseloads of 25 or more cases at the bottom. The data show that some regions struggle with high CPS caseloads more than others. As of the beginning of March 2013, more than half of the CPS case managers had caseloads of 25 or more cases in Knox, Mid-Cumberland, and Smoky Mountain. Thirty-two percent of case managers in Mid-Cumberland had 35 or more cases on their caseloads.[158]

[158] Appendix M contains additional analysis of CPS caseloads, statewide and by region.



Source: DCS Manual Caseload Tracking Spreadsheet for the beginning of March 2013 (dated February 28, 2013).

Interviews with CPS case managers conducted by TAC monitoring staff during September, October, and November 2012 provide additional information about CPS case managers' caseloads and their perception of the manageability of those caseloads. While conclusions about the size of CPS caseloads cannot be drawn from this survey because the number of CPS case managers interviewed (28) was not a representative, statistically significant sample,[159] the information gathered from those 28 interviews supports the overall trends reflected in the manual caseload tracking data.[160] Case managers described very high CPS caseloads in Knox (well over 40 cases) during the first part of 2012, and case managers described very high caseloads in Mid-Cumberland (in the 50s) related to staffing problems at the time of the interviews. Case managers in South Central and Southwest described fluctuations in caseloads from manageable

[159] The methodology of this survey, which was focused on gathering information about training and caseloads from *Brian A.* case managers, is described in detail in footnote 262. In designing this survey, the sample for which was pulled from the group of case managers who were hired between January and July 2011, the TAC did not anticipate that a large percentage of case managers hired during that time were hired for CPS positions. For that reason, 28 of the 52 case managers interviewed during the survey were CPS workers.

[160] A table showing the caseload size of each of the 28 case managers interviewed is provided in Appendix N.

to extremely unmanageable because of turnover and staffing difficulties within CPS, and case managers in Southeast described high caseloads on another CPS team in the region because of staffing shortages. Case managers in Shelby and Upper Cumberland described "typical" caseloads of 30 or more cases.

The case managers also shared observations regarding caseloads and their experiences in CPS. Regarding caseloads, case managers indicated that CPS investigations seemed easier and more manageable than CPS assessments because they are "cut-and-dry" and time-limited, while in CPS assessments, the case manager is responsible for identifying and addressing the "root causes of the family's problems."[161] CPS assessment caseloads of more than 15-20 cases were perceived as unmanageable—"brutal" and "stressful beyond belief."

Interviewees also shared several observations about the role of supervision and management in responding to high caseloads. They acknowledged that case managers require strong organizational skills in order to keep caseloads under control, but they also observed that high caseloads are sometimes the result of an influx of referrals and/or problems with management, such as the failure to approve cases for closure timely or the unfair assignment of new referrals to strong workers who then become overloaded. They discussed the intense demands of their jobs under high caseloads, including requirements for mandatory work on Saturdays and policies in some regions that overtime is never allowed, even though overtime is necessary to keep caseloads to a manageable level. Case managers believe that these are primary reasons for the significant turnover in CPS compared to other areas within the Department, and one case manager commented about the difference in job experience between *Brian A.* workers, who have a caseload cap of 20 cases, and CPS workers, who are not protected by a caseload cap.

Several case managers described valuing the pre-service training they received about the Practice Wheel—how to engage families and work as a team to resolve their issues. While they felt that pre-service training prepared them well to do a "social work" job, they did not feel that their CPS caseloads and the inordinate amount of documentation and paperwork required permitted them to do the social work job for which they had been trained. One case manager said, "When you start getting a full caseload and are on call, you can't really do what was described in training. Like genograms—we never do those."

They also discussed the range of quality practice expected by different supervisors, and their perception that case managers whose supervisors expected high-quality work typically maintained higher caseloads than those case managers whose supervisors did not expect the same level of quality because they were required to be more thorough in their work. One case manager, who had recently experienced a change in supervisors, noted that her new supervisor required them to do collateral interviews on every case, while her previous supervisor had

[161] This case manager viewed it as her role in an assessment case to look not just at the facts of the specific report, but to look beneath and/or beyond those facts to understand the underlying needs (and strengths) of the family. The implication of this statement—that CPS workers conducting investigations, unlike other workers, do not need to concern themselves with identifying, understanding, and addressing the underlying needs and strengths—reflects a misperception that is all too common in child welfare systems and that the Department should explicitly address in training, coaching and supervision of CPS investigators.

directed them to do the collateral interviews only in cases where they thought the collateral interviews were necessary.

Another worker described a case she shadowed during on the job training (OJT) as an example of the variance in the quality of work being done in CPS cases: "The family had worked with multiple case managers from our office in the past. She was a young mother with seven kids, she had grown up in care herself, she had mental health and alcohol and drug issues, and she wanted to give her kids away. I thought, 'How can I help? Can we find family to take the kids?' The worker I was shadowing didn't even write down the names of family members the mother shared, she didn't pursue any communication with them, she didn't follow up, and she didn't go to their houses. I told my boss that I would have contacted the family, contacted DCS in the state where the grandparents lived to find out if they were an option, I would have gone to the family's homes to do background checks and drug screens. My supervisor said, 'Nah, we know them, we've worked with them before.' Then a few weeks later I had a similar case and I was expected to do things the other way. I felt confused. Similar cases are handled so differently and I never got clarity—there are different styles, different ways of handling cases."

Some case managers discussed their perception that the message coming from Central Office is that meeting timelines is more important than quality of work. One case manager said that their work is not evaluated based on how many families they kept from breaking apart but on how many overdue cases they have.

Several case managers discussed concerns about training. One indicated that training for CPS assessment cases is very weak because they are not taught important things like how to file a request for services through fiscal. This case manager indicated that she had been on the job for eight months before she learned how to request services for her families. Other case managers talked about the need for more specific training to help them do their jobs better, including interview techniques and current information on drug abuse trends.

In summary, themes repeated throughout the interviews were: the overwhelming nature of the job when caseloads are high; the difference in expectations from one supervisor to another; the interrelationship between high caseloads, high turnover, and staffing problems; and the important role that supportive supervision and sensible management play in making the work manageable for case managers.

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

The enabling legislation that established MRS included a requirement for external evaluation and reporting of the impact of MRS until it was "implemented in all areas of the state."[162] MRS has

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

been implemented statewide since August 2009.[163] Notwithstanding the absence of a legislative requirement for ongoing evaluation, the Department is engaged in a number of activities designed to ensure that MRS is functioning appropriately.

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

As discussed in Section Four, the Department released a report in February 2013 on the findings of the completed regional non-custodial needs assessments in each of the first six regions to begin implementation of In Home Tennessee (Davidson, Upper Cumberland, Knox, South Central, East, and Tennessee Valley). Stakeholders who participated in the needs assessments in these regions rated the "core practices" of Family/Caregiver Engagement, Family Assessments, Needs-Based Planning, Child and Family Team Meetings, and Child Welfare Leaders as Practice Change Agents (Supervision) as "sometimes good" (between 3.2 and 3.4) on a scale from one to five.[164]

The TAC anticipates including an update on continuing progress under the In Home Tennessee initiative in the next monitoring report, including results of evaluations of the effectiveness of strategies implemented to improve the quality and effectiveness of practice in non-custodial cases.

The Department is also working with Chapin Hall to "mine" the aggregate data available from TFACTS, including data on repeat referrals and subsequent maltreatment findings to better understand CPS/MRS practice and identify opportunities for improvement.

Finally, the Department's "absence of repeat maltreatment rate," one measure of the effectiveness of the CPS process, is well within the U.S. Department of Health and Human Services standard, which allows for no more than 5.4% repeat maltreatment within a six-month period. Data for the most recent reporting period (ending June 30, 2012) reflect repeat maltreatment of 3.2% of the applicable cases.[165]

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

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

[165] The June 2012 Monitoring Report contained a typographical error in the repeat maltreatment percentage for the period ending December 31, 2011. The correct percentage for that period was 3.6%.

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

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

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

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

The following discussion is therefore focused on the adequacy of SIU staffing and timeliness of SIU investigations.

1. Adequacy of SIU Staffing

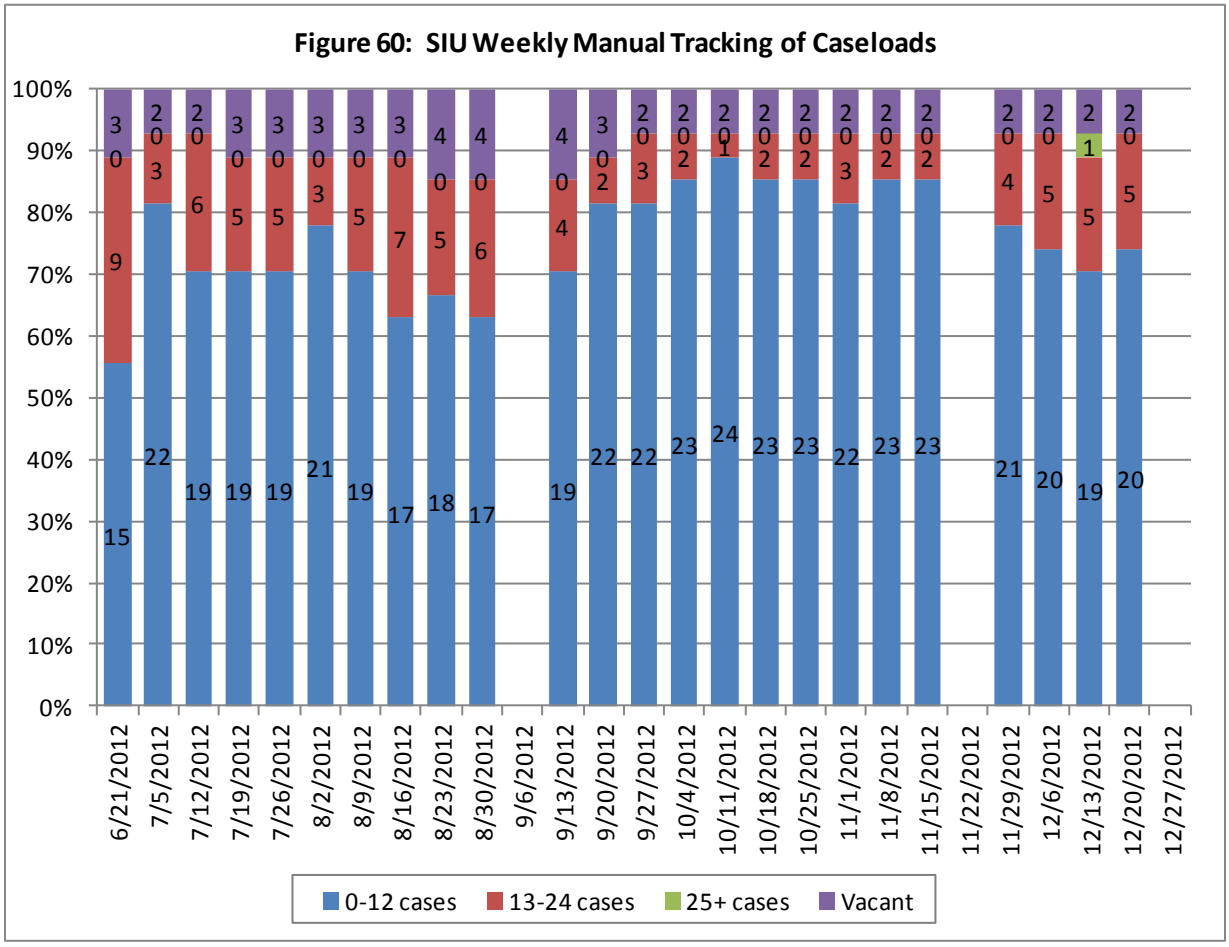
The TAC interprets the "adequate staffing" provision to require both that there are sufficient numbers of staff to cover the SIU caseloads and that those filling SIU positions have adequate skills to conduct high quality investigations.

a. Caseloads

In recent reporting periods, SIU caseloads were within the Department's standards: no more than 12 new cases each month for an SIU investigator. Given that investigations are expected to be completed within 60 days, the TAC uses as a proxy measure of maximum caseloads that SIU case managers should have no more than 24 open cases at any time.

The Department continues to work to produce aggregate reporting from TFACTS regarding SIU caseloads, but as discussed above, reliable caseload reporting is not yet available because of the complexities created by the family case structure in TFACTS. In the absence of aggregate data regarding caseloads, the SIU Director monitors the investigators' caseloads through weekly meetings during which she reviews with each supervisor the number of open cases on each investigator's caseload, the number of overdue cases, and the tasks remaining to be completed in order to close the overdue cases. Figure 60 presents SIU caseloads according to SIU's weekly manual compilation of caseloads from June 21, 2012 (when SIU leadership first began regularly

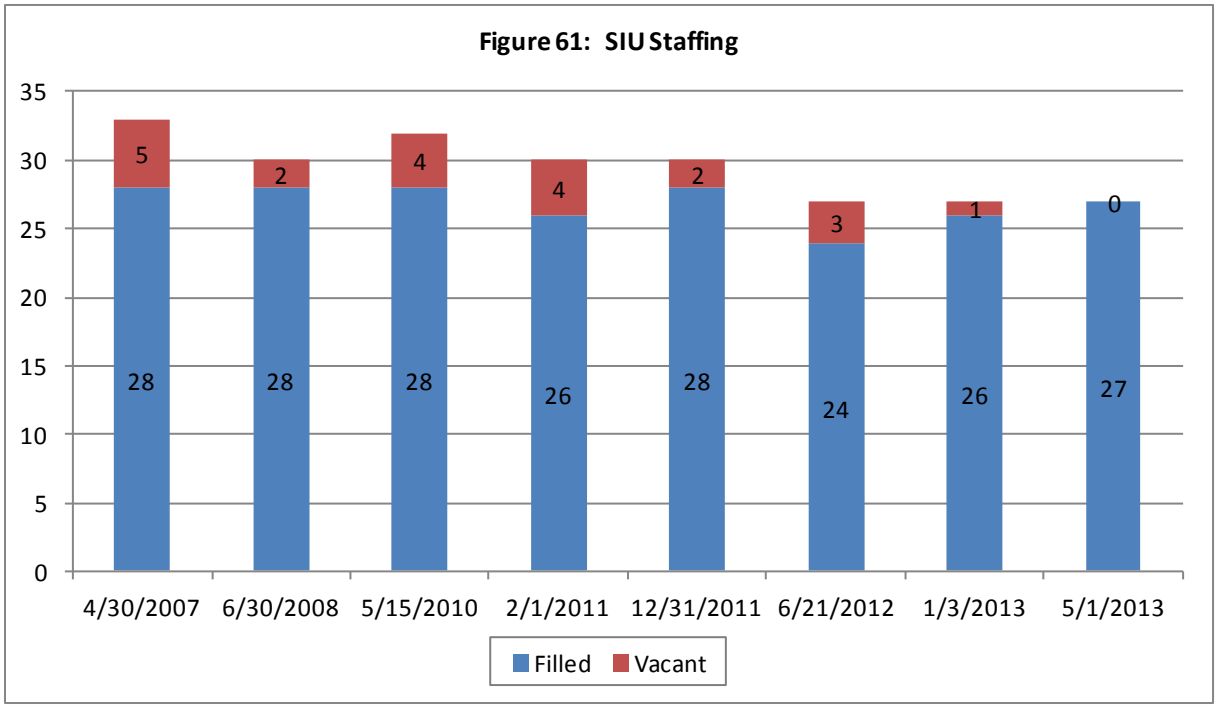
sharing the manual tracking data with the TAC) through the end of 2012.[166] During the time that the TAC has been receiving the weekly caseload data, the percentage of SIU investigators carrying more than 12 cases has fluctuated a great deal (from 33% to 4%), but the instance of an SIU investigator carrying more than 24 cases has been rare. On December 13, 2012, one SIU investigator was carrying 25 investigations.



Source: SIU's weekly manual tracking of overdue investigations from June 21, 2012 through December 27, 2012.

Figure 61 below presents staffing data for SIU that the Department has periodically shared with the TAC. In the June 2012 Monitoring Report, the TAC noted that staffing difficulties had been a factor contributing to the large number of overdue SIU investigations. As of May 1, 2013, all 27 SIU positions were filled.

[166] SIU did not produce manual counts for three holiday weeks for which data is missing in Figure 60: the week of September 3, 2012 (Labor Day), the week of November 19, 2012 (Thanksgiving), and the week of December 24, 2012 (Christmas).



Source: Periodic SIU staffing data provided by the Department.

The positions are allocated to four teams located across the state. Based on an analysis of the average number of referrals, caseload numbers, and vacancies, and based on considerations related to the travel challenges associated with responding to investigations in rural areas, the Department has continued working to utilize its staff most efficiently by reallocating staff positions and reassigning staff to geographic hubs. The Director of SIU monitors caseloads and vacancies closely and she has not found a need to alter the staffing assignments in over 12 months.

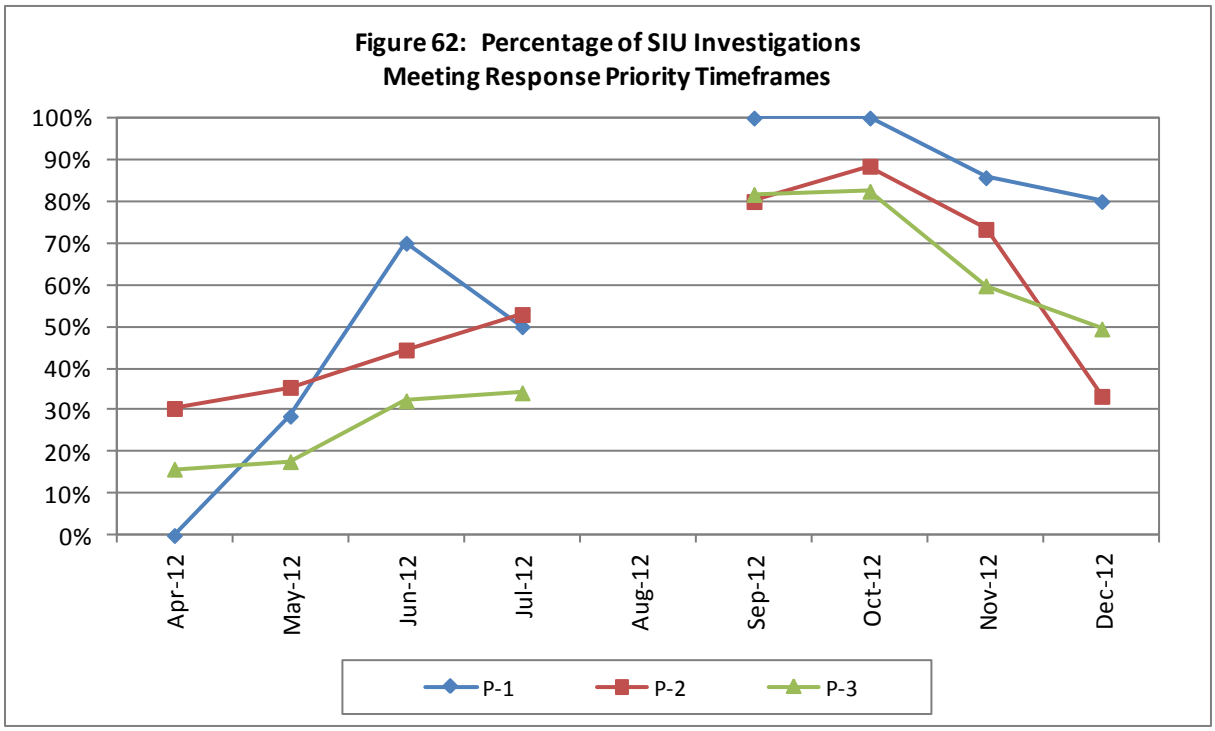
b. Quality of Case Investigations

The TAC continues to be very impressed by the approach of the present SIU Director to ensuring the quality of SIU case investigations. She has clarified investigation protocols and expectations for supervisory review, implemented a rigorous internal quality assurance process, made appropriate personnel changes, and provided needed coaching and mentoring to supervisory and front-line staff. As a result, SIU investigators are now receiving the quality of supervisory support, consultation, and supervision that they need.

The Deputy Commissioner for Safety has appropriately recognized the importance of implementing a process external to SIU that regularly examines the quality of SIU investigations and the recent reorganization establishes a quality assurance unit within the Division of Child Safety for that purpose.

2. Timeliness of SIU Investigations

As discussed earlier in this section, the Department began producing reporting on response priority from TFACTS in April 2012. The significant differences between TNKids and TFACTS reporting on response priority are discussed in detail on pages 106-108 above. Figure 62 below shows performance on response priority for SIU according to TFACTS reporting from April through December 2012.[167] The data reflect drastic improvement in performance between April and July 2012, which likely reflects the time it took SIU to understand how documentation needed to be entered differently in order to be counted under the methodology for TFACTS reporting. During September and October, SIU met the priority response requirement for 100% of the P-1 referrals received in those months, although that percentage dropped to 86% in November and 80% in December. Performance for P-2 and P-3 referrals followed a similar pattern, increasing to a high point of 88% and 82%, respectively, in October 2012 and then declining significantly in November and December.[168]



Source: TFACTS "CPS Referral Priority Response" reports for April 2012 through December 2012.

The Department has been producing monthly reports that capture both the volume of open SIU investigations (including, but not limited to, *Brian A.* class members)[169] during the month and the

[167] For data regarding performance on SIU response priority for the period from January 2009 through April 2010, readers are referred to the April 2011 Monitoring Report at page 70. Data for August 2012 is not included in Figure 62 because there was an error in the running of the report for that month.

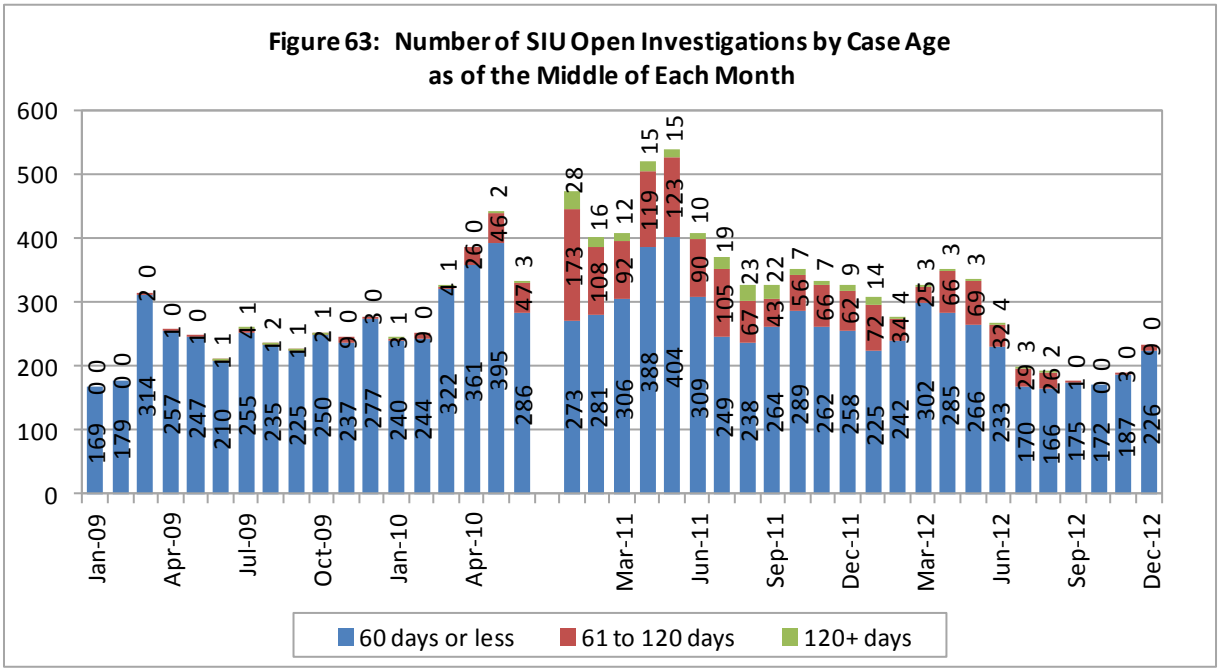
[168] The TAC anticipates working with DCS quality assurance staff over the next several months to better understand SIU performance related to priority response. The Department believes that to some extent, the report understates performance because it is run before the full 30-day period to enter data has been completed. The TAC will examine this more closely in its next monitoring report.

[169] See page 125 for a discussion of the scope of abuse and neglect allegations investigated by the Special Investigations Unit.

number of those investigations not completed within the 60 days required by law (or "overdue" investigations). Figures 63 and 64 below show the number and percentage, respectively, of SIU open investigations (including, but not limited to, *Brian A.* class members) by case age as of the middle of each month for the period January 2009 through December 2012.[170]

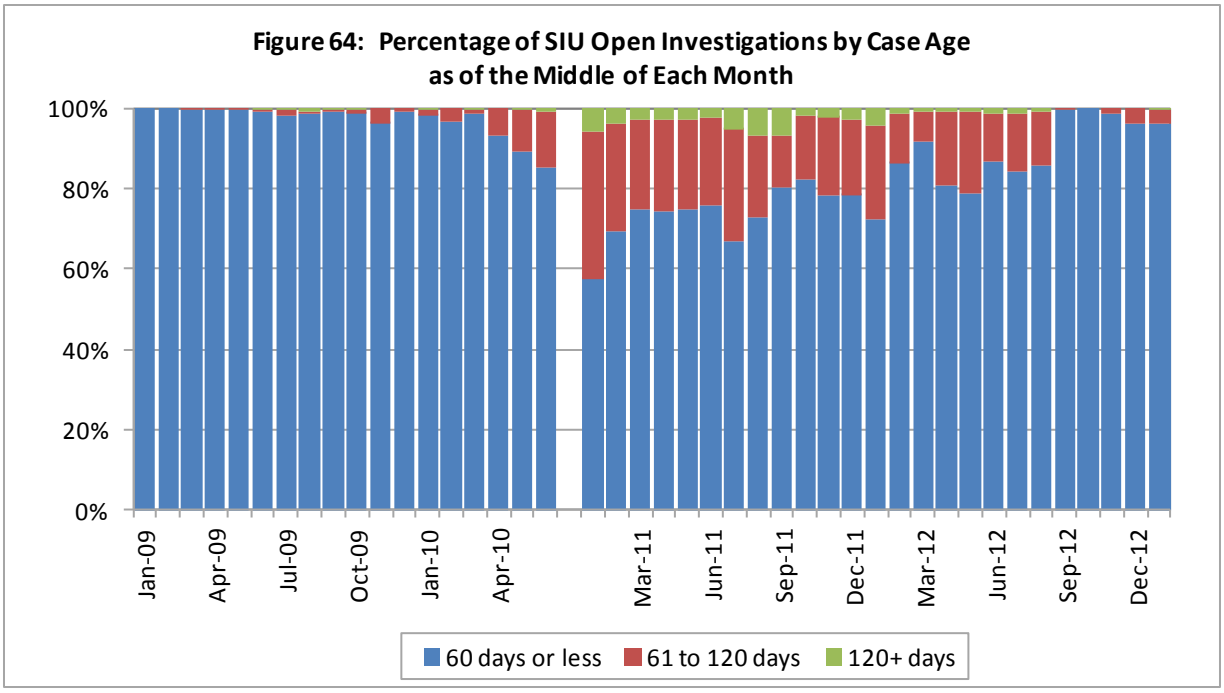
The number of open SIU investigations showed an increasing trend during the second quarter of 2010, reaching a high point of 443 in May 2010. The number of overdue investigations also increased significantly during the second quarter of 2010, from four overdue investigations in January 2010 to 50 overdue investigations in June 2010.

During 2011 and the first half of 2012, after the resumption of reporting following the transition to TFACTS, both the total number of open investigations and the number of overdue investigations were significantly higher than they were during 2009 and the first quarter of 2010, reaching a high point of 542 open investigations, 138 of which were overdue, in May 2011. Both the total number of open investigations and the number of overdue investigations has been decreasing since May 2011, reaching 2009 levels by September 2012, when there were 176 open investigations, one of which was overdue. The total number of open investigations and the number of overdue investigations increased somewhat during December 2012. As of December 17, 2012, there were a total of 235 open investigations; 226 (96%) had been open 60 days or less, and 9 (4%) had been open between 61 and 120 days.



Source: TNKids "CPS Open Investigations by Age" reports as of the middle of each month from January 2009 through June 2010 and TFACTS "CPS Open Investigations by Age" reports as of the middle of each month from January 2011 through December 2012.

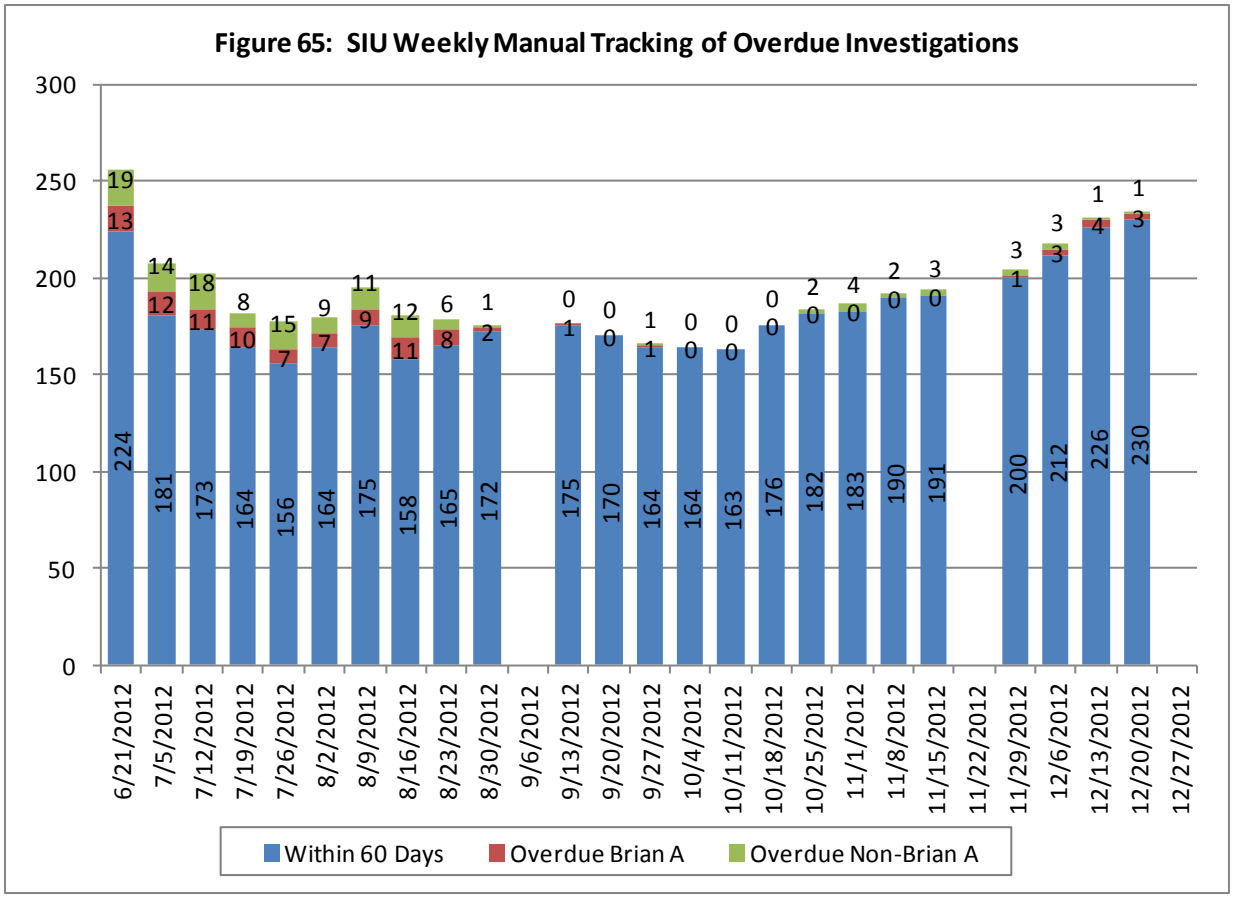
[170] In addition to the Mid-Cumberland region, SIU also began the TFACTS pilot on June 9, 2010. Data regarding SIU open investigations for May and June 2010 in Figures 63 and 64 are incomplete because these reports were run subsequent to June 9th, after SIU had stopped entering data into TNKids.



Source: TNKids "CPS Open Investigations by Age" reports as of the middle of each month from January 2009 through June 2010 and TFACTS "CPS Open Investigations by Age" reports as of the middle of each month from January 2011 through December 2012.

Figure 65 presents the manual data on overdue cases that is compiled to summarize discussions during weekly staff meetings (SIU leadership began sharing the weekly manual tracking with the TAC in June 2012).[171] The manual data confirms the accuracy of the aggregate data run from TFACTS because the numbers from the SIU manual tracking are very close to those produced by TFACTS aggregate reporting. For example, as shown in Figure 63 above, there were 233 investigations that had been open fewer than 60 days and 36 overdue investigations in the middle of June 2012, according to TFACTS. According to SIU's manual data shown in Figure 65 below, on June 21, 2012, there were 224 investigations that had been open fewer than 60 days and 32 overdue investigations. One would not expect the numbers from the two data sources to match perfectly because they were produced at slightly different times.

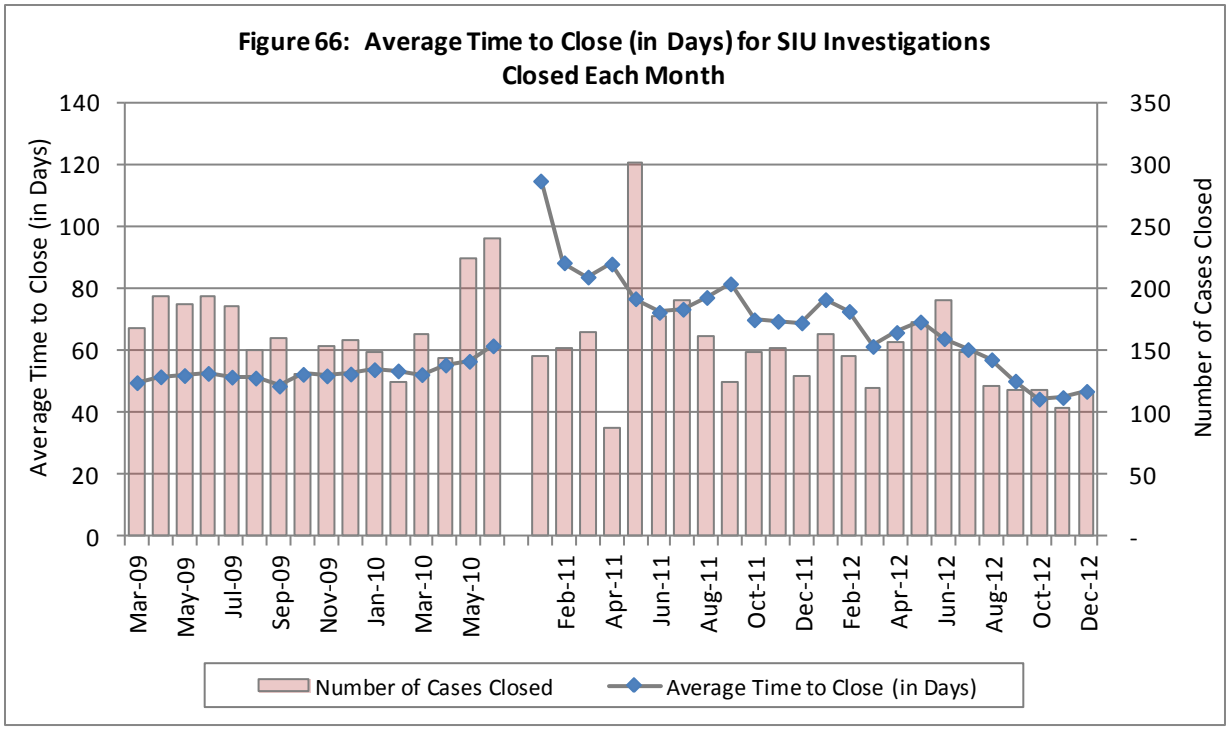
[171] SIU did not produce manual counts for three holiday weeks for which data is missing in Figure 65: the week of September 3, 2012 (Labor Day), the week of November 19, 2012 (Thanksgiving), and the week of December 24, 2012 (Christmas).



Source: SIU's weekly manual tracking of overdue investigations from June 21, 2012 through December 27, 2012.

The Department also produces regular TFACTS reporting on the average number of days between the time that SIU investigations were opened and the time they were closed. In Figure 66 below, the pink bars represent the number of SIU investigations closed during each month (on the right axis) from March 2009 through June 2010 (from TNKids reporting), and the blue line represents the average number of days (on the left axis) it took to close those investigations. Under TNKids reporting, investigations that were closed each month took an average of between 48 and 55 days to close. Under TFACTS reporting, during 2011, the average time to close remained significantly higher and fluctuated a great deal, ranging between 69 and 115 days. During 2012, the average time to close SIU investigations has been decreasing, finally dropping below 60 days for August 2012 and remaining under 60 days through the end of the year.[172]

[172] In addition to the Mid-Cumberland region, SIU also began the TFACTS pilot on June 9, 2010. Data regarding SIU closed investigations for May and June 2010 in Figures 66, 69, and 70 are incomplete because these reports were run subsequent to June 9th, after SIU had stopped entering data into TNKids.



Source: TNKids "Closed CPS Investigations" reports from March 2009 through June 2010 and TFACTS "Closed CPS Investigations" reports from January 2011 through December 2012.

As discussed in the June 2012 Monitoring Report, the Department had identified three factors contributing to the increases in the total number of SIU investigations and the number of overdue SIU investigations since January 2010: problems with closing investigations in TFACTS for which all investigative work had been completed; technical problems within TFACTS and within the data extracts used to create the aggregate reports that led to over-reporting of the number of open SIU investigations; and staffing difficulties SIU experienced during 2010 and early 2011. As discussed earlier, the SIU manual data confirms the accuracy of the SIU TFACTS data, suggesting that the first two issues have been resolved, and SIU caseloads and the number of overdue cases during the second half of 2012 suggest that SIU staffing was adequate during the second half of 2012 for the volume of investigations assigned to SIU during those months.

Prior to the implementation of TFACTS in 2010, the Department had been producing a monthly report (the "*Brian A.* Class Open Investigations Over 60 Days Old Report") of the number and percentage of overdue investigations for *Brian A.* class members only. The report provided data on investigations involving *Brian A.* class members, whether the investigations were conducted by SIU or CPS, and excluded from the data the non-custodial children and children with delinquent adjudications who are included in the other CPS and SIU aggregate data produced by the Department.[173]

The Department began producing a similar report from TFACTS in February 2012. The report provides data on the percentage of overdue SIU investigations specific to *Brian A.* class members, but unlike the previous report, it does not provide data on the percentage of overdue

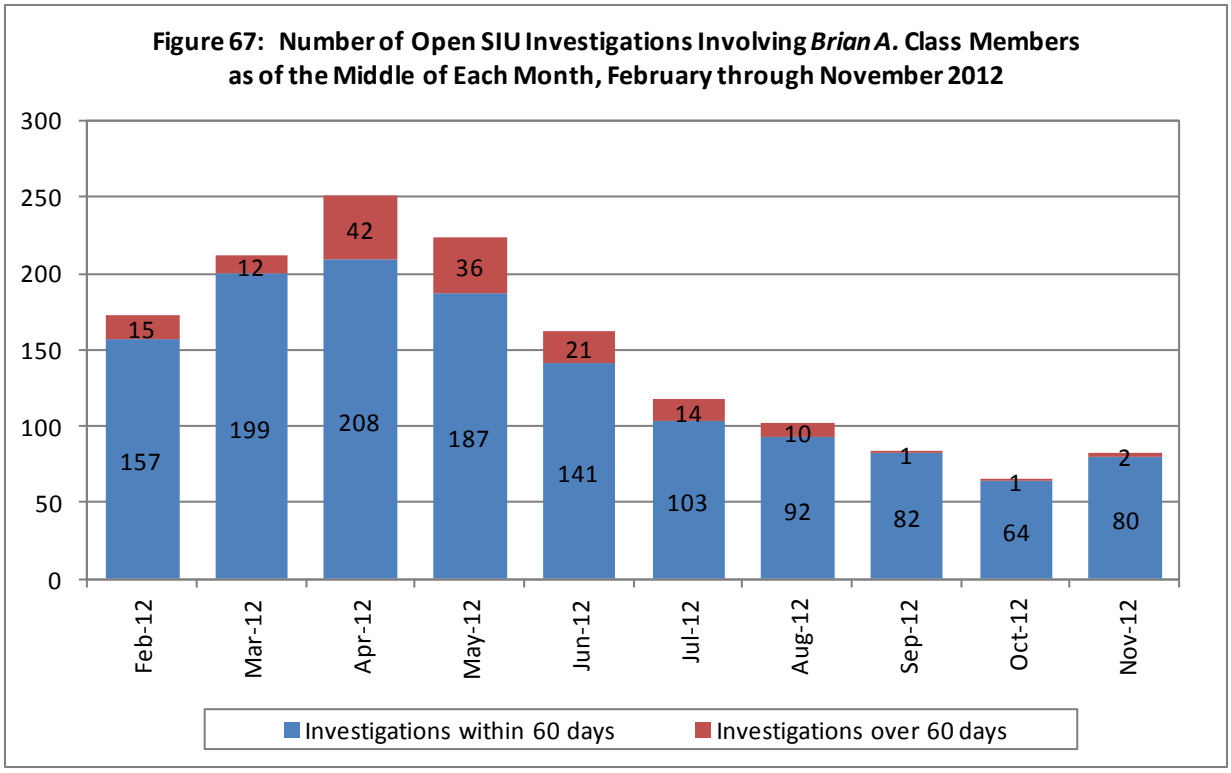
[173] See pages 100 and 125 for a description of the allocation of responsibility between CPS and SIU for allegations of abuse or neglect of children while in custody.

CPS investigations involving *Brian A.* class members. Figures 67 and 68 present the number and percentage, respectively, of open SIU investigations in which the victim was a *Brian A.* class member that had been open more than 60 days as of the middle of each month from February through November 2012.[174] Consistent with other sources of data regarding the timelines of SIU investigations presented in this report, the data reflect a large number of overdue SIU investigations involving *Brian A.* class members in the first part of 2012, with a high point of 42 overdue investigations in April, and a declining trend throughout the second half of 2012, with only one overdue investigation in October and November and two overdue investigations in December.

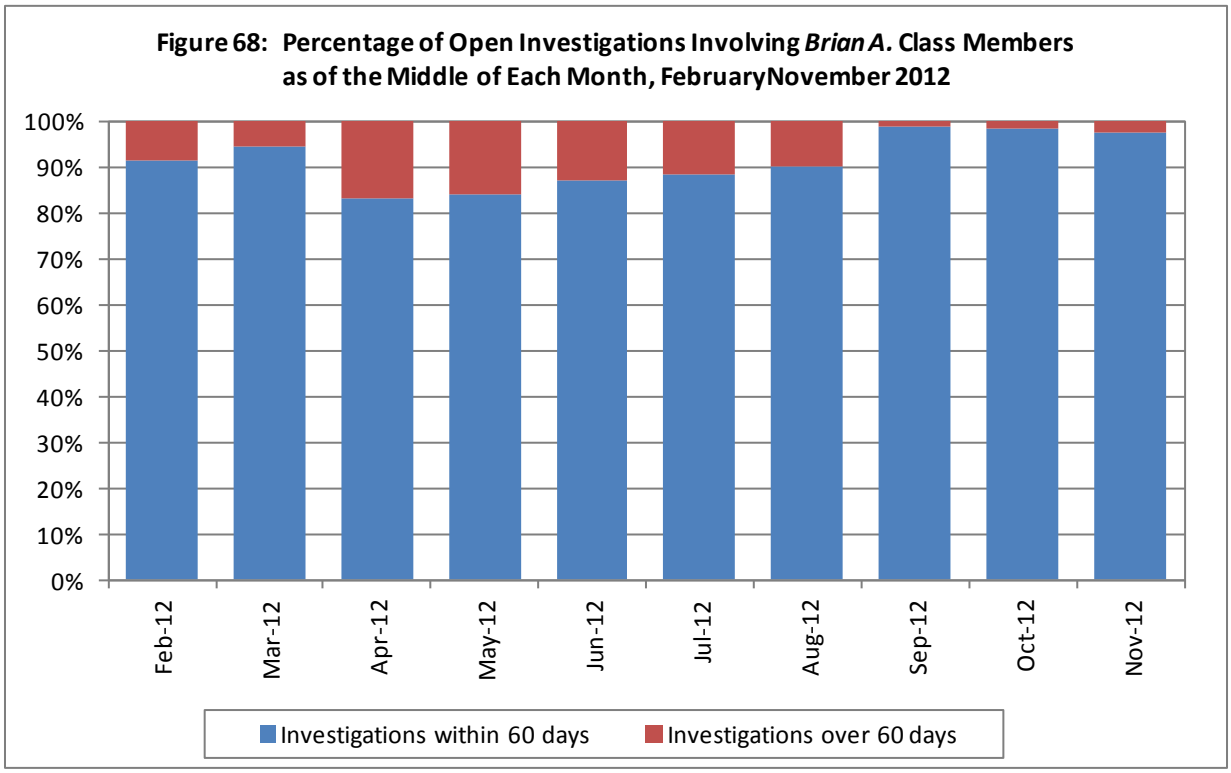
The SIU weekly manual tracking of overdue cases presented in Figure 65 above supports the accuracy of the data in Figure 67. For example, as shown in Figure 65 above, there were 11 overdue SIU investigations involving *Brian A.* class members on August 16, 2012 according to SIU's manual tracking. According to the aggregate reporting from TFACTS shown in Figure 67 below, there were 10 overdue SIU investigations involving *Brian A* class members on August 13, 2012. One would not expect the numbers from the two data sources to match perfectly because they were produced at slightly different times.[175]

[174] Because the staff person who produced these reports left the Department in early December, there is no report available for December at this time. The Department has transitioned the production of this report to another staff member who will resume production of this report moving forward.

[175] Data on open investigations involving *Brian A.* class members previously produced from TNKids is not included in Figures 67 and 68 because the TAC has been unable to obtain the business requirements used in the production of that report to determine whether the measure was similar enough to the measure used in current TFACTS reporting to allow a valid comparison of performance over time.



Source: TFACTS "Open SIU Investigations of *Brian A.* Clients" as of the middle of each month for the period from February 2012 through November 2012.



Source: TFACTS "Open SIU Investigations of *Brian A.* Clients" as of the middle of each month for the period from February 2012 through November 2012.

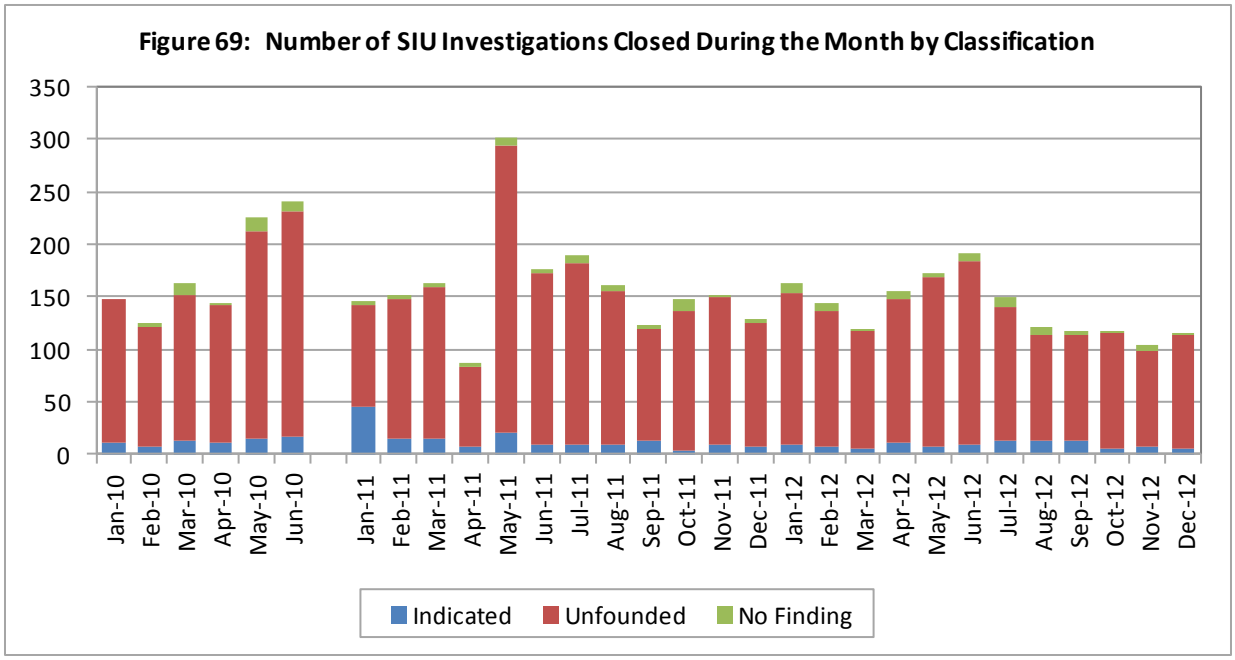
In order to get some sense of the factors contributing to the delays, TAC monitoring staff conducted a spot-check of SIU investigations that were overdue during the third quarter of 2012. TAC monitoring staff found instances in which the delay was attributable to the Department understandably deferring to the need of a cooperating agency (for example, in cases in which law enforcement planned to prosecute and did not want the Department to interview the alleged perpetrator); however, there were also instances for which no adequate explanation of the delay appeared in the case recordings. The TAC anticipates that the implementation of the quality assurance oversight contemplated by the Settlement Agreement will provide a deeper understanding of the extent to which delays in completing SIU investigations are reasonable.

The Department produced the first aggregate reporting on open investigations conducted by regional CPS (not SIU) involving *Brian A.* class members at the end of November 2012. According to that report, as of November 26, 2012, there were a total of 93 open CPS investigations and assessments involving *Brian A.* class members; 46 (65%) of the 71 open CPS investigations had been open more than 60 days, and one (5%) of the 22 open CPS assessments had been open more than 120 days.[176]

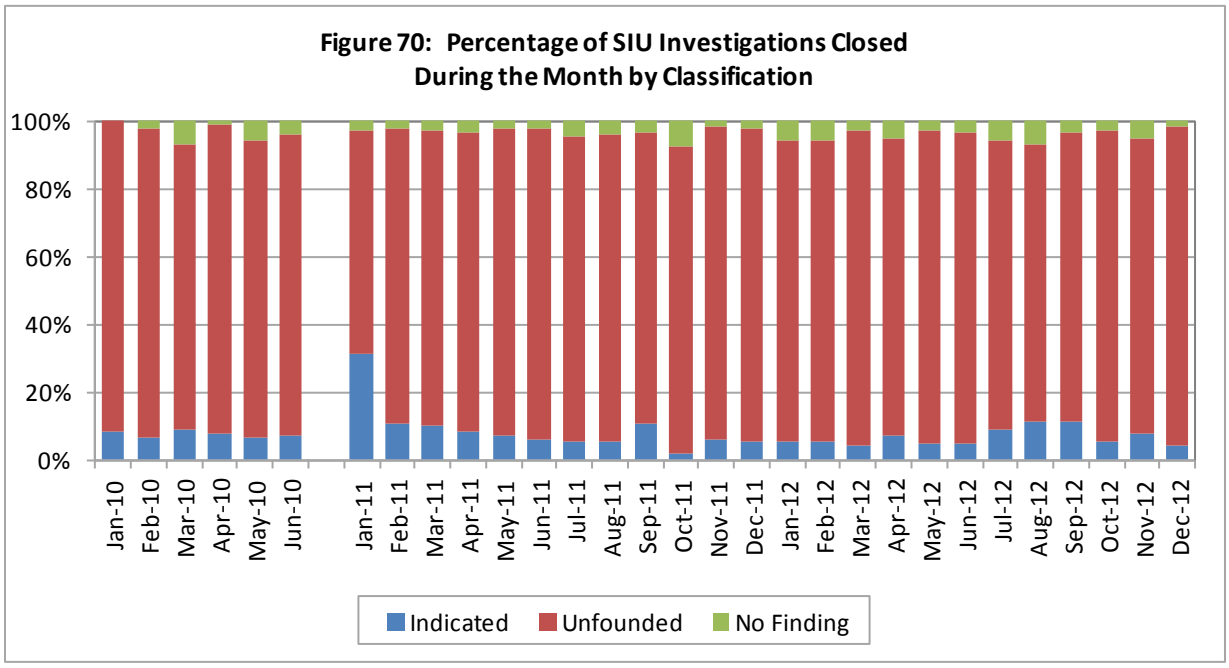
3. Classification of Special Investigations

Figure 69 below presents the number of special investigations closed during each month from January 2010 to June 2010 and from January 2011 to December 2012 according to classification (reports for the months of July to December 2010 are unavailable because of the transition to TFACTS), and Figure 70 presents the percentage of investigations classified in each category. The percentage of indicated special investigations each month during that period (excluding January 2011 because it is unclear whether the much higher indication rate that month reflects actual practice or issues with TFACTS data and reporting) has shown little variation. On average, between January 2009 and June 2010, 9% of SIU investigations were indicated; during 2011, 9% of SIU investigations were indicated; and during 2012, 7% of investigations were indicated.

[176] TAC monitoring staff examined the detail in both the "Open SIU Investigations Involving *Brian A.* Clients" and the "Open CPS Investigations Involving Non-SIU *Brian A.* Clients" reports dated December 10, 2012 and determined that two weeks of data were missing. The TAC therefore excluded the reports for December 10, 2012 from its analysis.



Source: TNKids "CPS Closed Investigations by Classification" reports for the period from January 2010 through June 2010; TFACTS "CPS Closed Investigations by Classification" reports for the period from January 2011 through December 2012.



Source: TNKids "CPS Closed Investigations by Classification" reports for the period from January 2010 through June 2010; TFACTS "CPS Closed Investigations by Classification" reports for the period from January 2011 through December 2012.

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

The Settlement Agreement (III.B) requires that all reports of abuse or neglect of foster children occurring in DCS and private provider placements (whether congregate care or resource home) must also be referred to and reviewed by the relevant DCS unit or units responsible for quality

assurance and placement and provider oversight, with such referral and review completed within 90 days. These units are responsible for: (a) ensuring that appropriate corrective action is taken with respect to the placement and/or private provider (including, if appropriate, closing of the placement and/or contract termination) and (b) determining whether a pattern of abuse or neglect exists within the placement or the private provider's array of placements that contributed to the abuse and neglect. The results of these required reviews are to be incorporated into the performance based contracting provided by DCS.

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

During 2012, the Office of Performance Excellence (OPE) was the DCS quality assurance division responsible for: (1) reviewing the SIU reports and the results of the SIU investigations; and (2) ensuring that information related to any findings of abuse and neglect by SIU and/or any concerns that are raised by SIU about a particular placement as a result of their investigation are shared with other offices within the Department that are responsible for oversight of resource homes and placement facilities (both those operated by DCS and those operated by private providers). The OPE was also responsible for ensuring that patterns of abuse and neglect are identified, corrective actions are implemented, and sanctions (including termination of contracts and closure of homes) are imposed as appropriate.

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

With the change of administration in 2011, the creation of the Office of Performance Excellence as the quality assurance division, and the reassignment and/or turnover in key staff positions, the progress in this area stalled. The new leadership indicated its intent to take a different approach to quality assurance, and as they moved forward with restructuring of the quality assurance division, maintaining the PQT process and the QA reviews, tracking and analysis of SIU cases was not emphasized.

The status of each of these processes during 2012 is discussed in detail in the following subsections. Evident in the discussion is the lack of involvement of the OPE, which significantly diminished the ability of the Department and the TAC to assess the quality and effectiveness of

these processes. Also reflected in the discussion is the absence of mechanisms for sharing information between the different units with some responsibility for provider monitoring in order to identify trends and for responding to systemic issues. However, with the recent reorganization, the Assistant Commissioner for Quality Assurance, the Executive Director of Risk Management, and the Executive Director of Network Development have placed a priority on ensuring that the QA processes required by the Settlement Agreement are in place and functioning effectively. The status of each of these processes is therefore likely to change, possibly significantly, during 2013.

1. Incorporating SIU Information into Placement Oversight

a. Ongoing Aggregation and Tracking of SIU Data

Because SIU data containing the level of detail necessary for provider monitoring are not currently available from the TFACTS aggregate reporting discussed earlier in this monitoring report, SIU manually compiles a report each month from the notifications for each SIU opened (the initial notification) or closed (the closing notification) during the month. The manual entry of data into these reports significantly decreases the accuracy of the data because of the increased opportunity for error.[177] The Department's QA Unit had previously worked with SIU to improve the accuracy of its monthly data and to simplify aggregation of the data, and, as part of this work, they collaborated with SIU to clarify the process for noting concerns that do not rise to the level of indicated abuse or neglect. The QA Unit also produced analysis of SIU data on a regular basis that was designed to identify patterns associated with individual youth, individual perpetrators, individual resource homes, congregate care facilities, and/or provider agencies. This analysis was reviewed during regular meetings of a team of QA staff and shared with other Department staff with responsibility for provider oversight as appropriate.

For reasons discussed above related to the reorganization of the quality assurance division under previous leadership, the regular analysis of SIU data that had occurred in years past, did not occur in 2012. Within the past couple of months, quality assurance staff have resumed the regular analysis of SIU data; however, it is not clear that there is a process for sharing this information with the units having responsibility for provider monitoring; and it is likely that some further refinement in the analysis of the SIU data would make the information more helpful to those units.

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

As reported in the June 2012 Monitoring Report, the QA Unit had designed and implemented a review process for SIU investigations involving congregate care placements to address the lack of a review process for such cases noted in previous monitoring reports. Under that process, the SIU Team Coordinators reviewed every SIU closing notification for investigations involving congregate care placements, and designated staff from QA and Network Development (referred to as Child Placement and Private Providers prior to the reorganization) reviewed each SIU

[177] In the past, the Department had recognized the need to develop more detailed aggregate reporting regarding SIU from TFACTS in the future, but it does not appear that this work has moved forward during the past year.

closing notification for investigations involving congregate care placements that either were indicated or were "unfounded" but with concerns noted by the investigator. Both Network Development and the designated OPE staff kept a log of these closing notifications. Network Development staff followed up with the private provider to ensure that appropriate corrective action was taken. If the notification indicated particularly concerning conditions which required immediate intervention, a discussion between QA and Network Development was held to determine whether DCS would respond through the PQT process or through Network Development. The designated QA staff produced periodic analysis from the log of SIU congregate care investigations to be discussed during the regular meetings to review SIU data and to be shared with other units within the Department with responsibility for provider oversight.

Currently, Network Development staff continue to follow up with providers regarding closing notifications for investigations involving congregate care facilities that were indicated or unfounded with concerns if they feel that any follow-up is needed, but Network Development staff no longer keep a log or record of these investigations or the follow-up completed. During the past year, however, QA staff have not collaborated with Network Development in this process. In its previous reporting on this collaborative process between Network Development and QA, the TAC noted that there was room to improve the efficiency of this process. The QA process had been developed to ensure that all relevant investigations were being both reviewed and responded to as well as included in the tracking log for data aggregation purposes. QA staff consistently found that a handful of investigations were missing from the Network Development process because the process did not include any means to verify the completeness of its log against other sources of SIU data.

c. Resource Home PQT

The Resource Home PQT maintains responsibility for reviewing the notification of the results of the SIU investigation (closing notification) for any SIU investigation involving a resource home placement in which the allegations were unfounded but the investigator noted concerns.[178] The team includes QA and other Central Office staff, SIU staff, foster parent advocates, and regional staff. Because of the pressure on placement staff in the regions to maintain a pool of resource homes large enough to meet the needs of children in custody in the region, the Resource Home PQT provides an important third-party perspective (from staff who do not know the resource parents personally and are not under pressure to keep resource homes open) on the quality of care children receive in resource homes.

All closing notifications involving private provider resource homes are reviewed by staff in the Network Development Unit. All closing notifications involving DCS resource homes are reviewed by staff in the Foster Care and Adoption (FC&A) Division. Network Development

[178] In 2013, after the transition to the new administration, the DCS Legal Division directed the Resource Home PQT to stop reviewing indicated SIU investigations prior to the conclusion of administrative proceedings. The Legal Division was concerned about maintaining confidentiality on cases that have not been through a full administrative review, given that the Resource Home PQT includes some members outside of the Department. The Department is working to put safeguards in place to ensure that any resource home for which an indicated allegation of abuse or neglect is subsequently overturned during the administrative review process is reviewed by the Resource Home PQT in the event that the resource parents wish to keep their home open or to reopen their home at a later time.

staff ensure that all closing notifications for investigations that are either "indicated" or "unfounded with concerns" (for both private provider and DCS resource homes) are added to the agenda for the Resource Home PQT.

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

Network Development staff maintain a log for tracking both DCS and private provider resource homes discussed by the Resource Home PQT. In addition to a listing of resource homes discussed by the team, the log provides information on the persons responsible for completing action steps; the status of the action steps; whether a corrective action plan or a safety plan was requested; whether the decision was made to close the resource home by the region, private provider, or the Resource Home PQT, and if so, whether the resource home was closed in TFACTS with a narrative describing the team members' concerns; and whether the Resource Home PQT review resulted in removal of the children placed in the resource home.[179] The volume of resource homes reviewed by the Resource Home PQT requires a facilitator with strong organizational skills, a high level of attention to detail, and the ability to facilitate good working relationships while also withstanding pressure to yield to opposing viewpoints.

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

The Department has developed a multi-tiered review process, drawing on elements of the processes discussed above, to fulfill the requirements of the Settlement Agreement for identifying "*any case in which there have been three or more reports of abuse or neglect concerning a particular caregiver for a particular class member*."[180] The steps in the process are as follows:

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

2) SIU investigators look at both the perpetrators' and the victims' prior investigation history as part of the investigative process and note the number of previous investigations on the initial and closing notifications as well as in their monthly reports. In addition, SIU leadership watches for trends in multiple investigations involving the same perpetrator or the same victim during their review of each

[179] The June 2012 Monitoring Report included analysis from an annual report compiled by Network Development of the cases reviewed and action taken. A comparable report from 2012 has not been produced.

[180] The Department is also working to develop aggregate reporting from TFACTS on class members who have been the alleged victim in three or more reports of abuse or neglect, and anticipates that TFACTS reporting will be available by September 30, 2012.

investigation prior to closure. If SIU has concerns about the history of multiple investigations for a particular resource parent, SIU will classify the investigation as "unfounded with concerns" in order to ensure the home is discussed at the Resource Home PQT.

3) Network Development staff review all SIU initial notifications regarding private provider resource homes in order to place the resource homes on freeze while under investigation. Network Development staff also review all closing notifications as part of the process of lifting freezes for unfounded investigations and as part of preparation for the Resource Home PQT meetings. While reviewing the notifications, they are expected to look for multiple investigations involving the same perpetrator. Any instances of multiple investigations that they feel warrant further review are added to the Resource Home PQT agenda. FC&A staff follow this same process for DCS resource homes.

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

5) In the past, QA staff analyzed the data for multiple investigations (three or more) involving the same perpetrator for the same child as part of the ongoing analysis of SIU monthly reports according to QA's review protocol (described in Subsection C.1.a above). The findings were included in QA's report and any cases warranting further review were either referred to the Resource Home PQT and/or addressed through the PQT process.[181] As discussed previously, the data analysis process has been stalled during the past year. OPE staff have recently produced an analysis of SIU data for the second half of 2012, identifying victims and perpetrators who have had three or more previous SIU investigations. OPE staff have also designed a review process for these investigations; however, it appeared that the approach to the review was rushed and not fully thought out (perhaps reflecting a focus on complying with a procedural requirement of the Settlement Agreement by having a review rather than being driven by the Department's internal quality assurance needs).[182]

[181] Through this ongoing analysis, QA discovered that the ability to obtain an accurate CPS history for a child in TFACTS is limited because a search for the child will only yield investigations in which he or she is the alleged victim for which the case is named (there could be several alleged victims in any one investigation). Because of this issue, QA had broadened its focus to two or more investigations involving the same child until this issue was addressed.

[182] Notwithstanding the TAC's concerns, CQI staff are continuing with this review, although they have indicated that it is more of a pilot to better understand the challenges involved in the review process. Once this initial review (involving cases from the third quarter of 2012) is completed, they intend to conduct a second review of cases from the fourth quarter of 2012.

SECTION FOUR: REGIONAL SERVICES

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

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

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

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

As discussed in previous monitoring reports, the Department has taken a number of steps to ensure the rational allocation of funds to support community-based services and to ensure that each region has a range of quality services available. The Department addressed the gross inequities in resource distribution that were identified early on in its reform effort and regional resource allocations are now generally guided by the relative size of the applicable population served by the regions. As reflected by the In Home Tennessee initiative discussed below, the Department is trying to identify and respond appropriately to gaps in the non-custodial service array. And the Department has expressed a clear intention to move toward performance based contracting with providers of non-custodial services as a way of ensuring that the services provided are producing results for the children and families being served.

A. Funding for Section IV Related Services

The Department funds the range of services described in Section IV through a variety of contracts and budget allocations and through the use of "flex funds" not tied to any particular contract.[183] Appendix O provides budget information related to the contracts, and Appendix P provides information related to the "flex funds" budget.

[183] The services can appear on budget documents within a number of categories, depending on the funding source and type of service. Among the relevant categories are: behavioral services, independent living support services, in-home support services, relative caregiver services, and support services.

1. Regional Contracts for Community-Based Services and Statewide Contracts for Special Birth Family, Resource Family and Adoptive Family Supports

As discussed in previous monitoring reports, each region now has a single contract with a provider to provide a range of community-based services to support birth families. In addition to the individual regional contracts, the Department has statewide contracts with a number of providers providing additional community-based support services for families.

2. Flex Funds Available for Supplemental Supports for Families

In addition to the regional and statewide contracts available to meet the requirements of Section IV of the Settlement Agreement, regions are allocated "flex funds" which can be used for targeted services and supports not otherwise accessible. Flex funds can be used for a range of expenditures necessary to reunification and/or placement stability, from household purchases or repairs to specialized professional services or supports.

As discussed in detail in Subsection B below, needs assessments of the range, quantity, and quality of community-based services have been completed in six regions as part of the In Home Tennessee Initiative. These needs assessments included an assessment of the availability and utility of "placement prevention flexible funds."

The Department released a report on the findings of the needs assessments in those six regions in February 2013. According to the report, stakeholders involved in the needs assessments in these six regions rated the placement prevention flexible funds on eight criteria: the degree of access the population in their area has to the service, whether the quantity of the service meets the demand for the service, the degree to which the service is based in the community, the degree to which the service is family-centered, the degree to which the service is individualized, the ability of the service to build parental capacity, the cultural responsiveness of the service, and the effectiveness of the service. Stakeholders in five of the 18 clusters within these regions[184] reported that placement prevention flexible funds were not available in their area. Stakeholders in the clusters where placement prevention flexible funds were available gave the service an overall rating across all criteria of 3.1 on a five-point scale (with 1 being "poor" and 5 being "always good").[185] Placement prevention flexible funds received the third-highest rating of the 14 core service areas assessed.

Sixty-one percent of stakeholders felt that placement prevention flexible funds are accessible to more than 50% of the population in their area, while 31% of stakeholders felt they are accessible to less than 25% of the population in their area. Forty-six percent of stakeholders felt that

[184] Some regions conducted the needs assessments by cluster while other regions conducted one needs assessment for the entire region.

[185] Although qualitative data from the assessments in the pilot regions, Davidson and Upper Cumberland, was included in the Department's report, the method for collecting quantitative data during the assessments had not yet been developed at the time the assessments were conducted in those regions. Davidson and Upper Cumberland's assessments are therefore not reflected in the quantitative data presented in the findings.

placement prevention flexible funds meet 50% or more of the demand, while 31% felt they meet less than 25% of the demand.

3. Services and Supports Covered by the Continuum Contracts

While the continuum contracts do not have a separate budget line or scope of services focused specifically on the types of services identified in Section IV of the Settlement Agreement, for those children served in continuum provider resource homes, the broad language and clear expectations of the continuum contracts are that the providers ensure that their resource families receive the range of supports required by Section IV. In addition, during the trial home visit period, continuum providers are expected to provide in-home services and supports to ensure a smooth and successful transition.

B. Creating a Regional Needs Assessment Process to Ensure Appropriate Range and Quality of Community-Based Services

As discussed in previous monitoring reports, in order to ensure that each region has the range, quantity, and quality of community-based services needed to serve its families, the Department is implementing "In Home Tennessee," an initiative focused on improving practice in non-custodial cases that includes a process for each region to conduct its own regional needs assessment. The Department, with technical assistance from the Atlantic Coast Child Welfare Implementation Center (ACCWIC)[186] and the National Child Welfare Resource Center for Organization Improvement (NRCOI), has created a regional structure for assessing quantity and quality of non-custodial services and supports, and developing regional service arrays in response to the regional assessments.[187]

The Department identified 14 core services and five core practice areas to be the focus of the assessment and improvement process. The 14 core service areas are: crisis stabilization services; domestic violence services; family visitation services, centers, and locations for kinship care; absent parental figure involvement services; intensive family preservation; life skills training and household management; mentoring for parents and adults; "One-Stop shop" for community services; outpatient substance abuse services; outpatient mental health services; parent education or parenting classes; placement prevention flexible funds; respite care for parents; and school-based resource workers. The five core child welfare practice areas are:

[186] Based on the positive experience of both the Department and ACCWIC over the course of what was conceived of as a two-year pilot project in two regions, ACCWIC made an additional two-year commitment to this work, which will end in September 2013. The Department's partnership with ACCWIC will not continue after that date because federal funding for ACCWIC has been cut. The Department and ACCWIC are developing a sustainability plan for the In Home Tennessee Initiative to support continued implementation with fidelity to the In Home Tennessee model after the partnership ends.

[187] The ACCWIC is also helping the regions improve the capacity of regional staff to accurately assess the needs of families and effectively match families to the right services and supports. Consistent with the Department's Program Improvement Plan, this work focuses on developing the assessment and resource linkage skills of CPS/MRS case managers.

Child and Family Team, child welfare leadership as practice change agents, comprehensive family assessment, family/caregiver engagement, and need-based service planning.

In February 2013, the Department released a report on the findings of the needs assessments completed in the first six regions to begin implementation of the In Home Tennessee Initiative (Davidson, Upper Cumberland, Knox, South Central, East, and Tennessee Valley).[188] Key findings of the report included:

- Assessments have identified four areas (Practice, Training, Fiscal, and Network Capacity) that appear to be critical for achieving the goals of the In Home Tennessee Initiative;
- Stakeholders who participated in the assessments in these regions rated the "core practices" of Family/Caregiver Engagement, Family Assessments, Needs-Based Planning, Child and Family Team Meetings, and Child Welfare Leaders as Practice Change Agents (Supervision) as "sometimes good" (between 3.2 and 3.4) on a scale from one ("poor") to five ("always good"); and
- On the same five-point scale, stakeholders who participated in the assessments in these regions rated four core services as "sometimes good" (Intensive Family Preservation, Parenting Education/Parenting Classes, School-Based Family Resource Workers, and Placement Prevention Flexible Funds), seven core services as "occasionally good" (Outpatient Substance Abuse Services, Outpatient Mental Health Services, Domestic Violence Services, "One-Stop Shop" for Community Services, Life Skills Training/Household Management, Crisis Stabilization Services, and Family Visitation Services/Centers/Locations for Kinship Care) and three core services as "poor" (Absent Parental Figure Involvement Services, Mentoring for Parents/Adults, and Respite Care for Parents).

As of May 2013, nine regions have completed the assessment of non-custodial services and supports available and are implementing plans and working with providers to respond to identified gaps in services and/or obstacles to service provision. Each region strategically selected two to three core service areas on which to initially focus their improvement plans, and the regions report on their progress implementing these plans during quarterly In Home Tennessee Implementation Meetings. By the end of June 2013, the assessment process will have begun in the remaining three regions.[189]

The Department has also identified problems in the approval and contracting processes for non-custodial services that limit the Department's ability to ensure the quality of the services being provided. The Department is in the process of revising the approval and contracting processes to

[188] Although qualitative data from the assessments in the pilot regions, Davidson and Upper Cumberland, was included in the Department's report, the method for collecting quantitative data during the assessments had not yet been developed at the time the assessments were conducted in those regions. Davidson and Upper Cumberland's assessments are therefore not reflected in the quantitative data presented in the findings.

[189] The assessment process in each region has involved participants (in addition to Department staff) from many different parts of the child welfare system, including representatives from the Department's private provider network, mental health providers, law enforcement, courts, faith-based organizations, community organizations, schools, Centers of Excellence, resource parents, advocacy centers, and in at least some regions, child/youth advocates.

address these concerns. The Department has also identified inefficiencies in the re-approval process for continuation of services that at times have resulted in interruptions in service provision. This has been a source of frustration for case managers and the children and families with whom they work, but the Department believes that progress has been made to address the issue, and it continues to be the subject of Central Office attention.

C. DCS Data Related to Quality/Effectiveness of Support Services

1. Intensive Home-Based Crisis Intervention Services for Resource Families

The Quality Service Review results in recent years related to caregiver supports and caregiver satisfaction suggest that a significant majority of resource families are receiving adequate supports.[190] In addition, as discussed in previous monitoring reports, historically well over 80% of adoptions have been by the resource parents that the child had already been placed with,[191] suggesting that the Department is working to support the development of long-term relationships with resource parents that can lead to permanency.

The TAC anticipates that information gathered through the FOCUS (Finding Our Children Unconditional Supports) process (discussed further in Section Eight), through the analysis of placement stability data (from both Chapin Hall and from Child and Family Team Meeting reporting), and through surveys of resource parents, will shed light on the extent to which intensive home-based crisis intervention services are being made available to resource families.

2. Intensive Family Services to Support Reunification

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

The Department has identified Discharge Planning Child and Family Team Meetings (CFTM) as a present area of emphasis and anticipates that this focus will provide insight on the extent to which services, including intensive family services, are being used to support reunification.

The February 2013 report on the findings of the In Home Tennessee Initiative needs assessments conducted in six regions, discussed above, also included findings related to intensive family preservation services. Stakeholders involved in the needs assessments in these six regions rated the intensive family preservation services on the same eight criteria as the placement prevention flexible funds discussed in Subsection A above. Stakeholders in all 18 clusters within these

[190] The revised 2012-13 QSR protocol no longer includes a separate "satisfaction" indicator.
[191] The last in-depth analysis of these data, conducted for the 527 adoptions finalized between January 1 and July 25, 2007, found that 87% of those adoptions were by the resource parents with whom the children had been living prior to being freed for adoption.

regions[192] reported that intensive family preservation services were available in their area. Stakeholders gave the service an overall rating across all criteria of 3.2 on a five-point scale (with 1 being "poor" and 5 being "always good").[193] Intensive family preservation services received the second-highest rating of the 14 core service areas assessed.

Forty-three percent of stakeholders felt that intensive family preservation services are accessible to more than 50% of the population in their area, while 36% of stakeholders felt they are accessible to less than 25% of the population in their area. Sixty-four percent of stakeholders felt that intensive family preservation services meet 50% or more of the demand, while 21% felt they meet less than 25% of the demand.

The February 2013 report also included analysis of the qualitative data collected during the needs assessment process. Stakeholders felt that the strengths of the intensive family preservation services were the family-centered, individualized approach and the good engagement skills of service providers that result in empowerment of families. Stakeholders discussed barriers to the effectiveness of intensive family preservation services, including certain characteristics of families and the limited cultural competency of many providers working with minority populations. Stakeholders also discussed issues related to insurance coverage that create barriers for families in accessing these services.

3. Intensive Home-Based Services for Adoptive Families in Danger of Disruption

To the extent that these are pre-adoptive families with whom a child has been placed, the FOCUS process is likely to be a rich source of information on the extent to which the Department is providing these services.

Data maintained by the provider of the Adoption Support and Preservation (ASAP) program on the number of families served and the rate of disruptions and dissolutions are an additional source of information on both the availability and effectiveness of these services. For calendar year 2012, the ASAP program provided services to over 500 clients with both pre-adopt disruption and post-adopt dissolution rates of less than 1%.[194]

The Department's 'Support for Adoptive Families Post-Finalization' multi-disciplinary work group—a group that had been formed to respond to and learn from cases in which adoptive families were in danger of disruption[195]—has worked to clarify and strengthen the process by

[192] Some regions conducted the needs assessments by cluster while other regions conducted one needs assessment for the entire region.

[193] Although qualitative data from the assessments in the pilot regions, Davidson and Upper Cumberland, was included in the Department's report, the method for collecting quantitative data during the assessments had not yet been developed at the time the assessments were conducted in those regions. Davidson and Upper Cumberland's assessments are therefore not reflected in the quantitative data presented in the findings.

[194] During 2012, 929 youth in out-of-home placement exited to adoption.

[195] During 2012, after the action steps identified by the work group had been completed, the group was no longer regularly meeting. Group leaders are currently coming back together to contemplate what may need current focus and attention, and plan to invite some new (already engaged and interested) members to the group.

which such families are identified by the Department,[196] and continues to offer them support. The Department is working with Vanderbilt's Center of Excellence to assess the strengths and needs of these families, and to ensure that they have access to the support services to meet those needs.

In addition, the Department continues to administer a post-adoption survey in an effort to identify areas of concern for adoptive parents.[197] In response to the most recent survey[198] that revealed a lack of knowledge among some families of the array of services and supports offered through the ASAP program, members of the multi-disciplinary workgroup have increased outreach to adoptive families to ensure that they are aware of the available services. Members of the workgroup are also working with staff in the Quality Assurance Division to identify the families to receive the next survey, and plan to administer it in the summer of 2013.

[196] For example, a "cue question" has been added to the protocol for CPS Central Intake, asking whether the caller knows if the child had been previously adopted and a Central Office point person has been designated to receive referrals from CPS Central Intake staff to ensure that these cases gets the prompt attention of the work group.

[197] It may be appropriate to periodically conduct targeted case reviews, as the TAC has done in the past, of previously adopted children who have subsequently reentered foster care to provide some additional data on the adequacy of post-adoption services and supports.

[198] The Department, in collaboration with private providers and the Tennessee Consortium for Child Welfare (TCCW), administered the survey to 226 DCS families who finalized adoptions in the first three quarters of 2011. The surveys were mailed to families at least three months after their adoptions had been finalized. Thirty-one families (13% of 226) responded by mailing their surveys back to the survey team.

SECTION FIVE: STAFF QUALIFICATIONS, TRAINING, CASELOADS, AND SUPERVISION

Effective intervention with children and families in the child welfare system requires a committed, well-trained, and supportively supervised workforce with manageable caseloads.

Section V of the Settlement Agreement is focused on the recruitment, training, and retention of a well-qualified workforce. It includes a range of provisions related to qualifications for hiring and promotion, pre-service and in-service training, salary ranges, caseload limits, and supervision of case managers and others working directly with children and families.

The Section V requirements have been both incorporated into DCS personnel policies and procedures and included as private provider contract requirements through contract language and specific provisions in the *Private Provider Manual* (PPM).

Most of the Section V requirements apply not only to DCS case managers, supervisors, and direct care staff, but also to private provider staff with comparable responsibilities. As discussed in previous monitoring reports, the DCS Program Accountability Review (PAR) Unit is responsible for ensuring that private providers are complying with specific DCS policies and contract requirements, including those reflecting the personnel requirements of the Settlement Agreement discussed in this Section.[199] The PAR Unit reviews include an examination of a sample of private provider personnel files for compliance with contract requirements and requirements outlined in the *Private Provider Manual*.[200] PAR issues an annual report, presenting a compilation of private provider performance on monitored items, including the personnel requirements of Section Five of the Settlement Agreement.[201] Rather than present the

[199] As reported in previous monitoring reports, prior to fiscal year 2011-12, the Department expanded its relationship with the Vanderbilt Center of Excellence to include a partnership with PAR that focused on improvement of the PAR review process and protocols to ensure uniform and accurate data collection and to allow aggregation of findings. TAC monitoring staff have worked with PAR (and with Vanderbilt) through shadowing of PAR reviews; attendance and participation in meetings; examining reports, data and other items generated from PAR reviews; and through general information sharing and conversations. These activities and interactions provide the basis for the TAC's reliance on the PAR processes and findings for the purposes for which they are cited in this monitoring report.

[200] As described in the June 2012 Monitoring Report, prior to fiscal year 2011-12, these responsibilities were shared between the PAR and DCS Licensing Units. The Licensing Unit continues to monitor providers licensed by DCS for compliance with state licensing standards and those licensing standards do include requirements related to background checks, as well as education and training requirements; however, they do not necessarily mirror the requirements of the Settlement Agreement or DCS Policy. See Appendix P of the June 2012 Monitoring Report for a comparison of *Brian A.* requirements to related licensing standards and a discussion of PAR and Licensing findings for fiscal year 2010-11. While the policy dictating PAR review requirements mandates reviews once every three years, PAR conducts a review on many of its private providers annually and all within the three-year cycle. PAR monitors Performance Based Contracted (PBC) providers, subcontracted providers, and some providers of non-custodial services. PAR has developed a plan to allow private providers a year off from PAR reviews during their accreditation year.

[201] In addition, PAR findings for individual providers, related to compliance with personnel and other requirements, are compiled and shared individually with each provider through the exit conference process. Through PAR's corrective action process, providers are required to submit any missing documentation to PAR reviewers as well as submit plans to address any broader policy, practice or quality assurance issues.

specific PAR Unit findings in the text of the relevant subsections below, reference is made to the PAR Annual Report for Fiscal Year 2011-12 and the PAR Monitoring Guides (attached as Appendix Q) which contain the specific items monitored by PAR during site visits.[202]

A. Requirement of Background Checks for DCS and Private Provider Staff

Section V.A of the Settlement Agreement requires all persons applying for positions with DCS or a private provider agency, which involve any contact with children, to submit to a criminal records check and a DCS abuse and neglect records screening (hereafter referred to as "background checks") before beginning training or employment, and makes applicable to both DCS and private provider staff the provisions of DCS administrative policy 4.1 Employee Background Checks, which sets out the specific checks required and offenses that disqualify a person from employment.[203]

Department policy and private provider contract provisions are consistent with this requirement and the Department has implemented procedures designed to ensure that the terms for hiring and retention related to this requirement are being met.[204]

1. Background Checks on DCS Employees

As discussed in previous monitoring reports, the Department has established clear protocols designed to ensure that required background checks are completed on DCS employees and appropriate documentation placed in the employee personnel file.[205] The Department's revised annual personnel file audit process is well-designed to identify and respond to any remaining lack of clarity or inattentiveness and ensure that background checks are being completed according to policy and documented in the personnel file as required.[206]

The second round of annual personnel file audits conducted under this revised audit process between November 2011 and September 2012 has been completed for all 12 regions. Each

[202] Bar graphs are used in the annual report to display PAR findings. Listed above each graph are the items from the Monitoring Guides that are included the graph. The graphs include all relevant items monitored by PAR, where applicable, and therefore often contain more standards than the requirements of the Settlement Agreement. For example, the graph on caseloads includes, in addition to case manager and supervisory caseloads, staffing ratios for direct care staff in facilities where applicable. Similarly, the training graph includes 17 distinct elements for training of direct care staff, a separate 16 distinct elements related to case manager training, and five elements related to supervisor training. See the Personnel PAR Monitoring Guide for the specific items monitored.

[203] The Settlement Agreement also provides that DCS staff are subject to DCS administrative policy on employee disciplinary actions related to allegations or convictions of criminal acts.

[204] Tennessee Code Annotated 37-5-511 (2) also requires that all persons working with children supply fingerprint samples and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.

[205] A detailed description of the current process is provided in Appendix R.

[206] The audit (which looks at a wide range of personnel file documentation and not simply background check information) includes all files of "new hires" (those hired since the first round of reviews was completed in each region) as well as a sample of all other personnel files. There is a checklist that is filled out for each file reviewed that includes all of the required background checks.

regional review included an audit of the personnel file of all newly hired employees[207] and a randomized review of 25% of all other current employees. The reviewers examined each file for the broad range of documentation required by law and policy, including documentation of required background checks (both initial and annual).

The second round of annual personnel file audits showed a significant improvement over the first round of annual personnel file audits, with eight regions having 100% compliance with criminal background check requirements and the remaining regions having relatively small lapses in documentation. Reviewers found instances of both failure to put documentation of completed background checks in the files and failure to conduct the background checks as required. Only one region had not corrected all of the lapses in documentation of background checks within the time frame set by reviewers, but as of the writing of this report, that region has corrected all instances of missing background checks.

As discussed in the June 2012 Monitoring Report, problems with obtaining local background checks through local law enforcement agencies and local courts contributed to some of the incomplete documentation. However, the Department believes that it now has the cooperation of the handful of local officials who had in the past been resistant to providing local background checks.

TAC monitoring staff reviewed the documentation of background checks in the files of 91 case managers in the sample for the TAC's recent case manager surveys.[208] Of the 91 personnel files, a total of six (7%) were missing at least one of the required background checks (two files were missing one of the required background checks and four files were missing two of the required checks).

2. Background Checks on Contract Agency Employees

As reflected in the PAR Annual Report for Fiscal Year 2011-12 and discussed in previous monitoring reports, reviews of private providers have generally found agencies to be meeting background check requirements, but have identified instances of non-compliance that required corrective action. In addition, in carrying out its responsibilities related to documentation of IV-E eligibility, the Resource Home Eligibility Team (RHET) has implemented a background check review process for ensuring that appropriate and timely pre-employment background checks have been conducted for private provider residential facility direct care staff (including group home staff).

The Department's oversight processes appear to be effective in identifying instances of non-

[207] The term "newly hired employees" referred to those employees hired since the region's last personnel file audit.
[208] The methodology of this survey is discussed in detail in Subsection H below and in Appendix T. In addition to the personnel files of the 87 case managers interviewed, TAC monitoring staff reviewed personnel file documentation for four case managers in the original sample who were not interviewed because they did not carry *Brian A.* cases.

compliance with background check requirements and ensuring appropriate corrective action.[209]

B. Education and Experience Requirements for Case Managers and Case Manager Supervisors (V.B) and for Child Care Workers (V.O)

The Settlement Agreement establishes the following education requirements for persons employed as DCS case managers and case manager supervisors with responsibilities for class members and for private provider staff with comparable responsibilities:

- for a case manager 1 and 2, a bachelor's degree, with preference for a bachelor's degree in social work or related behavioral science;

- for a case manager 3, a bachelor's degree, with preference for a bachelor's degree in social work or related behavioral science and two years' experience in providing child welfare services (with a master's degree in social work or a related behavioral science permitted to substitute for one year of experience); and

- for all case manager supervisors (including team leaders and team coordinators) a minimum of a master's degree in social work or a related behavioral field with a child and family focus (excluding criminal justice) and at least three years' experience as a child welfare case worker (with an additional two years of providing child welfare services permitted to substitute for a master's degree).

As discussed in previous monitoring reports, the Tennessee Department of Human Resources job specifications for each of the case manager positions reflect all of the education and experience requirements set forth in the Settlement Agreement and private providers are required by contract provision to ensure that private provider staff with comparable responsibilities meet these same education and experience requirements.

The paperwork required for the Department's Office of Human Resource Development to process the hiring of a new employee or the promotion of an existing employee is well-designed to ensure that Department staff meet these educational and experience requirements. In addition, the Department's annual personnel file audit process includes a review of documentation of educational and experience requirements. The second round of annual personnel file audits discussed in Subsection A above identified instances of documentation of educational and experience requirements that did not meet the technical requirements of DCS policy (*e.g.*, copies

[209] TAC monitoring staff examined the individual PAR reports for six of the seven private provider agencies that did not receive 100% compliance, as shown in the Background Checks graph in Appendix Q. The seventh agency, the lowest performing agency,, "Provider Agency 2," was serving as a subcontract during fiscal year 2011-12, but that subcontract was terminated during the fiscal year and that provider agency is no longer providing services to any custodial youth. For the remaining six providers, three of the agencies (related to six personnel files) had findings that were for items monitored that are required by the Settlement Agreement, and the remaining three agencies had findings that were in violation of policy requirements that are not required by the Settlement Agreement, for example annual driving records checks. All of the findings were addressed through the corrective action process, including providing missing documentation; revising policy, if necessary; and one agency committed to doing their own complete file review.

of transcripts rather than "official" transcripts); however, the review did not uncover any instances in which the staff person did not meet the educational and experience requirements.

TAC monitoring staff reviewed the documentation of experience and educational requirements in the files of 91 case managers in the sample for the TAC's case manager surveys.[210] All of the 91 personnel files contained documentation that the case manager met the experience and educational requirements.[211]

The Settlement Agreement also requires that child care workers employed in any child care facility or program providing placements and services to children in foster care and their families have at least a high school diploma.[212] (V.O) As previously reported, the vast majority of child care workers are employed by private providers and these minimum educational requirements are required by contract provision, and job specifications for those DCS positions that involve "child care" responsibilities are consistent with the requirements of this provision.[213]

As reflected in the PAR Annual Report for Fiscal Year 2011-12 and as discussed in previous monitoring reports, overall private provider compliance with the education and experience requirements has been very high and the DCS oversight process is sufficient to ensure ongoing compliance.[214]

C. Requirements for Retention, Promotion, and Assumption of Case Responsibilities

The Settlement Agreement (V.C) provides that:

- no case manager assume any responsibility for a case, except as part of a training caseload, until after completing pre-service training and passing a skills-based competency test;

[210] The methodology of this survey is discussed in detail in Subsection H below and in Appendix T. In addition to the personnel files of the 87 case managers interviewed, TAC monitoring staff reviewed personnel file documentation for four case managers in the original sample who were not interviewed because they did not carry *Brian A.* cases.

[211] The discrepancy between the findings from the TAC's review and the Department's audit is in part that the Department, in its audit, required that the employee's state application (used to verify work experience) contained the job title of the position the employee was hired into and that the documentation of education contained in the file was the official transcript from the college or university.

[212] The Department considers a General Equivalency Diploma (GED) to be equivalent to a high school diploma for purposes of this requirement.

[213] See Appendix P of the June 2012 Monitoring Report for a discussion of PAR and Licensing findings for fiscal year 2010-11.

[214] The lowest performing agency shown in the Qualifications graph in Appendix Q, "Provider Agency 2," was serving as a subcontract during fiscal year 2011-12, but that subcontract was terminated during the fiscal year and that provider agency is no longer providing services to any custodial youth.

- no case manager be promoted until completing a job performance evaluation that includes evaluation of performance of the case management requirements of the Settlement Agreement;[215] and

- every case manager supervisor complete basic supervisor training and pass a skills-based competency assessment geared specifically to child welfare supervision.[216]

These provisions apply both to DCS case managers and private provider staff with comparable responsibilities.

1. Competency Evaluation of New DCS Case Managers Prior to Assuming Caseload

The Department requires that new case managers, other than those who graduated from the Bachelor of Social Work Child Welfare Certification Program (BSW Certification Program), complete pre-service training and receive a competency evaluation that includes both knowledge and skills assessments prior to assuming regular caseload responsibilities. The BSW Certification Program requires successful completion of coursework and performance requirements that include, but far exceed, what is required for successful completion of the pre-service training.

The new case managers must demonstrate basic competencies in "critical skill" areas including: developing a professional helping relationship with the child(ren) and families; conducting family-centered assessments; developing and implementing family-centered planning; and completing accurate documentation that reflects the values of strengths-based, family-centered, culturally-competent casework.

The structure of the pre-service training certification process helps ensure that no case manager is assigned more than a "training caseload" prior to certification.[217]

As discussed in more detail in Subsection E below, on July 1, 2012, DCS training, which had been delivered through a contract with the Tennessee Center for Child Welfare (TCCW) was brought in-house and delivered by DCS training staff. Between January 1, 2012 and May 31, 2012, 112 new case manager trainees began TCCW sponsored pre-service training. Of the 112 new case manager trainees who had begun their training during that period, 95 were certified. Of the remaining 17 trainees, six were terminated and 11 resigned or withdrew.[218]

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[215] Failure to receive a satisfactory job performance evaluation is to result in "*progressive disciplinary action, up to termination if necessary*." (V.C.2) This "progressive disciplinary action" requirement is specific to DCS positions which are governed by civil service rules.

[216] Such training is to begin within two weeks of the supervisor assuming supervisory responsibility and be completed within six months.

[217] Phone surveys of case managers conducted as part of the TAC monitoring (the most recent of which was a survey of 87 case managers conducted during the first quarter of 2013), as well as a variety of informal contacts with DCS staff, have not identified any instances of non-compliance with this provision. The methodology of the most recent survey is discussed in detail in Subsection H below and in Appendix T.

[218] The next monitoring report will include information on those who entered pre-service training between June 1, 2012 and December 31, 2012.

2. Requirement of Job Performance Evaluation Prior to DCS Case Manager Promotion

Under DCS policy, in order to be promoted, a case manager must have received an acceptable score on a recent performance evaluation. Documentation of a recent performance evaluation must be submitted to the DCS Office of Human Resource Development in order for a promotion of a case manager to be processed. The Department requires that copies of the front page and signature page of the recent performance evaluation (to verify that the performance evaluation was properly reviewed by the reviewer, supervisor, and employee) be placed in the personnel file.

TAC monitoring staff reviewed the performance evaluations for a statistically significant sample of case managers who were promoted between July 1, 2012 and December 31, 2012 to see whether the performance evaluation had been completed prior to the promotion. Of the 49 case managers in the sample, 46 (94%) had a performance evaluation completed prior to promotion.[219]

It appears to be the Department's practice to allow case manager 1s and graduate associates[220] who have been employed for 12 months to assume a case manager 2 caseload irrespective of whether they have been formally promoted (with the requisite pre-promotion performance evaluation). The review identified one graduate associate who was "promoted" into a case manager 2 position on July 1, 2012, but who did not receive a performance evaluation until October 31, 2012.

3. Requirement of Supervisory Training and Competency Assessment for DCS Case Manager Supervisors

During the transition from the TCCW contract to DCS, the Department identified experienced staff who were previously involved in the Supervisory Training and Competency Assessment at TCCW. The current DCS Program Manager for Supervisor Training was previously a TCCW Professional Development Specialist who was very involved in the Supervisor Certification process at TCCW and was one of the consortium field coaches for the Supervisory Certification process. She is certified as a Master Coach through the Atlantic Coast Child Welfare Implementation Center (ACCWIC) by a certified International Coaching Federation coach.

The Department concedes that when they brought the training in-house, they did not have adequate staff positions to continue to provide the supervisory training as it had been designed to be delivered by TCCW. However, the Department maintains that the redesign work necessitated

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[219] The sample of 49, with a confidence level of 95% and a confidence interval of plus/minus 10, was pulled from the population of 101 case managers (not limited to *Brian A.* case managers) who were promoted to case manager 2, 3, or 4 positions between July 1, 2012 and December 31, 2012.

[220] The graduate associate position was created by the Department for hiring BSW graduates with a certification in child welfare (see discussion in Subsection F below). As is the case with the case manager 1 position, the graduate associate position is a trainee/entry level class with a one-year training period, after which the graduate associate is reclassified as a case manager 2, but the graduate associate is not required to complete pre-service training and is eligible for a higher pay grade.

by the staffing challenges has resulted in current supervisory training that is an improvement over the TCCW training.[221]

According to the Department, key elements of the supervisor certification process have remained consistent through the transition of the training program to DCS. The course content and the coaching component remain intact, with some minor adjustments. Previously, there were three separate tracks to certification, with track assignment being contingent on prior supervisory experience and training. The current certification plan includes only one track for new supervisors, all of whom would have the same requirements. Requirements include 26 hours of course instruction, 10 hours of leadership coaching, and a 4-hour assessment process. Course instruction consists of self-paced individual work along with guided discussion of the material. Regional training staff will be responsible for conducting the guided discussions.

The Department's supervisory training is to include ongoing coaching with scheduled support meetings. Coaching capacity is currently being built through the In Home Tennessee initiative.[222] ACCWIC has a substantial coaching component designed to reinforce skills learned through the training process. All supervisory staff will attend a two-day training in leadership coaching. Additionally, master coaches, who are to receive additional support from ACCWIC, have been identified in each region. With the increased coaching capacity, new supervisors are expected to receive coaching from their own supervisor, who will be supported by master coaches in the region. The Department intends that, in addition to being a recipient of coaching, supervisors will have the opportunity to embed coaching into practice and strengthen their own coaching skills.

Supervisors are also expected to have the opportunity to participate in a coaching webinar offered by the National Child Welfare Workforce Institute (NCWWI). And as a result of a separate initiative of the governor, DCS supervisors will also receive training in a coaching model of supervision that is being required of supervisors throughout state government.

The most significant change in the supervisor certification process is the assessment component. The process now includes a panel assessment, which mirrors the process used in the new case manager certification process. New supervisor candidates will be presented with a case scenario and will respond to panel questions regarding the case. An assessment rubric based on core supervisor competencies will be used to score the candidate's responses. The panel will consist of the candidate's immediate supervisor in addition to regionally designated panelists.

During the new supervisors' second year, they will participate in the Leadership Academy for Supervisors (LAS) offered by the NCWWI. In the previous structure, LAS was one of the three tracks available in the certification process for those supervisors who had at least one year of supervisory experience (a requirement of NCWWI). This program now becomes an important component of the continued professional development of all new supervisors.

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[221] The current approach to supervisory training was developed by a small workgroup that included DCS training staff, the Deputy Commissioner of Child Programs, and several Regional Administrators.
[222] For further discussion of the In Home Tennessee initiative, see Section Four beginning at page 144.

As of the transition of the training program in July 2012, a total of 49 supervisors of *Brian A.* cases had enrolled in the certification program. By December 2012, 15 supervisors had completed the program and 14 were pending only the assessment component. The remaining 20 were at varying stages of the program. An additional 15 new supervisors of *Brian A.* cases were promoted between July and December 2012. All 15 of these new supervisors began the certification program on May 1, 2013 and are expected to complete certification by October 2013.

4. Ensuring Private Providers are Meeting Requirements for Staff with Comparable Responsibilities

Contract provisions require that the private providers meet DCS requirements for staff with comparable responsibilities. The Department has worked to clarify its expectations of private providers with respect to the pre-service training competency evaluation, the job performance evaluation requirement for promotion, and the supervisory training and competency evaluation process. The Department is currently contacting providers to collect information about pre-service competency assessments, along with information about their training curriculums discussed in Section D.4 below.[223]

The training graph in the PAR Annual Report for Fiscal Year 2011-12 represents a much broader picture of training at provider agencies, including training topics covered for direct care and case management staff. PAR does monitor for completion of a competency assessment for both case management staff and supervisory staff. Eighty-three percent of applicable case managers monitored had documentation of a competency assessment, and 73% of supervisors had such documentation.[224]

D. Training Requirements for DCS and Private Provider Case Managers (V.D, F)

The Settlement Agreement includes specific requirements for pre-service and in-service training of case managers and supervisors. For DCS case managers and private provider case managers with comparable responsibilities, the Settlement Agreement (V.D.1, 2) requires:

- 160 hours pre-service, including instructional training and supervised field training; and

[223] As a result of turnover of Department staff who had responsibility for working with the providers on this training and evaluation requirement, there was some uncertainty as to the status of this work. When the most recent information was collected from providers in 2011, approximately one-third of providers used the DCS assessment (or a modified version) and approximately two-thirds used their own assessments. Rather than try to reconstruct the work that had been done, current Department staff are conducting a new review.

[224] A review of the non-compliance findings that PAR made related to the competency assessment found that these findings related primarily to the smaller agencies. Most of the larger provider agencies that were monitored had no non-compliance findings related to this requirement. For a variety of reasons, PAR reviews a disproportionately larger percentage of personnel files of smaller agencies. For example, PAR reviewed 25 files of the provider reviewed that was serving the largest number of children and found 100% compliance with this requirement. Therefore the overall percentage of personnel files reviewed by PAR that were found lacking documentation of competency assessments is not representative of private provider case managers as whole.

- 40 hours in-service annually.

For DCS case managers with supervisory responsibility and private provider case managers with comparable responsibilities, the Settlement Agreement (V.D.3, 4) requires:

- 40 hours of training specific to supervision of child welfare caseworkers; and
- 24 hours of in-service annually.

The Department has implemented processes to ensure that DCS and private provider case managers and supervisors are in fact receiving this required training.

1. Pre-service Training for New DCS Case Managers

The current pre-service training continues to meet the requirements of the Settlement Agreement. After the training transitioned from TCCW to DCS, technical issues arose that new hires often had issues accessing Edison to support the online component of the curriculum. Additionally, there was feedback in the course evaluations that the amount of material and time spent online was challenging, time consuming, and felt at times overwhelming. A CD of the online material, including the quizzes and surveys for the training, is now distributed to every new case manager trainee at the first meeting. This allows for some flexibility in reviewing the material but maintains the integrity of the learning process and the curriculum.

A Continuous Quality Improvement Professional Development Team has been established to review the current pre-service curriculum and document feedback from DCS staff. That information will be used to continue to track and adjust the relevance of the current curriculum. DCS is in the process of updating all forms and procedures related to pre-service training to reflect current DCS training protocols. There have been no changes for trainees to meet the requirements for certification. There continues to be a four-week classroom training that includes one week of specialty training. Initial panel assessments have not changed and trainees receive four weeks of on the job training (OJT) with a mentor after receiving a passing score on the initial panel assessment and TFACTS training. The trainee must be able to effectively demonstrate competencies and skill sets that were integrated into the OJT activities in order to pass a final panel assessment for certification.

The BSW Certification Program has not changed and continues to require successful completion of coursework and performance requirements that include, but far exceed the requirements for pre-service certification.

TAC monitoring staff requested documentation from the Department of successful completion of pre-service training (specifically, a copy of the panel assessment and a letter from TCCW or the Department, as applicable, confirming successful completion of the case manager certification process) for case managers in the sample for the TAC's case manager survey.[225] Because the Department significantly revised the certification process in 2009, TAC monitoring staff looked only at the 35 case managers who were hired after January 1, 2009 and would therefore have

[225] The methodology and findings of this survey are discussed in detail in Subsection H below and in Appendix T.

experienced the revised certification process. Eight of these 35 case managers had received certification in child welfare through a BSW program and were not required to complete the certification process through DCS. The personnel files for 22 (81%) of the remaining 27 case managers contained both a copy of the panel assessment and a letter from either TCCW or the Department confirming successful completion of the case manager certification process. The Department is following up on the five personnel files that contained neither a copy of the panel assessment nor the letter confirming successful completion of the certification process.

2. In-service Training for DCS Case Managers

As discussed in previous monitoring reports, the Department has provided a wide range of in-service training opportunities for case managers, including a significant number of course offerings made available through the collaboration with TCCW, and while the Department in the past had been limited in its ability to provide automated aggregate reporting related to compliance with this provision, the TAC has consistently found sufficient basis from other sources (including results of its personnel file reviews and follow-up phone interviews) to conclude that case managers are receiving at least 40 hours of annual in-service training.

As discussed in the June 2012 Monitoring Report, the Department's Training Unit (formerly referred to as the Professional Development and Training Division) is now able to use the Enterprise Learning Management System (ELM) component of Edison (the state's personnel data management system) to produce automated tracking and reporting of annual in-service training requirements.

Annual in-service training hour requirements are based on the fiscal year. The Department runs a report toward the end of each fiscal year to identify any case managers who are deficient of their required in-service hours, and to ensure that appropriate steps are being taken to address any shortfall in training hours.

According to a report produced by the Training Unit on in-service training hours completed year-to-date for fiscal year 2012-13, 785 (48%) of the 1,649 case manager 1s and 2s had completed 40 hours of training as of April 30, 2013, and 75% had completed more than 25 hours of training.[226]

[226] While the detail of this report includes the different courses taken by each case manager, the summary report does not distinguish between case manager 1s and 2s who would be required to complete 40 hours of annual in-service training and those case manager 1s and 2s who would not be required to complete the in-service training because they had completed pre-service during fiscal year 2012-13 (these case managers typically have had at least the 160 hours of training required during pre-service during the fiscal year). These data also exclude some case manager 3s who would be required to complete 40 hours of annual in-service training because the report does not distinguish between those case manager 3s who supervise (and would therefore be required to meet the in-service training requirements for supervisors) and those case manager 3s who do not supervise (and would therefore be required to complete the 40 hours of annual in-service training). In addition, these data include some number of case managers who had left the Department (either voluntarily or through termination) during the fiscal year. TAC Monitoring staff are working with DCS Training staff to address the need for more nuanced reporting on in-service training.

The regional training coordinators (RTCs), using regular aggregate reporting on training hours, monitor progress on completion of in-service training hours and assist those case managers who are falling behind in their in-service training hours to complete the required 40 hours within the fiscal year.

As part of a survey of *Brian A.* case managers focused on caseloads, TAC monitoring staff also asked whether the case managers have previously or currently had any problems completing the required 40 hours of annual in-service training.[227] More than three-quarters of the 86 case managers interviewed reported that they did not have particular difficulty completing their in-service training hours.[228] Some commented that training options are available in convenient locations, and some mentioned that the mandatory trainings in their region or office meet the annual in-service requirements. Some felt that the trainings were interesting and helpful, but others felt that they took away from valuable time needed to work their cases without providing helpful information or tools to do the work.

Nineteen (22%) of the 86 case managers interviewed indicated that they have had difficulty completing their in-service training requirements. These case managers indicated that it was especially difficult to complete the required in-service training hours when their caseloads were high.[229] They also mentioned the inflexibility of their schedules at times, when emergencies arise with families or when they have to be in court for hours (one case manager said she was in court three days per week), as barriers. Several mentioned that they had missed multiple trainings for which they registered because something came up with one of their cases that required their immediate attention. For these reasons, many of these case managers commented that the online trainings were convenient because they could complete them at their convenience and even stop in the middle if needed, and they felt it would be helpful if more online courses were offered; however, other case managers commented that the online trainings were "useless" and that face-to-face trainings would be more helpful. Not surprisingly, travel time and distance appears to be a barrier particularly for case managers in rural areas.

Several case managers, regardless of whether they had difficulty completing the in-service training requirements, commented on how valuable it was to have a person who helped them schedule trainings and keep track of their training hours. Some case managers who did not have anyone in their office with this responsibility wished that they had that type of assistance.

[227] The methodology and findings of this survey are discussed in detail in Subsection H below and in Appendix T.

[228] TAC monitoring staff asked case managers about their difficulty completing in-service training rather than whether they had completed the required in-service hours because the survey was conducted during the first quarter of 2013, prior to the June 30, 2013 deadline for completing annual in-service training. The goal of this question was to determine whether a lack of in-service training offerings was a barrier for their completion of in-service training hours, and case managers did not mention this as a problem.

[229] One case manager commented that meeting the in-service training requirement gets harder every year because of the additional work requirements that are constantly added. She specifically mentioned new case reviews that seem to be added to their workload regularly.

3. In-Service Training for DCS Supervisors

Previous monitoring reports discussed the concerted effort the Department has been making to provide additional opportunities for supervisory staff to enhance their supervisory and leadership skills, beyond the basic supervisory training and the kind of substantive training that characterizes the bulk of the in-service offerings.

Only training with relevant supervisory content can be counted toward the 24 hour annual in-service requirement for supervisors. The Department is presently able to report on the number of hours of in-service training a supervisor (case manager 3, case manager 4, or team coordinator) has received.[230] According to a report produced by the Training Unit on in-service training hours completed year-to-date for fiscal year 2012-13, 531 (89%) of the 599 case managers 3, case manager 4s, and team coordinators had completed at least 24 hours of in-service training as of April 30, 2013. However, the Department is not able to identify, at an aggregate level, how many of those training hours qualify as "supervisor training." The Department is therefore focusing on making sure that the ELM course listings are reviewed, and that those courses qualifying for supervisory in-service credit are identified.[231] The Department anticipates being able to produce more nuanced reporting on in-service training for supervisors for the next monitoring report.

This fiscal year, a significant part of supervisory training has been focused on developing the coaching skills of supervisors through the In Home Tennessee initiative.

4. Ensuring that Private Agency Case Managers and Supervisors Meet Pre-Service and In-Service Training Requirements

In addition to requiring comparable hours of pre-service and in-service training for private provider staff with comparable responsibilities to DCS case managers and case manager supervisors (V.D), the Settlement Agreement requires the Department, prior to contracting with any agency, to review, approve, and monitor curriculum for private provider pre-service and in-service training for case managers to ensure that general content areas are appropriate to the work being performed by the agency (V.F).

As discussed in previous monitoring reports, the Department had been working with providers to clarify expectations related to the pre-service training curricular content and the competency assessment process, and had developed a schedule for submission and review of provider pre-service training and competency assessment processes in advance of the 2011-12 contract year. All 30 private providers covered by this provision submitted their pre-service training and

[230] The Department's reporting does not distinguish between case manager 3s who supervise (and would therefore be required to meet the in-service training requirements for supervisors) and those case manager 3s who do not supervise (and would therefore be required to complete the 40 hours of annual in-service training). Therefore, these data include some case manager 3s who do not supervise and are required to complete 40 hours of annual in-service training.

[231] An activity code has been established to identify those courses within ELM that are supervisory specific. Courses such as "Performance Management Process," "Supervisor Certification Process," "Effective Coaching," and the graduate credit hour "Leadership Academy" are examples of supervisory specific courses.

competency assessment processes to the Department and the Department reviewed the training and assessment processes and found them satisfactory.[232]

The Department is currently contacting providers to collect this information again, along with information about their competency assessment, discussed in Section C.4 above. The current process includes a checklist of key competencies expected to be covered in pre-service training. Private providers are expected to verify that each item is addressed in their current curriculum.

With respect to the annual in-service training requirements, the Department in consultation with private providers, has developed and distributed a list of suggested and/or common in-service training topics for providers to consider in developing in-service offerings for their staff. However, the Department recognizes that private providers should have the flexibility to tailor their in-service training to best meet the needs of their staff, and that periodic reviews by the Department's Training Unit of the in-service training calendars submitted by the providers should be sufficient to ensure that the private providers are offering relevant in-service training for their staff.

As reflected in the PAR Annual Report for Fiscal Year 2011-12 and in previous monitoring reports, reviews of private providers have generally found agencies to be meeting training requirements regarding the specific training items monitored by PAR. The training graph in the PAR Annual Report for Fiscal Year 2011-12 represents a much broader picture of training at provider agencies, including training topics covered for direct care and case management staff.[233] As shown in the PAR Monitoring Guides, PAR does specifically monitor for completion of required pre-service and in-service training hours for both case management staff and supervisory staff. Approximately 80% of applicable case managers and supervisors monitored had documentation of required pre-service training hours. Approximately 60% of applicable case managers monitored had documentation of required in-service training hours, and 90% of supervisors had such documentation.[234]

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[232] The DCS staff person who headed up this review is no longer with the Department and it is not clear that there was any formal approval given following the review.

[233] The lowest performing agency shown in the Job Training graph in Appendix Q, "Provider Agency 2," was serving as a subcontract during fiscal year 2011-12, but that subcontract was terminated during the fiscal year and that provider agency is no longer providing services to any custodial youth.

[234] A review of the non-compliance findings that PAR made related to training hours found that these findings related primarily to the smaller agencies. Most of the larger provider agencies that were monitored had no non-compliance findings related to this requirement. For a variety of reasons, PAR reviews a disproportionately larger percentage of personnel files of smaller agencies. For example, PAR reviewed 25 files of the provider reviewed that was serving the largest number of children and found 100% compliance with this requirement. Therefore the overall percentage of personnel files reviewed by PAR that were found lacking documentation of training hours is not representative of private provider case managers as whole.

E. Requirements for Training Infrastructure (V. E)

The Settlement Agreement requires the Department to have a full-time qualified director of training and maintain sufficient staffing, budget funds, and other resources to provide comprehensive child welfare training.[235]

As discussed in the June 2012 Monitoring Report, the bulk of the Department's training in recent years has been provided through a partnership with the Tennessee Social Work Education Consortium (consisting of 14 public and private universities that offer accredited undergraduate degrees in social work) and its administrative hub, the Tennessee Center for Child Welfare (TCCW).

In July 2012, the Department terminated its contract with TCCW and the Consortium and assumed the bulk of the training responsibilities internally, through a combination of hiring additional "in-house" trainers and contracting for specific training needs. In bringing training in-house, the Department created four Central Office units: Planning and Logistics, Training, Resource Parent Training, and Workforce Development.

The Planning and Logistics Unit is responsible for all areas of planning/logistics to support all aspects of training functions. This includes: printing and disseminating training materials, deploying training equipment and supplies, Edison Enterprise Learning Management (ELM) support (data entry, course establishment and enrollment, documentation, reporting, technical assistance, etc.), training file documentation, technical support (coordinating and moderating webinars, deploying e-learning content, etc.), as well as acting as the liaison with the DCS Office of Information Systems (OIS) and Edison staff. This unit includes six staff positions, all of which were filled as of May 23, 2013.

The Training Unit is responsible for curriculum development and training delivery (such as training for trainers) for pre-service for new DCS staff, in-service for current DCS staff, supervisory training, and specialty program areas (Child Protective Services (CPS), Juvenile Justice, Permanency, TFACTS, etc.). The Training Unit is also responsible for curriculum development and training delivery for the regional in-service training on core practice skills being conducted as part of the In Home TN initiative. Two trainers (specialty trainers for Juvenile Justice and TFACTS) report directly to the Training Unit, while all other trainers work under the Workforce Development Unit discussed below. This unit includes 14 staff positions, 12 of which were filled as of May 23, 2013.

The TFACTS Training Manager position was initially very difficult to fill because the position required a very specific skill set and experience level. Ultimately, after several unsuccessful attempts to find a qualified candidate, the Training Unit made an arrangement with DCS OIS to utilize the Manager of the TFACTS Customer Care Center to supervise the TFACTS Training function. Because the TFACTS Customer Care Center is directly involved in addressing problems TFACTS users have every day and developing solutions for those issues, this allows

[235] The child welfare training is "*to ensure that all persons responsible for children in the plaintiff class will have sufficient training to permit them to comply with the relevant mandates of this agreement, DCS policy, and reasonable professional standards*." (V.E)

training staff to be involved at the earliest possible point in addressing training needs and addressing real life issues as quickly as possible through training. In addition, this also provides a direct line of communication from the TFACTS Customer Care Center to TFACTS trainers so that they are updated continuously on ongoing issues and updates that are identified.

One of the vacant positions is that of the CPS Training Manager. As a result of the reorganization, that position will be assigned to the new Division of Child Safety and filled by the Deputy Commissioner of that Division. The other vacancy is a Juvenile Justice Trainer position, and the Department is in the process of filling that position.

The Resource Parent Training Unit is responsible for curriculum development and oversight of the contracts and private providers that deliver PATH training, as well as curriculum development and training delivery for In-service Resource Parent training. This unit also provides training to all DCS and private provider staff and supervisors that write and approve resource parent home studies. In addition, this unit is responsible for providing elective courses on specialized topics and training for trainers for all pre-service and in-service courses delivered to resource parents. The unit is responsible for planning and coordination of the annual Resource Parent Conference which trains approximately 800 Resource Parents over a two-day period. This unit includes seven staff positions, all of which were filled as of May 23, 2013.[236]

The Workforce Development Unit is responsible for supervising regional training delivery staff and administering the Title IV-E BSW and MSW Tuition Assistance Programs discussed in Subsection F below.

Workforce Development directly supervises the training delivery staff co-located with regional staff. For purposes of training, the state is divided into seven groups: Shelby, Southwest/Northwest, Davidson/South Central, Mid-Cumberland, Upper-Cumberland/Tennessee Valley, Knox/East and Smoky Mountain/Northeast. Each group includes the following positions: a Human Resource Director, a Master Trainer, two regional trainers, and a Training Coordinator. These field based staff are responsible for training delivery of pre-service, in-service, and supervisory training for their assigned group. Of the 30 field based positions, 23 were filled as of May 23, 2013.[237]

A total of 59 positions were allocated for training: the positions listed above, the Executive Director, and an administrative assistant. The latter two positions are also responsible for Human Resources in addition to Training.

The training budget for the current fiscal year is $5.39 million. It includes funding for a total of 59 staff positions to perform the training and coaching functions and $1.38 million to support

[236] See Section Nine for further discussion of resource parent training.

[237] The seven vacancies include four Human Resource Director positions, which have proved difficult to fill. Given this difficulty, the Department is looking at opportunities that the recent reorganization may present for rethinking these positions and finding some alternative way of serving the functions that those positions were intended to serve. The three remaining vacant positions are trainer positions that have become vacant over time. The Department has just completed the interview process and expects to fill these positions in the next few weeks.

contracts for PATH training in each region. Actual expenditures to date for training are $4.77 million.

F. Additional Requirements for Improving Workforce Quality (V.G)

The Settlement Agreement requires that the Department provide stipends and other incentives to support graduate work to enable the state to hire and retain case managers with undergraduate and graduate degrees in social work and related fields. The Settlement Agreement also requires the Department to "*periodically assess whether salary increases are necessary to ensure that Tennessee is competitive with neighboring states in its compensation for case managers and case manager supervisors.*" (V.G)

As discussed in previous monitoring reports, the Department has established stipend and incentive programs for both undergraduate and graduate work and conducted a salary comparability study and raised case manager salaries substantially in response to the results of that study.[238]

1. Title IV-E Bachelor of Social Work (BSW) Tuition Assistance Program

The Title IV-E Bachelor of Social Work (BSW) Tuition Assistance Program (formerly referred to as the BSW Stipend Program) provides financial support for selected social work majors who commit to working with children and families immediately after graduation. In this program, the student agrees to work for the Department after graduation for six months for every semester of financial support they receive.[239]

The BSW Tuition Assistance Program began in 2004 and the first students graduated in May 2005. As of December 2012, there have been 474 participants in the BSW Program. Of those, 387 have graduated, 53 are enrolled in classes, 30 have withdrawn from the program before graduating, and four are current students in deferral for medical reasons.

Of the 387 graduates, 343 were employed by the Department, 29 graduates were never hired, and 15 students recently graduated and are currently being interviewed for positions. The following table shows the breakdown of graduates from this program.

[238] The Department dramatically increased salary scales over a three-year period ending in 2006. There have been no salary scale increases since that time. Although the Department has not conducted any formal salary studies, the Department believes that its salaries remain competitive, especially given the current economic climate. The State Department of Human Resources is in the process of completing a state government-wide salary analysis that should provide updated information about the competitiveness of the Department's salaries.

[239] Those who withdraw from school without fulfilling their commitment, or choose not to come to work after graduating, or are hired by the Department but fail to complete their employment commitment period, are required to repay the Department. The process for enforcing the repayment obligation was discussed in detail in the November 2010 Monitoring Report.

Table 12: Title IV-E Bachelor of Social Work (BSW)Tuition Assistance Program, Status of Students who Graduated between May 2005 and December 2012		
Graduate Status	**Number of Graduates**	**Percentage of Graduates**
Recent graduates who are actively seeking employment	15	4%
Currently employees who are working toward meeting their contract obligations	110	28%
Current employees who are still working for the Department and have completed their contract obligations	113	29%
Former employees who completed their contracts but separated from the Department	55	14%
Former employees who did not complete their contract	65	17%
Graduates who were never hired	29	7%
Total number of BSW/BSSW graduates	**387**	**100%**

Source: The Department's Title IV-E Tuition Assistance Database.

Until June 2012, the BSW Tuition Assistance Program was administered by TCCW with services provided by as many as 12 colleges and universities. The program is now being administered directly by the Department.

As discussed in the June 2012 Monitoring Report, in the Department's view, the BSW Tuition Assistance Program had not been as successful in attracting and retaining high-quality staff as the Department had expected. There are certainly BSW Tuition Assistant Program graduates who came to their positions well prepared by their two years of child welfare focused coursework and field experience, who have done and are doing excellent work for the Department, and who have remained with the Department beyond the two-year commitment required of those who received a stipend. However, there have been differences in the quality of the college and university programs themselves and considerable variation among program graduates in terms of the level of skill, quality of preparation, and depth of commitment to public child welfare work that they have exhibited upon graduation.

In an effort to respond to these concerns, the Department, since taking over administration of the program, has assumed responsibility for marketing of the program (including the creation of a program web-site) and for recruitment and selection of the students. The Central Office staff have worked with the regions to design a more standardized internship experience for BSW Tuition Assistance Program students so that irrespective of the region in which the students do their internship, the students will have a core set of experiences that will prepare them for entering the DCS workforce upon graduation. The Department is also coordinating with the

State Department of Human Resources to streamline the hiring process so that BSW Tuition Assistance Program graduates are more quickly and easily hired upon graduation.

As discussed in the June 2012 Monitoring Report, the Department reduced the combined funding for the BSW and MSW Tuition Assistance Programs from the $2.4 million budgeted for 2011-12 to $1.91 million for 2012-13. Actual expenditures through April 30, 2013 were $688,813 for the BSW Program and $376,588 for the MSW program, for a total of $1.07 million.

2. Title IV-E Master of Social Work (MSW) Tuition Assistance Program

The Title IV-E Master of Social Work (MSW) Tuition Assistance Program (MSW Tuition Assistance Program) allows qualified DCS employees to receive financial support to pursue an advanced degree in Social Work in exchange for a commitment to continue to work for the Department upon graduation. As is the case for the BSW Tuition Assistance Program, the employee agrees to continue to work for the Department for six months for every semester of financial support they receive up to 24 months.

As of December 2012, there are a total of 203 DCS employees that have graduated or are actively in the MSW program.[240] Of those, 154 have graduated with an advanced social work degree and 49 employees are currently enrolled for the 2012-13 academic year.

The MSW Tuition Assistance Program has been used primarily by DCS staff seeking to advance professionally within the Department. As discussed in the previous subsection, the budget to support the MSW/MSSW program was reduced in the 2012-13 fiscal year. The Department is looking at ways to more strategically use the MSW/MSSW Program to meet specific supervisory and program needs.

G. Performance Evaluations to Ensure Case Manager and Supervisor Competency (V.H, I)

The Settlement Agreement requires the Department to develop and implement a performance evaluation process which includes an annual assessment of the extent to which case managers and case manager supervisors are handling their case responsibilities consistent with DCS policy, reasonable professional standards, and the provisions of the Settlement Agreement. (V.H) The process is to ensure that case managers in need of additional training are identified and that appropriate action (including reassignment or termination) is taken with respect to case managers who are not performing at acceptable levels.

The Settlement Agreement also requires that, prior to contracting or renewing a contract with any private provider, the Department ensures that each private provider agency has implemented

[240] This figure is drawn from the database that TCCW transferred to DCS and that is now maintained by DCS. In November 2011, TCCW had reported to the TAC, based on its database, that 231 DCS employees had graduated or were at that time participating in the program. Neither the TAC nor the Department has an explanation for the discrepancy, and TCCW has been disbanded.

an appropriate performance evaluation process to ensure the competency of those staff with responsibilities comparable to DCS case managers.

As discussed in the June 2012 Monitoring Report, the Department completed work to re-design its Performance Management System in early 2012. The Department was in the process of implementing this redesign of its performance evaluation system when, on April 11, 2012, the TEAM (Tennessee Excellence, Accountability and Management) Act was passed by the Tennessee Legislature. The TEAM Act completely overhauled the state's performance evaluation system for all state employees and required each agency to implement and comply with the new state performance evaluation system. The Department therefore suspended implementation of its performance evaluation process until revisions were made to conform the Department's process to the requirements of the TEAM Act.

As mandated by the TEAM Act, the revised performance evaluation system, as it is now being implemented by DCS, includes:

- a standardized Performance Plan written with expected work outcomes or goals which are Specific, Measurable, Achievable, Relevant, and Time-sensitive (SMART) and which identify standardized performance goals tied back to the Department's performance goals for the particular job classification and program area;

- two interim performance reviews during the cycle (recommended to be completed at quarterly intervals); and

- an annual performance evaluation.

In addition to these TEAM Act requirements, the DCS evaluation process continues to require that monthly performance briefings be completed to provide regular feedback on employee performance.

The last completed annual performance evaluation cycle for the state ran from March 1, 2011 until February 29, 2012. The present performance evaluation cycle began on June 1, 2012 and was extended to run through July 31, 2013.[241] The State Department of Human Resources has indicated that the next performance evaluation cycle will be adjusted to run from the fall of 2013 to the fall of 2014.[242]

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[241] Training on the new performance evaluation process began in April 2012 with performance plans to be completed by June 1, 2012. As a result of changes made by the State Department of Human Resources after the initial implementation of SMART Goals, agencies were assigned coaches to assess completed Performance Plans to determine if they met SMART criteria. During the evaluation of the Performance Plans, SMART clinics and ongoing re-training conducted by the SMART Coach were available to all DCS staff during February, March, and early April 2013, with revised Performance Plans due to be completed as of April 15, 2013. Interim Reviews were due to be completed as of May 17 and June 21 with the final Performance Evaluation due July 13, 2013.

[242] The next phase of implementation includes Performance Coaching to train supervisors/leaders on fostering a culture of continuous feedback based on employee development, and which will ultimately include Individual Professional Development plans for employees. Training for trainers of Performance Coaching began in the spring of 2013.

The DCS Office of Human Resource Development continues to track and produce quantitative reports on annual performance evaluations including timeliness of the annual Performance Evaluation (PE) and timeliness of the Performance Plan. In the current cycle, 94% of Performance Plans were completed in a timely manner. Effective beginning October 2012, the State Department of Human Resources (DOHR) is requiring reporting from all state agencies on timeliness of completion of performance evaluations and performance plans. The Department is refining its tracking and reporting processes to comply with DOHR's requirements.

2. Performance Evaluation for Private Provider Case Managers and Supervisors

As discussed in Subsection C.4 above, by contract provision, private providers are required to conduct the annual performance evaluations required by the Settlement Agreement. The Department generally accepts the judgment of the provider that the agency's annual performance review process is sufficient to ensure that their staff are competently meeting their responsibilities. However, if the Department, either through PAR and Licensing reviews or other means, were to identify a private provider staff person who had failed to perform competently, the provider's annual performance review process might be subject to further scrutiny.[243]

The training graph in the PAR Annual Report for Fiscal Year 2011-12 represents a much broader picture of training at provider agencies, including training topics covered for direct care and case management staff. PAR does monitor for completion of an annual performance evaluation for both case management staff and supervisory staff. Eighty-seven percent of applicable case managers monitored had documentation of an annual performance evaluation, and 90% of supervisors had such documentation.[244]

H. Provisions Related To Caseloads and Case Coverage (V.J, V.K, V.L, V.M, V.N)

The Settlement Agreement requires that a DCS case manager be assigned to each case and that the case manager have full responsibility for that case, including working with the child and family; visiting with both for the purposes of assessing and meeting their needs; determining and implementing the permanency plan; supervising, supporting, and assuring the stability of the child's placement; and assuring a safe, adequate and well-planned exit from foster care. If a

[243] It has been the experience of the Department (based on monitoring information, Placement Quality Teams (PQT) referrals, Special Investigations Unit (SIU) cases and Internal Affairs investigations) that because private providers are not constrained by civil service requirements related to employee discipline and termination, private providers tend to respond more quickly to instances of poor performance.

[244] A review of the non-compliance findings that PAR made related to the performance evaluations found that these findings related primarily to the smaller agencies. Most of the larger provider agencies that were monitored had no non-compliance findings related to this requirement. For a variety of reasons, PAR reviews a disproportionately larger percentage of personnel files of smaller agencies. For example, PAR reviewed 25 files of the provider reviewed that was serving the largest number of children and found 100% compliance with this requirement. Therefore the overall percentage of personnel files reviewed by PAR that were found lacking documentation of performance evaluations is not representative of private provider case managers as whole.

private provider is engaged in the case, the DCS and private provider case managers are to "collaborate" to ensure compliance with this agreement.[245]

The Settlement Agreement establishes caseload limits and case coverage requirements and includes specific provisions related to turnover rates, transfers of cases, and maintenance of up-to-date and complete case files.

1. Caseload and Supervisory Workload Limits (V.J, V.K)

The Settlement Agreement (V.J) provides that any DCS case manager responsible for the case of at least one class member, and private provider staff with comparable responsibilities, not have case responsibility for more than:[246]

- 15 individual children in DCS custody if the case manager is a case manager 1;
- 20 individual children in DCS custody if the case manager is a case manager 2 or 3 with no supervisory responsibility; and
- 10 individual children in DCS custody if the case manager 3 supervises one or two lower level case managers.

The Settlement Agreement provides that, should the Department propose the use of workers carrying a mix of custodial and non-custodial cases, "a *weighted equivalent caseload standard*

[245] While as part of this collaboration (and consistent with the other requirements of the Settlement Agreement) the private provider case manager in private provider case managed cases assumes many of the day-to-day responsibilities for case management, (including visiting the child's placement, ensuring parent-child and sibling visits, and making the face-to-face contacts with children) that DCS case managers assume in DCS case managed cases, the DCS case manager in private provider case managed cases, while relieved of some of the day-to-day responsibilities, remains actively involved in the case and retains the overall responsibility described in this Settlement Agreement provision.

[246] There are four case manager positions, two of which (case manager 1 and case manager 2) are non-supervisory positions and two of which (case manager 3 and case manager 4) are supervisory. Case manager 1 is a trainee/entry level class for a person with no previous case management experience; after successful completion of a mandatory one-year training period, a case manager 1 will be reclassified as a case manager 2. A case manager 2 is responsible for providing case management services to children and their families, and requires at least one year of case management experience. A case manager 3 can have supervisory responsibility for leading and training case manager 1s and case manager 2s in the performance of case management work. A case manager 4 is typically responsible for the supervision of staff (including case manager 3s) in a regional or field office or a single/small residential program who are providing case management services for children and their families. The terms case manager 4 and team leader are used interchangeably. A team coordinator supervises the case manager 4s/team leaders. There is an additional position, graduate associate, created by the Department for hiring BSW graduates with a certification in child welfare (see discussion in Subsection F above). As is the case with the case manager 1 position, the graduate associate position is a trainee/entry level class with a one-year training period, after which the graduate associate is reclassified as a case manager 2, but the graduate associate is not required to complete pre-service training and is eligible for a higher pay grade. For caseload purposes, because the graduate associate is an entry-level class with a one-year training period, the Department applies the same caseload cap as the case manager 1 position. Recent changes in policy at the State Department of Human Resources required the Department to discontinue the graduate associate position, and for this reason, the Department stopped hiring into the graduate associate position in October 2012.

will be developed in consultation with the TAC." The Department has not yet made such a proposal and, in the absence of a weighted equivalent caseload, the TAC has considered those case managers who have a mix of custodial and non-custodial cases to be subject to the "individual child" limits that are applicable to custodial caseloads.

With the transition to TFACTS and in keeping with the family focus of the Department's *Practice Model*, the Department has moved from a "child case" data system to a "family case" data system and toward conceptualizing staff workloads in terms of the number of families that a case manager is working with, and not just the number of individual children.

Notwithstanding the shift from "child case" to "family case" as the organizing principle for case work, the Department has committed to continue to track and report the number of individual children that any case manager with a *Brian A.* case is working with at any given time and to ensure that pending the creation of a weighted equivalent caseload measure for a mix of non-custodial and custodial cases, the number of individual children on a case manager's mixed caseload should not exceed the applicable *Brian A.* caseload limit.[247]

The Settlement Agreement also sets supervisory workload limits for those who supervise case managers handling caseloads that include class members. A case manager 4 or team coordinator may supervise no more than five lower level case managers and may not carry their own caseload. Under certain circumstances, a case manager 3 may supervise up to four lower level case managers but may not carry a caseload if the case manager 3 is supervising more than two lower level case managers.

a. DCS Case Manager Caseloads

As has been noted in previous monitoring reports, one of the most significant accomplishments of the Department's reform effort has been the reduction of caseloads to manageable limits. Previous monitoring reports, using a combination of aggregate reports from TNKids and targeted reviews and spot checks of individual case manager caseloads, documented that the Department was generally keeping caseloads within the limits established by the Settlement Agreement and that for those few case managers during any given month whose caseloads exceeded the limits, their caseloads were back down within the limits within a relatively short time.[248]

This report provides the first update of caseload data since the transition to TFACTS, but does not use TFACTS aggregate caseload reporting as the source for this update, because the Department is still struggling with certain aspects of aggregate caseload reporting.

[247] This would also include reporting on the number of non-custodial cases making up any caseload that includes a *Brian A.* class member.

[248] As discussed in the April 2011 Monitoring Report, data from TNKids for the most recent 13-month period (May 2009 through May 2010) for which aggregate caseload data are available reflected that on average 96% of case manager caseloads fell within established caseload limits, and in no month were fewer than 94% of caseloads within those limits. There was relatively little regional variation: eight regions had caseload compliance rates at or above the statewide 13-month average and another three regions had rates just under the statewide average (two at 95% and one at 93.8%). The remaining region had a compliance rate of 86.8%, substantially below the statewide 13-month average.

The change from a system organized around a "child case" (as TNKids was) to a "family case" (as TFACTS is) has many positive aspects; however, it adds a level of complexity to designing a caseload report, particularly when there are multiple children associated with one family or multiple services being provided to one family.[249] The Department has improved the accuracy of its aggregate caseload reporting from TFACTS and addressed some of the problems that plagued earlier efforts to produce caseload reports. However, for purposes of this monitoring report, the TAC has relied on a combination of monthly "manual" caseload counts supplied by the regions and caseload data gathered through interviews with a representative sample of case managers.

i. Analysis of Manual Tracking Data

The manual caseload tracking process requires the regions to enter into a spreadsheet the number of cases on each case manager's caseload by type (CPS, *Brian A.* custody, Juvenile Justice custody, non-custody) as of the beginning of the month.[250] The regions enter the number of *children* for custody cases and the number of *cases* for non-custody cases for each caseload-carrying case manager. TAC monitoring staff have added a column into the regional spreadsheets to capture the total number of cases on each case manager's caseload, but for mixed caseloads, this total will usually be lower than the total number of custody and non-custody children because a significant proportion of non-custody cases involve more than one child.[251]

Table 13 below presents the percentage of case managers carrying at least one *Brian A.* case whose total caseloads, according to the manual caseload tracking spreadsheets, were within the caseload limits established by the Settlement Agreement,[252] statewide and by region, as of the

[249] The family case in TFACTS was designed so that all workers involved in a particular case are assigned to the family, but not to the individual children for whom they have responsibility. A mechanism is therefore required to determine what type of service each worker provides the family and to which children. Efforts to develop such a mechanism have not yet been successful.

[250] See Appendix U for a description of the manual caseload tracking process.

[251] Of the 519 case managers with at least one *Brian A.* case on their caseloads as of the beginning of March 2013 according to the manual tracking spreadsheet, 287 (55%) also had other types of cases on their caseloads. That percentage has ranged from 54% and 63% between June 2012 and March 2013.

[252] Because the manual caseload tracking spreadsheets between June 2012 and January 2013 did not contain the job classification of the case managers, the percentages shown in the table for these months apply the caseload cap of 20 to all case manager 1s and 2s. TAC monitoring staff were able to identify case manager 3s in these months who supervised lower-level case managers and apply the appropriate caseload cap (10, if the case manager 3 supervised one or two lower-level case managers and zero if the case manager 3 supervised three to four lower-level case managers). Job classification was added to the manual caseload tracking template beginning in February 2013, and the compliance percentages shown for those months therefore apply the appropriate cap to each case manager series. In addition, the TAC is working to understand to what degree the lack of a requirement to count some types of non-custody cases consistently impacts *Brian A.* caseloads, particularly cases of young adults transitioning from foster care who continue to receive services or supports, which are most likely to be included in a mixed caseload with *Brian A.* cases. While these "Post-Custody" or "Extension of Foster Care" cases are not currently included in the data on total caseloads presented in this section, TAC monitoring staff found only one example on the spreadsheet for the beginning of March 2013 of a case manager for whom the other cases reported in the "notes" column, had they been included in the total caseload calculation, would have moved the case manager's caseload out of compliance with the Settlement Agreement requirements (this case manager had only five *Brian A.* cases but an additional 17 Extension of Foster Care cases.) (See the description of the manual caseload tracking process in Appendix U for additional discussion of the inconsistency in reporting non-custody cases.)

beginning of each month from June 2012 through March 2013.[253] Statewide, caseload compliance ranged from 82% to 90% each month, with an average of 87%, over that 10-month period.

The manageability of caseloads, as measured by compliance with the caseload requirements of the Settlement Agreement, varies significantly by region, as shown in the table. (The regions in the table are ordered from the regions with the highest 10-month average at the top to the regions with the lowest 10-month average at the bottom.) In seven regions (East Tennessee, Tennessee Valley, Shelby, Davidson, Southwest, South Central, and Northwest), well over 90% of case managers had caseloads within the Settlement Agreement limits over the 10-month period. Caseloads were less manageable over the 10-month period in the remaining five regions, but particularly in three regions where less than 80% of case managers had caseloads within the Settlement Agreement limits over the 10-month period (the average caseload compliance was 77% in Mid-Cumberland, 60% in Knox, and 56% in Upper Cumberland).

The table also shows the fluctuation in the manageability of caseloads over time, particularly in the regions that have struggled with high caseloads. Department leadership has been using the data from the monthly manual caseload tracking spreadsheets to identify regions with high caseloads and provide assistance to those regions in an effort to bring caseloads down to manageable levels.

For example, growth in custody numbers coupled with turnover necessitated adding staff to several regions during the past year. In the first half of fiscal year 2012, the Northeast region experienced a surge in placements because of an explosion in the use of prescription drugs and a drug called bath salts. In June, the region was at only a 62% *Brian A.* compliance rate on caseload caps. The Department added two additional case manager positions that enabled them to bring caseloads back within the caseload limits and maintain them at that level.

The Upper Cumberland Region experienced similar challenges with a significant increase in drug related issues, a steady increase in the rate per thousand of children entering the *Brian A.* class, and continued turnover issues. Over the last 15 months, Central Office provided three additional positions, but the region has continued to struggle. In December 2012, the Regional Administrator and the Executive Director of Permanency began routine weekly to bi-weekly meetings to focus on *Brian A.* caseload stability. Since that time, the percentage of case managers carrying caseloads that exceed caseload limits has decreased.

The Department has also encouraged regions, where possible, to establish non-custodial case teams or workers rather than mixed caseloads even when caseloads are within cap. This has been in response to staff concerns that the level of intensity involved in non-custodial work sometimes presents challenges for the *Brian A.* caseload management. A number of regions, including Upper Cumberland and Mid-Cumberland, have adopted this alternative.

[253] The TAC did not include the data from the spreadsheets for April and May 2012 in its analysis for purposes of this monitoring report. Those were the first two months for which the manual caseload tracking data were produced, and the data suggest that the regions were still learning the process.

Several regions have also made short-term adjustments to keep caseloads within caseload limits, such as shifting cases that are in the final stages before adoption with little or no casework remaining to a permanency specialist in order to create case slots for *Brian A.* work.

Based upon the increases in *Brian A.* custodial numbers and the corresponding challenges to maintaining caseloads within caseload limits, the Department requested and received legislative funding approval for 20 additional case manager positions to be effective July 1, 2013.

Table 13: Percentage of Case Managers Carrying at Least One *Brian A.* Case Meeting Caseload Requirements as of the Beginning of Each Month, June 2012 Through March 2013

Region	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	10-Mo Avg.
East Tennessee	100%	97%	100%	100%	100%	100%	98%	100%	100%	100%	99%
Tennessee Valley	100%	100%	100%	100%	98%	96%	100%	98%	100%	100%	99%
Shelby	97%	99%	98%	99%	100%	96%	95%	94%	94%	94%	96%
Davidson	100%	94%	90%	90%	90%	97%	100%	100%	97%	100%	96%
Southwest	93%	100%	100%	100%	93%	93%	96%	100%	96%	93%	96%
South Central	87%	93%	97%	97%	97%	97%	97%	97%	100%	100%	96%
Northwest	88%	100%	100%	91%	91%	90%	86%	100%	100%	96%	94%
Smoky Mountain	85%	82%	92%	98%	98%	78%	82%	86%	88%	88%	88%
Northeast	62%	73%	87%	91%	93%	96%	92%	96%	96%	96%	88%
Mid-Cumberland	76%	76%	72%	69%	60%	83%	75%	79%	79%	75%	74%
Knox	54%	51%	51%	56%	53%	74%	79%	89%	71%	61%	64%
Upper Cumberland	52%	51%	57%	65%	47%	47%	50%	51%	70%	72%	56%
Statewide	**82%** (n=512)	**84%** (n=522)	**86%** (n=516)	**87%** (n=511)	**84%** (n=500)	**87%** (n=505)	**87%** (n=506)	**90%** (n=500)	**90%** (n=506)	**88%** (n=519)	**87%** (n=509)

Source: DCS Manual Caseload Tracking Spreadsheets, May 27, 2012 through February 28, 2013.[254]

[254] The March 2013 column in the table corresponds to manual data submitted by the region in March on a spreadsheet dated February 28, 2013 report.

It is important not only to know what percentage of caseloads exceeds caseload limits during a particular month, but also to know by how many cases those caseloads exceed the limits (keeping in mind that for mixed caseloads, total caseloads of identical size may not necessarily represent equivalent workloads and the actual number of children on those caseloads is likely to be higher than reflected in the data).[255] A caseload that is one or two cases over the limit creates a much lesser burden than one that exceeds the limit by 10 cases. It is, therefore, important to look at the number of cases carried by those workers whose caseloads are over the limit in any given month.

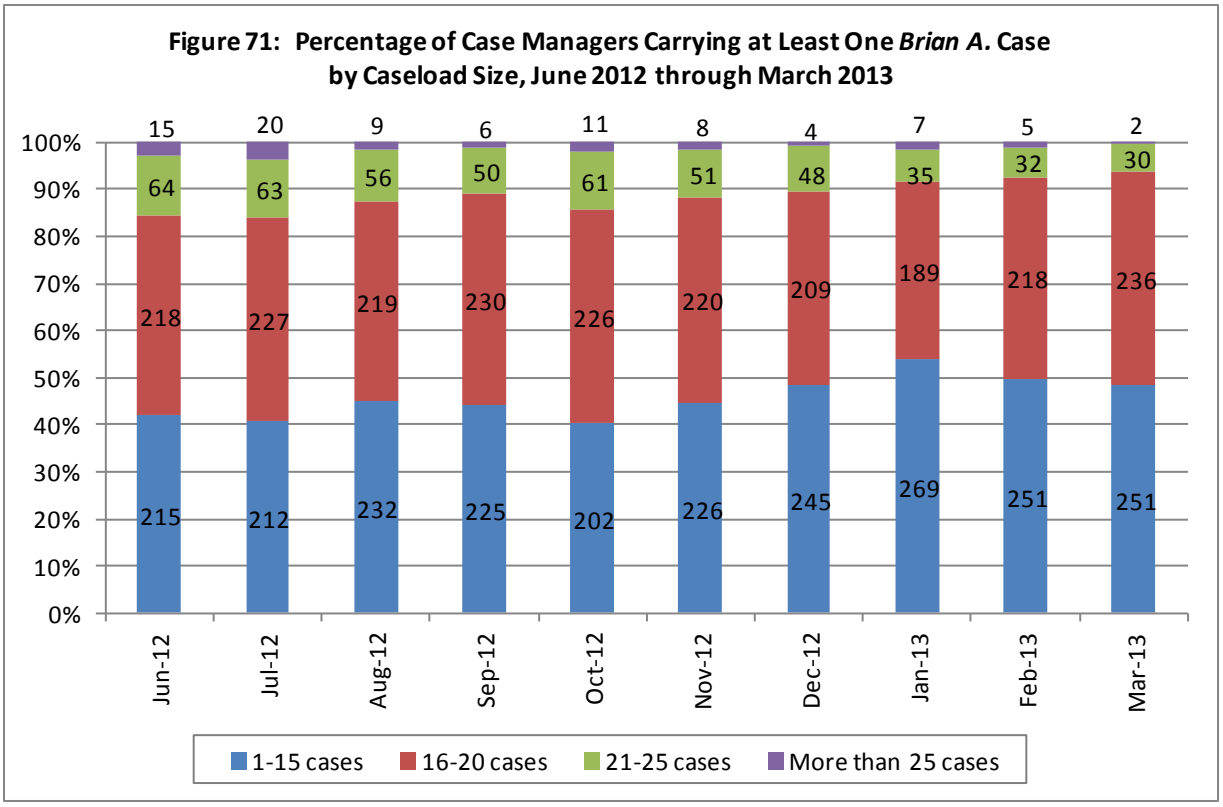
Figure 71 below presents, for case managers who had at least one *Brian A.* case on their caseloads (without regard for case manager job classification), the percentage of case managers whose total caseload size fell within each category (0-15 cases, 16-20 cases, 21-25 cases, and more than 25 cases).[256]

Statewide, the percentage of those case managers who had more than 20 cases on their caseloads at the beginning of each month ranged between 16% (in July 2012) and 6% (in March 2013). The percentage of case managers who had more than 25 cases on their caseloads at the beginning of each month ranged between 4% (in July 2012) and 0.4% (in March 2013).[257]

[255] See the discussion of the findings of the TAC's survey of case managers discussed later in this section and in Appendix T.

[256] For reasons having to do with the nature of the analysis, the data in Figures 71 and 72 do not account for the different caseload caps of case manager 1s, case manager 2s, and case managers 3s in the way that Table 13 above does for the months of February and March 2013.

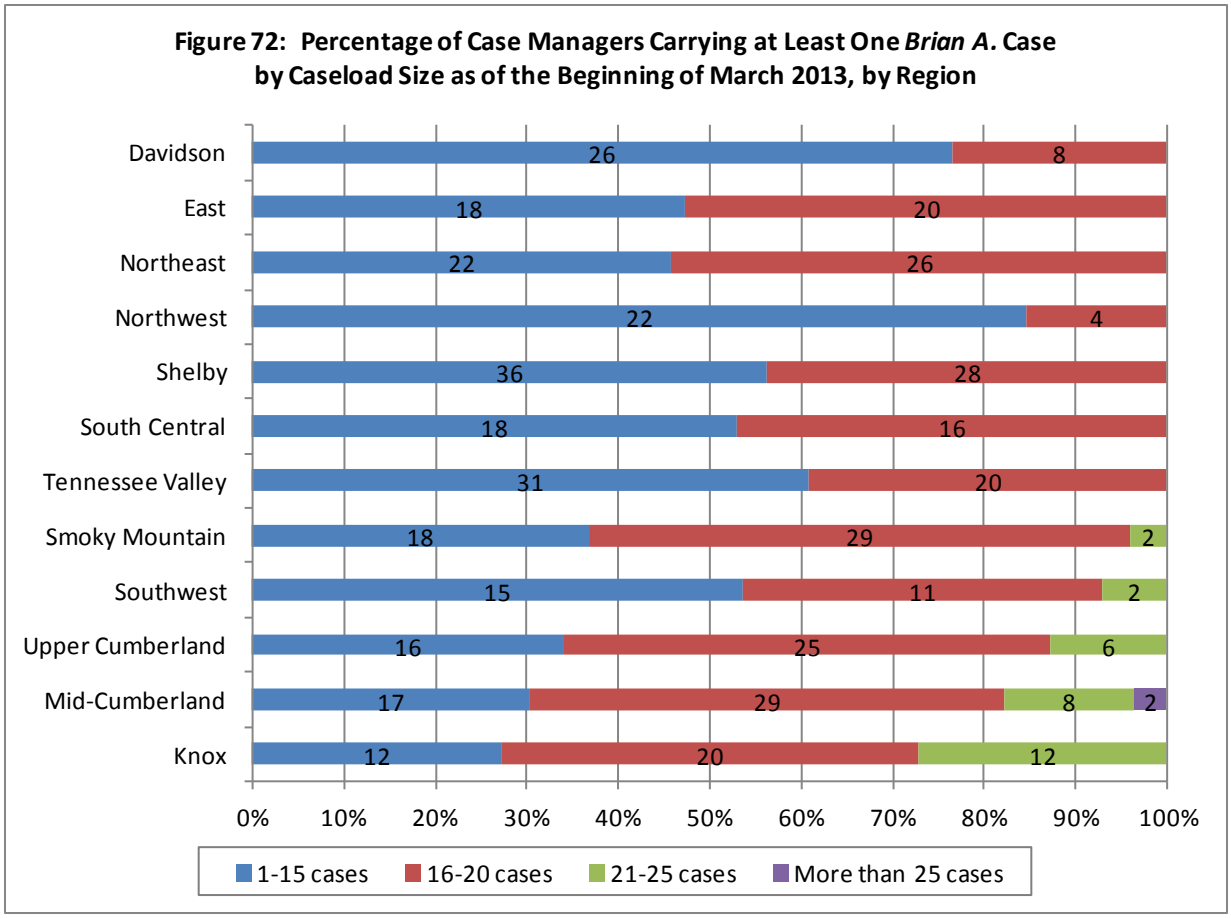
[257] According to the manual tracking spreadsheets, the highest monthly *Brian A.* caseload has ranged from 38 (in July and October 2012) to 27 (in March 2013).



Source: DCS Manual Caseload Tracking Spreadsheets, May 27, 2012 through February 28, 2013.

Figure 72 shows these data by region as of the beginning of March 2013, with the region with the smallest percentage of caseloads more than 20 cases at the top and the region with the largest percentage of caseloads of more than 20 cases at the bottom. At the beginning of March 2013, case managers in five regions (Smoky Mountain, Southwest, Upper Cumberland, Mid-Cumberland, and Knox) had caseloads of more than 20 cases, but Mid-Cumberland was the only region in which a case manager had more than 25 cases on their caseloads (two case managers in Upper Cumberland had more than 25 cases—one had a caseload of 26 and one had a caseload of 27).[258]

[258] Appendix S contains additional analysis of *Brian A.* caseloads, statewide and by region.



Source: DCS Manual Caseload Tracking Spreadsheet for March 2013 (dated February 28, 2013).

ii. Case Manager Surveys

The results of a survey of *Brian A.* case managers conducted by TAC monitoring staff during the first quarter of 2013 paint a picture of caseload compliance similar to that from the manual caseload tracking data. TAC monitoring staff conducted phone interviews with 83 *Brian A.* case managers about their current caseloads (including comparing the children and cases the case managers listed with those assigned to them in TFACTS), the typical size of their caseloads over the previous six months, and the way in which their caseloads compared to those of their co-workers who carry *Brian A.* cases.[259]

Of the 83 *Brian A.* case managers interviewed, 89% (74) had caseloads within the limits set by the Settlement Agreement on the date of the interview, when caseloads are counted in the same way that they are counted for purposes of the manual caseload tracking process (the number of *Brian A.* children and, if applicable, Juvenile Justice youth plus the number of non-custody

[259] Detailed findings from this survey of case managers, along with a description of the methodology for the survey, are included as Appendix T.

cases).[260] If caseloads are counted by child only (the number of *Brian A.* children, Juvenile Justice youth, and non-custody children for which the case manager is responsible), 81% (67) of the 83 *Brian A.* case managers interviewed had caseloads within the limits set by the Settlement Agreement. All but one of the case managers whose caseloads were over the *Brian A.* limits on the date of the interview were over limits by five or fewer children. The remaining case manager had a total caseload of 38 children—20 *Brian A.* children and eight non-custody cases involving 18 children.

About one-third (25) of the 83 case managers interviewed indicated that their caseloads had been over the *Brian A.* limits during the previous six months. Seven of these case managers also had caseloads above the *Brian A.* limits on the date of the interview, and they reported that it was typical for them to have caseloads above the *Brian A.* limits. An additional four of the 25 case managers stated that, while their caseloads were not over the *Brian A.* limits on the date of the interview, high caseloads had been an ongoing struggle in their regions. About one-quarter (20) of the 83 case managers interviewed knew that their teammates had had caseloads above the *Brian A.* limits, at least briefly, during the previous six months.

The case managers interviewed described a range of situations resulting in caseloads over the *Brian A.* limits. Some described temporary situations, such as a new child added to a caseload a few days before another child on that same caseload exited custody or a large sibling group entering care that put a case manager's caseload over the limits for a little while. Some case managers described being over the limits for a few weeks or months while a vacancy on the team was filled. Many case managers described the juggling act that goes into keeping everyone's cases at or under the limits and the fluidity of the circumstances in the field that can thwart the best-laid plans. Case managers from specific regions that have been struggling with high caseloads (particularly Mid-Cumberland, Knox, and Upper Cumberland) described a feeling of being continually over limits. Some case managers expressed concern about the practice in their region of determining caseload size by counting custody children and non-custody cases. They felt that this was an inaccurate representation of their workload because, in their opinion, non-custody cases can be more time consuming than custody cases.

In addition to the 83 *Brian A.* case managers, TAC monitoring staff interviewed three permanency specialists (typically non-caseload carrying staff responsible for assisting the assigned *Brian A.* case manager with the adoption work on full guardianship cases) who were temporarily working a few *Brian A.* cases. Two of these permanency specialists were serving as the case manager, each for three *Brian A.* children, as part of a strategy to manage high caseloads

[260] When comparing the results of this survey of case managers with the manual caseload tracking data, one important difference should be noted. On any given day, there may be cases on a case manager's tree in TFACTS for which the case manager has completed all of his/her work but which require some administrative action on the part of the supervisor or some other party to be removed from the case manager's tree. The case managers surveyed always included these cases in their count of the cases on their caseload, and it is therefore likely that they also count these cases in the manual caseload tracking spreadsheets. Because the goal of the TAC's case manager survey was to get as accurate a picture of the case managers' workload as possible, TAC monitoring staff excluded any cases for which the case manager had completed all of his/her work but which were still appearing on his/her TFACTS tree from the caseload counts.

in the region, and the third had been assigned the case of one child in full guardianship when the previous worker left the Department without notice.[261]

Themes related to high caseloads also emerged from interviews of 20 *Brian A.* case managers by TAC monitoring staff as part of a previous survey conducted between September and November 2012.[262] Case managers frequently commented that high caseloads (including caseloads at or even below the *Brian A.* limits) made it impossible for them to do the kind of quality work that they were trained to do (and wanted to do). They felt that with caseloads much over 15, there is just not enough time to do everything that has to be done without working a lot of overtime, which many of the case managers are not allowed to take. They talked about how a supportive supervisor and a cohesive team make it much easier to persevere with such a demanding workload and how a non-supportive supervisor makes the job almost impossible. They related all of these observations to the Department's struggle with turnover. They also commented on how caseloads with different types of cases result in different overall workloads, and for this reason, they felt that it was difficult to compare workloads between case managers based solely on the number of cases and without factoring in the type of work required by the case manager.

b. DCS Supervisor Workloads

Previous monitoring reports, using a combination of aggregate reports from TNKids and targeted reviews and spot checks of individual supervisory workloads, have documented that the Department has generally kept supervisory workloads within the limits established by the Settlement Agreement and responded appropriately to relatively infrequent instances when a particular supervisor's workload exceeds the limit.[263]

As is the case with case manager caseload tracking and reporting, the change to a "family case" in TFACTS adds a level of complexity to designing an aggregate report on supervisory workloads. While the Department continues to improve its aggregate reporting on supervisory

[261] TAC monitoring staff interviewed one additional case manager who had a *Brian A.* child on her caseload on the date of the interview. This CPS Assessment worker had been working the case on a non-custodial basis since October 2012. On December 19th, the Judge brought the child into custody unexpectedly. The case was being transferred to a *Brian A.* worker, but the child remained on the CPS Assessment worker's caseload on the date of the interview (January 24th). With 37 CPS assessments assigned to her on this date in addition to this *Brian A.* child, her caseload would certainly temporarily exceed the *Brian A.* caseload caps by quite a bit.

[262] The sample for this "new case manager" survey was pulled from a list of all case manager 1s and case manager 2s who had been working for the Department for between 12 and 18 months as of the end of July 2012. TAC monitoring staff then randomly selected 52 case managers from that population (a statistically significant sample with a 95% confidence level and a plus/minus 10 confidence interval that was stratified by region). TAC monitoring staff, in consultation with the TAC, developed a survey instrument to collect information about case managers' caseload and experience with TFACTS. However, when designing the sampling process for the survey in this way (which had been used in previous years for surveys of new case managers), the TAC did not anticipate that a large percentage of case managers hired during that time had been hired for CPS positions. Only 20 of the 52 case managers interviewed carried *Brian A.* cases, and for that reason, the data collected regarding caseload size cannot be generalized to the broader population of case managers from which the sample was pulled. That being said, four of the 20 were over caseload limits.

[263] As discussed in the April 2011 Monitoring Report, data from TNKids for the most recent 13-month period (May 1, 2009 through May 1, 2010) for which aggregate supervisory workload data are available, showed that 96% of supervisors during that period were within the five to one supervisee to supervisor workload limit.

workloads, the TAC relies on data gathered through interviews with a representative sample of case managers for purposes of this monitoring report.[264]

As part of the first quarter 2013 survey of case managers discussed on pages 178-180 above, TAC monitoring staff collected information from the 83 *Brian A.* case managers surveyed about the number of workers on their teams, the number of case manager 3s who supervised other case managers, and the case manager's estimate of the team leader's and any supervising case manager 3's caseloads.[265]

The 83 *Brian A.* case managers surveyed represented teams assigned to 64 different team leaders. Case managers from 47 (73%) of these teams reported that, to the best of their knowledge, the team leader and any case manager 3s on their team were not in violation of any of the *Brian A.* supervisory workload requirements.[266] Case managers from five teams (8%) did not know whether the team leader or any case manager 3s on their team were in violation of the supervisory workload requirements.[267] Case managers from 12 teams (19%) reported that their teams were in violation of the supervisory workload requirements:

- on three teams, a case manager 3 who supervised one to two lower-level case managers had caseloads of more than 10;
- on six teams, the team leader supervised more than five case managers;
- on two teams, a case manager 3 supervised more than four lower-level case managers (the case manager 3 for one of these teams was acting as a team leader and supervising more than five case managers because of a vacancy); and
- on the remaining team, the team leader carried a caseload, but the case manager was unsure how many cases were assigned to the team leader.

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[264] The Department uses the manual tracking process to manage supervisory caseloads, but because the Department is looking for trends, it is not as concerned with capturing brief incidents of departure from the supervisory workload limits. The Department's summary of the tracking data indicates that supervisory workloads above the Settlement Agreement limits have generally not been problematic in regions that are not also struggling with high case manager caseloads (Knox, Mid-Cumberland, and Upper Cumberland). TAC monitoring staff are also working to develop a structure for reporting the percentage of supervisory workloads within the Settlement Agreement limits using the Department's manual caseload tracking process. Should that prove insufficient, the TAC would anticipate conducting a phone survey of supervisors.

[265] These data on supervisory workloads are presented here because issues of supervision were among those discussed with case managers in the TAC's most recent survey. Broad conclusions about supervisory workloads cannot be drawn from these data, however, because the sample was not drawn for the purpose of reporting on supervisory workloads. This should be viewed more as a "spot-check" than as a representative sample for purposes of evaluating supervisory workloads. The TAC will provide more in-depth reporting on supervisory workloads in the next monitoring report.

[266] Included among the teams counted as not in violation of the supervisory workload requirements are a few teams on which the team leader supervised one or two non-caseload carrying staff (such as secretaries or transportation workers) in addition to the five caseload-carrying case managers they supervised.

[267] Included among these five teams is one team that was in the middle of filling vacancies. The case manager 3 was carrying a full caseload of 20 children and was "co-supervising" a case manager she had been supervising prior to the departure of another case manager whose caseload she assumed. That case manager was technically being supervised by the team leader, although the case manager 3 said that she was actually providing a lot of supervision because she had pre-existing relationships with the families. Two new case managers had been hired who would be supervised by the case manager 3 and assume the caseload she is currently carrying.

c. Private Provider Caseloads

By contract provision, private provider case managers and supervisors with comparable responsibilities to the DCS case manager are, at a minimum, required to comply with the caseload limits applicable to DCS case managers and supervisors. In addition, the *Private Provider Manual* (PPM) sets more restrictive caseload limits for private provider case managers whose caseloads include medically fragile children or children served through a contract with a continuum of services. A caseload composed entirely of such children can be no greater than 10 and for a mixed caseload, the caseload limit is 20, with each medically fragile child or continuum child counting as two cases. Because these children make up about 65% of the children served by private providers, private provider case manager caseloads are generally subject to much lower limits than those established by the Settlement Agreement.

As reflected in the PAR Annual Report for Fiscal Year 2011-12, reviews of private providers have generally found agencies to be meeting caseload requirements regarding specific case manager and supervisor caseload items monitored by PAR and findings from the most recent full fiscal year.[268]

2. Special Requirements for Regions with High Staff Turnover (V.M)

The Settlement Agreement requires that for any region with an annual case worker turnover that exceeds 10%, in which cases are either uncovered or being assigned to workers at the caseload cap, the Department is to maintain a regional "*pool of trained workers to assume the caseloads of departing workers.*" (V.M)

The Department has developed a process for tracking, reporting, and responding to regional turnover. As discussed in previous monitoring reports, since turnover rates in excess of 10% have existed across the state, the Department had developed a Central Office managed bank of vacant positions which it then reallocated to regions experiencing high turnover. This served as the functional equivalent of the worker "pool." High level Central Office human resources staff managed the bank in coordination with the appropriate executive directors and regional administrators. Regular attention was paid to both regional turnover and regional caseloads to ensure that "banked" positions were assigned to the regions when necessary.

Over the past year, in part because of a shift in state government away from allowing Departments to maintain "vacant positions" from year to year and in part because the Department had largely distributed the remaining "vacant positions" to the regions to respond to their staffing needs, the Department no longer maintains a "bank of vacant positions." Instead the Department has developed a formula for allowing regions that experience high turnover rates to "over hire"—to hire at any given time more staff than they have open positions for.

[268] Only one provider agency had a finding in this category and it was related to a caseload requirement for a direct care staff person, and not related to a requirement of the Settlement Agreement. Monitored items regarding caseload are in the "Agency Level Questions" Monitoring guide rather than the "Personnel" monitoring guide referenced in most of this section.

A region can "over-hire" by one half the annual average number of vacancies for that region. For example, if as a result of high turnover a region has had an average of eight vacancies over the course of the past year and had eight vacant positions today, they could hire 12 new case managers to fill those eight vacant positions (in anticipation that, because of turnover, in the time that it takes to hire and train 12 new case managers, there will be additional positions opening up). If that region has only six open positions (even though its annual average vacancy is eight positions), the region can still over-hire by one half of its annual average vacancy rate—so it can hire 10 new case managers to fill those six open positions.

The Department believes that "over hiring" will provide each region with a pool of case managers (including new case managers hired and in training for positions that may not yet be available), so that vacancies in high turnover regions can be filled promptly. The Department will be monitoring this process and making adjustments to the "over hiring" formula as appropriate to ensure that vacancies are quickly filled.

Tables 14 and 15 below present two views of the annualized turnover rates[269] for January 2012 through December 2012. Table 14 presents turnover for all regional case manager positions; Table 15 presents turnover for non-CPS regional case manager positions. As the comparison of these two tables reflects, regional turnover in CPS positions appears to contribute disproportionately to the overall regional turnover rates.

[269] Only separations from the Department are calculated in this turnover rate. However, the "turnover" in case managers that children and families experience results not just from case managers leaving the Department, but from case managers transferring or being promoted into new positions. It is critical that the Department examine and respond to the impact of this kind of "turnover." (While the Edison system, the current human resources data system, is able to capture transfers of DCS staff to and from other Departments, it does not have the capacity to produce aggregate reports on promotions or lateral moves.)
DCS calculates and presents turnover as an annualized turnover figure for each month. For example, the turnover rate report for June 2012 would be an annualized rate for the 12-month period beginning July 1, 2011 and ending June 30, 2012; the turnover rate report for July 2012 would be for the 12-month period beginning August 1, 2011 and ending July 31, 2012. To figure the annualized regional turnover for the applicable 12-month period for a certain job classification (for example, case manager 1), the Department takes the total number of people who have worked as a case manager 1 in the region at any time during the previous 12-month period and divides by 12 months to get an average number of employees per month for that region. The separations in that region over that same 12-month period are then divided by the average number of employees per month to calculate the turnover percentage rate for that region.

Table 14: Annualized Percentage of Case Manager Turnover by Region for All Case Manager Positions, January 2012 through December 2012						
REGION	**Graduate Associate**	**Case Manager 1**	**Case Manager 2**	**Case Manager 3**	**Team Leader**	**Team Coordinator**
Davidson	0%	38%	11%	11%	3%	27%
East	25%	42%	7%	18%	0%	0%
Knox	0%	41%	9%	7%	5%	0%
Mid-Cumberland	11%	34%	15%	12%	2%	0%
Northeast	28%	18%	6%	5%	7%	0%
Northwest	0%	22%	8%	0%	0%	100%
Shelby	6%	39%	8%	8%	4%	21%
Smoky Mountain	0%	23%	6%	10%	4%	0%
South Central	0%	47%	9%	12%	4%	0%
Southwest	0%	35%	5%	8%	7%	40%
Tennessee Valley	35%	41%	7%	6%	3%	0%
Upper Cumberland	0%	22%	7%	0%	4%	0%
Statewide	**11%**	**32%**	**9%**	**7%**	**4%**	**6%**

Source: "Annualized Turnover Report" for December 2012, Division of Human Resources.

Table 15: Annualized Percentage of Case Manager Turnover by Region for Non-CPS Regional Case Manager Positions, January 2012 through December 2012						
REGION	**Graduate Associate**	**Case Manager 1**	**Case Manager 2**	**Case Manager 3**	**Team Leader**	**Team Coordinator**
Davidson	0%	0%	6%	11%	0%	0%
East	25%	14%	4%	0%	0%	0%
Knox	0%	7%	4%	7%	5%	0%
Mid-Cumberland	6%	11%	10%	0%	2%	0%
Northeast	28%	12%	5%	5%	0%	0%
Northwest	0%	0%	6%	0%	0%	50%
Shelby	0%	6%	3%	4%	4%	11%
Smoky Mountain	0%	4%	2%	10%	4%	0%
South Central	0%	38%	7%	0%	0%	0%
Southwest	0%	12%	3%	8%	4%	0%
Tennessee Valley	0%	14%	4%	3%	3%	0%
Upper Cumberland	0%	15%	5%	0%	4%	0%
Statewide	**6%**	**12%**	**5%**	**4%**	**2%**	**3%**

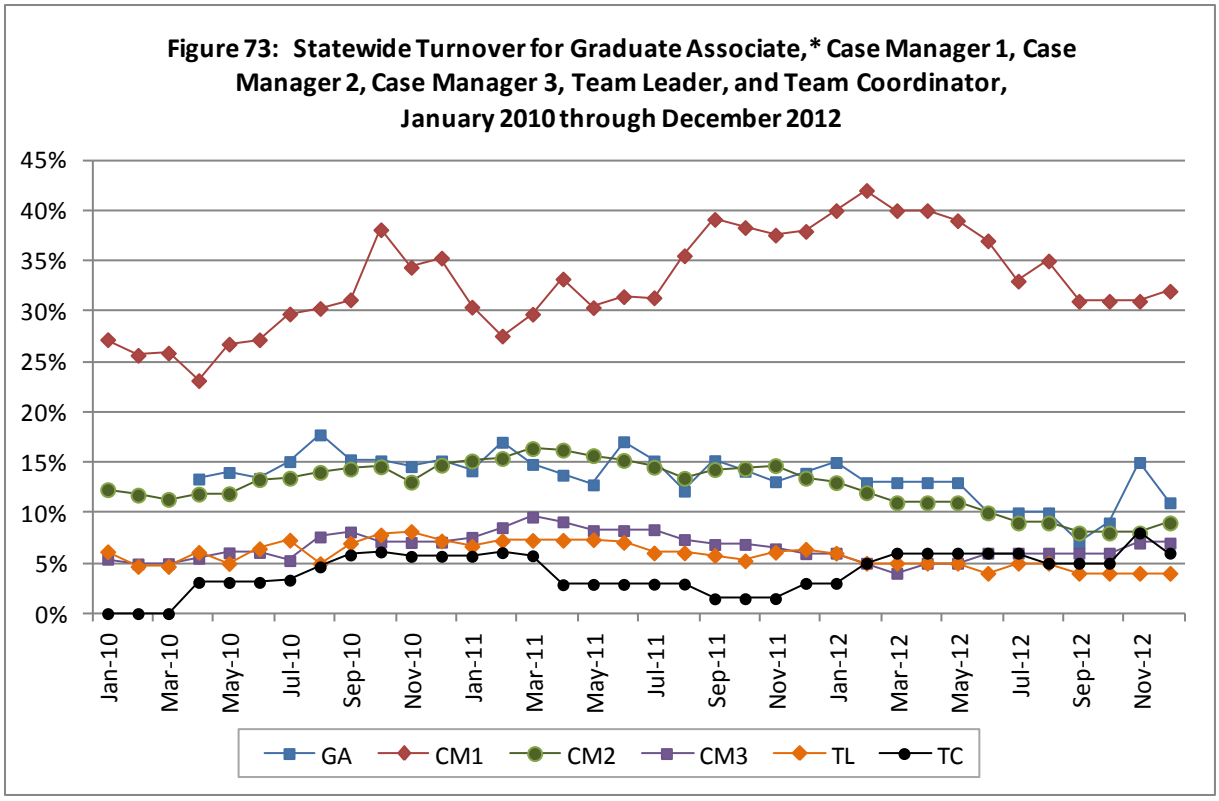
Source: "Annualized Turnover Report" for December 2012, Division of Human Resources.

a. Statewide turnover rates for regional case manager positions

The TAC has been tracking statewide annualized turnover rates over time for case manager positions assigned to the regions (including both the CPS and non-CPS positions reflected in Table 14).

Figure 73 below shows the statewide annualized turnover rates from January 2010 through December 2012 for case manager 1, case manager 2, case manager 3, team leader, and team coordinator positions assigned to the regions, as well as the annualized turnover rates for the graduate associate position beginning in April 2010 (the first month for which such rates were calculated for that position).[270]

[270] For reasons discussed in previous monitoring reports, not surprisingly, the highest turnover rates are those associated with the case manager 1 entry level position. If the pre-service training and competency evaluation process is working well, it should help those who are not well-suited to be case managers to recognize that fact. In addition, the turnover rates for the entry level positions (case manager 1 and graduate associate positions) are subject to the "tyranny of small numbers." Most of those hired into these entry level positions are quickly promoted from these positions, so at any given time, there are relatively few case managers in entry level positions.

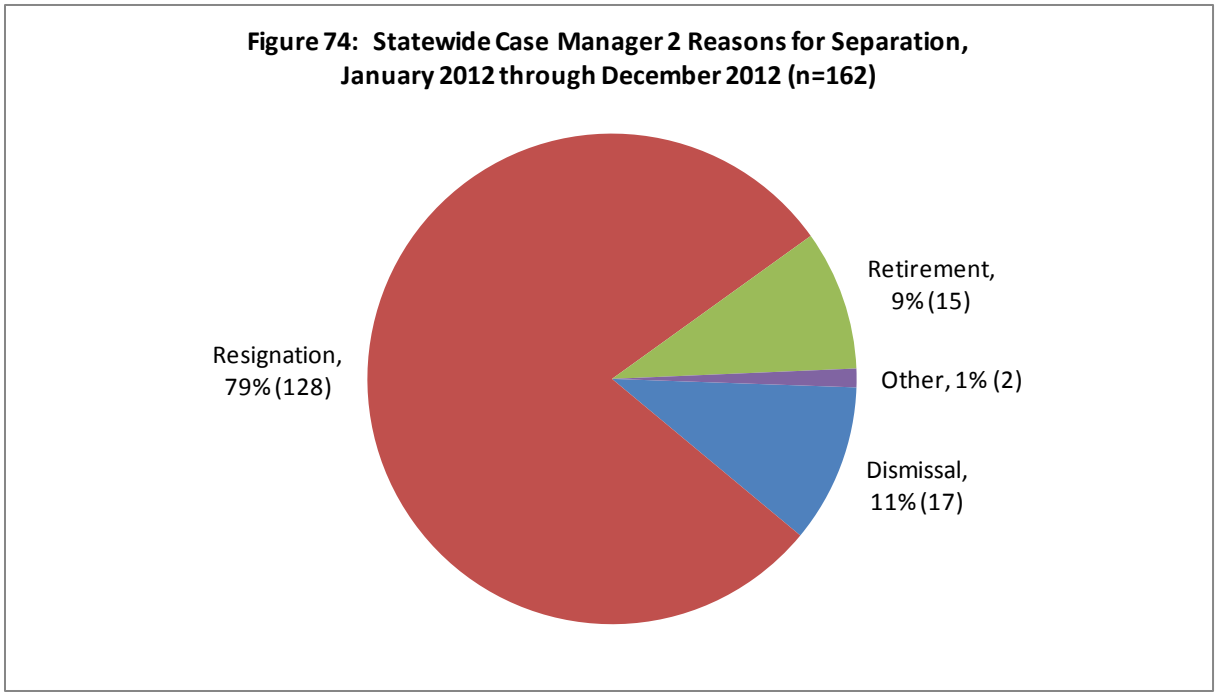


Source: "Annualized Turnover Reports" for the period from, January 2010 through December 2012, Division of Human Resources.
*Turnover data for this position were not available until April 2010.

b. Reasons for Turnover

The Department's Turnover Data Report includes information on the reasons for the turnover. The report divides those reasons into a dozen discrete categories, some reflecting voluntary termination by the employee and others reflecting involuntary dismissal by the Department. Figure 74 below collapses some of the categories and presents the breakdown between the broad categories of voluntary termination (resignation, retirement) and involuntary dismissal that account for turnover for the period from January 2012 through December 2012.

As the figure reflects, 79% of case manager 2 turnover was a result of resignation (although this includes 8% designated as "resignation-no rehire," indicating that there were concerns about performance at the time the employee resigned). Nine percent of case manager 2 turnover was the result of retirement, and 11% resulted from dismissals (3% during the probation period and the remainder "for cause" after the probation period). The remaining 1% of case managers separated from the Department for "other" reasons.



Source: "Human Resources Report," Division of Human Resources, January December 2012.

c. BSW Certification Program as Turnover Reduction Strategy

The Department continues to believe that a key to reducing turnover is to ensure that the applicants for entry level case manager positions understand the nature of the work, have had special social work training and field experience to prepare them for the work, and are committed to serving as DCS case managers. For this reason, the Department's primary strategy for reducing turnover has been increased reliance on graduates of the BSW Certification Program, discussed in Subsection D above, to provide a pipeline of trained and committed entry level applicants who understand the demands of this kind of work.

Over the past three years, the percentage of entry level positions which were filled by hiring BSW Certification Program graduates has ranged between 18% and 25%. For 2012, 56 (21%) of the 266 entry level case managers hired were BSW Certification Program graduates.

As discussed in Subsection F.1 above, the hiring of BSW graduates has not had as great an impact on reduced turnover as the Department had hoped. The Department believes that some of this is attributable to problems with the process for recruiting and selecting the right students into the program, as well as problems with the quality of some of the classroom and internship experiences of those students; and the Department is taking steps to try to address those problems now that the Department has assumed from TCCW the responsibility for administration of the program.

3. Requirements for Case Reassignment (V.L)

The Settlement Agreement establishes requirements related to the process for reassigning cases from one worker to another. (V.L) These requirements include the following:

- no cases are to be uncovered at any time;
- cases of any worker leaving the agency are to be reassigned within one business day of the worker's departure;
- there is to be a face-to-face meeting between the departing worker and the receiving worker for each case, unless there is a "documented emergency" or the case manager leaves without notice; and
- every effort is to be made to have the departing worker introduce the receiving case manager to the child and family.

a. DCS Case Transfer Process

The Department has promulgated policies and standards in accordance with these provisions of the Settlement Agreement. However, as discussed in previous monitoring reports, the Department has determined, based on its own assessment of its performance in this area, that it has not been meeting these standards for case reassignment.

As noted in previous monitoring reports, TNKids did not routinely capture information needed to assess whether the failure to have a face-to-face meeting between the departing worker and receiving worker in a particular case was the result of a "documented emergency" or "leave without notice." While the Department originally contemplated that TFACTS would have this capacity, given present TFACTS priorities, there are no plans at this point to develop that capacity. The Department anticipates using case reviews and spot checks to ensure compliance with the transfer process.

As part of a survey of 20 *Brian A.* case managers conducted by TAC monitoring staff between September and November 2012,[271] the case managers described their experiences with case transfers, whether they received a case from another case manager or transferred one of their cases to another worker. These 20 case managers described a range of experiences with case transfers. There were examples of excellent case transfers in which all of the requirements of the Settlement Agreement were met as well as examples of case transfers in which the required meeting between case managers occurred, but the new case manager was not introduced to the family. On the other end of the spectrum, there were examples of case transfers in which the case was simply placed on the case manager's tree with no advance notice and the case manager was left to learn about the case while working it. Several case managers had experienced case transfers on both ends of the spectrum. They reported that it is often that the previous worker left the Department with little warning when case transfers do not happen according to the requirements of the Settlement Agreement. The case managers also explained that the quality of

[271] See footnote 262 for a description of the methodology for this survey.

the work and documentation of the previous case manager is a significant factor in case transitions—if the quality of the work and documentation is good, the case transfer is very smooth, but if the quality of the work and/or documentation is poor, there are many more opportunities for setbacks in the progress of the case because of a difficult transition.

b. Private Provider Case Transfer Process

It is the Department's expectation that all private providers have policies regarding case reassignment and the *Private Provider Manual* includes specific language regarding the case reassignment requirements of the Settlement Agreement.

As shown in Appendix Q of this report, PAR reviewers check to make sure that all cases reviewed have an identified case manager and that if a case manager resigns or is transferred, that the case is re-assigned within 24 hours. As reflected in the PAR Annual Report for Fiscal Year 2011-12, reviews of private providers have generally found agencies to be meeting transfer requirements regarding specific items monitored by PAR and findings from the most recent full fiscal year.[272]

In addition, because each private provider case managed case has a DCS case manager who has full responsibility for ensuring that the case is being actively and appropriately "worked," the DCS case managers and/or their supervisors would likely bring attention to agencies that were having problems with case reassignment.

4. Requirements for File Maintenance and Documentation (V.N)

The Settlement Agreement requires that all documentation of contacts or developments in a child's case be added to the file within 30 days and that the case files of class members contain adequate documentation of the services provided, progress, placement changes, and authorizations of approval for placements, treatment, and services. The Department's policies require that all child case files be kept in an organized manner, and contain all pertinent information required to effectively manage the case.

a. DCS Responsibility for Case File Maintenance and Documentation

The Department anticipated that the implementation of TFACTS would facilitate timely documentation of case activity. While some elements of TFACTS have initially proven more cumbersome than had been hoped and while design flaws have created some inefficiencies, the Department is confident that as these problems are identified and addressed, the anticipated positive impacts will be increasingly realized.

The Department has developed a report listing all case recordings for events that took place in a given month, which calculates the number of days between the "contact date" and the date that

[272] Monitored items regarding case transfer are in the "Agency Level Questions" Monitoring guide rather than the "Personnel" monitoring guide referenced in most of this section.

the recording became complete in TFACTS.[273] For the six-month period from September 2012 through February 2013, between 70% and 85% of case recordings were recorded within 30 days of the event, with never more than 3% of recordings being entered more than 90 days from the date of the contact.[274]

b. Private Provider Responsibility for Case File Maintenance and Documentation

In addition to the general contract language requiring the private providers to meet the applicable requirements of the Settlement Agreement, the *Provider Policy Manual* requires private providers to submit monthly summaries of case activity for each child. The Department has clarified expectations for monthly summary content and these summaries, together with face-to-face contact data that private providers are required to enter directly into TFACTS, serve as the Department's measures of adequate case file maintenance and documentation for private providers.

For the six-month period from September 2012 through February 2013, between 73% and 78% of provider monthly summaries were recorded within 30 days. This data is compiled by Central Office QA staff and shared with private providers through the monthly sharing of the Provider scorecard, discussed further in Section Twelve of this report.

PAR and Licensing reviews also serve as a measure of adequacy of file maintenance and documentation. Case file reviews are at the center of PAR monitoring of a wide range of service planning and delivery contract requirements and other aspects of policy compliance. Licensing consultants also review files for documentation of compliance with licensing standards. Rather than create an additional measure of adequacy of file maintenance or documentation, reviewers address any problems with adequacy of file maintenance or documentation by making findings in the particular policy or practice area for which documentation was lacking.[275] See Appendix Q of this report for results of PAR monitoring done during the 2011-12 fiscal year period.

[273] "Case recordings" is the term used for documentation of case activity such as phone calls, face-to-face visits, etc. A single case recording can pertain to several custodial clients, such as a group of siblings, and the report measures by child. Therefore, a case recording pertaining to five siblings would count five times on the report.

[274] For the six-month period from September 2012 through February 2013, between 10% and 25% of case recordings were recorded between 31 and 60 days after the event, and between 1% and 5% were recorded between 61 and 90 days after the event.

[275] PAR findings for individual providers, related to compliance with personnel and other requirements, are compiled and shared individually with each provider through the exit conference process. Through PAR's corrective action process, providers are required to submit any missing documentation to PAR reviewers as well as submit plans to address any broader policy, practice or quality assurance issues.

SECTION SIX: PLACEMENT AND SUPERVISION OF CHILDREN

A. Placement Standards and Exceptions

The Settlement Agreement establishes standards governing specific placement situations that include general limitations, permissible exceptions to those limitations, and, for some situations, a process for review and approval of the placement by the Regional Administrator. In addition, the Settlement Agreement establishes a specific responsibility for the Department's quality assurance division to provide some level of oversight to ensure both that the Placement Exception Review process is operating as intended and that the regions and the Central Office are responding appropriately to placements that are inconsistent with the placement standards.

As reflected in previous monitoring reports, the Department contemplated that there would be an automated Placement Exception Request (PER) approval and documentation process integrated into TFACTS, utilizing the prompts, alerts and approval documentation capacity of the new data system. While that remains the Department's intent, given other TFACTS priorities, the Department is not presently working on automating the PER process.[276] In the meantime, the Department continues to use a free standing "hard copy" PER process;[277] however, as a consequence of both personnel changes and a focus on other priorities by the Office of Performance Excellence, a number of quality assurance activities, (including tracking and periodic review and analysis of hard copy PERs and targeted case reviews) that had been in place in an effort to ensure compliance with the placement standards received limited attention during 2012. The resumption and refinement of quality assurance activities related to the PERs process is a current priority of the newly restructured Quality Assurance Division.

1. Placement Limitations and Exceptions to Those Limitations

a. Limits on placement of children out of their home region unless the out of region placement is within 75 miles of their home (VI.A.1.a.)

The Settlement Agreement requires that all children be placed within their own region or within a 75-mile radius of the home from which the child entered custody, unless (a) the child's needs are so exceptional that they cannot be met by a family or facility within the region, (b) the child needs re-placement and the child's permanency goal is to be returned to his parents who at that time reside out of the region, or (c) the child is to be placed with a relative out of the region.[278]

[276] There is no target date for automation of the PER process and it is not presently a high priority for TFACTS application development.

[277] Although there is no specific Settlement Agreement requirement that a special PER form be filled out, the regional staff, under current Department policy, are expected to fill out a PER form for each applicable placement and submit monthly a spreadsheet with all PERs for the previous month. Regional Administrator approval can be given by e-mail (as an alternative to the previous requirement that the PER form actually be signed by the Regional Administrator within 72 hours).

[278] Any out of region placement of a child more than 75 miles from home must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

As reflected in previous monitoring reports, the Department has generally done a good job of placing children within their home region or within 75 miles of their home. As discussed in Section One of this report, TFACTS currently calculates mileage between the placement zip code and the current address of the parent designated as "primary caretaker" (to whom the child would return if return is appropriate), so as the parent changes addresses, the calculation of mileage is based on the zip code of the current address. The Department intends to work to revise reporting in order to calculate mileage from the "primary caretaker's" address at time of removal. As TFACTS reporting reflects, the Department continues to place at least 85% of children within 75 miles of home or within region.

In 2012, 772 PERs were reported to Central Office for placement outside of 75 miles or not in region.[279] Of these 772, 545 (71%) were designated by the region as compliant and 227 (29%) were designated by the region as non-compliant.

b. Limits on placement of children in emergency and temporary facilities in excess of 30 days or more than once within a 12-month period (VI.A.1.b)

The Settlement Agreement limits the placement of children in emergency or temporary facilities to one placement within a 12-month period not to exceed 30 days. Two exceptions to this limit are allowed. For children who are either returning from runaway or who require immediate removal from their current placement because they face a direct threat to their safety or pose a threat to the safety of others, an additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of five days. An additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of 15 days for children whose behavior has changed so significantly that placement for the purposes of assessment is critical for the determination of an appropriate placement; and in such a case, the Regional Administrator must certify in writing that the assessment is essential for determining an appropriate placement.[280]

Previous monitoring reports have discussed the dramatic reduction in the use of emergency and temporary placements compared to the use at the time that the original Settlement Agreement was entered[281] and the relatively few placements that exceed the limits set forth in the Settlement Agreement. Those reports also discussed the regional variation in the use of these placements, and the tracking, analysis, and follow-up that the Quality Assurance Division at the time had done in this area.[282]

The Network Development Division, formerly referred to as the Child Placement and Private Providers (CPPP) Unit, monitors the cases of youth placed in emergency/temporary placements

[279] As discussed throughout this section and in previous monitoring reports, there is reason to believe that significantly fewer PERs are being reported to the Central Office than other data suggest should have been completed.

[280] Any placement of a child in more than one shelter or emergency or temporary facility within any 12-month period must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

[281] As reflected in the data presented in Section One of this report, there was an increase in the use of these placements during 2011. The use in 2012 returned to previous performance.

[282] Previous monitoring reports also explained that these placements were a part of the Central Office Utilization Review process in the past, but this is no longer the case.

for 30 days or more. Network Development utilizes the Mega Report and "census" reports from private providers as their sources for monitoring these placements. A report from TFACTS is also supposed to identify both the children who have experienced multiple placements in emergency or temporary placements within a 12-month period and the children whose Primary Treatment Center (PTC) placement has exceeded 30 days.[283]

As discussed in previous monitoring reports, there have been some discrepancies among the various data sources that purport to identify children who have been in temporary/emergency placements for more than 30 days. That continues to be the case, and the TAC is working with DCS Office of Information Systems (OIS) staff to try to understand and address the discrepancy.

For purposes of this report, the TAC monitoring staff completed a targeted review of placements that exceeded 30 days in the last quarter of 2012.[284] Six children were identified by the TFACTS reports for PTC placement over 30 days during that period. All six of those children appeared on the Network Development Division's tracking sheet (generated from the census and Mega Reports for the comparable period) for their follow-up. However, there were an additional 19 class members identified by Network Development from their reporting sources whose placement went over 30 days during the last quarter of 2012, but who did not appear in the TFACTS report for the comparable period. Five of the 25 children identified by Network Development had a PER reported to Central Office by the region for a PTC placement exceeding 30 days in 2012.

According to the TFACTS report, 26 children experienced a PTC placement lasting more than 30 days and 34 children experienced multiple PTC placements within 12 months during 2012.

In 2012, 31 PERs were reported to Central Office for a PTC/emergency shelter stay longer than 30 days. All 31 were designated by the region as non-compliant.[285] During this same time period, 12 PERs were reported to Central Office for multiple shelter placements, with the number reported per month ranging from zero to three. Ten of the twelve (83%) were designated by the region as compliant.

c. Limits on sibling separation (VI.C.6)

The Settlement Agreement generally requires that siblings who enter placement at or near the same time be placed together. The Settlement Agreement allows siblings to be separated: (1) if placing the siblings together would be harmful to one or more of the siblings; (2) if one of the siblings has such exceptional needs that those needs can only be met in a specialized program or

[283] Because the "census" reports and the Mega Reports are updated weekly, those reports allow Network Development to more quickly identify any child whose placement is approaching or has exceeded the 30 day limit. (The TFACTS report is a "look back" run during the first week of the month, reporting on the placements for the previous month. A child whose temporary placement exceeded 30 days on the first day of the month would therefore not be identified by the TFACTS report until more than a month later.)

[284] The report therefore involved placements made during September, October, or November of 2012.

[285] The Placement Exception form indicates that this placement standard has no exception that complies with best practice standards, and does not offer an option to designate the placement compliant.

facility; or (3) if the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together.[286]

As discussed in previous monitoring reports, keeping siblings together has been a relative strength of DCS practice. As reported in Section One, 82% of *Brian A.* sibling groups entering out-of-home placement during the period from July 1, 2011 through June 30, 2012 were initially placed together, and at any given time approximately between 79% and 82% of sibling groups are placed together, according to reporting from TFACTS.[287]

The aggregate report does not presently distinguish between separations that fall within one of the permissible exceptions and those that constitute *Brian A.* violations. However, in the most recent Separated Sibling Visits Review conducted by the TAC, in each of the separated sibling cases reviewed there were facts articulated either in the case file or in supplemental information provided by the Department that arguably met one or more of the conditions under which separation of siblings is permissible.[288]

In 2012, 756 PERs were reported to Central Office for separation of siblings. Of these 756, 597 (79%) were designated by the region as compliant and 159 (21%) were designated by the region as non-compliant.

d. Resource home capacity limits (VI.A.1.d)

The Settlement Agreement limits the placement of a child in a resource home if that placement will result in: (1) more than three foster children in that resource home; (2) more than a total of six children, including the resource family's natural and/or adopted children in that resource home; or (3) more than three children under the age of 3 residing in that resource home. The Settlement Agreement permits an exception if either (a) such placement is in the best interest of all the foster children in the home or (b) the child is part of a sibling group and there are no other children in the home.[289]

As discussed in previous monitoring reports, both data generated by the Department and the findings of targeted reviews conducted by TAC monitoring staff have confirmed that a significant percentage of placements of children in resource homes with more than three children in them are not consistent with the capacity limitations (and permissible exceptions) established by the Settlement Agreement.

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[286] The Settlement Agreement requires that these efforts "*be documented and maintained in the case file*." Any separation of siblings who enter placement at or near the same time must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

[287] Previous TNKids reporting showed approximately 84% of sibling groups placed together at any given time.

[288] Some of the reasons for separation were clearly supported by the documentation in the case file. In other cases, the factual assertions were more difficult to evaluate. The TAC anticipates expanding the scope of the next targeted review of separated siblings to allow a deeper inquiry into the decision to separate siblings, with a particular focus on the facts articulated in the PER and the basis cited by the Regional Administrator for approval of the request.

[289] Any placement resulting in more than three foster children, more than six total children, or more than three children under the age of 3 must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

As discussed in the June 2012 Monitoring Report, the Department conducted a targeted review in 2011 of homes that had recently served more than three children, from a list pulled from a point-in-time report, which included a visit to the resource home. This review found that in most cases, the regions used their most seasoned and resourceful resource parents to serve larger numbers of children. In these cases the placements seemed to be successful, but in cases where newer resource parents were used or placements were made quickly or after-hours, there were more challenges.

According to TFACTS reporting for 2012, placements made during this time resulted in 3,562 children being in homes with more than three foster children. In addition, placements made during 2012 resulted in 1,028 children being in homes with more than six total children and resulted in 42 children being in homes with more than three children under age 3.[290]

In 2012, 1,547 PERs were reported to Central Office for more than three foster children. Of these 1,547, 915 (59%) were designated by the region as compliant and 632 (41%) were designated by the region as non-compliant.[291] In addition, 393 PERs were reported for more than six total children. Of these 393, 186 (53%) were designated by the region as compliant and 207 (47%) were designated by the region as non-compliant. Forty-one PERs were reported for more than three children under age 3 during that same time period. Of these 41, 15 (37%) were designated by the region as compliant and 26 (63%) were designated by the region as non-compliant.

e. Limits on placement of children under age 6 in group care (VI.A.1.e)

The Settlement Agreement prohibits the placement of any child under 6 years of age in a placement other than a resource home unless the child has exceptional needs which cannot be met in a resource home, but can be met by the congregate care facility in which the child is placed.[292]

As part of its quality assurance oversight activities, the Network Development Division conducts weekly placement data reviews and follows up on every case involving the placement of a young child (including but not limited to any child under the age of 6) in a congregate care facility. These reviews (as well as periodic reviews conducted by the TAC) have consistently found that

[290] As noted in Subsection A.1.b above, the TAC has identified some discrepancies between this TFACTS report and other data sources related to emergency placements. The TAC is working with the DCS Office of Information Systems staff to try to understand and address these discrepancies. The TAC is also working to validate the data in this TFACTS report related to resource home overcrowding.

[291] For all other exception categories, reporting on the number of PERs filed is presented for February through December, the entire 2011 reporting period available from Central Office data. However, only the months of April through December are provided for the resource home overcapacity categories in order to coincide with the numbers provided from the TFACTS reporting. An additional 249 PERs were reported to Central Office in the three resource home overcapacity categories during February and March. Of those 249, 198 (80%) were marked compliant and 51 (20%) were marked non-compliant.

[292] Any placement of a child under 6 years of age in a congregate care facility must be reviewed by the Regional Administrator as discussed in Subsection A.2 below.

placements of children under age 6 in a congregate care setting are both rare and made in accordance with the provisions of the Settlement Agreement.[293]

Utilizing a TFACTS report that identifies children on the last Mega Report of each month who are under age 6 placed in congregate care and eliminating those children who were in a hospital for medical care, TAC monitoring staff found no children under age 6 in a congregate care placement for the period from January through December 2012.

f. Limits on placement of children in group care with excess of eight beds (VI.A.1.f)

The Settlement Agreement prohibits placement of children in a residential treatment center or any other group care setting with a capacity in excess of eight children unless (a) the child's needs can be met in that specific facility and (b) that facility is the least restrictive placement that could meet the child's needs.[294]

As discussed in Section One Subsection B.1, one measure that the Department and the TAC use to monitor placements in group care settings is the number and percent of children initially placed in family and non-family settings.[295] Initial placement in a family setting has remained relatively constant in recent years, ranging between 86% and 88% for the past five calendar year periods.

The Department also tracks by fiscal year initial placement in a family setting for the age group of 14 and older. Initial placements in a family setting for these older *Brian A.* youth increased from 77% in fiscal year 2005-06 to 82% or 83% in each of the next four consecutive fiscal years. However, that percentage decreased to 73% in fiscal year 2010-11. In 2011-12, the percentage increased to 77%.[296]

The percentage of children in congregate care placements with a capacity in excess of eight beds has remained stable, as periodic reviews of the Mega Report reflect. For example, in 2012, there were 536 (7% of 7,636) class members placed in such congregate care facilities according to the June 28, 2012 Mega Report and 504 (8% of 6,703) as of the December 30, 2012 Mega Report. In 2011, there were 476 (8% of 6,168) class members placed in such congregate care facilities

[293] Some children under the age of 6 are "placed" in medical centers. For example, if an infant born to a drug addicted mother comes into care at the time of the birth and remains in the hospital for necessary medical care associated with the birth, that child would appear as "placed" in the medical center caring for him. These are not regarded as "congregate care placements."

[294] Any placement of a child in a residential treatment center or other group care setting with a capacity in excess of eight children must be reviewed by the Regional Administrator as discussed in Subsection A.2 below. It is not clear whether the Settlement Agreement contemplates that an exception request would have to be filed for a child in a resource home who required short-term hospitalization for an appendectomy or a short-term psychiatric hospitalization to stabilize the child in crisis and return her to the resource home.

[295] While this measurement does not take into account the capacity of the group care facility, it is an indication of how well the Department is doing in limiting these residential placements. See Section One beginning at page 29 for further discussion.

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

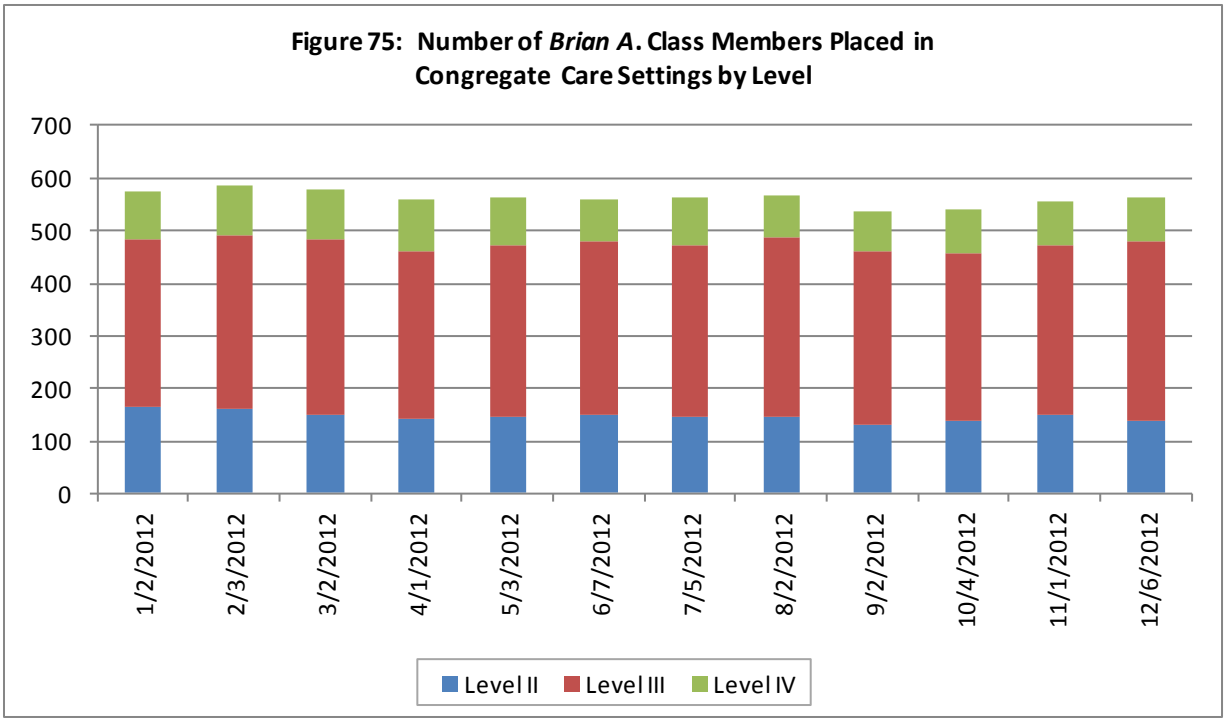
according to the June 23, 2011 Mega Report and 538 (8% of 6,616) as of the December 16, 2011 Mega Report.[297]

As discussed in previous monitoring reports, while congregate care placements are appropriate for some children at some point in their placement, the Department is committed to serving children in family placements whenever possible and moving children from congregate care to family settings as soon as a child can safely and appropriately be moved. The Central Office previously used its Utilization Review (UR) process to ensure that children in congregate care settings were placed appropriately, in the least-restrictive setting to meet their needs, and that they were receiving the services they needed. This process was focused on the length of stay of children placed in congregate care facilities (regardless of the licensed capacity) through a Level III or Level IV contract.

The current UR process focuses on children who appear to be "stuck" in placement, whether that placement is a congregate care facility or a group home and is intended to identify and address barriers to moving those children to permanency. In addition, the UR process is no longer a conversation between Central Office and the regions but is now a conversation between the regions and the provider agency with one Central Office participant from Network Development. The regions choose the cases to be discussed. Notwithstanding the change in the focus of UR, the TAC continues to track children placed in congregate care facilities through Level II, III, or IV contracts monthly.

Figure 75 below shows the number of children (as of the date indicated) placed in congregate care settings (without regard to the bed capacity of the particular group home or facility) through Level II, III, and IV contracts.

[297] These numbers are based on facilities identified to have capacities greater than eight by the Department. For purposes of this reporting, the TAC adds the capacities of cottages located on the same campus and includes those placements in this count when the sum capacity for the campus is over eight. The report that the TAC used to identify children in congregate care settings greater than eight only includes congregate care providers with whom DCS has (or had for the applicable period) an ongoing contract. It does not include those small number of cases in which a child is placed in a facility not operated by one of those regular contract providers through a "unique care agreement" (an individual child-specific contract typically involving an out-of-state placement) nor does it include children placed in hospital settings through "inpatient" placements. As of June 28, 2012 there were 26 children excluded for this reason; and as of December 30, 2012 there were 35. The distribution of these children by placement type is as follows: for June 28, 2012: 139 Level II, 288 Level III, 90 Level IV, and 19 Primary Treatment Center; for December 30, 2012: 119 Level II, 285 Level III, 84 Level IV, and 16 Primary Treatment Center. As of June 23, 2011 there were nine children excluded for this reason; and as of December 16, 2011 there were 10. The distribution of these children by placement type is as follows: for June 23, 2011: 120 Level II, 280 Level III, 59 Level IV, and 17 Primary Treatment Center; for December 16, 2011: 136 Level II, 292 Level III, 92 Level IV, and 18 Primary Treatment Center.



Source: TFACTS Mega Reports, January 2, 2012 through December 6, 2012.

In 2012, 900 Placement Exceptions Requests were reported to Central Office for a child in group care with excess of eight beds. Of these 900, 813 (90%) were designated by the region as compliant and 87 (10%) were designated by the region as non-compliant.

g. Prohibition against placement of children in jail, correction facility, or detention center (VI.A.1.g)

The Settlement Agreement prohibits the placement of a *Brian A.* class member, by DCS or with knowledge of DCS, in a jail, correctional, or detention facility unless the child is charged with a delinquent act or is otherwise placed in such a facility by court order. The Settlement Agreement also requires that DCS notify law enforcement and judicial officials across Tennessee of this policy and work to ensure that DCS is immediately notified of any child in its legal custody who has been placed in a jail, correctional, or detention facility.

As discussed in previous monitoring reports, based on a combination of aggregate reporting, internal DCS monitoring of children in detention,[298] and targeted reviews and spot checks conducted by TAC monitoring staff, Department practice has previously been found to be consistent with this provision of the Settlement Agreement.

[298] The Department's Network Development Division conducts weekly reviews of all children in detention as of the weekly review date and immediately contacts the region to find out the circumstances requiring detention center placement. In addition, regional staff and private provider agencies have been instructed to file a PER whenever they receive notification that a child has been placed in detention. Twenty-five detention PERs were reported to Central Office by the regions during calendar year 2012. There were no detention PERs reported to Central Office in the last quarter of 2012.

To provide updated reporting on this provision, TAC monitoring staff reviewed detention placements for the last quarter of 2012, using the weekly Mega Reports for that period to identify class members in detention placements. For each class member identified as having been in a detention placement, the TAC monitoring staff reviewed the TFACTS file to determine whether in fact the child was correctly identified as a class member and, if so, the reason for the detention. The results of this review are consistent with the findings of previous monitoring reports.

Thirty-one children who had been in detention at some point during that three-month period were correctly identified by the Mega Report as *Brian A.* class members.[299]

Three of these children came into DCS custody *after* having been initially placed in detention, two on delinquency charges and one on a charge of runaway. The two children held for delinquency charges were released to DCS for placement after 35 and 39 days, and the child held on a charge of unruly was released after 11 days.

Twenty-eight children were already in custody as dependent and neglected children at the time of their placement in detention.[300] Twenty-four of those children had been charged with delinquent offenses while in DCS custody and were held in detention on those charges.[301]

Only four cases involved class members who were not being held on delinquency charges:

- Two children were held for one night in detention for runaway charges.

- One child had two detention stays of three and 10 days during the last quarter of 2012. The case manager for the child attended a court hearing for the child and reported to the judge that the child was not compliant with school attendance and the child's whereabouts were unknown at that time. The judge issued a detainer and the child was placed in detention for three days once apprehended. The child ran away shortly after the detention stay and missed a court date while on the run, where the judge issued another detainer for the child. The child was placed in detention for 10 days and subsequently

[299] There were a total of 39 children identified by the weekly Mega Reports as class members placed in detention at some point during that three-month period; however, reviewers determined that six of those children had been incorrectly identified as class members, one child's detention placement was prior to the custodial episode, and one child's placement history in TFACTS did not reflect a detention stay.

[300] Three children had been dually adjudicated as dependent/neglected and delinquent prior to placement in detention.

[301] The fact that detention in these cases complied with the Settlement Agreement requirement does not mean that these cases raised no concerns related to detention practice. In one case, for example, a 9-year-old in a special education program was detained for seven days on an assault charge filed by a resource officer at the child's school based on an incident of aggressive behavior that arose in school. The case manager was appropriately concerned with the decision to place this child in detention, especially because it did not appear that the school had followed the de-escalation measures in the IEP and the child did not display the aggressive behaviors in the resource home. The case manager contacted various regional staff and DCS legal staff in an effort to have the child released from detention immediately, but was informed by DCS legal staff that nothing could be done to secure the child's release prior to the next hearing date. In another case, the case manager came to detention expecting to be able to have the child released to her only to be told that the court order required that she post a $2,500 bond before the child could be released. That child remained in detention eight days before being released to the Department.

adjudicated delinquent after pleading guilty to felony criminal impersonation, misdemeanor resist, stop, frisk, halt arrest, search (no weapon), and misdemeanor theft up to $500.

- One child was on a field trip and became combative and aggressive with staff. The police were called to help deescalate the situation, but the child did not calm down and was taken to detention. The police officers learned that the child had an arrest warrant for failure to appear at a court hearing. The child was held in detention for two days.

The Department, in consultation with the TAC and with the assistance of an appropriately constituted external review team, is in the process of reviewing its congregate care facilities that serve significant numbers of youth who are adjudicated delinquent to determine whether those placements are appropriate for *Brian A.* class members. Reviews have been completed on two facilities. Based on the review of one of those facilities, the Department has concluded that the facility was designed and operated primarily for delinquent youth and was sufficiently "correctional" in its programmatic approach and structure to preclude placement of class members in the program. The Department now prohibits the placement of class members in that facility. There are two class members who remain at the facility at the time of this report for whom the Department is presently pursuing appropriate alternative placements.[302]

h. Prohibition of placing child assessed at high risk for perpetrating violence or sexual assault with foster children not so determined (VI.A.1.h)

The Settlement Agreement requires that DCS "*not place any child determined by a DCS assessment to be at high risk for perpetrating violence or sexual assault in any foster care placement with foster children not so determined.*"

The Department has developed a two-fold approach to ensuring that placements of "high risk" children are consistent with this provision of the Settlement Agreement. First, the Department has placed an emphasis on the front-end responsibilities of the Child and Family Team as a whole and of specific team members in particular to use the Child and Adolescent Needs and Strengths (CANS) assessment process to ensure that aggressive children are not placed with non-aggressive children to whom they would pose a danger; and second, the Department has initiated a CANS High Risk Review process that identifies and requires the regions to review and respond

[302] With respect to the second facility reviewed by the external review team, as well as one other facility not yet reviewed that serves a significant number of delinquent youth, the Director of Network Development has decided that, pending further review and discussion, she would prospectively preclude further placements of any class members at either of those facilities. As of May 30, 3013, there are presently five class members placed in those two facilities (two in one; three in the other).

to potentially problematic placements.[303] The Department has been working with the regions to refine and effectively implement this two-fold approach.

The Department expects that in making any placement decision, the Child and Family Team will specifically determine whether the child is at high risk for aggressive behavior and, if the child is, will consider whether any proposed placement for the child is serving children who are not aggressive.[304] Conversely, the Department expects that in making any placement decision of a child who is not aggressive, the Child and Family Team will specifically determine whether any proposed placement is presently serving a child at high risk for aggressive behavior.[305]

Certain DCS staff members have particular responsibilities related to these placements:

- Regional placement specialists should know whether the child being placed is a "high risk" child and whether any of the children in a proposed placement is a "high risk" child.

- The Child and Family Team Meeting facilitator should make sure that, any time there is a "high risk" child being placed or the placement being considered presently serves a "high risk" child, the Child and Family Team addresses that issue.

- The team leader and the CANS consultant, reviewing and approving the CANS of a child found at high risk for aggressive behavior, should intervene if he or she believes the child is placed in a placement where the child poses a high risk to non-aggressive children.

Finally, resource parents should alert the Department if they find themselves being asked to care for children who they feel pose a danger to other children in the home or whom the resource parent is unable to protect from other aggressive children in the home. (While a resource parent might not receive a copy of the CANS at the time of placement,[306] there is a standard form that

[303] While the CANS High Risk Review is intended as the primary means for monitoring and reporting on the extent to which the Department is meeting the expectations of this provision of the Settlement Agreement, the TAC also examines each year any QSR case that received an "unacceptable" rating for Safety to determine whether that case involved commingling of a "high risk" child with a child not designated as high risk. Of the four cases that received unacceptable scores in the 2010-11 QSR, none involved a safety issue related to this kind of commingling. Of the eleven cases that received an unacceptable score for Safety in the past three years, three involved a safety issue related to this kind of commingling. According to the QSR case stories, in each case, the child was placed in a residential facility and either the child posed a safety risk to others or the behavior of another child (or other children) posed a safety risk to the child.

[304] The Settlement Agreement does not speak specifically to the commingling of aggressive children with each other; however, the parties certainly did not mean to suggest that safety concerns should not be considered in those cases as well.

[305] As discussed later in this subsection, the fact that a child has a high risk CANS score for aggressive behavior does not preclude placing that child with children to whom the child would pose no risk. For example, a young child who has exhibited aggressive behaviors towards younger children but gets along well with older children would not be precluded from placement in a home with a teenager. While the Department relies on the CANS to "flag" children who have exhibited aggressive behaviors and might pose a danger to other children, the Department appropriately considers the nature of a child's aggressiveness and the specific characteristics of the resource home and the other children in that home in determining whether this child, in the context of that specific placement, poses a danger to other children in the home.

[306] Resource parents should generally have access to the CANS and should be familiar with the CANS process since "reassessment" CANS are based in large part on information provided by the resource parent.

the DCS worker is to fill out and provide to the resource parent with information about a child that contains, among other things, a checklist of behaviors including sexual acting out, sexual aggression, physical aggression, and assault.)

Every region has incorporated into the CANS process a requirement that a designated staff member is responsible for flagging any child with a high risk CANS score, entering that child's name on the region's high risk review spreadsheet, and ensuring that the child's placement is reviewed by a regional team responsible for the region's high risk review.[307]

The Central Office and a member of the TAC monitoring staff participate in the high risk review process through monthly review of the regional CANS High Risk Review spreadsheets (which capture for each case reviewed relevant information generated by the review and key findings of the review) and through periodic conversations and follow-up with key regional staff.[308]

Some regions appear to have been using the CANS High Risk Review effectively to both identify ways to improve the initial placement process (and avoid inappropriate commingling in the first place) and to identify and respond to situations in which a child with a high risk CANS score is already placed with other children.[309] Other regions are less far along in their utilization of the CANS High Risk Review.

Based on the information gathered through the CANS High Risk Review process, the Department has been able to identify opportunities for improving placement practices related to "high risk" children. For example:

- Some of the instances in which "high risk" children were inadvertently commingled with other children occurred in resource homes that were serving multiple regions. To address this, a number of regions have refined their regional administrator "RA to RA" approval process (required whenever one region seeks to place a child in a resource home located in another region) to include a specific discussion of the relevant CANS scores of both the child to be placed and any other children in the home.

[307] In most regions, the CANS Consultants are responsible for flagging "high risk" children at the time they review and "finalize" the CANS in TFACTS. While all regions have a team that is responsible for the front-end review of placements of "high risk" children, there is some variation in the composition of the team, the expectations related to preparation and participation, the structure and conduct of the review, and the frequency of the reviews.

[308] Prior to the implementation of TFACTS, the Central Office had been using the CANS database to create a monthly list of children with a high risk score who were in resource homes with other children according to TNKids placement information. The names of the children and their placement information were then sent to the regions for review. With the implementation of TFACTS and the inability of Central Office to create reports from TFACTS, each region developed a front-end process to identify "high risk" children. When reporting resumed from TFACTS, the Department developed a report to identify "high risk" children and to assess whether each region's front-end process is correctly identifying all children with high risk CANS scores (and assuring that such children don't "fall through the cracks"). The Department has been using TFACTS reporting to identify children with high risk CANS scores throughout 2012. The TAC is still working with the Department to validate this reporting.

[309] Commingling may result when behaviors that would warrant a high risk CANS score do not come to light until after a child is placed with other children.

- Respite placements have appeared to be prone to inadvertent commingling of "high risk" children with other children and therefore a number of regions are looking at ways to ensure communication and information sharing before these respite placements are made.

- Experience with some private provider placements suggests that the private providers may not be as attuned to the issue of commingling of "high risk" children with other children and may not understand the Department's expectations when considering placement of a child with a high risk CANS score (or placement of another child in a home with a child who has a high risk CANS score). To address this, a number of regions are actively engaging private providers in the CANS High Risk Reviews and discussing issues related to the CANS High Risk Review process in "cross-functional team" meetings involving private providers.

- There appears to be a need to clarify expectations regarding the appropriate use of safety plans in these cases. In some cases—frequently those involving placement of sibling groups that include younger children—a particular behavior or set of behaviors that might result in an elevated CANS score for one or more of the children in the home can be managed through a combination of appropriate adult supervision and competent behavioral management techniques. By selecting the right resource parent and implementing an appropriate safety plan, the siblings can safely remain together. In these and other situations, a child's high risk status is appropriately considered in the context of the characteristics of the home the child is being placed in, the characteristics and vulnerabilities of the other children in the home, and in some cases, the strength of the protocols, strategies, services, supports, and supervision described in a safety plan. A child who might otherwise be considered a "high risk" child if placed with more vulnerable children in a less well-structured and supervised resource home may not pose any risk to the specific children in a different well-structured resource home, with an appropriate safety plan. However, there is some variation in the quality of safety plans and perhaps some ambiguity about whether simply having a safety plan automatically makes commingling of a "high risk" child with other children permissible.[310]

As the foregoing discussion suggests, the CANS High Risk Review process has been focused on the commingling of "high risk" children with other children in resource homes. The Department has not yet applied this process to the commingling of aggressive children with non-aggressive children in congregate care settings.

The TAC anticipates a renewed focus by the Department on the CANS High Risk Review process in the coming months and expects to be able to report on relevant developments in the next monitoring report.

[310] A safety plan that, in combination with the other characteristics of the placement, results in the "high risk" child not posing a high risk to the other children in the home, would make the placement permissible. A safety plan that simply attempted to make the best of a bad placement would not.

i. Children for Whom Permanency Goal is Adoption (VI.A.1.i)

The Settlement Agreement provides that children for whom the permanency goal is adoption should, whenever possible, be placed with a family in which adoption is a possibility. As discussed in previous monitoring reports, the Department has implemented "dual licensing" so that all resource parents are potential adoptive parents from the standpoint of training and approval requirements. The fact that the vast majority of adoptions have historically been by families who had already been fostering the child they adopted reflects that Departmental practice is generally consistent with this admonition.

j. Requirement that Placement Contracts Be With Licensed Providers (VI.A.1.j)

The Settlement Agreement requires that DCS only contract for placements or services with licensed contractors or subcontractors. This provision is included in DCS policy and contract provisions. As discussed in Section Twelve of this report, DCS oversight mechanisms are in place to ensure that private provider contractors and subcontractors meet licensing requirements.

2. Requirement for Regional Administrator Review (VI.A.2)

The Settlement Agreement provides that for those placement standards that include a requirement for regional administrator review (VI.A.1.a-f), if the regional administrator permits the placement, the regional administrator must either:

- indicate that the placement meets one of the permissible exceptions under the standards and, if so, ensure that the facts supporting that exception are documented in the case file; or

- indicate that the placement does not meet one of the permissible exceptions, document the reasons that the placement was nevertheless approved, and indicate any further action to be taken with respect to that placement.

As discussed in the introduction to this section, the Department intends to incorporate the regional administrator review process into TFACTS so that when TFACTS is fully implemented the required documentation of the review and the relevant findings will be captured in TFACTS. However, there is no target date for automation of the PER process and it is not presently a high priority for TFACTS application development.

In the interim, the regional administrators are expected to document their review and approval either by signing the hard copy forms that are maintained in the region or by sending an e-mail reflecting their review or approval.

In the past, the Department has been generally confident that:

- the staff involved in placement decisions understand when they need to have the regional administrator review and approve a placement;

- the staff involved in placement decisions are routinely contacting the regional administrator (directly or through her designee) to get her review and approval; and

- the regional administrators are reviewing and approving any "exceptional" placements that are made.

The Department acknowledges that there may be some variation among the regions in the way in which the regional placement services (RPS) staff communicate with the regional administrator (either directly or through a designee), in the level of detail the regional administrator expects from the RPS staff, or in the thoroughness of the assessment that the regional administrator conducts/relies on. There may also be some differences in the way in which the regional administrators evaluate whether a placement falls within a permissible exception and/or the way they interpret the language of the standard.[311]

The Department also recognizes that there is a discrepancy between the number of PERs reported each month to the Central Office and the number of PERs reflected in the TFACTS reports for the two categories of placement exceptions for which TFACTS reporting is currently available. Based on a comparison of the placement exceptions reported each month to the Central Office with the TFACTS reports for those two categories, it appears that the number of PERs reported generally represents less than half of the cases in which the TFACTS data would suggest a PER should have been completed.[312]

3. Requirement of Quality Assurance Review of Non-Compliant Placements (VI.A.3)

The Settlement Agreement provides that the quality assurance division, using aggregate data and case reviews, is responsible for tracking, reporting, and ensuring that appropriate action is taken with respect to placements that do not comply with the placement standards in Section VI.A.1. As discussed in the introduction to this section, the newly restructured Quality Assurance Division intends to build its understanding of the process and documentation available and develop its role in overseeing these placements.

B. Assessment Process to Support Case Planning/Service Provision

The Settlement Agreement requires that all children receive an assessment, including a medical evaluation and, if indicated, a psychological evaluation, using a standardized assessment protocol. The assessment may take place prior to custody, but no later than 30 days after the

[311] The original design of the PERs contemplated that the regional administrator would review the information in the form and make a decision to approve or reject the request; however, as practice has evolved, the communication with the regional administrator to get regional administrator approval occurs before the PER form is filled out and there are therefore no examples of a regional administrator receiving a PER form and then "rejecting" the PER request. The PER form has become a required document to be filled out when a PER request has been approved.

[312] TFACTS data are only available for two categories: children in emergency and temporary facilities in excess of 30 days or more than once within a 12-month period (VI.A.1.b) and the three resource home capacity limits (VI.A.1.d).

child comes into custody. As soon as the assessment is completed, the child's placement is to be reevaluated to ensure that it meets the child's needs.

As has been discussed in previous monitoring reports, the Department has embraced a functional assessment process to support planning, service provision, and placement decisions. The functional assessment draws from "formal assessments" such as psychological and medical evaluations, including the federally required *Early Periodic Screening, Diagnosis, and Treatment (EPSDT)* exam, and from formal assessment tools and activities, including the *Child and Adolescent Needs and Strengths (CANS)*.[313] It is the combination of the initial EPSDT and initial CANS that constitutes the Department's "standardized assessment protocol" required by the Settlement Agreement to be conducted within 30 days of the child entering care.

Consistent with the Settlement Agreement, the Department's placement process and placement policies contemplate that placement decisions, both initial placements and any change in placement, will be driven by the assessment. As discussed in Subsection H below and in Section Seven of this report, the Child and Family Team (CFT) has the ultimate responsibility for integrating assessment information into the case planning and decision making process. The initial placement is intended to be made at the direction of the Child and Family Team based on the assessment made by the team, drawing from information generated by the range of assessment activities and from strengths and needs identified by the team in its planning and placement decision making process.

When an emergency placement is made in advance of a Child and Family Team Meeting (CFTM), the Child and Family Team is to examine the appropriateness of that placement based on assessment information available at its initial meeting. The functional assessment is intended to be an ongoing process and the team is responsible for tracking progress, adjusting the plan, and revisiting the placement decision if further assessment information suggests that the placement is not meeting the child's needs.

The challenge for the Department has been in meeting the time requirements for the completion of the initial CANS and the EPSDT exam. As discussed in Section One of this report, only 76% of children who entered custody in 2012 and had a custodial stay of 30 or more days had an EPSDT completed in 30 or fewer days;[314] and according to the CANS Extract for May 2013,[315] of the 2,660 children who entered custody in 2012 and had a finalized CANS, 51% (1,354) had received a CANS within 30 days of entering custody, and a total of 57% (1,503) had a finalized CANS within 60 days of entering custody.[316]

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[313] The functional assessment also draws heavily from the insights and perspectives of Child and Family Team members, including family, based on the team members' own observations, interactions, and experiences with the child and family.

[314] See the discussion beginning at page 72.

[315] This extract was developed in consultation with the TAC and reflects a number of the key improvements that Department staff and the TAC had requested. The Department is confident in the accuracy of the report; however, the TAC has not yet had sufficient time to fully review it.

[316] While the Settlement Agreement requires that the initial assessment be completed within 30 days of a child coming into custody, the Department's expectations related to the CANS is that it be initiated by the case manager within one business day of the day a child (age 5 or above) enters custody and that it be approved by the team leader and finalized by the regional CANS Consultant within five business days of the child entering custody.

C. Ensuring Access to Reasonable and Appropriate Education

The Settlement Agreement (VI.C) requires the Department to ensure that children in foster care receive timely access to reasonable and appropriate education (including special/exceptional education) and are placed in community schools whenever possible. The Department is required to assign full-time education specialists in each region and 12 regional lawyers with special expertise in educational issues, responsible for ensuring that individual children in DCS custody receive timely access to appropriate educational placements and services.

1. Hiring of Education Specialists and Education Attorneys

As discussed in previous monitoring reports, case managers and school staff have found education specialists to be valuable resources for ensuring that children's educational issues and needs are addressed.

The Department presently has 14 education specialist positions (all of which are presently filled) with every region having one specialist and the Shelby and Tennessee Valley region having two specialists.[317] There had been 15 education specialist positions; however, one position, previously allocated to the Mid-Cumberland region, was eliminated, leaving Mid-Cumberland (a large region both geographically and in terms of the number of children in custody) with one education specialist position.

In every region, at least one attorney is designated as the "education attorney" and is expected to have special expertise and training related to education issues. These attorneys presently handle regular caseloads and devote the bulk of their time to general staff attorney duties; however, they remain available as a resource and support to the education specialists, should the education specialist determine that attorney advocacy is needed. The education specialists generally do not rely on DCS attorneys for consultation related to education issues related to children in DCS custody, but rather address their questions and concerns to legal and other staff at the State Department of Education with whom they enjoy a good working relationship.

2. Indicators of Timely and Appropriate Education Services

As discussed in previous monitoring reports, both QSR results and previous case file reviews suggest that a large majority of the children in foster care are receiving appropriate educational services: the vast majority of school-age children are attending public schools and the

[317] There are also three Education Consultants who function much like team coordinators, serving as advisors to the education specialists and working with the Department of Education, the Department's own school system, and the in-house schools operated by private providers.

Department appears to be acting responsibly to ensure that exceptional education needs are being addressed.[318]

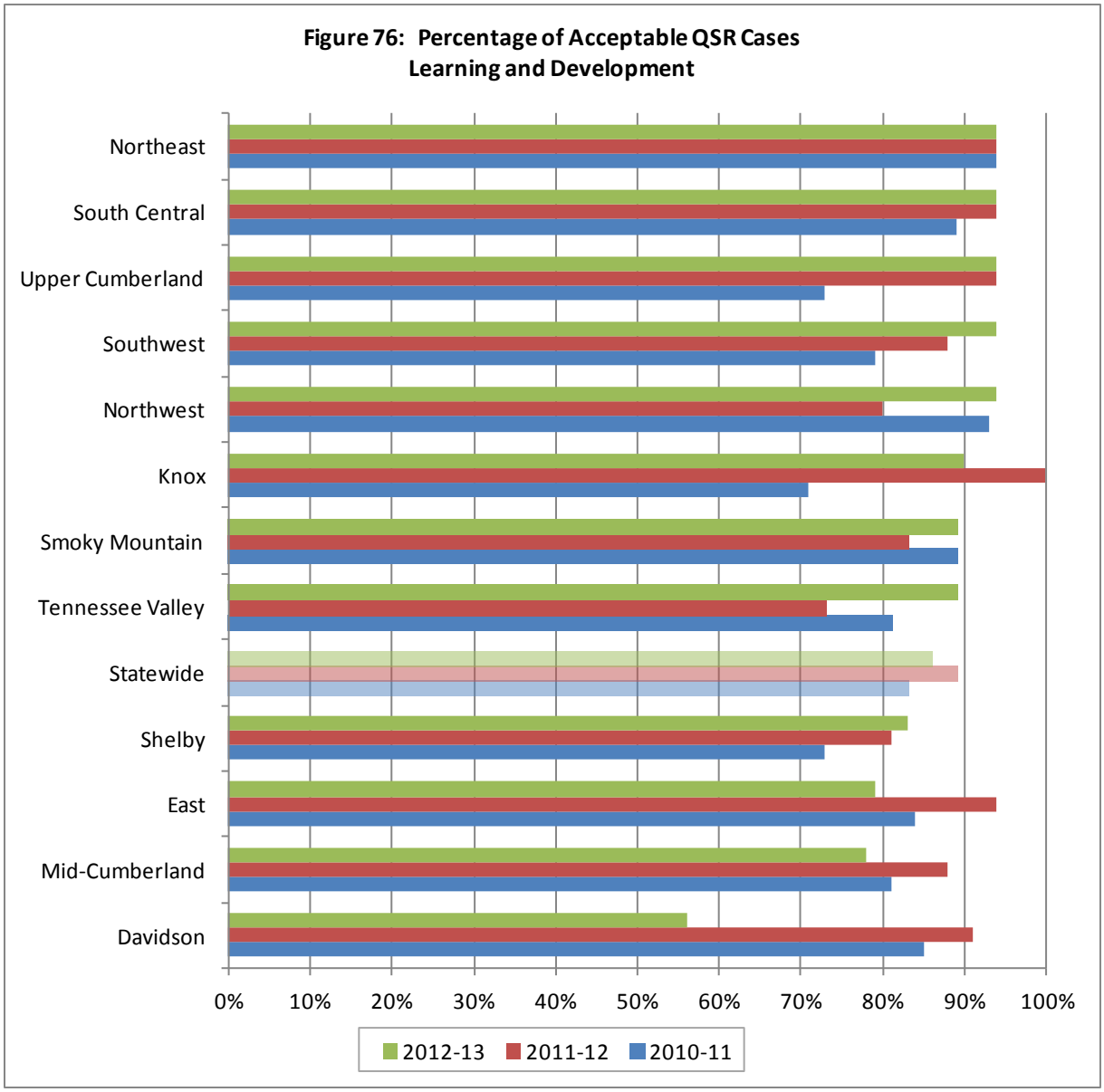
The QSR indicator for Learning and Development requires the reviewer to consider whether the child, at the time of the review, is receiving appropriate educational services consistent with the child's age and ability. For the case to score "acceptable," the reviewer must find that the child is receiving such services.[319]

Figure 76 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Learning and Development in the past three annual QSRs.[320]

[318] The Department now participates along with 130 other Tennessee school systems in utilizing "Easy IEP," the state's automated exceptional education student management software. Among other things, this system provides participating school systems with immediate online access to information such as previous and current IEPs, eligibility reports, procedural safeguard documentation, and student progress reports. The Department anticipates that this will both improve compliance with exceptional education requirements and facilitate the exchange of records among schools and eliminate the delays associated with obtaining hard copies of records.

[319] While the large majority of the QSR cases involve school-age children (ages 5 to 18), the annual QSR scores for Learning and Development include both school-age children and younger children in the sample.

[320] While an acceptable score on the QSR for Learning and Development indicates that a child is receiving appropriate education services, an unacceptable score does not necessarily mean that the child is not receiving appropriate education services. Attendance in an appropriate school program is just one factor that reviewers consider. The indicator is broader than just educational services, and the focus of scoring is the extent to which the child is achieving developmental and educational milestones consistent with the child's age and ability.



Source: QSR Databases.

In order to better understand the extent to which the failure to provide appropriate education services contributed to those QSR cases that received unacceptable scores, TAC monitoring staff reviewed each of the cases involving *Brian A.* class members that received unacceptable scores for Learning and Development during the 2012-13 QSR year. TAC monitoring staff sought to determine both the reason for the unacceptable score and whether TFACTS documentation subsequent to the QSR review reflects actions to address the educational concern.[321] Children were considered "school-age" if they were 5 years of age or older or if they were 2 years of age or older and entitled to exceptional education services through Tennessee Early Intervention Services (TEIS) or their local education agency (LEA).

[321] TAC monitoring staff reviewed TFACTS documentation dated within the 30 day period subsequent to the QSR review to determine whether the Child and Family Team (CFT) followed up on the concerns and recommendations identified in the QSR.

Of the 214 cases reviewed in the 2012-13 QSR, 30 (14%) received unacceptable scores for Learning and Development. TAC monitoring staff reviewed the 22 cases for which QSR case narratives were available at the time of the review. .

In seven of those 22 cases, it appeared that the children had significant emotional and behavioral health challenges that impaired their daily functions and impeded their learning. In those cases, addressing the mental health issues appeared to be the critical focus and the unacceptable score for Learning and Development did not appear to be based on a failure to provide educational services.

In the remaining 15 cases, TAC monitoring staff found some indication that the failure to provide some educational service was a contributing factor to the case receiving an unacceptable score.

- In two cases, the unacceptable rating was attributable in part to a failure to adequately assess the child's educational needs.

- Three children had poor grades, were behind in school, and/or were performing below grade level, but were not receiving services[322] to address those deficits. The delay in receiving appropriate educational services and/or educational assessments was because of a breakdown in communication and coordination between DCS, the private provider, and/or the school system.

- In four cases, the children were certified to receive exceptional education services and reviewers were concerned about the sufficiency of the services provided.[323]

- In two cases, the children had poor grades and struggled despite the tutoring services that they received.[324]

- Two youth (ages 16 and 17) are not engaged in their future goal setting or educational progress. In the case of the 17-year-old, the youth refuses to participate in his educational program and plans to drop out of high school. The youth's goal is to be expelled from school, and he therefore displays behaviors in the school setting that earn him frequent suspensions. The 16-year-old youth entered custody as a result of truancy and educational neglect. The youth's resistance continued to adversely affect school attendance once placed in custody. Both youth have obtained very few credits, and the Department has offered them options to explore, such as Job Corps and GED, but both have refused participation. Department staff continued to encourage both youth to participate in their programs.

- A 10-year-old's grades declined after her resource parents moved to a smaller community and she started to attend a smaller school. The review child and her sibling are placed in

[322] Examples of educational services include tutoring, credit recovery, and behavioral support services.
[323] The reviewers were concerned that the children may need further assessment and adjustment in their services.
[324] In one case, the child scored advanced on his achievement testing but had poor grades. In the other case, the youth continued to work hard and obtained passing grades.

the same class, and the Child and Family Team members felt that might be negatively impacting her performance; however, there is only one classroom for the grade in this small school. The team was also concerned that the child might need further testing to determine whether the child had any specific learning disabilities.

- One youth (age 16) had never been enrolled in school prior to entering custody. Since being placed in custody, the child has remained in the same resource home and attends school regularly. Reviewers felt that the Department had taken many strides to enroll the youth in an appropriate educational program and obtain an IEP and services for the youth, but that it was hard to make up for the fact that the youth did not attend school until she was 14 years old. It is anticipated that the youth will graduate at 18 with a special education diploma, and the team is hoping that the youth will then be served by the Department of Intellectual and Developmental Disabilities (DIDD).

In the cases of six of the 22 children who were in the custody of the Department at the time of the QSR review, TFACTS documentation reflects that the Child and Family Team took action to follow up on the educational concerns identified.

D. Requirements Related to the Administration of Psychotropic Medications

1. Prohibition against use of psychotropic medication as discipline

Department policy, consistent with the Settlement Agreement (VI.D), prohibits the use of psychotropic medication as a method of discipline or control of a child. Policies and procedures related to the administration of psychotropic medications are well-designed to ensure compliance with this prohibition.

2. Requirement of Informed Consent

The Settlement Agreement requires informed consent for the administration of psychotropic medications. When possible, parental consent is to be obtained. If a parent is unavailable to provide consent, the regional health unit nurse is to review and consent to any medically necessary psychotropic medication and ensure appropriate documentation of that consent regarding psychotropic medications.

The Department's informed consent policies (applicable to children in DCS custody irrespective of their placement) are well-designed to meet this requirement.

The Department had anticipated that the TFACTS "health icon" (and, more specifically, the health related data fields associated with that icon) would support the informed consent process and make documentation of and reporting related to informed consent more effective and efficient. Unfortunately, because of problems with the design of the TFACTS health icon, these benefits have not yet been realized.

While the Department had begun to implement a case review process focused on ensuring compliance with the informed consent policies, a combination of the problems with TFACTS and problems in obtaining pharmacy data from BlueCross BlueShield posed obstacles to an effective review process.[325]

The Deputy Commissioner for Child Health and the DCS Medical Director are working with the Department's Office of Information Systems (OIS) staff to address the problems with the TFACTS Health Icon. In addition, they are in discussions with the Bureau of TennCare to determine whether there might be a more efficient way to accomplish the IT interface with the BlueCross BlueShield pharmacy data and whether some of the analysis of that data could be done for DCS by the TennCare analytics staff.

3. Medical Director Oversight

The Settlement Agreement requires that the Medical Director oversee and ensure compliance with the Department's policies related to the administration of psychotropic medications.

Previous monitoring reports have described in detail the variety of actions that the Medical Director has taken in an effort to ensure compliance with the medication policies, including:

- development and delivery of training relevant to psychotropic medication, informed consent, and behavior management to DCS and private provider staff and resource parents;

- development and distribution of clear and detailed medication guidelines for those who prescribe psychotropic medications for children in state custody;

- development and implementation of additional "site visit" protocols to be used by those conducting announced and unannounced Licensing and Program Accountability Reviews;

[325] As discussed in the June 2012 Monitoring Report, two targeted reviews conducted under the auspices of the Medical Director of children under the age of 6 and children ages 6 to 18 who had been prescribed psychotropic medication were completed in the fall of 2010 and the summer of 2011. Both the review of children ages 0 to 5 and the review of children ages 6 to 18 identified gaps in documentation that the Department needed to address.

- creation of a process to track, report, and analyze the use of medications;[326] and

- implementation of a review process to ensure that policies and procedures are being complied with and that problematic practices and incidents of non-compliance are identified and addressed appropriately.[327]

The Department anticipates gaining access to the database of the new TennCare pharmacy benefits management company, Magellan, to provide "real time" claims history for individual children.[328]

E. Requirements Related to Use of Restraint and Seclusion

The Settlement Agreement (VI.E) requires that an appropriately qualified Medical Director be responsible for revising, updating, and monitoring the implementation of policies and procedures surrounding all forms and uses of physical restraint and isolation/seclusion of class members, and that the Medical Director be authorized to impose corrective actions.

All uses of restraint in any placement, and all uses of seclusion in group, residential, or institutional placements, are to be reported to and reviewed by the quality assurance division and made available to the Licensing Unit and the Medical Director for appropriate action.

The present policies and procedures related to restraint and seclusion are the result of an extensive review and revision process conducted under the auspices of the Department's Medical Director. Physical restraint and seclusion are only permitted in congregate care settings and are

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[326] The Department utilizes BlueCross BlueShield (BCBS) pharmacy claims data—data provided by TennCare Select reflecting prescriptions paid for by BCBS—which was "run" against TFACTS data and analyzed to provide the "Provider Practice Analysis Report," an aggregate report that provides data on the extent to which children in DCS custody are prescribed psychotropic medications and on the prescribing practices of the medical providers serving those children. The Medical Director uses the annual "Provider Practice Analysis Report" to identify the "high prescribers" who then receive a letter (with copies of the report) indicating that they have been identified as having prescription patterns significantly higher than their colleagues and asking them to provide a response on a form provided by the Medical Director. That review process had been suspended temporarily, in part because of the transition to TFACTS and in part because the Department has not received claims data or the data received have been inaccurate as a result of staff turnover at TennCare Select. The Department began receiving pharmacy claims data again in October 2012 through the Bureau of TennCare. Annual Aggregated Analyses have been conducted for the 2010-2012 data by DCS OIS staff. However, the Bureau of TennCare has offered the expertise of its analytics division and is currently analyzing 2012 data.

[327] Formerly, the Medical Director's review was initiated when TNKids sent an email alert that a child's psychotropic medication administration was not consistent with policy. The trigger mechanism in TFACTS is not yet functional. Currently, the regional health unit nurses are responsible for identifying cases in which medication administration is not consistent with policy and forwarding that information to the Medical Director for review. This manual process consumes valuable health nurse time that could be better utilized. Work is underway to assess the ability to acquire medication data through automated processes.

[328] The Department's nurses had access to TennCare's previous pharmacy benefits management company, SXC. In cases where little was known about a child's health history or the information received by nurses was confusing, nurses logged onto the database and viewed medication that had been paid for in the previous 30, 60, or 90days. The database included claims for all medication prescribed to a child and was not limited to psychotropic medication.

subject to clear limitations and mandatory reporting requirements. The Department has clearly communicated these policies both within the Department and to private providers.[329]

As discussed in previous monitoring reports, an "Incident Report" (IR) must be filed and entered into the TFACTS system for any incident involving the use of restraint and/or seclusion. The psychologists (who are supervised by the Medical Director) are responsible for the initial review and investigation of incidents involving the use of restraints and/or seclusion that meet a defined severity level.

Unfortunately, as a result of both problems with TFACTS functionality related to the Incident Reporting process and some confusion in the way the Office of Performance Excellence had been approaching the review of incident reports during 2012, the Department does not have the level of confidence it would like to have that the IR review and response process is occurring as designed. Rather than generating an e-mail alert that goes directly to the responsible psychologist and to the Medical Director when a restraint or seclusion IR has been filed (as was the case under the web application that was in place prior to TFACTS), the e-mail alerts now go with other IR e-mail alerts to a single Central Office staff member, who is responsible for opening the e-mail, determining to whom that e-mail alert should be forwarded, and then forwarding the e-mail to that person. Irrespective of how conscientious and attentive the staff member may be, the introduction of this manual step into what was an automatic process not only invites some delays in the notification of the responsible psychologist and the Medical Director, but it creates the opportunity for incidents to be routed incorrectly or missed altogether.

In an effort to identify concerns related to particular providers or facilities, the Program Accountability Review (PAR) site visit protocols include inquiries into the use of restraint and seclusion (focused on compliance with both the substantive limits and the reporting requirements).[330] In addition, the regional psychologists, who are responsible for reviewing and

[329] The Department has recently revised the policy regarding mechanical restraint, creating a separate policy specifically related to transportation of delinquent youth to avoid any confusion between the use of physical restraint in a treatment setting and the use of mechanical restraints by law enforcement or correctional officers when transporting delinquent youth.

[330] See Appendix Q of this report to view the Seclusion and Restraint PAR Monitoring Guides. The Monitoring Guide shows the items monitored by PAR that reflect the key requirements for the appropriate use of physical restraint set forth in DCS Policy 27.3 - Physical Restraint, and use of seclusion set out in DCS Policy 27.2 – Use of Seclusion. PAR draws restraint samples based on the total IRs submitted by the provider over the three months immediately preceding the review. PAR normally samples and scores five recent restraints (if applicable) involving different staff and clients when possible. Results are shared in the provider specific report, which includes any corrective actions that the provider plans to take in response to any findings related to physical restraint (*e.g.*, training, increased supervision, QA review). If, in the course of the review of client files, PAR finds a use of physical restraint that was not reported through the TFACTS IR system, PAR notifies the relevant DCS staff (generally the Medical Director and psychologists who are the designated IR responders) of the unreported use of restraint and includes that finding in the PAR report. PAR also instructs the provider to enter the restraint detail into the IR system and to institute a plan to catch and eliminate misses in reporting. PAR follows a similar process with respect to review of any incidents of seclusion.

responding to individual IRs regarding restraint and seclusion, watch for multiple incidents being reported for a particular child as an indicator of a problem that needs to be addressed.[331]

However, it does not appear that there was any systematic effort to use incident reporting data, either IR data in general or IR data related specifically to the use of restraint and seclusion, as a major element of private provider oversight.

The new Commissioner and his two new Deputy Commissioners have had considerable experience in their work with the Department of Developmental Disabilities Services in monitoring the use of restraint and seclusion in facilities that serve persons with developmental disabilities. The TAC anticipates that this experience will be helpful in determining what additional steps need to be taken to ensure both that IRs are being filed whenever there is an incident of restraint and seclusion, that the IRs are reviewed and responded to appropriately, and that the staff from the Quality Assurance Division and those responsible for private provider oversight are utilizing IR data to identify and respond to any systemic problems.

F. Independent Living Services for Older Youth

The general provisions of the *Brian A.* Settlement Agreement related to assessment, case planning, and service provision (primarily those in sections VI.D,E, VII, and VIII.C) apply with equal force to older youth. In addition, the Settlement Agreement includes a variety of provisions (and policies generated pursuant to those provisions) which require a higher level of active participation in and responsibility for planning and decision making based on age (*e.g.*, required presence of older children at Child and Family Team Meetings and increased rights and responsibilities of older children to make health care decisions).

The Settlement Agreement also includes a provision specific to older youth, requiring that DCS "*shall have a full range of independent living services and shall provide sufficient resources to provide independent living services to all children in the plaintiff class who qualify for them*." (VI.F)

In order to ensure that assessment, case planning, and service provision for older youth address their "independent living needs" (the services and supports necessary to allow older foster youth to successfully transition to adulthood), DCS has adopted a number of policies specific to older youth. Policy 16.51 describes the Independent Living Plan (ILP) as a section of the permanency plan for all youth in state custody ages 14 to 19 that is developed along with the family permanency plan. The Independent Living and Transition Planning Guide (a link to which is provided in Policy 16.51) specifies that:

[331] It is unclear precisely what is intended by the language in the Settlement Agreement that the Medical Director "*be authorized to impose corrective actions*." As a technical matter, the Medical Director does not have the authority on her own to impose a corrective action plan on a facility. However, as a practical matter, the Medical Director, through the various oversight committees and processes that she participates in, is able to ensure that a corrective action plan is imposed and corrective action taken if she feels that is necessary to address improper use of restraint or seclusion. The Medical Director is responsible for approving corrective actions for any PAR findings related to restraint or seclusion.

"specific emphasis must be paid to the youth or young adult's input and preferences in its development. The integration of goals that project the youth or young adult's increasing ability to manage all aspects of their own lives self-sufficiently, with all available options for the establishment of legal, physical and relational permanency and support, is essential."

In addition, both state statute[332] and federal law[333] now require that all young people 17 and older exit foster care with a transition plan. The Department is required to provide 17-year-olds with "assistance and support in developing a transition plan" that is "personalized at the direction of the child," "as detailed as the child may elect," and includes the specific options related to:

- housing;
- health insurance;
- education;
- local opportunities for mentors and continuing support services; and
- work force supports and employment services

The November 2010 Monitoring Report included a lengthy discussion of the Department's efforts to improve case assessment and planning for older youth and ensure that older youth received the independent living services they are entitled to. That report included discussion of the findings of a targeted case file review conducted by the TAC which, while finding examples of high quality case practice, identified significant work to be done to align actual practice with that envisioned by DCS policy.

As discussed in the June 2012 Monitoring Report, the Department has been working to address deficiencies in case planning and service provision identified by the targeted case file review. The Office of Interdependent Living has:

- Revamped policy to meet the federal requirements of the Fostering Connection to Success and Increasing Adoptions Act, and, as of July 1, 2012, extended foster care to age 21 has been available in Tennessee.[334]

- Worked with the Performance Accountability Review (PAR) Unit to update the review tool used to evaluate private providers to include an examination of whether independent

[332] Tennessee Code Annotated 37-2-409.
[333] Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351).
[334] Tennessee Code Annotated 37-2-417(b) *authorizes* the Department to provide extended foster care until 21 for transitioning foster youth who are : (1) completing secondary education or a program leading to an equivalent credential; (2) enrolled in an institution which provides postsecondary or vocational education; (3) participating in a program or activity designed to promote or remove barriers to employment; (4) employed for at least 80 hours per month; or (5) incapable of doing any of the activities described in subdivisions (b)(1)-(4) due to a medical condition, including a developmental or intellectual condition. The Department has chosen to *implement* extended foster care for those transitioning youth who meet the criteria of (b)(1), (b)(2) and (b)(5), but has not yet made extended foster care available for those who meet the job preparedness or employment criteria of (b)(3) or (b)(4).

living and transitional goals from the youth's permanency plan are incorporated into the youth's individual treatment plan.[335]

- Created and delivered training designed to improve the quality of independent living and transition planning.[336]

- Developed tip sheets to guide case managers in developing quality independent living and transition plans.

- Developed an Independent Living Overview document to help case managers understand what services are available and who is eligible for those services.

- Developed an internal review tool to evaluate the quality of independent living plans and services.

- Partnered with TennCare to allow foster youth who are aging out of foster care at 18 to reapply for TennCare 30 days prior to the youth turning 18 so that there is not a lapse in coverage.

In the fall of 2012, the Department's Office of Independent Living conducted a targeted case file review focused on the Transition Plans for 103 17-year-olds. The purpose of the review was to determine the extent to which these youth "have quality, personalized plans for their adulthood that have been developed by the youth and their team." The Department reported the results of the review in December 2012.[337]

As was the case with the review conducted by the TAC, there were some encouraging findings: all cases reviewed had an Independent Living/Transition Plan; in 95% of the cases reviewed, youth were present for the most recent permanency planning CFTM, current life skills assessments were present in 85% of the files, and there were great examples of plans that were personalized and individualized to the youth.

However, just as was the case with the targeted review conducted by the TAC, the Department's review identified significant opportunities for improvement:

- In only 41% of the cases did the plan reflect where the child was going to live as an adult, and in only 20% of the cases was there a plan for how the youth would pay for housing.

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[335] See Appendix Q of this report to view the Individual Client PAR Monitoring Guide and the Annual PAR Monitoring Report for PBC providers for fiscal year 2011-12 related to independent living and transitions.

[336] The Independent Living Plan is to be completed for all youth ages 14 to 16 and is a part of the permanency plan, which is primarily focused on making sure the youth is gaining the skills needed to live successfully as an adult.
The Transition Plan is to be completed for youth age 17 and older and is a part of the permanency plan, which is primarily focused on specific resources and action steps that need to be taken by the youth and the team as the youth transitions to adulthood. A judge is required by Tennessee Code Annotated to review the transition plans of youth age 17 and older 90 days prior to the child exiting custody.

[337] See DCS Office of Independent Living Review of Transition Plans, attached as Appendix V.

- Employment goals were identified in only 46% of the cases; post-secondary educational or vocational needs or goals were identified in only 35% of the cases; and only 27% of the plans indicated how the young person was going to support herself financially.

- In only 33% of the cases did the plan address steps to reapply for TennCare 30 days prior to exiting care; in only 30% was there a plan for how and when the youth would access essential documents (*e.g.*, birth certificates, social security card, important court documents); and in only 30% of the cases did the youth have a state-issued photo ID.

In 76% of the cases, the youth was the only person listed as being responsible for transition plan action steps, and in only 40% of the cases did the action steps of the plan list specific resources and services.

The TAC will be working with the newly appointed Director of the Office of Independent Living over the next several months to understand how the IL staff are working with the regions to improve case planning and service provision for older youth and to ensure that eligible youth are able to take full advantage of the supports and services now available under Tennessee's extension of foster care to age 21.

G. Maintaining a Central Office Child Placement and Private Provider Division

The Settlement Agreement (VI.G) requires DCS to maintain a child placement and private provider division within its Central Office. This division is to provide consultation and technical assistance to regional staff on placement issues so that regional placement support units are able to carefully and appropriately match the child's individual needs to a placement facility or resource family. The Department is also required to maintain regional placement units with sufficient staff, automated information and tracking capabilities, and other resources to ensure that all children requiring placement are placed promptly, appropriately, and in accordance with their needs.

As discussed in previous monitoring reports, there are regional placement specialists in each of the regions.[338] The Child Placement and Private Providers (CPPP) Unit in the Central Office has been reorganized and is now called the Network Development Division. This is the resource management unit[339] and has taken on other units, such as In Home Tennessee described in Section Four, in order to provide a more comprehensive overview of the provider network and placement and service resources across both non-custodial and custodial populations. Under the present placement process, each region has a single placement unit with designated placement specialists for each county or group of rural counties. These specialists are expected to be knowledgeable of the DCS and private provider placements and available to share this

[338] As of June 2013, there were a total of 74 regional placement specialist positions distributed among the 12 regions and 32 supervising positions, including both team leaders and team coordinators, five of which were vacant at the time of this report.

[339] As of May 2013, there were nine positions in the Network Development Division involved with placements. There are four placement coordinators that are supervised by an Assistant Director. The remaining staff function in support and oversight roles. The Executive Director is seeking to fill a Director position as well.

information with the Child and Family Team in order to help the team find the best placement match for the child. The Central Office unit provides support and technical assistance to the regional placement specialists and assists any region having a difficult time finding an appropriate placement for a child or experiencing problems with a particular private provider.[340]

In order to ensure that the right mix of services and placements are available in the region to meet the needs of the children and families in that region, placement specialists are expected to keep track of resources not only so that the best matches can be made from the available placements, but also so that resource needs and resource gaps can be identified and filled. The regions are expected to develop local resources to meet the needs of local children and families. Recruitment and retention planning regarding DCS resource homes is discussed in Section Nine of this report.

The TFACTS "resource link," once fully functional, will provide the automated information and tracking capabilities contemplated by the Settlement Agreement. However, given other TFACTS priorities, the Department has not yet determined a target date for completion of this aspect of the "resource link" function.

H. Case Manager Contacts with Children

1. Required Case Manager Visits for Children in DCS Resource Homes

For a child in a DCS resource home, the Settlement Agreement requires the DCS case manager assigned to the case to visit with the child as frequently as necessary to ensure the child's adjustment to the placement, to ensure the child is receiving appropriate treatment and services, and to determine that the child's needs are being met and service goals are being implemented. The Settlement Agreement also requires that the case manager have a minimum of six visits with the child in the first two months after a child's entrance into custody (at least three of which must take place at the child's placement) and two visits per month thereafter (at least one of which must take place at the child's placement). During every required visit the case manager is required to spend some private time speaking with each child (with the exception of infants).

2. Required Case Manager Visits for Children in Private Provider Resource Homes or Facilities

For a child in a private provider resource home or facility, the Settlement Agreement requires both the private provider case manager assigned to the case and the DCS case manager assigned to the case to visit with the child as frequently as necessary to ensure the child's adjustment to the placement, to ensure the child is receiving appropriate treatment and services, and to determine that the child's needs are being met and service goals are being implemented. The

[340] The four Central Office placement coordinators provide technical assistance and support to regional placement services divisions and all agencies within the provider network of out-of-home residential care and treatment. Placement coordinators are assigned to particular regions and to particular individual providers.

Settlement Agreement also requires that the private provider case manager have a minimum of six visits with the child in the first two months after a child's entrance into custody (at least three of which must take place at the child's placement) and two visits per month thereafter (at least one of which must take place at the child's placement), and the DCS case manager is to visit the child at least once a month. During every required visit the case manager (DCS or private provider) is required to spend some private time speaking with each child (with the exception of infants).

In addition, the Settlement Agreement requires that the private provider case manager and the DCS case manager in these cases meet face-to-face with each other at least once every three months in order to have substantial discussions with each other, the resource parents or other caretaker, and the child (if age appropriate).[341]

3. TFACTS Reporting Capacity Related to Face-to-Face Contacts

The Department has been producing aggregate reporting on case manager face-to-face contacts, first from TNKids and now from TFACTS. As discussed in previous monitoring reports, the Department has over time increased its capacity to report aggregate data on face-to-face contacts made by DCS and private provider case managers. However, problems in the design of the case file fields that were intended to capture face-to-face visit information created some confusion for case managers, invited data entry errors, and compromised the accuracy of the aggregate reporting. Those problems were largely addressed by a TFACTS build in early 2012, and the Department is appropriately confident in the TFACTS reporting related to DCS case manager face-to-face contacts.

The Department continues to work with private provider agencies to ensure that they are properly documenting their face-to-face visits in TFACTS.[342] Private providers are expected to enter a case recording for every face-to-face contact by their case managers directly into TFACTS documenting the date of the contact (which would ensure that these contacts can be included in aggregate reporting of face-to-face contacts). Unlike DCS case managers, private providers are not required to enter a contemporaneous narrative describing the visit; instead, private providers are expected to include details of significant case activity, including face-to-face visits, in the "monthly summary"—the special monthly case recording that private providers are required to enter in the TFACTS case file of each child with whom they are working. Given the variety of problems related to the transition to TFACTS, it is not surprising that there has been a data entry "learning curve" for private provider agency staff, and it was not unusual, even after the early 2012 TFACTS build, for provider agency staff to neglect to enter a face-to-face visit case recording for a face-to-face contact that was documented in the monthly summary. Documentation from private agencies has been improving, but it is still likely that the face-to-

[341] The Child and Family Team Meeting would ordinarily provide the opportunity for those face-to-face discussions.
[342] As noted in Section Twelve of this report, during 2012, between 40% and 44% of children in care were placed with private providers.

face reports generated from TFACTS are under-reporting face-to-face contacts for those children who are served by private provider case managers.[343]

The TFACTS face-to-face data presented in this subsection of the monitoring report is not drawn from the face-to-face reports that the Department generates for its own purposes. Under the design of the Department's reports, a single face-to-face visit that was documented twice would be counted twice in the reports (for example, when both the provider case manager and DCS case manager document the same visit). In addition, if multiple face-to-face contacts occur on a single day (for example, when a case manager sees a child at a Child and Family Team Meeting and then later in the day visits with the child in another context), each of those contacts will be counted as a separate contact in the Department's report.

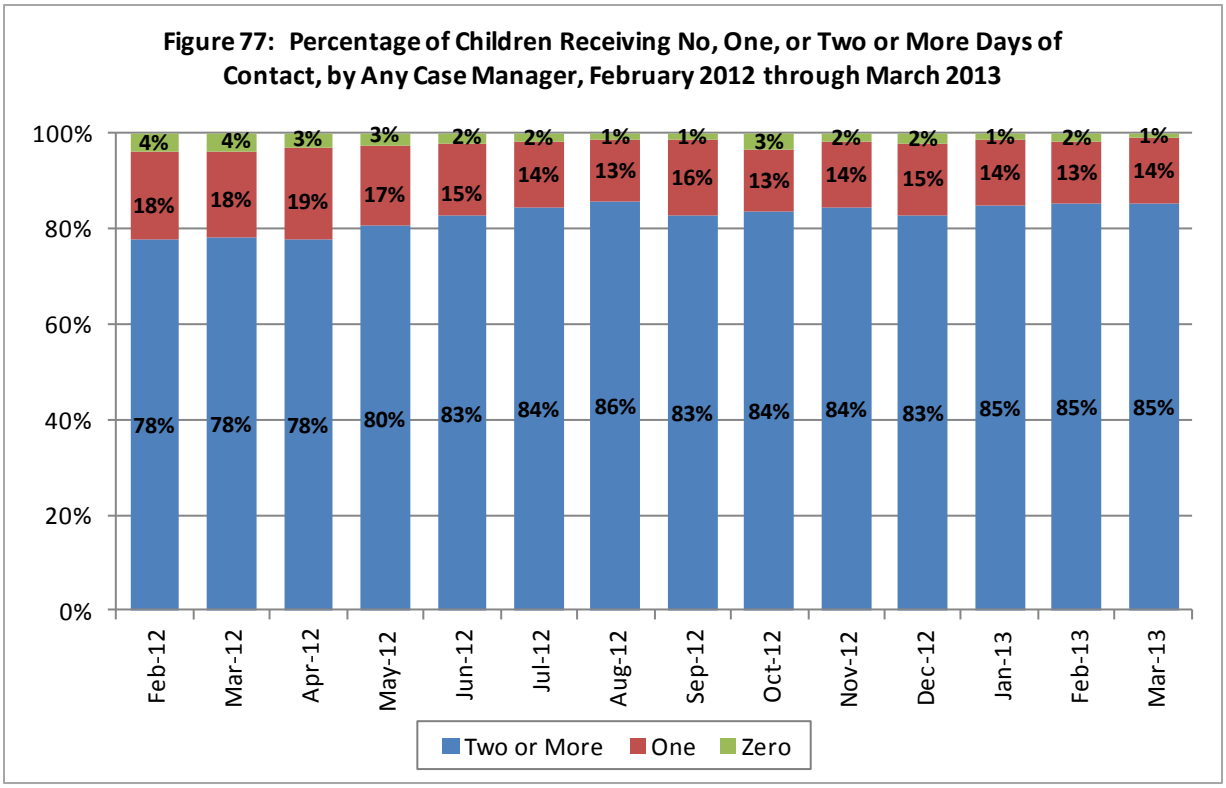
Assuming that the TAC correctly understands the intent of the parties, when the Settlement Agreement specifies that a child receive two visits each month (or six visits in the first two months in care), the intent is that a child have a face-to-face contact on at least two different days during a given month (or on at least six different days during the first two months in care). The TAC therefore worked with the DCS Office of Information Systems to develop a report that counts the number of days on which visits occurred rather than simply counting the number of visits that are documented in TFACTS.

a. Percentage of children receiving no contact, one contact, or two or more face-to-face contacts

The "DCS and Private Provider Face-to-Face Report Based on Contact Days" counts the number of days a child received a face-to-face contact by any case manager (DCS or private provider) for all children in the plaintiff class.

Figure 77 below presents the percentage of children in the plaintiff class who received no contact, one contact, or two or more days of face-to-face contact each month from any case manager from February 2012 through March 2013.

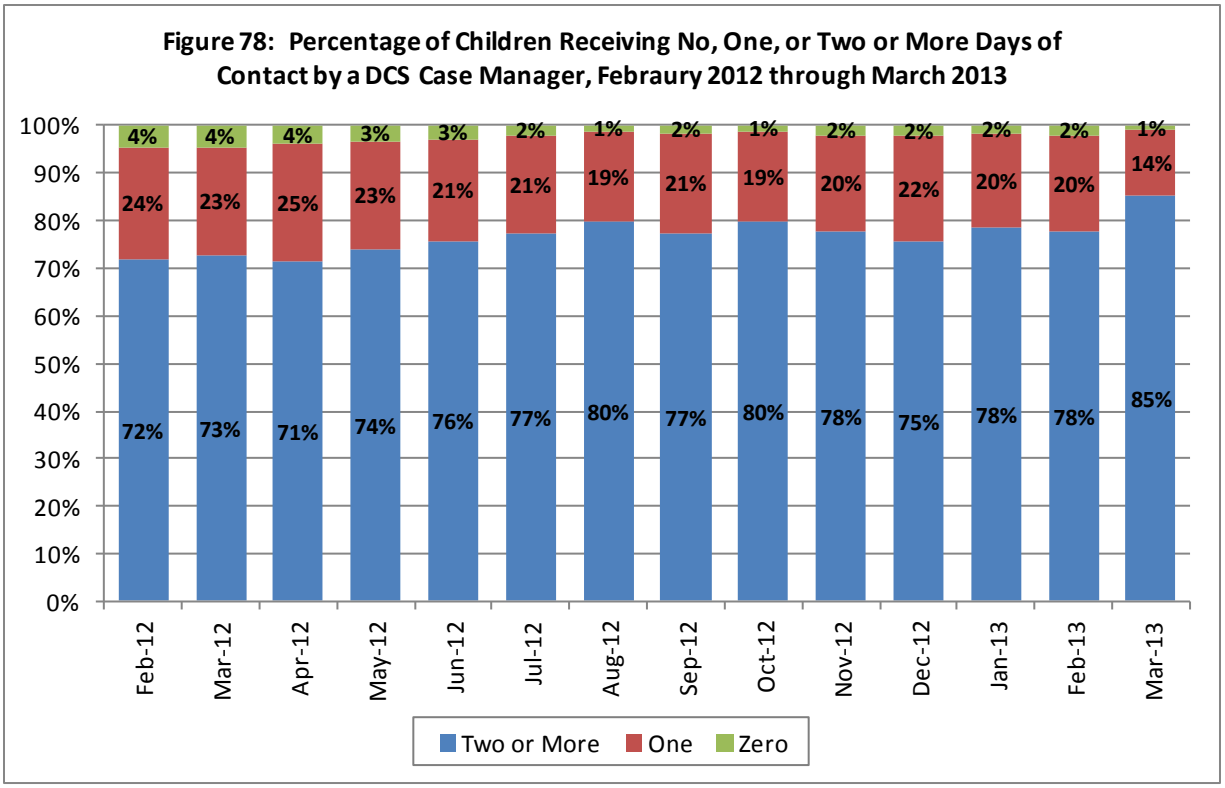
[343] The Department recognizes that its own monitoring of private providers' compliance with face-to-face contact Settlement Agreement provisions will require that private providers conscientiously document face-to-face contacts into TFACTS. Because the Department is still working with the private providers on issues related to documentation, it did not make sense for the TAC to include a separate report on private provider performance. The private provider data is included in Figures 77 and 79.



Source: TFACTS "DCS and Private Provider Face-to-Face Report Based on Contact Dates," February 2012 through March 2013.

The Settlement Agreement requires that *"all children in the plaintiff class shall receive visits from the DCS case manager responsible for their case, whether the child is placed through a program directly or run by DCS or through a private provider."* The "DCS Face-to-Face Report Based on Contact Days" counts the number of face-to-face contacts by a DCS case manager for all children in the plaintiff class.

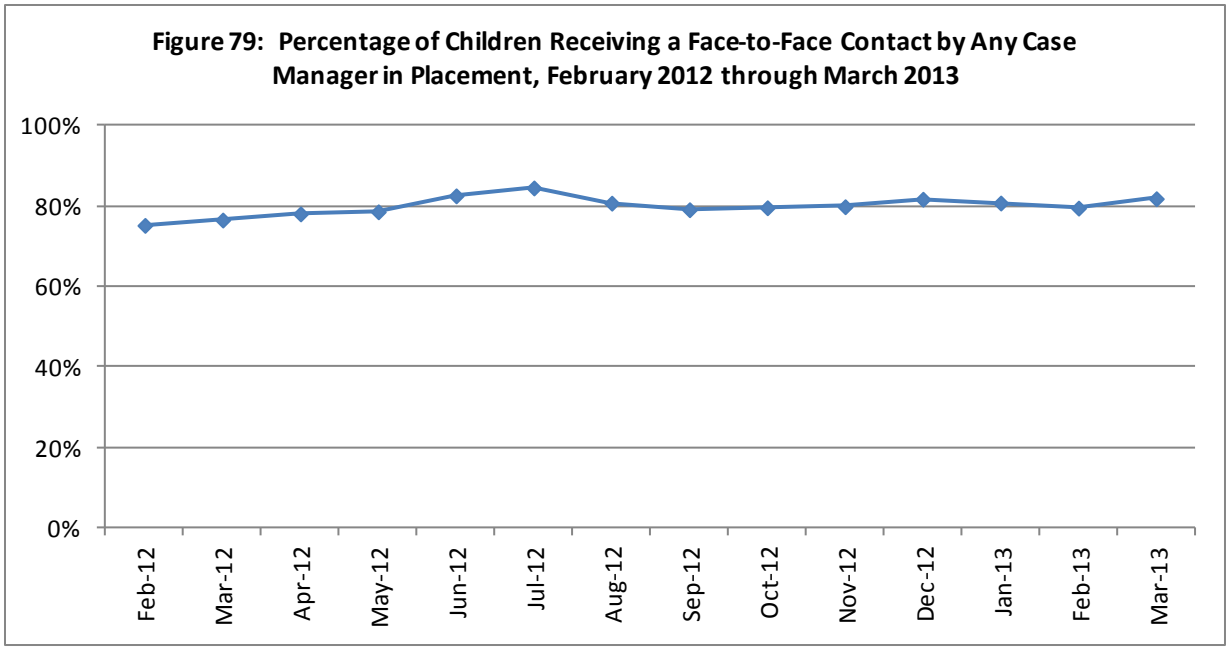
Figure 78 below reflects the percentage of children in the plaintiff class receiving no contact, one contact, or two or more days of face-to-face contact each month from a DCS case manager from February 2012 through March 2013.



Source: TFACTS "DCS and Private Provider Face-to-Face Report Based on Contact Days," February 2012 through March 2013.

b. Percentage of children receiving at least one monthly face-to-face visit in the child's placement

The "DCS and Private Provider Face-to-Face Report Based on Contact Days" also captures data on the location of the child when a face-to-face contact by any case manager (DCS or private provider) occurred, providing data that address the requirement that children have a monthly face-to-face visit in the child's placement. Figure 79 below reflects the percentage of children who received a monthly face-to-face contact with a private provider case manager or a DCS case manager in the child's placement.



Source: TFACTS "DCS and Private Provider Face-to-Face Report Based on Contact Days," February 2012 through March 2013.

c. Percentage of children receiving six face-to-face contacts during the first two months in DCS custody

The TAC worked with the DCS Office of Information Systems to produce a report for the six-month period from July 2012 through December 2012 for any child who entered care during the six-month period and who remained in care for at least 60 days. The report counts the number of face-to-face contact days by any case manager in the first 60 days of the custodial episode. The report presented the number of case manager face-to-face contacts for each child, sorted according to the following categories: children who received six or more contacts; children who received four or five contacts; children who received three or fewer contacts.[344]

As reflected in Table 16 below, almost 63% of these children received six or more face-to-face contacts during their first 60 days in care; another 22% received four or five face-to-face contacts, and 15% received three or fewer face-to-face contacts. Aggregate reporting from TFACTS reflects a significant decline in performance compared to what was previously reported.[345]

[344] The report made no distinction between children who were in a single placement for the entire period or were in multiple placements during that time. It pulled face-to-face contacts by the case manager with primary responsibility for contact at the time of the visit, so that if a child were in a DCS placement for the first 30 days and then moved to a private provider placement for the next 30 days, the contacts by the DCS case manager would be counted for the first 30 days and the contacts by the private provider case manager would be counted for the next 30 days.

[345] The TAC last produced this data in the November 2010 Monitoring Report. Previously the TAC reported two six-month periods, and almost 90% of these children received six face-to-face contacts during their first 55-60 days in care, another 8% to 9% received four or five face-to-face visits, and only 2% to 3% received fewer than four face-to-face contacts.

Table 16: Children Receiving Six or More, Four to Five, or Three or Less Days of Face-to-Face Contacts Within the First 60 Days of Custody							
Region	**Number of Children Requiring a Visit**	**6+ Contacts**	**6+ Contacts %**	**4-5 Contacts**	**4-5 Contacts %**	**3 or Less Contacts**	**3 or Less Contacts %**
Davidson	55	32	58%	18	33%	5	9%
East Tennessee	58	33	57%	19	33%	6	10%
Hamilton	28	20	71%	5	18%	3	11%
Knox	63	51	81%	7	11%	5	8%
Mid-Cumberland	118	62	53%	32	27%	24	20%
Northeast	87	59	68%	12	14%	16	18%
Northwest	47	39	83%	4	9%	4	9%
Shelby	114	79	69%	22	19%	13	12%
Smoky Mountain	102	45	44%	36	35%	21	21%
South Central	56	36	64%	15	27%	5	9%
Southeast	58	38	66%	11	19%	9	15%
Southwest	46	43	93%	3	7%	0	0%
Upper Cumberland	153	87	57%	32	21%	34	22%
Statewide	**985**	**624**	**63%**	**216**	**22%**	**145**	**15%**

d. Other requirements

The Department is presently not able to provide aggregate reports related to the Settlement Agreement requirement that the case manager spend private time with the child during each required face-to-face contact.

The Department is also not presently able to provide aggregate reports related to the Settlement Agreement requirement that there be joint DCS/private provider case manager face-to-face contact once every three months in private agency managed cases.

The TAC will be working with the Department to determine the best approach to monitoring and reporting on these two requirements.

SECTION SEVEN: PLANNING FOR CHILDREN

A. General Requirement Related to Case Planning Policies and Practices

The Settlement Agreement requires that DCS maintain and update policies and procedures that establish a best practices planning process, as set forth in the Principles of this agreement, for all foster children in DCS custody.

The Department's practice standards, policies, and procedures articulate a planning process that is in accordance with this requirement. At the core of the planning process is the Child and Family Team (CFT) and the Child and Family Team Meeting (CFTM).

B. Required Participants in Child and Family Team Meetings

The Settlement Agreement requires that any child 12 years old or older participate in the meeting, unless extraordinary circumstances exist, and are documented in the case record, as to why the child's participation would be contrary to his or her best interests.

The Settlement Agreement further specifies that the following persons be Child and Family Team members as appropriate:

(1) the private provider agency worker;
(2) the guardian *ad litem* (GAL);
(3) the court appointed special advocate (CASA);
(4) the resource parents; and
(5) the child's parents, other relatives, or fictive kin.

In addition, the Settlement Agreement requires that a trained, full-time or back-up facilitator participate in every Initial CFTM and Placement Stability CFTM.

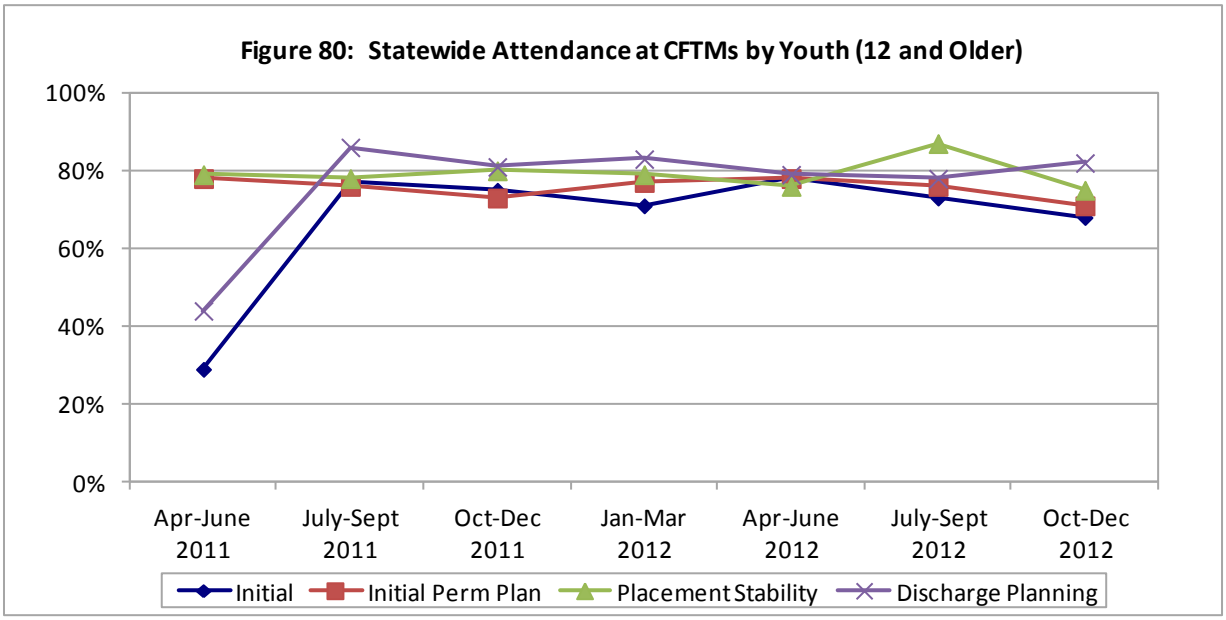
DCS is also required to provide reasonable advance notice of CFTMs to the GAL and CASA worker.

As discussed in previous monitoring reports, and as reflected both in the Quality Service Review (QSR) scores for Engagement and Teamwork and Coordination and in the CFTM data reports, the Department has not been routinely forming fully functional Child and Family Teams and actively involving team members at Child and Family Team Meetings. The Department's leadership has acknowledged the need to place special emphasis on improving both presence and effective participation in CFTMs of children (when age appropriate), parents (particularly

fathers), relatives (both maternal and paternal) and other informal supports, and resource parents.[346]

1. Children

The figure below reflects the frequency with which older children attended Child and Family Team Meetings convened in their cases.[347]



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.[348]

Over the most recent four quarters of TFACTS reporting (January to December 2012), older youth attended their CFTMs an average of 77% of the time,[349] a significant decrease in attendance rates as compared to the last four quarters of TNKids reporting (July 2009 to June 2010), during which youth attended their CFTMs an average of 90% of the time.[350]

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[346] The Department has recognized that for progress to be made in this area, not only must the Department do a better job of identifying and engaging family members and fictive kin, but team leaders and case managers must pay considerably more attention to preparing family members in advance of the Initial Child and Family Team Meetings, helping family members identify and invite members of their informal support network to the meetings, and scheduling meetings at times and places (and providing such supports as transportation and child care) to make it possible for family members and others to attend meetings.

[347] The TFACTS CFTM data presented in this section begins with the second quarter of 2011; because of problems related to the transition from TNKids, TFACTS CFTM reporting prior to that quarter was unreliable.

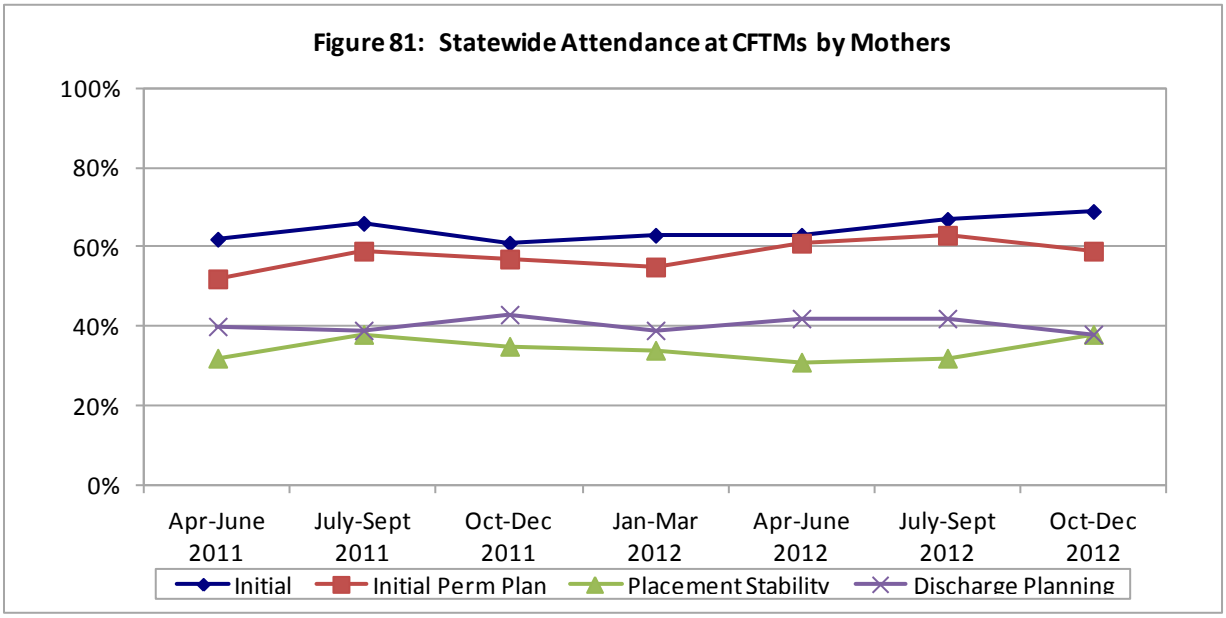
[348] The TAC does not consider the data from the second quarter on attendance of children at initial and at discharge CFTMs to be accurate.

[349] The term "an average of" (followed by a percentage) as used in this and similar contexts in this section of the report refers to the average of the separate percentages of the four quarterly reports for the referenced four-quarter period.

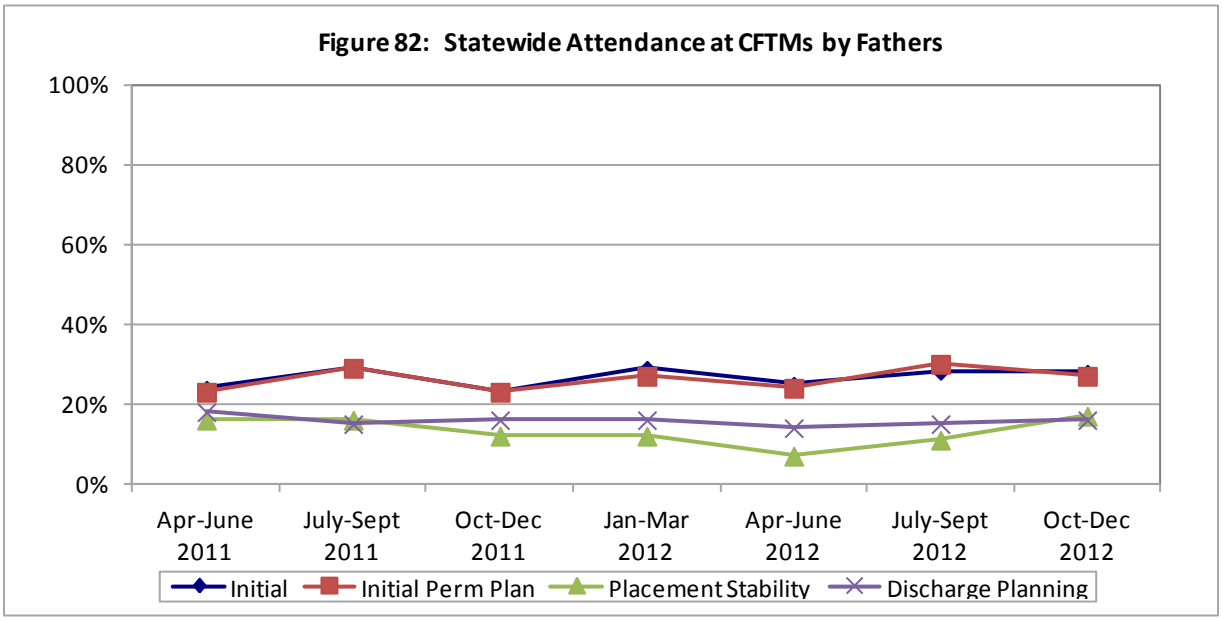
[350] See the April 2011 Monitoring Report at page 134.

2. *Parents*

The following figures reflect the frequency with which children's parents attended Child and Family Team Meetings, beginning in the second quarter of 2011 when TFACTS reporting of meeting participants resumed.[351]



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.



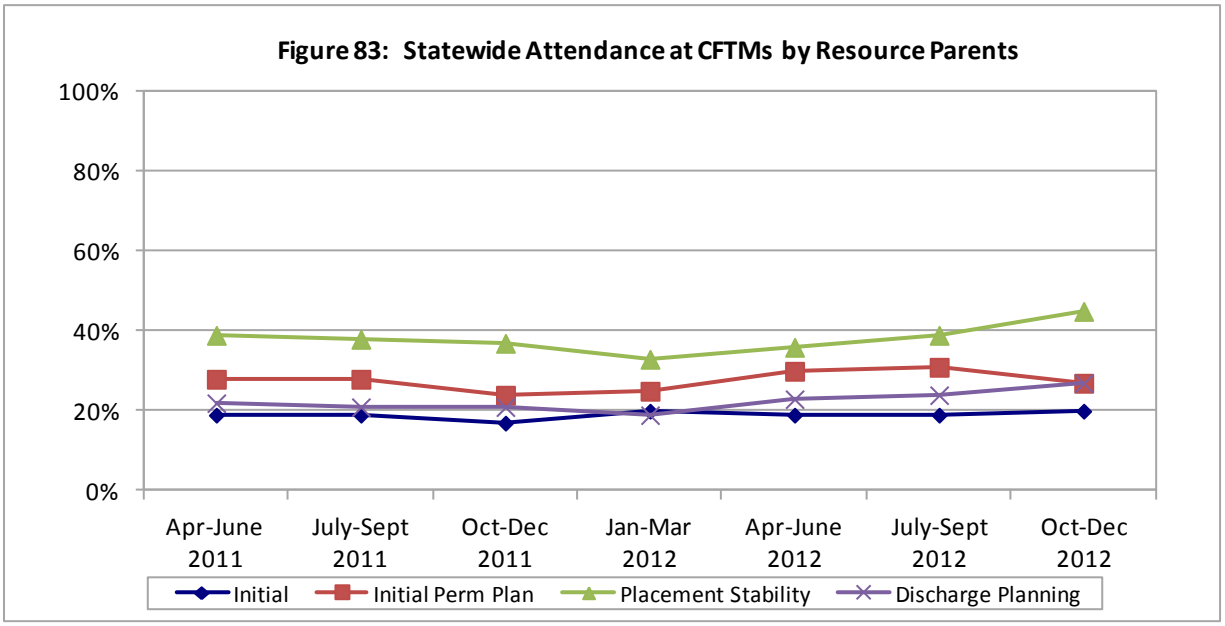
Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

[351] The Department's CFTM reporting also includes the frequency with which "other parents" (adoptive, step, and in-law) attended meetings. The percentage of other parents at CFTMs has remained small and steady, consistently between 3% and 8%.

The TFACTS data that captures the attendance of mothers and fathers at CFTMs reflect a slightly lower rate of attendance than was reflected in the TNKids reporting for 2010 data.[352]

3. Resource Parents

The figure below reflects the frequency with which children's resource parents attended Child and Family Team Meetings between April 2011 and December 2012.



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

Reporting on the presence of resource parents at CFTMs reflects a slightly lower level of attendance at the Initial Permanency Planning, Placement Stability, and Discharge Planning meetings than was reflected in TNKids reporting for 2010.[353] However, TFACTS data reflects an increase in the percentage of resource parents attending Initial CFTMs.[354] (It is possible that the data is now counting some of the other family members as resource parents if they are a kinship placement.)

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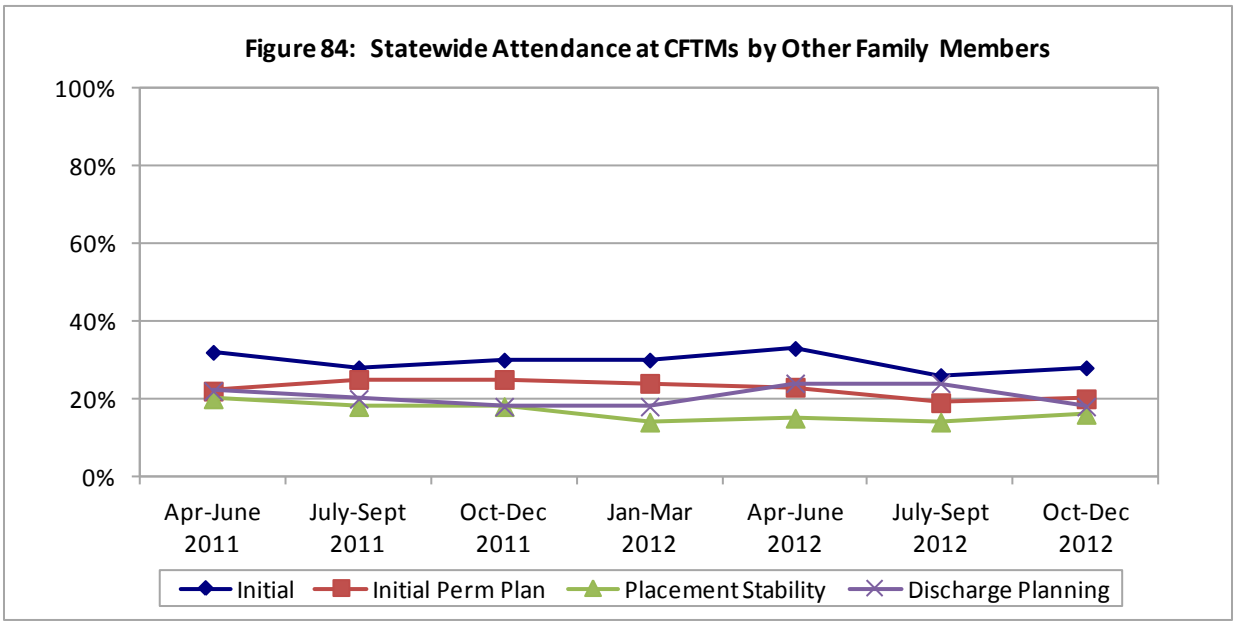
[352] During the most recent four quarters of TFACTS reporting (January through December 2012), mothers attended their children's CFTMs an average of 50% of the time and fathers, 20% of the time, a decrease as compared to the last four quarters of TNKids reporting (July 2009 through June 2010), during which mothers attended CFTMs an average of 57% of the time, and fathers, an average of 25% of the time. See the April 2011 Monitoring Report at page 137.

[353] Over the most recent four quarters of TFACTS reporting (January to December 2012), resource parents attended Initial Permanency Planning, Placement Stability, and Discharge Planning CFTMs an average of 30% of the time, a decrease in attendance rates compared to the last four quarters of TNKids reporting (July 2009 to June 2010), during which they attended Initial Permanency Planning, Placement Stability, and Discharge Planning CFTMs an average of 37% of the time. They were present more often (20% of the time) at recent Initial CFTMs (January to December 2012), compared to the last four quarters of TNKids reporting (July 2009 to June 2010), during which they attended Initial CFTMs an average of 14% of the time. See the April 2011 Monitoring Report at page 136.

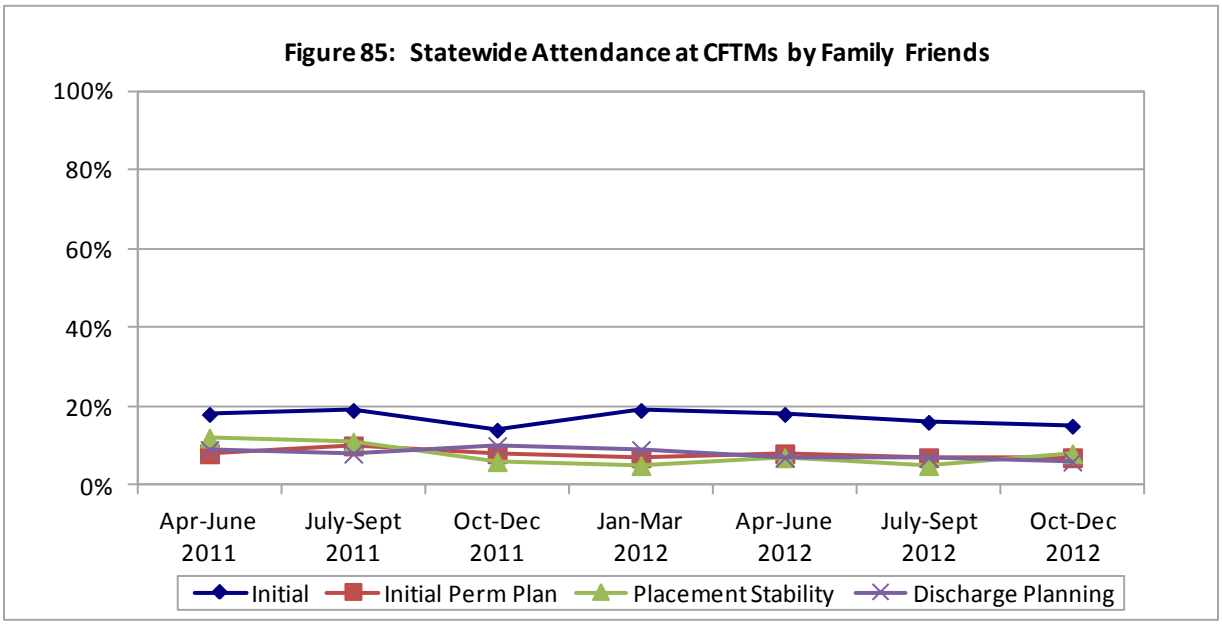
[354] This increase is consistent with the increase in initial kinship placements.

4. Formal and Informal Support Persons

The figures below reflect the Department's quarterly performance with respect to the attendance of informal and formal support persons at Child and Family Team Meetings.



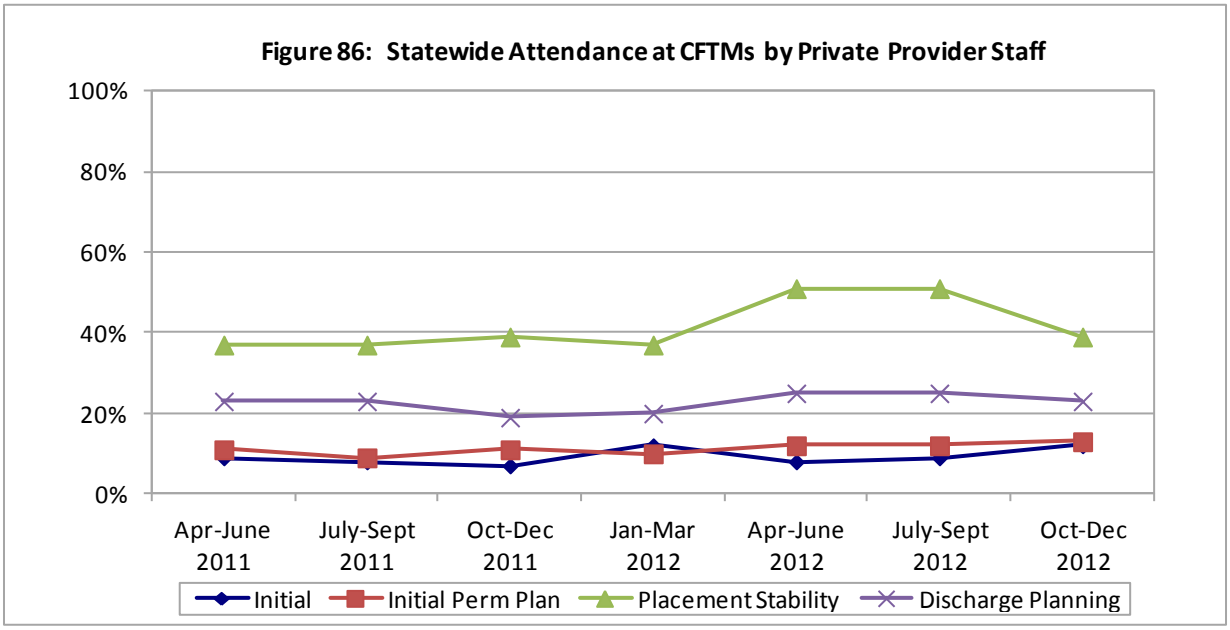
Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

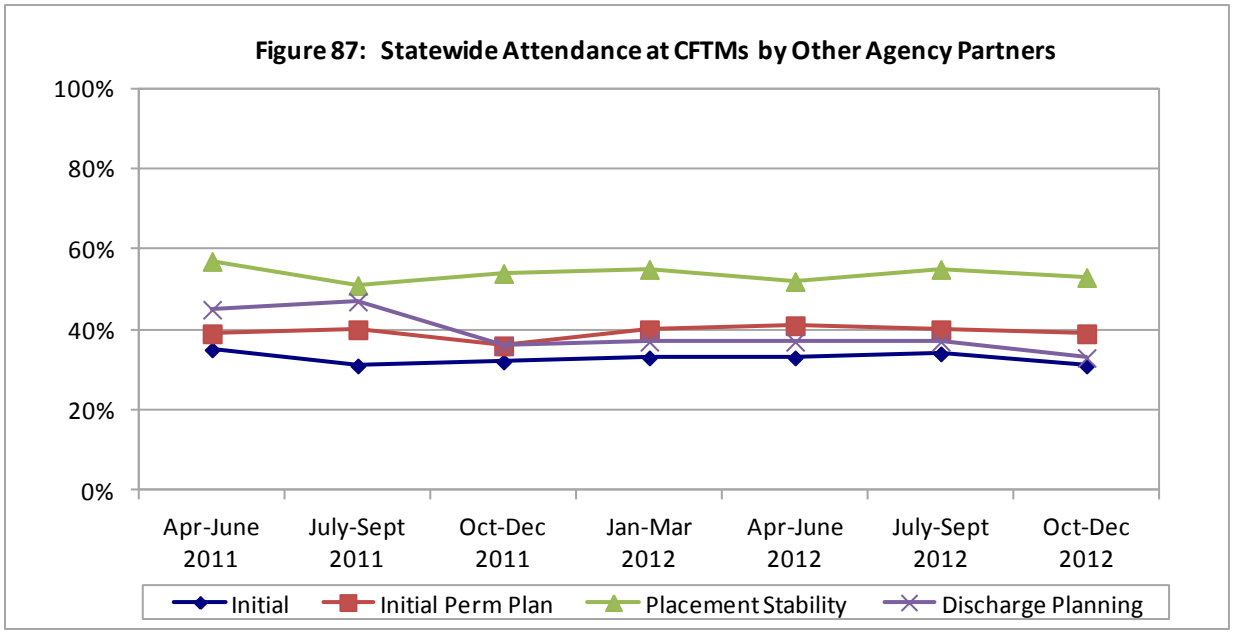
The TFACTS data that capture the attendance of family members and friends at CFTMs reflects a lower rate of attendance than was reported in the TNKids reporting for 2010.[355]

The following figures reflect the frequency with which other team members, more formal supports, have attended Child and Family Team Meetings.

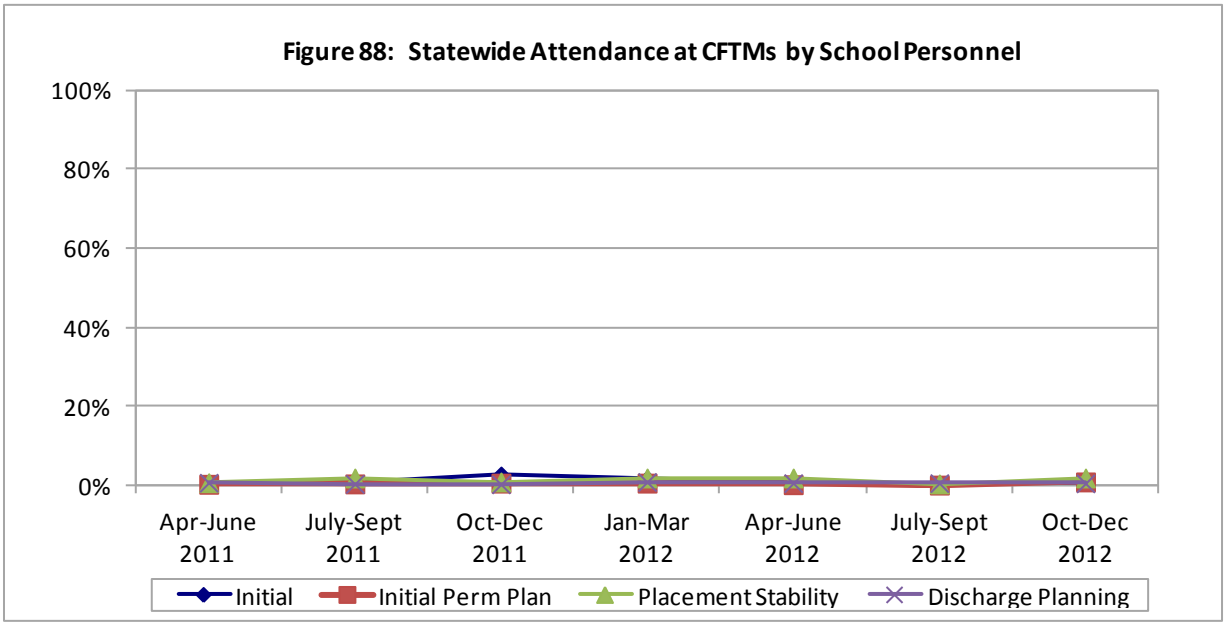


Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

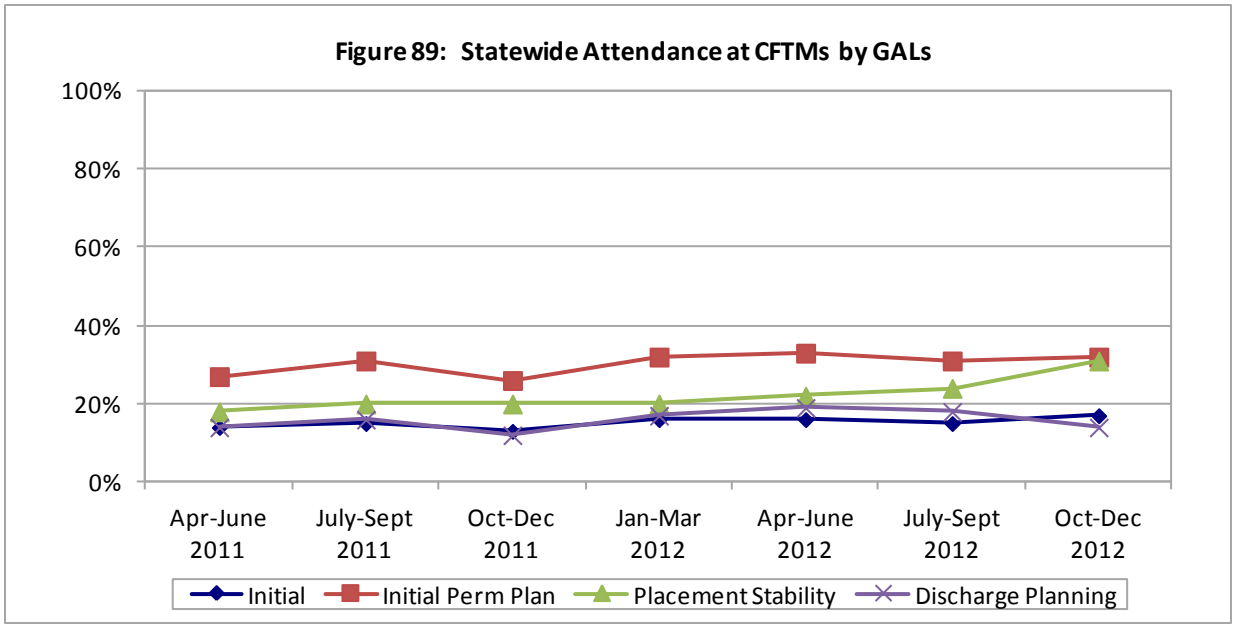
[355] During the most recent four quarters of TFACTS reporting (January through December 2012), family members attended CFTMs an average of 22% of the time and friends, 9% of the time, a significant decrease compared to the last four quarters of TNKids reporting (July 2009 through June 2010), during which family members attended CFTMs an average of 46% of the time, and friends, an average of 18% of the time. See the April 2011 Monitoring Report at page 137.



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

Because the Department wanted to be able to distinguish the presence of private provider case managers from other agency partners (such as therapists or in-home service providers, for example) at CFTMs, a separate category called "private provider staff" was added to TFACTS CFTM attendance reporting. It makes sense, then, that TFACTS reporting reflects a slight decline in attendance of "other agency partners" compared to the level reflected in TNKids.[356]

The presence of school personnel and guardians *ad litem* (GALs) has also been added to CFTM participant reporting since the transition to TFACTS.

5. Full-time or Back-Up Facilitators

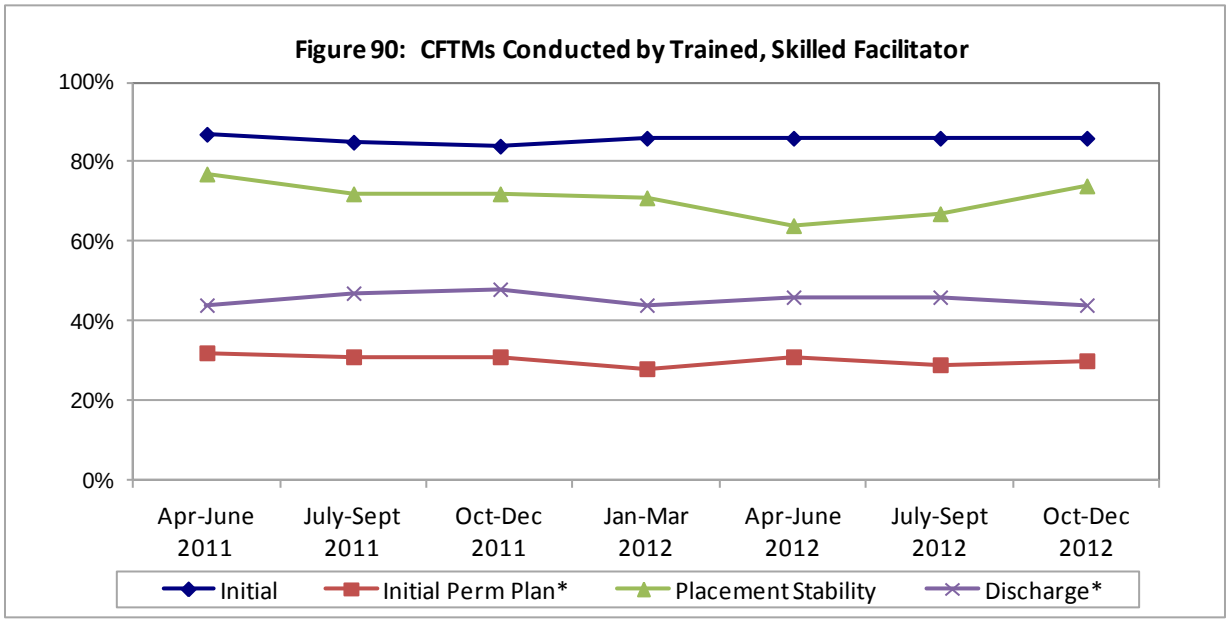
As of May 2, 2013, the Department has a core of 57 full-time facilitators and three who facilitate part-time. There are 337 employees who have been trained to be back-up facilitators (including those at Youth Development Centers). Of the total pool of facilitators, 290 have been certified by passing their competency assessment. Of the 290 certified facilitators, 156 have been

[356] During the most recent four quarters of TFACTS reporting (January through December 2012), agency partners attended CFTMs an average of 41% of the time, a decreases compared to the last four quarters of TNKids reporting (July 2009 through June 2010) during which agency partners attended CFTMs an average of 54% of the time. See the April 2011 Monitoring Report at page 138.

designated by the Department as having sufficiently exceeded the expectations in all 10 skill assessment areas to qualify as coaches and mentors to their peers.[357]

Since January 2012 the Department has provided four cycles of quarterly Advanced Skilled Facilitator Training, and another is scheduled for July 2013. As a result of feedback from the field, the Department has enhanced the Advanced Facilitation Training by adding more information on domestic violence and by increasing the focus on helping workers address substance use and abuse in plan development during the context of a Child and Family Team Meeting. The Department reports that feedback from course participants continues to be enthusiastic and includes statements such as "this is the best training we have ever had with DCS" and "everyone in the Department needs this training."

Figure 90 below shows the percentage of CFTMs conducted by a trained, skilled facilitator for each quarter beginning in April 2011, when TFACTS resumed such reporting. A trained, skilled facilitator is only required to facilitate Initial and Placement Stability CFTMs, however, Department reporting (and the figure below) also includes facilitator data for Initial Permanency Planning and Discharge Planning meetings.



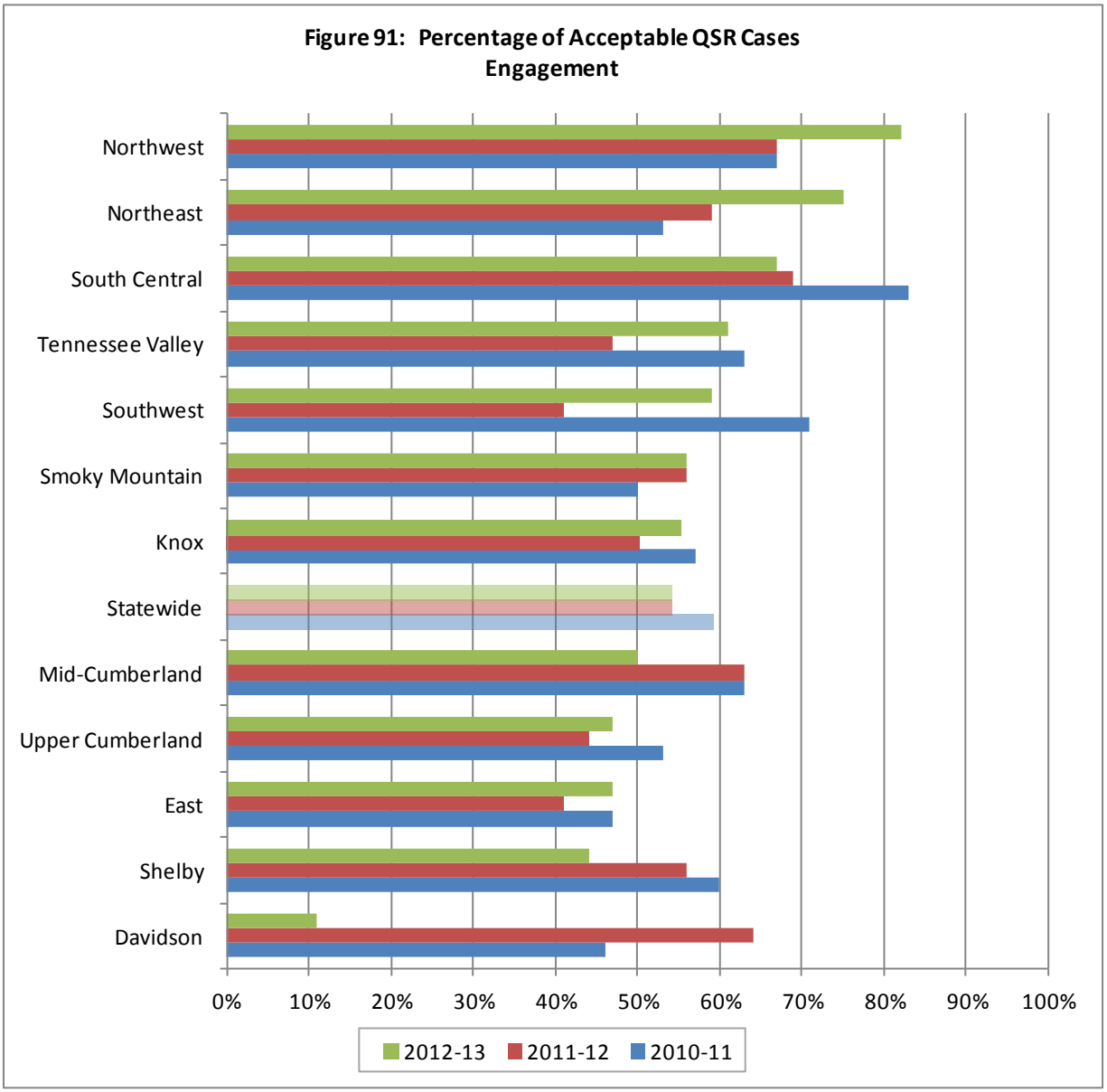
Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

[357] The skill areas are as follows: demonstrates preparation for meeting with the child and family; uses interpersonal helping skills to effectively engage the child and family; establishes a professional helping relationship by demonstrating empathy, genuineness, respect, and cultural sensitivity; uses a strengths-based approach to gather needed information; utilizes information gathered during the assessment process; draws conclusions about family strengths/needs and makes decisions around desired outcomes; facilitates the planning process by working collaboratively with family and team members; uses family strengths and needs to develop a plan that addresses safety, permanency, and well-being; prepares thorough and clear case recordings/written meeting summaries that follow proper format protocol; and creates case recordings/written meeting summaries that reflect the practice of family-centered casework.

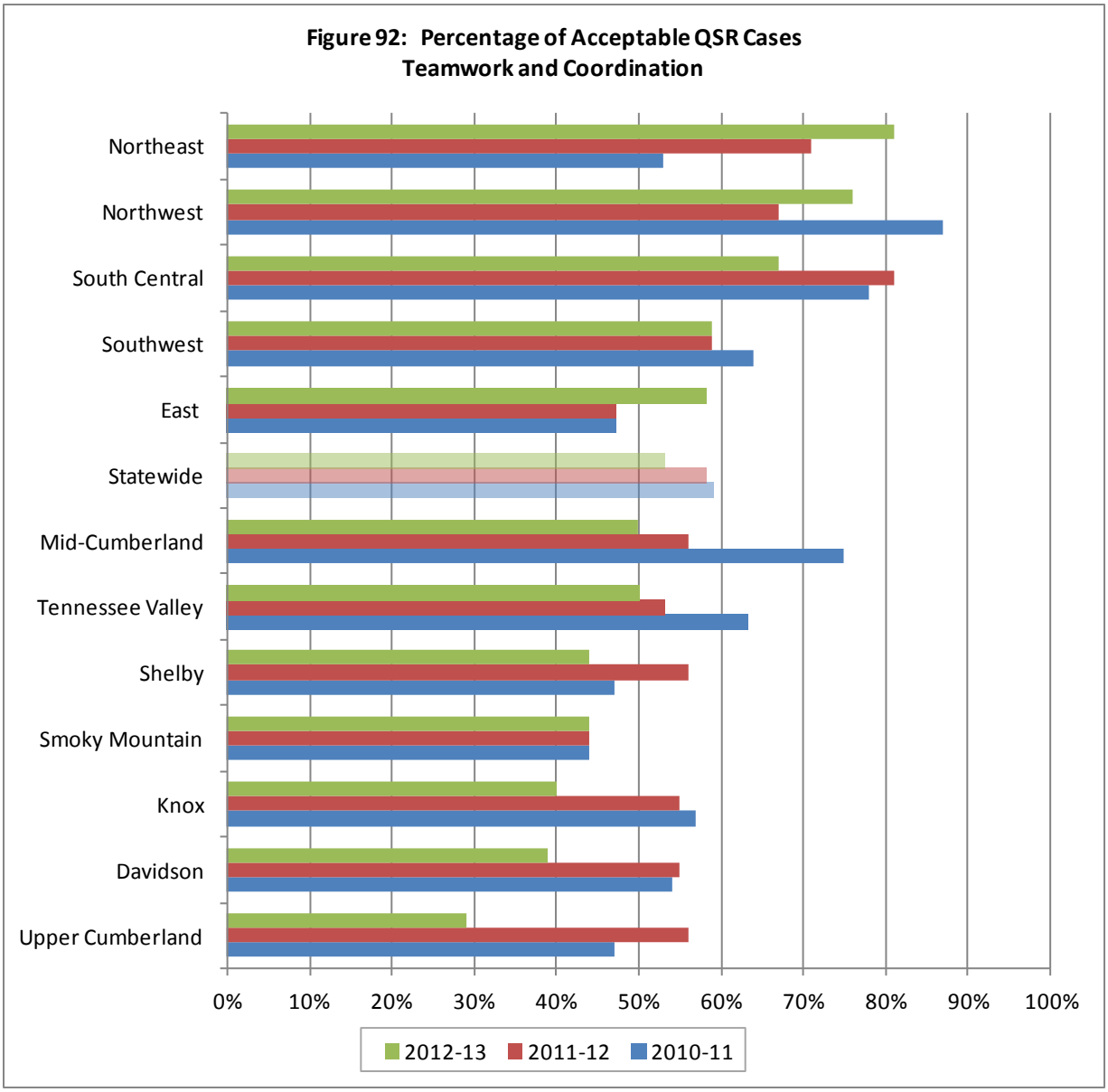
6. Quality Service Review (QSR) Results Related to Team Composition and Participation in Team Meetings

The Department utilizes two QSR indicators, Engagement and Teamwork and Coordination, as the primary measures of both the extent to which teams are being formed with the right membership and the extent to which those members are actively involved in the Child and Family Team process, including participation in CFTMs.

Figures 91 and 92 below present the percentage of *Brian A.* cases receiving acceptable scores for Engagement and for Teamwork and Coordination in the past three annual QSRs. The statewide scores for both indicators have decreased, from 59% in 2010-11 to 54% for Engagement in 2012-13, and from 59% in 2010-11 to 53% for Teamwork and Coordination for 2012-13.



Source: QSR Databases.

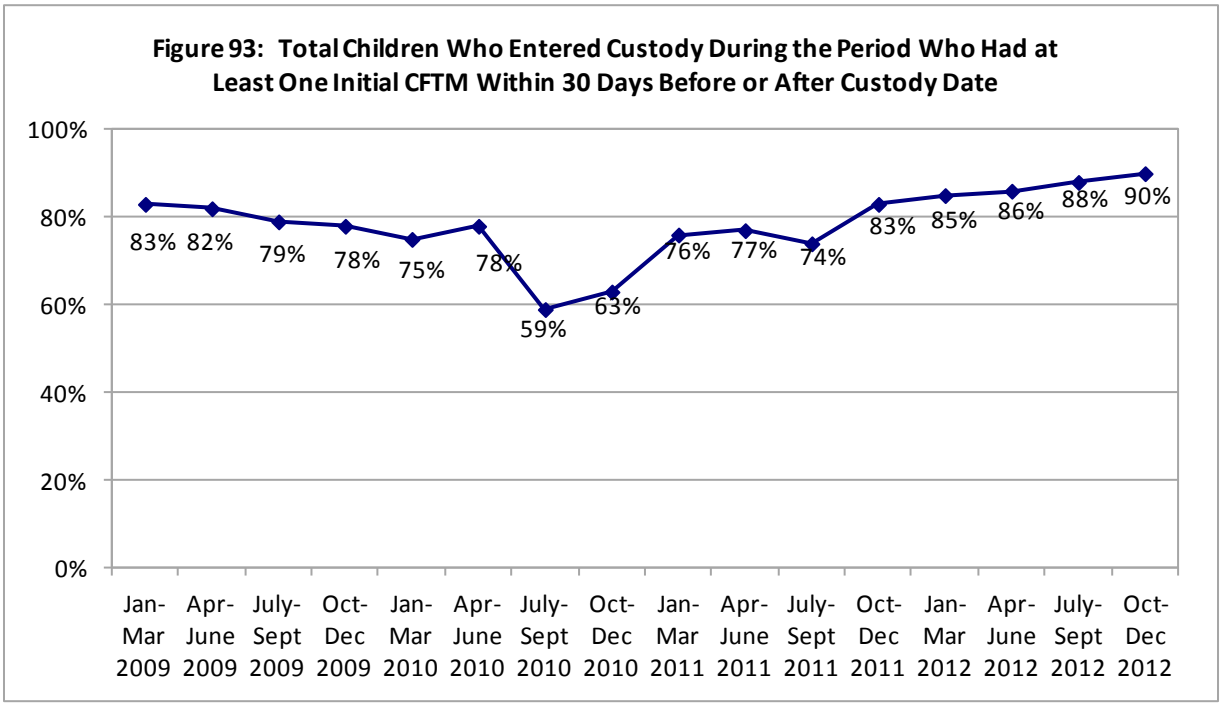


Source: QSR Databases.

C. The Initial CFTM

The Settlement Agreement requires that the Department begin the process of building a team, assessing, and convening a formal meeting prior to children entering state custody, except when an emergency removal is warranted. In the case of an emergency removal, an Initial CFTM is to be convened no later than seven days after a child enters state custody. The Settlement Agreement also requires that DCS make efforts to ensure the parents' participation at the Initial CFTM (including providing transportation and/or child care and/or a brief rescheduling) and that such efforts be documented in the child's case file.

The figure below reflects the Department's quarterly performance, according to CFTM reports, with respect to the requirement that an Initial Child and Family Team Meeting be held for every child entering custody.



Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200) for the first quarter of 2009 through the second quarter of 2010. TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the third quarter of 2010 through the last quarter of 2012.

Now that the Department's CFTM reporting has resumed, the TAC anticipates conducting, in collaboration with the Department, reviews of those cases identified by the CFTM reports as not having had an Initial CFTM, as was done under TNKids reporting.

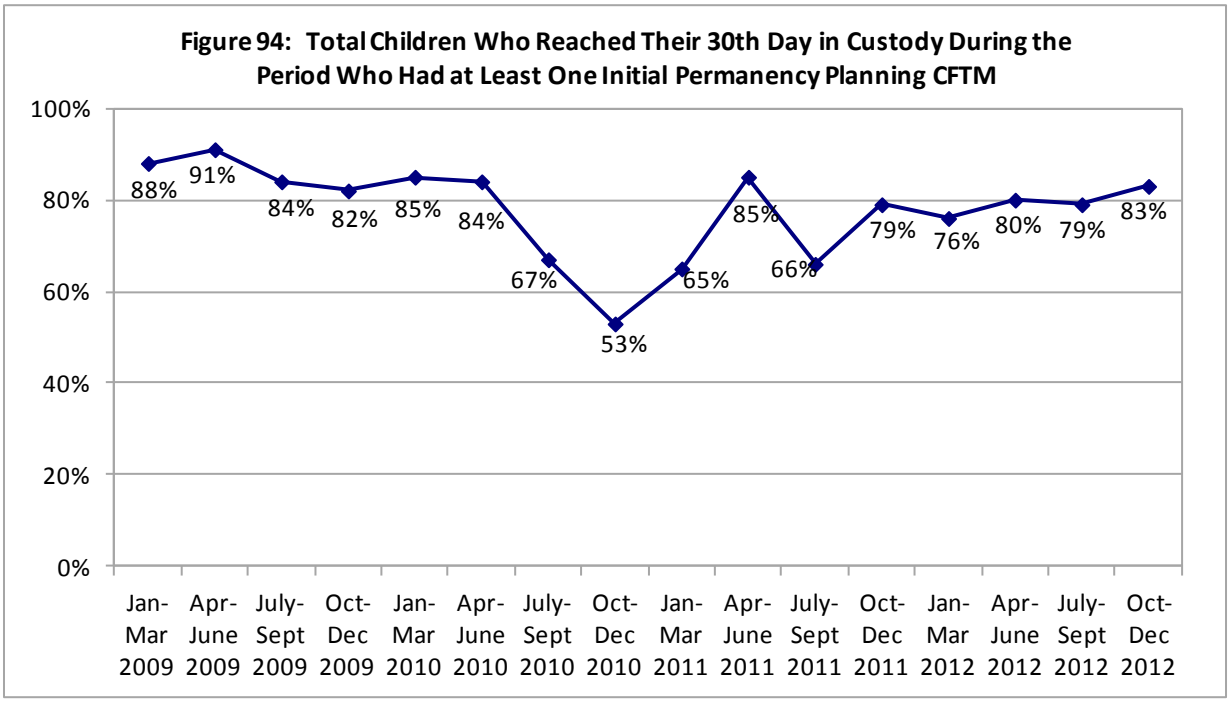
D. The Initial Permanency Planning CFTM

The Settlement Agreement requires that the Initial Permanency Planning CFTM occur within 30 calendar days of a child entering custody. If the parents cannot be located or refuse to meet with the worker, the DCS case manager is to document all efforts made to locate the parents and to ensure that the meeting takes place.

The Settlement Agreement further provides that all services documented in the record as necessary for the achievement of the permanency goal be provided within the time period in which they are needed. (See Subsection VII.J. below for discussion of this provision.)

Within 60 calendar days of a child entering custody, an individualized, completed and signed permanency plan for that child must be presented to the court. Birth parents are to have a meaningful opportunity to review and sign a completed handwritten or typewritten plan at the conclusion of the Initial Permanency Planning CFTM or before the plan is submitted to the court.

The figure below reflects the Department's quarterly performance, based on its CFTM reports, with respect to the requirement that an Initial Permanency Planning Child and Family Team Meeting be held for every child with a length of stay of 30 days or more.



Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200) for the first quarter of 2009 through the second quarter of 2010. TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the third quarter of 2010 through the last quarter of 2012.

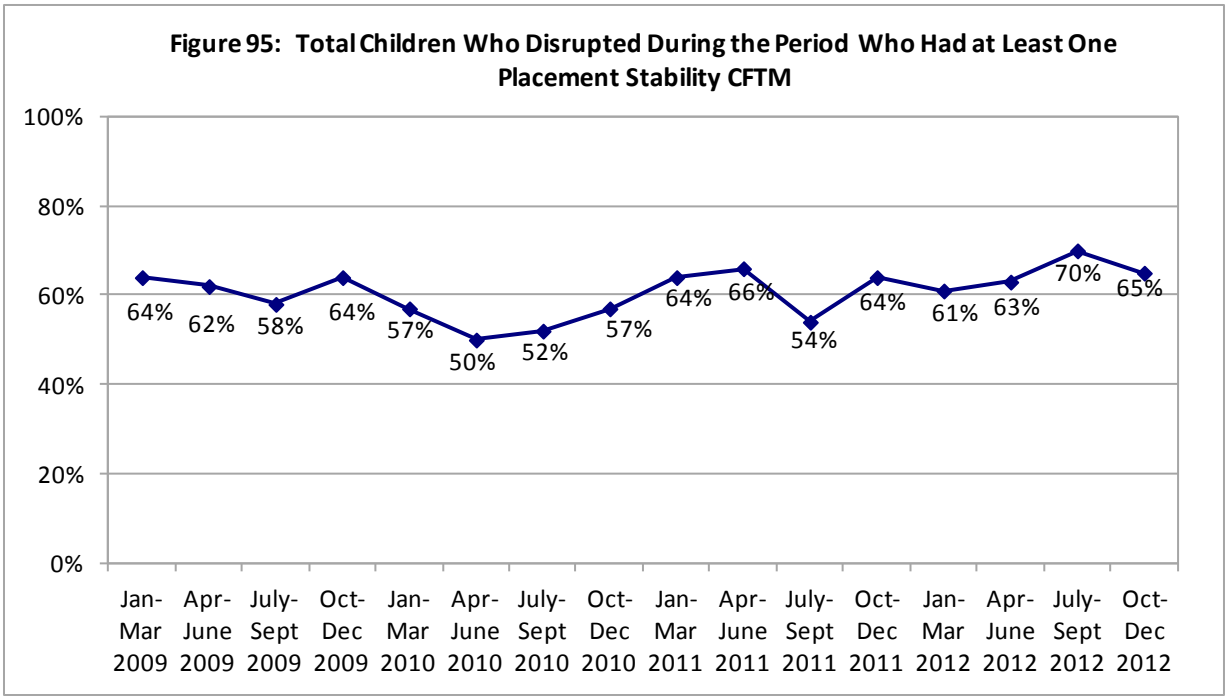
Now that the Department's CFTM reporting has resumed, the TAC anticipates conducting, in collaboration with the Department, reviews of those cases identified by the CFTM reports as not having had an Initial Permanency Planning CFTM, as was done under TNKids reporting.

E. The Placement Stability CFTM

The Settlement Agreement requires the Department to convene a Placement Stability CFTM prior to any child or youth potentially disrupting from a placement while in state custody, or in the event of an emergency change in placement, as soon as team members can be convened, but in no event later than 15 days before or after the placement change.

The figure below reflects the Department's quarterly performance with respect to the requirement that a Placement Stability Child and Family Team Meeting be held for every child who experiences a placement disruption.[358]

[358] For those children who had a Placement Stability CFTM, 91% of their meetings occurred within 15 days before or after the placement disruption in the first quarter of 2012, 94% in the second quarter of 2012, 89% in the third quarter of 2012, and 92% in the fourth quarter of 2012.



Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200) for the first quarter of 2009 through the second quarter of 2010. TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the third quarter of 2010 through the last quarter of 2012.

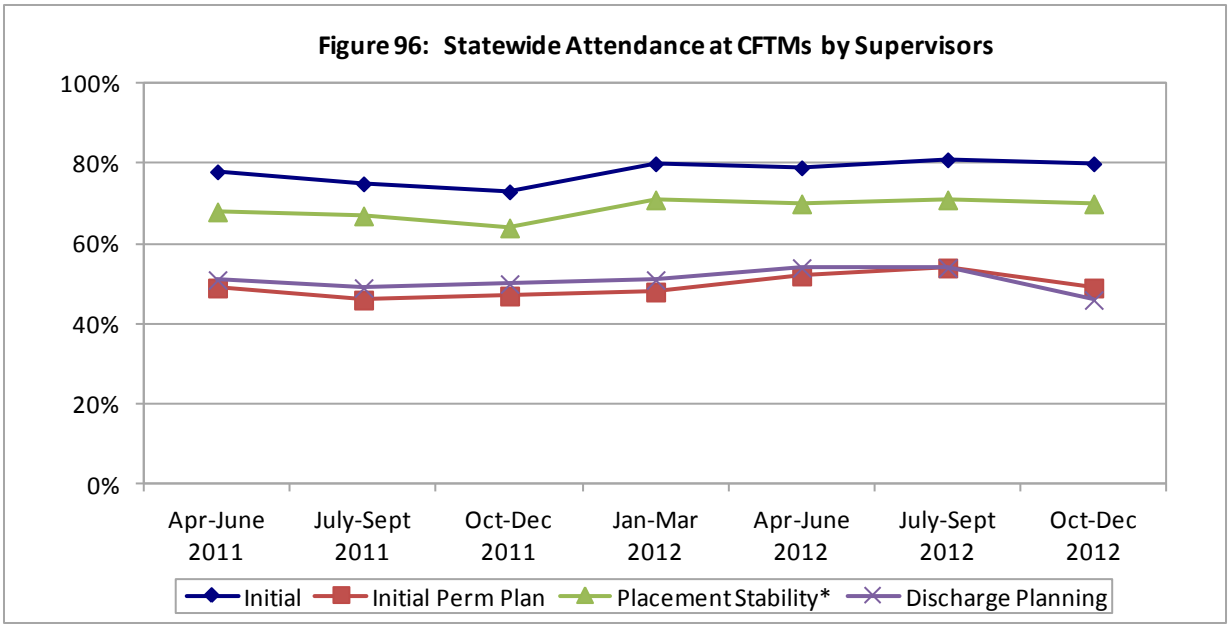
F. Participation by DCS Supervisor

The Settlement Agreement requires that the DCS supervisor assigned to a case participate in the Initial CFTM, the Initial Permanency Planning CFTM, and the Discharge Planning CFTM.[359] For all other CFTMs, the supervisor is to make a decision about his or her participation based on the complexity of the case; the availability of other supports, such as a full-time or skilled facilitator; and the case manager's experience. However, at minimum, the supervisor is to participate in one CFTM every six months for each child on his or her supervisory caseload.

The Department is also required to develop a process for supervisors to review, monitor, and validate the results of CFTMs to ensure supervisors remain engaged and responsible for quality casework.

The figure below reflects the Department's quarterly performance, since TFACTS CFTM reporting began including attendee information in the second quarter of 2011, with respect to supervisor attendance at Child and Family Team Meetings.

[359] The Department's CFTM reporting also captures supervisor attendance at Placement Stability CFTMs. That data is included in the figure below.



Source: Child and Family Team Meeting (CFTM) Summary reports for the second quarter of 2011 through the last quarter of 2012.

TFACTS CFTM reporting shows an increase in supervisor attendance at all CFTM types (Initial, Placement Stability, and Discharge Planning) except Permanency Planning CFTMs.[360]

G. Special Requirements for Establishing a Goal of Planned Permanent Living Arrangement

The Settlement Agreement provides that no child be assigned a permanency goal of Planned Permanent Living Arrangement (PPLA) unless it is consistent with the January 2008 PPLA Protocol.

PPLA as a sole or concurrent goal is approved in only a small percentage of cases. As of December 30, 2012, 33 (0.49%) of the 6,703 *Brian A.* class members had a goal of PPLA. (For 16, PPLA was the sole goal and for 17 it was a concurrent goal).

TAC monitoring staff track and review PPLA data, conduct spot checks of cases with a PPLA goal, and meet regularly with the Central Office staff person responsible for review and approval of PPLA goals. These monitoring activities continue to confirm that DCS practice with respect to establishing PPLA as a permanency goal is consistent with the January 2008 PPLA Protocol.

[360] Over the most recent four quarters of TFACTS reporting (January to December 2012), supervisors attended Initial, Placement Stability, and Discharge Planning CFTMs an average of 72% of the time, an increase in attendance rates as compared to the last four quarters of TNKids reporting (July 2009 to June 2010), during which they attended Initial, Placement Stability, and Discharge Planning CFTMs an average of 70% of the time. They were present less often (an average of 51% of the time) at recent Initial Permanency Planning CFTMs (January to December 2012), compared to the last four quarters of TNKids reporting (July 2009 to June 2010), during which they attended Initial Permanency Planning CFTMs an average of 61% of the time. See the April 2011 Monitoring Report at page 144.

H. Clarification of Term "Independent Living"

The Settlement Agreement states that *"independent living is no longer used, and shall not be used, as a permanency goal, but rather is used as a service array to enable older youth to transition into independent adult life."* DCS policy and practice remains consistent with this provision.

I. Clarification with Respect to Concurrent Permanency Goals

The Settlement Agreement recognizes that children with an initial goal of return home may also have another concurrently planned permanency goal and specifies that record keeping and tracking for any child in the class with more than one concurrently planned permanency goal is to be consistent with a goal of return home until return home is no longer an option. DCS record keeping and tracking remains consistent with this provision.

J. Permanency Plan Content and Implementation

The Settlement Agreement provides that each child have an individualized permanency plan and that all services documented as necessary for the achievement of the permanency goal be provided within the time period in which they are needed. (VII.D)

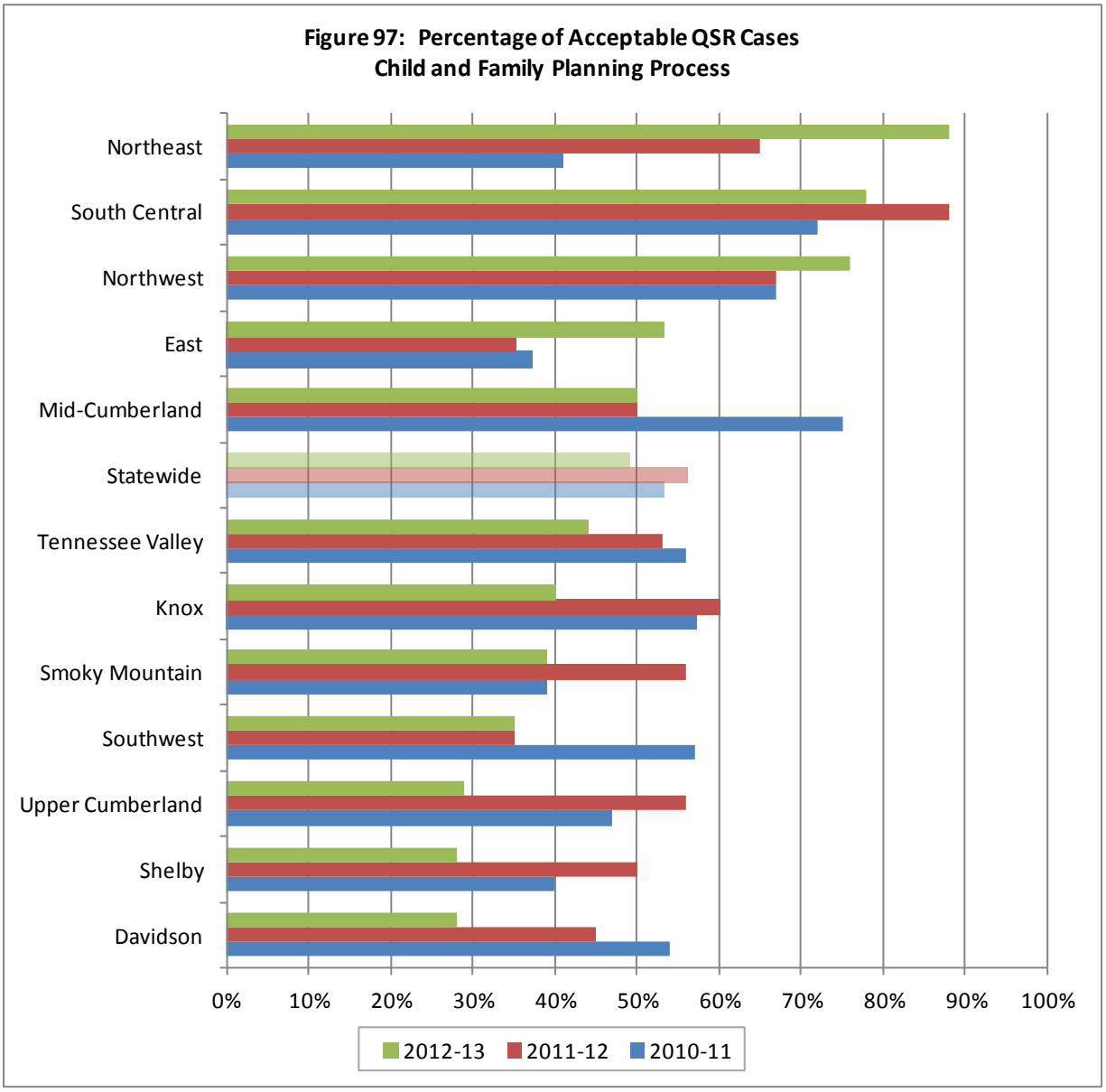
The Settlement Agreement (VII.J) further provides that the child's DCS case manager and his/her supervisor have ongoing responsibility to assure:

- that the child's permanency goal is appropriate, or to change it if it is not;
- that the child's services and placement are appropriate and meeting the child's specific needs;
- that the parents and other appropriate family members are receiving the specific services mandated by the permanency plan;
- that they are progressing toward the specific objectives identified in the plan; and
- that any private service providers identified in the plan or with whom the child is in placement are delivering appropriate services.

The Department determines its own level of performance on these requirements based on the QSR results for five indicators, which collectively include each of these bulleted elements of permanency planning set forth in the Settlement Agreement: Child and Family Planning Process, Plan Implementation, Tracking and Adjustment, Appropriate Placement, and Resource Availability and Use.

The Department reasonably considers cases that score "acceptable" on each of these indicators as meeting the requierments of the Settlement Agreement and similarly considers cases that receive an unacceptable score on one or more of these indicators to fall short of the expectations of the Settlement Agreement.

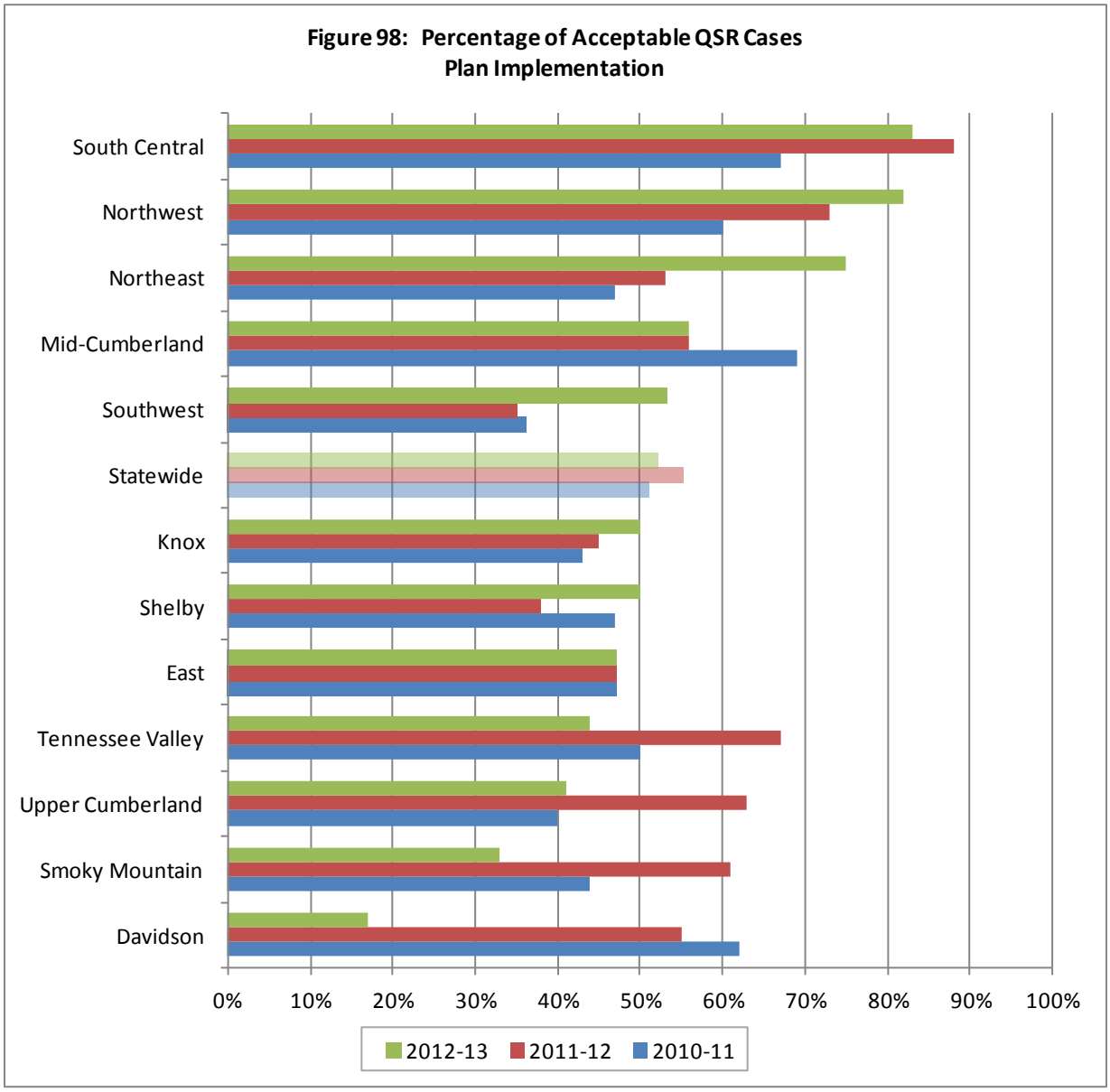
Figure 97 presents the percentage of *Brian A.* cases receiving acceptable scores for Child and Family Planning Process in the past three annual QSRs. The statewide score for Planning increased slightly from 53% to 56% from 2010-11 to 2011-12, but decreased this year to 49%.



Source: QSR Databases.

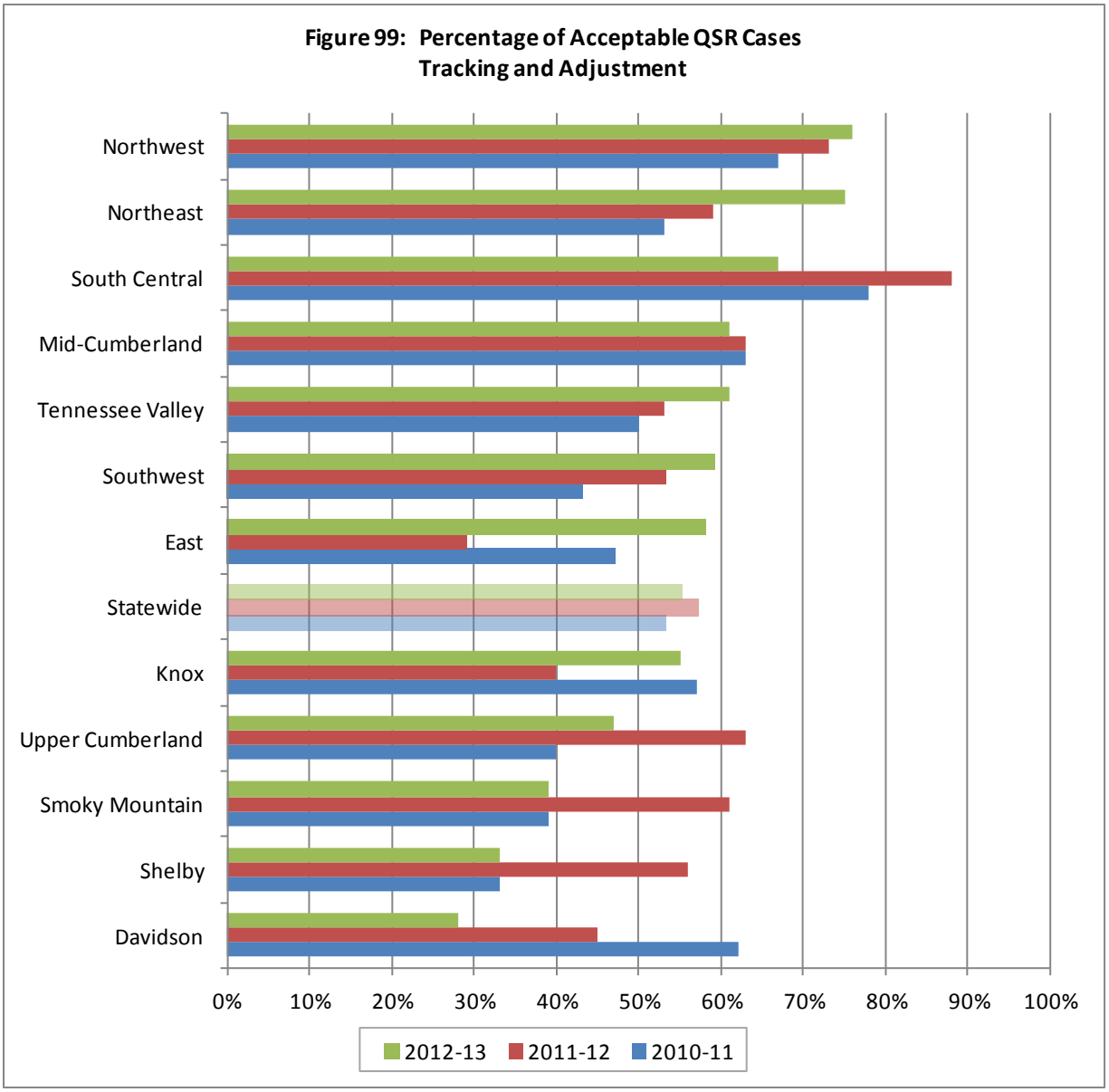
The Plan Implementation and Tracking and Adjustment indicators are used by the Department to measure the extent to which it is meeting the Settlement Agreement requirements that the services that the child and family need be provided in a timely manner (consistent with the provisions of the permanency plan) and that appropriate progress is being made toward the objectives identified in the permanency plan.

Figure 98 presents the percentage of *Brian A.* cases receiving acceptable scores for Plan Implementation in the past three annual QSRs, reflecting a decrease from a statewide score of 55% in 2011-12 to a statewide score of 52% in 2012-13.



Source: QSR Databases.

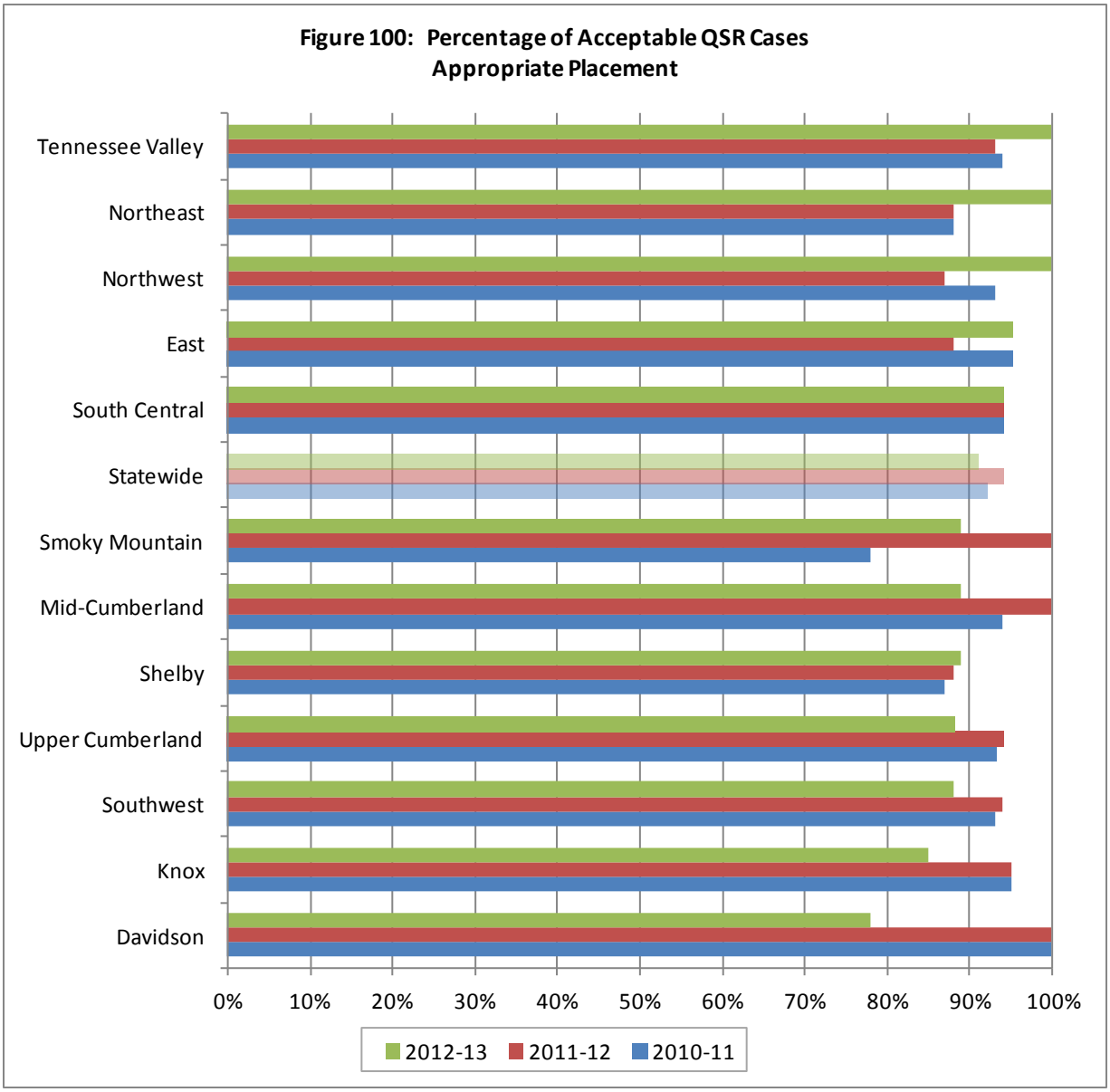
Figure 99 presents the percentage of *Brian A.* cases receiving acceptable scores for Tracking and Adjustment in the past three annual QSRs. The statewide scores for Tracking and Adjustment increased from 53% in 2010-11 to 57% in 2011-12, and decreased slightly to 55% in 2012-13.



Source: QSR Databases.

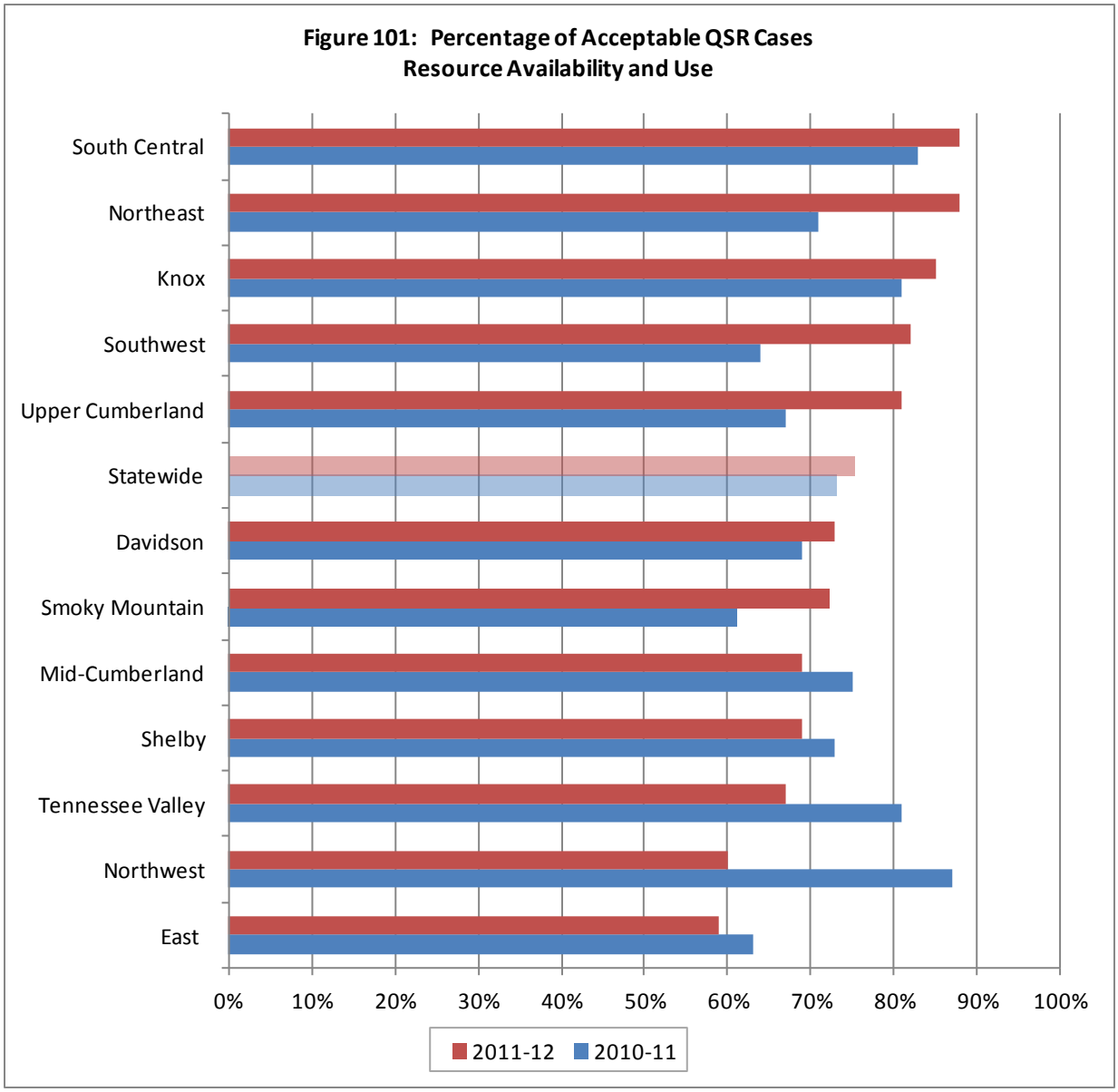
The QSR indicator for Appropriate Placement requires the reviewer to consider whether the child, at the time of the review, is in the "most appropriate placement" consistent with the child's needs, age, ability, and peer group; the child's language and culture; and the child's goals for development or independence (as appropriate to life stage). The indicator for Resource Availability and Use asks the reviewer to determine if there is an adequate array of supports, services, special expertise, and other resources (both formal and informal) available and used to support implementation of the child and family's service plan.

Figure 100 presents the percentage of *Brian A.* cases receiving acceptable scores for Appropriate Placement in the past three annual QSRs. Statewide performance on this indicator has remained strong over the past three years, ranging from 92% in 2010-11 to 91% in 2012-13.



Source: QSR Databases.

Figure 101 presents the percentage of *Brian A.* cases receiving acceptable scores for Resource Availability and Use, and reflects improved statewide performance from 73% in 2010-11 to 75% in 2011-12. Resource Availability and Use was not included as an indicator in the revised protocol used for the 2012-13 QSR.



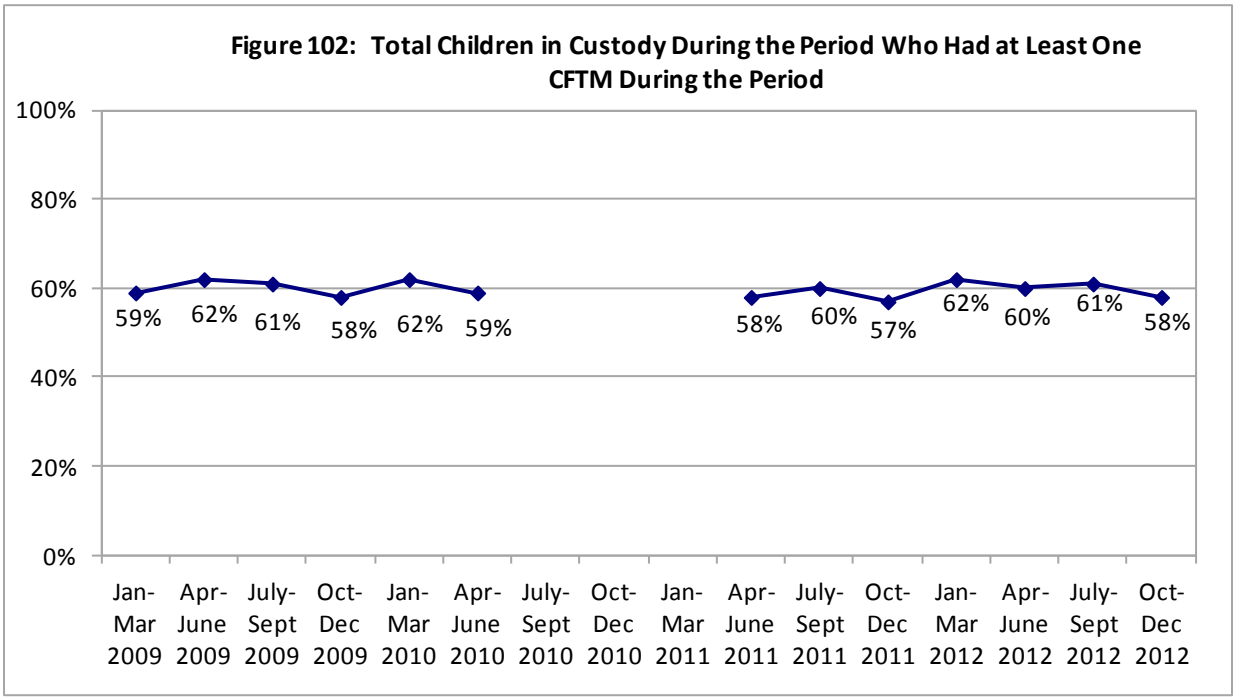
Source: QSR Databases.

K. CFTM to Review/Revise Permanency Goal (VII.K)

The Settlement Agreement requires that a CFTM be convened whenever the permanency plan goal needs to be revised, and that, in any event, the child's permanency plan be reviewed and updated at CFTMs at least every three months.[361]

[361] These meetings must be separate and distinct from any court hearings, foster care review board meetings, or other judicial or administrative reviews of the child's permanency plan. The permanency plan shall be reviewed and updated if necessary at each of these CFTMs.

Department policy and training regarding the CFT process establish expectations for CFTMs to review and/or revise the permanency plan that meet the requirements of the Settlement Agreement.



Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200) for the first quarter of 2009 through the second quarter of 2010. TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the second quarter of 2011 (when CFTM reporting for quarterly CFTMs resumed) through the last quarter of 2012.

L. Requirement that DCS Recommend Trial Home Visits Prior to Discharge

The Settlement Agreement (VII.L) requires, for all children for whom a decision is made to return them to their parents or to place them in the custody of a relative, that DCS recommend to the Juvenile Court a 90-day trial home visit (THV) before the child or youth is projected to exit state custody. An exception to this general rule is allowed if there are specific findings (and a signed certification of the case manager, supervisor, and regional administrator for the child) that a trial home visit shorter than 90 days (but of no less than 30 days) is *"appropriate to ensure the specific safety and well-being issues involved in the child's case."*

As discussed in some detail in the November 2010 Monitoring Report, data from TNKids reflected that THVs of less than 90 days were fairly routine, not the relatively infrequent exceptions contemplated by the Settlement Agreement. In response to this THV data, the regional administrators undertook quarterly reviews to better understand regional practice related to the trial home visit requirement and to ensure compliance with the Settlement Agreement provision. After a brief interruption during the transition to TFACTS, that work resumed, with

the regional administrators (using a list generated by TAC monitoring staff from the TFACTS Mega Reports) reviewing each month those children with THVs lasting less than 90 days.[362]

As previously reported, between 2009 and 2011, there was a significant reduction in the percentage of THVs lasting less than 90 days. Of the 1,341 trial home visits reported for 2011, 23% (315) lasted less than 90 days, compared with 40% for 2009.[363] That progress has been sustained during 2012.

Of the 1,679 trial home visits reported for 2012, 24% (403) lasted less than 90 days. Between January and December 2012, there were an average of 140 THV exits each month and 34 THV exits that were shorter than 90 days.[364] The reduction in the percentage of THVs lasting less than 90 days has been maintained in 2012, and the results of the regional administrator reviews continue to suggest that in the large majority of these cases, the Department was acting responsibly and in keeping with the intent of the provision.

Almost half, or 47% (191 of 403), of the shortened THVs were between 80 and 89 days.[365] The regional administrators found these cases to have sufficient indicia of stability (and to be sufficiently close to 90 days in length) that they considered these cases to be consistent with the intent of the 90-day general rule. In many of these cases, the child's THV was adjusted to coincide with a previously scheduled court date that was set shortly before the 90th day; in other cases children were released to permanency as a result of a self-executing order that terminated the THV short of 90 days.

In 33% (134) of the cases, children were released on the court's own initiative or in response to a formal motion or petition. A significant number of these releases occurred as a result of requests or recommendations made by parents, their attorneys, and/or guardians *ad litem*. In many, but not all, of these cases, the release was contrary to the Department's recommendation.

There were an additional 3% (14) of the cases, involving children with an adjudication of unruly, in which the juvenile courts took the position that the Juvenile Court Act provides specifically

[362] The THV less than 90-day tracking is done on a monthly basis, to include a listing of the children who exited on THV during the previous month. The month, however, is an "approximate month" because the Mega Report is issued several days throughout the month (April 7th, 14th, 21st, and 28th, for example) and does not cover the entire/total month. The tracking that is considered the count of children on THVs less than 90 days ending in April 2012, for example, was actually the children exiting between April 2nd and May 3rd.

[363] This indicates a decrease in shortened trial home visits. As reported in the November 2010 Monitoring Report, of the 1,343 trial home visits reported for 2009, 40% (539) lasted less than 90 days.

[364] The 2012 monthly Mega Report THV tracking misidentified 37 children as having experienced THVs that lasted less than 90 days when they had in fact been on trial home visits that lasted at least 90 days. Those children are not included in the number of THVs lasting less than 90 days.

[365] The regional administrators had originally treated THVs lasting between 70 and 90 days as "almost 90 days," however over the past year they decided to use the stricter standard of between 80 and 90 days.

for a 30-day trial home visit and that the child was therefore entitled to be discharged after a successful 30-day THV.[366]

Twenty-one children (5%) exiting care without a THV, or a THV less than 90 days, were those exiting custody at a preliminary or adjudicatory hearing (that may or may not have occurred within the first 30 days of custody). In a number of these cases, while the child/youth's legal status changed as a result of the court's decision, the region opened a non-custodial Family Support Services (FSS) case and continued to provide services in an effort to ensure stability and family independence from the child welfare system.

Three children (1%) had been living with relatives for more than 90 days when they exited care to the custody of those relatives.

Three children (1%) exited custody through reunification or to the custody of relatives after a shorter THV that was approved after consultation with the Regional Administrator. In these cases, the regional administrators concluded that the shorter THV did not compromise the family's stability and sufficient supports were in place to ensure permanency was sustained.

There were 37 cases (9%) of THVs less than 80 days (the category of non-compliant THV duration of most concern to the regional administrators) for which the Department failed to provide a reasonable explanation for the shortened THVs.

M. Discharge Planning CFTM and Case Manager Responsibility during Trial Home Visit (VII.M)

1. Discharge Planning CFTMs

The Settlement Agreement requires that:

- a Discharge Planning CFTM be convened within 30 days of a child returning home on trial home visit, exiting custody to a newly created permanent family, or aging out of the system;

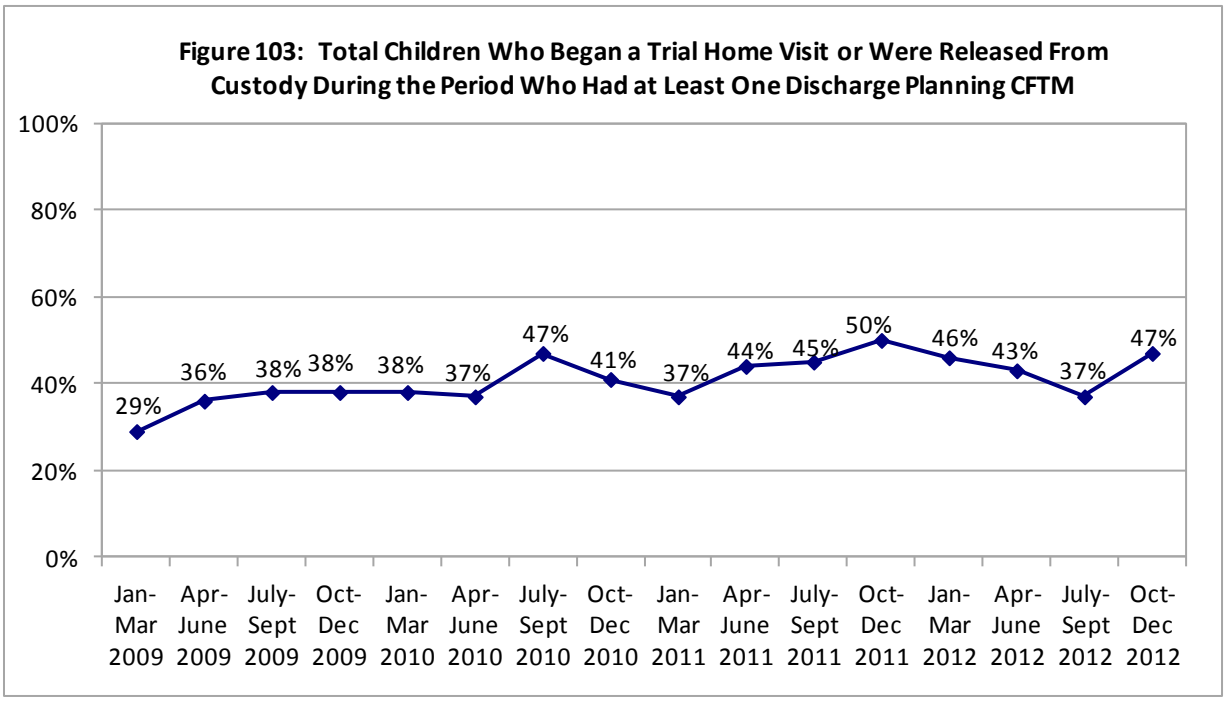
- participants identify all services necessary to ensure that the conditions leading to the child's placement have been addressed and that safety will be assured, and that participants identify necessary services to support the child and family and the trial home visit; and

[366] The process and timelines related to trial home visits are governed by the Juvenile Court Act as well as by DCS policy. In implementing the requirements of the Settlement Agreement, the Department must also comply with the statutory requirements of Tennessee Code Annotated 37-1-130 (generally requiring a 90-day trial home visit for dependent and neglected children that DCS is returning home) and Tennessee Code Annotated 37-1-132 (generally requiring a 30-day trial home visit for unruly children that DCS is returning home).

- if exiting custody is determined inappropriate, DCS make the appropriate application to extend the child's placement in DCS custody before expiration of the trial home visit.

Department policy and revised training regarding the CFT process establish expectations for a Discharge Planning CFTM.

The figure below reflects the Department's quarterly performance with respect to the requirement that a Discharge Planning Child and Family Team Meeting be held for every child who begins a trial home visit or is released from custody.[367]



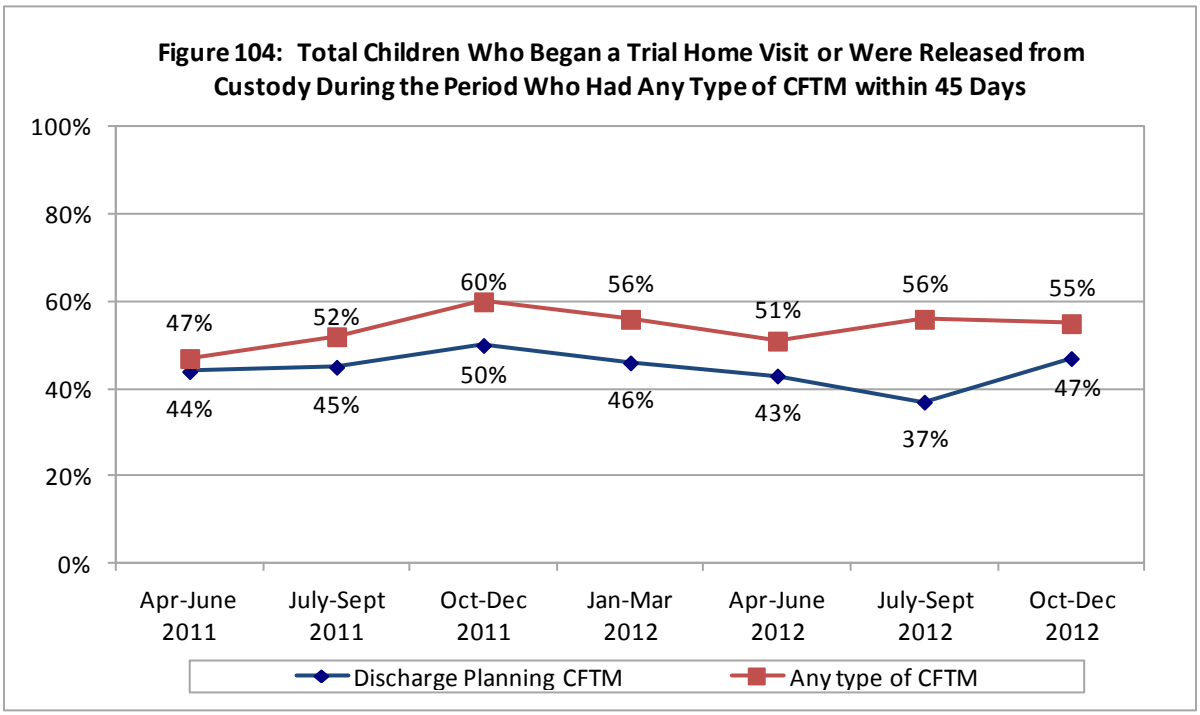
Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200) for the first quarter of 2009 through the second quarter of 2010. TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the third quarter of 2010 through the last quarter of 2012.

As discussed in previous monitoring reports, it appears that because of errors in the way Discharge CFTMs were being coded, more Discharge CFTMs were being held than the CFTM reporting reflected. The new CFTM reporting from TFACTS also identifies all CFTMs held within 45 days of the beginning of a trial home visit, which allows for better identification of CFTMs that are serving as a Discharge Planning CFTM, even if they are coded as a different CFTM type.

The figure below reflects the percentage of children who began a trial home visit or were released from custody who had any type of CFTM within 45 days (the red line) as it compares to the percentage of children who had a CFTM solely identified as a Discharge Planning CFTM

[367] For those children who had at least one Discharge Planning CFTM, 94% of their meetings occurred within 30 days prior to the THV or custody end date in the first quarter of 2012, 94% in the second quarter of 2012, 93% in the third quarter of 2012, and 94% in the fourth quarter of 2012.

prior to THV or exit (the blue line). The reporting confirms that the new additional data captures more of the meetings that are serving as Discharge Planning CFTMs.



Source: TFACTS Initial Child and Family Team Meeting (CFTM) Statewide Summary Reports for the second quarter of 2011 through the last quarter of 2012.

2. Case Manager Responsibility During Trial Home Visit

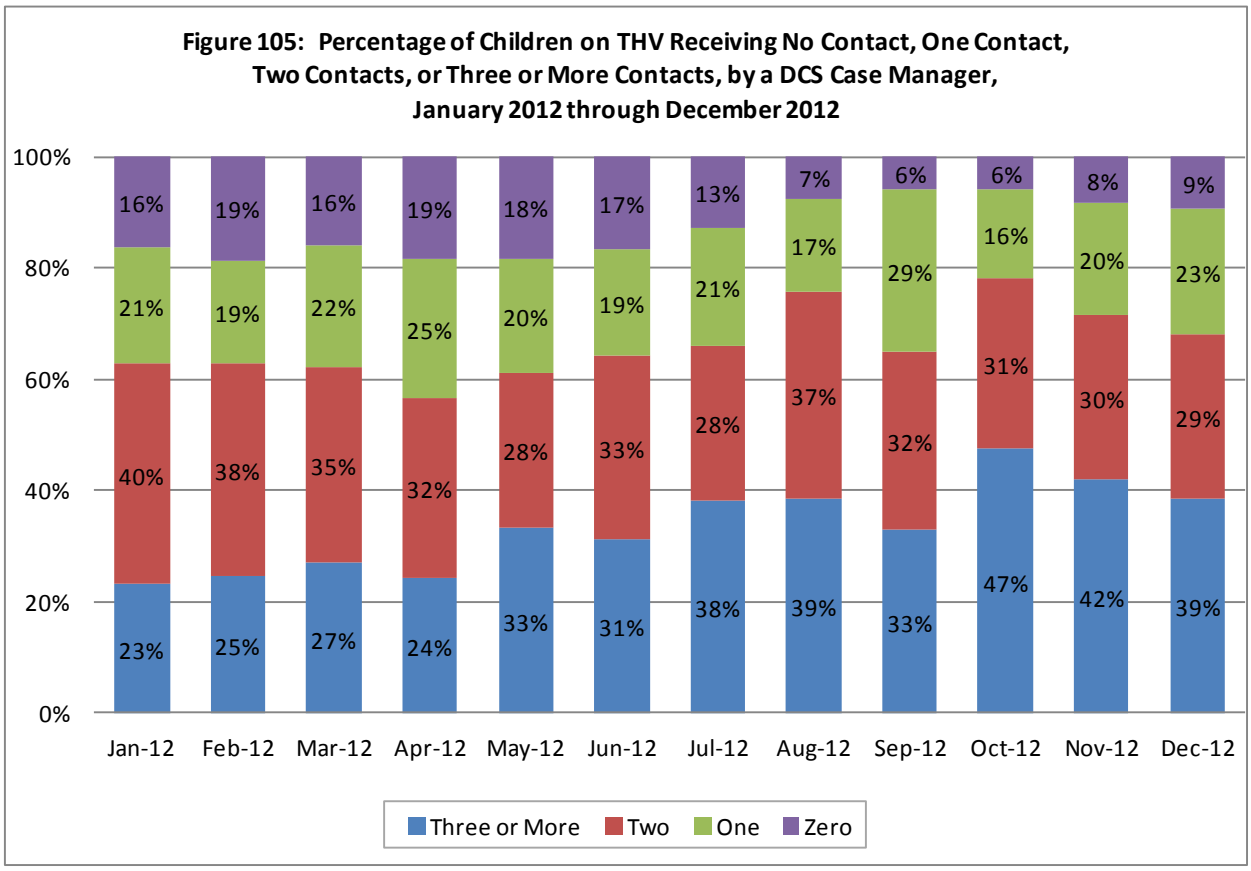
During the THV, the case manager is required to:

- visit the child in person at least three times in the first month and two times a month thereafter, with each of these visits occurring outside the parent or other caretaker's presence;[368]
- contact service providers;
- visit the school of all school-age children at least one time per month during the THV;
- interview the child's teacher; and

[368] This does not preclude the case manager from spending some additional time, either immediately before or immediately after the private visit with the child, observing the child with the caretaker and/or having conversations with the caretaker and others in the household.

- ascertain the child's progress in school and whether the school placement is appropriate.[369] (VII.M)

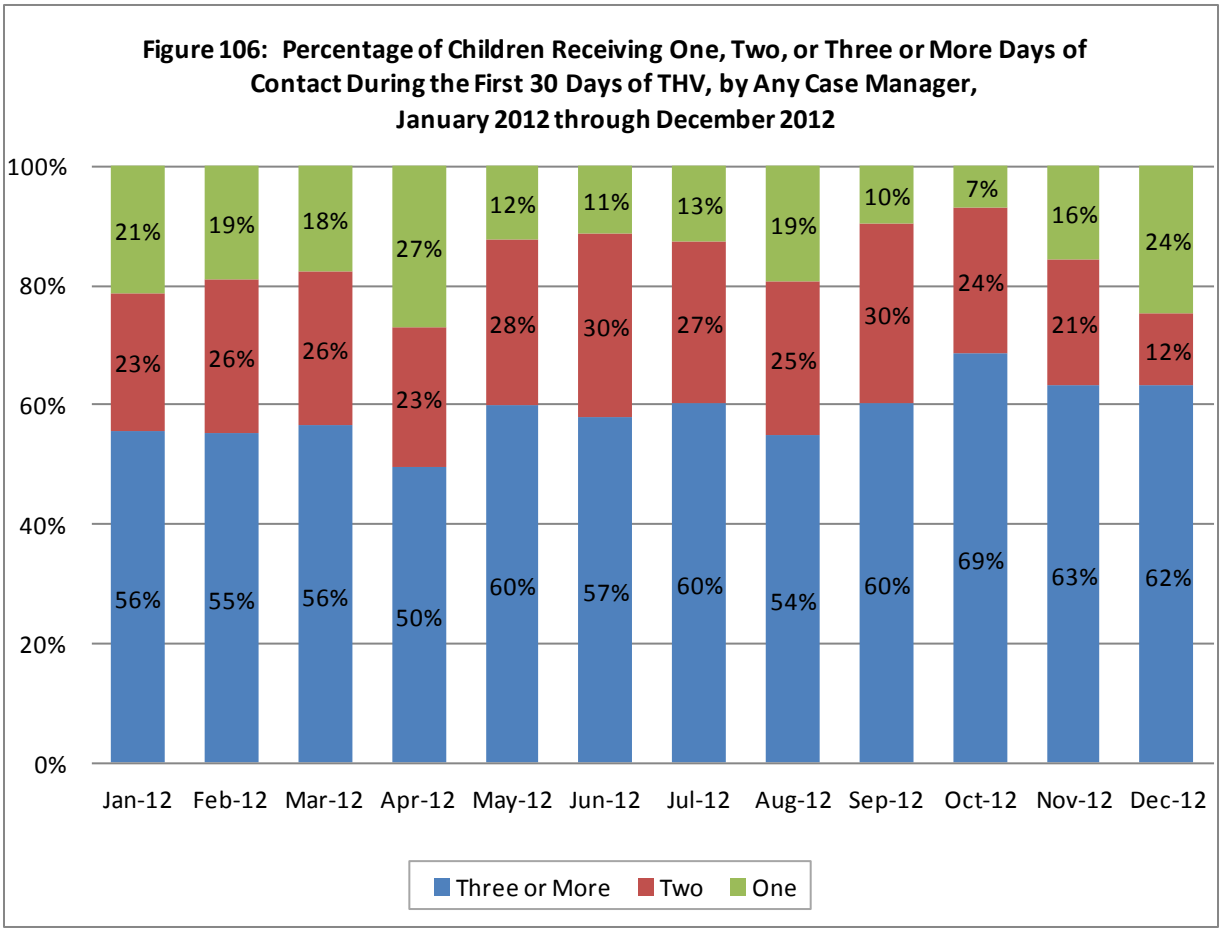
The following two figures present data on the frequency of face-to-face contact: the first presents the frequency of contacts during each month for all children on trial home visit irrespective of the number of days they have been on a THV; the second presents the frequency of contact for those children during their first 30 days of a THV. [370]



Source: *Brian A.* THV F2F Visits Summary Two Months Back Reports, January through December 2012.

[369] If, prior to or during the trial home visit, exiting custody is determined to be inappropriate, DCS is to make the appropriate application to extend the child's placement in the custody of DCS before the expiration of the trial home visit.

[370] The first figure presents data from a TFACTS report that the Department runs routinely which measures the frequency by counting every visit a child receives from a case manager during a given month; the second figure presents data from a TFACTS report specially run for the TAC which measures frequency by counting the number of days during the first 30 days of a THV on which the child received at least one face-to-face contact from a case manager. The difference between these two approaches to reporting frequency of face-to-face contact is discussed in more detail on page 221 of this report.

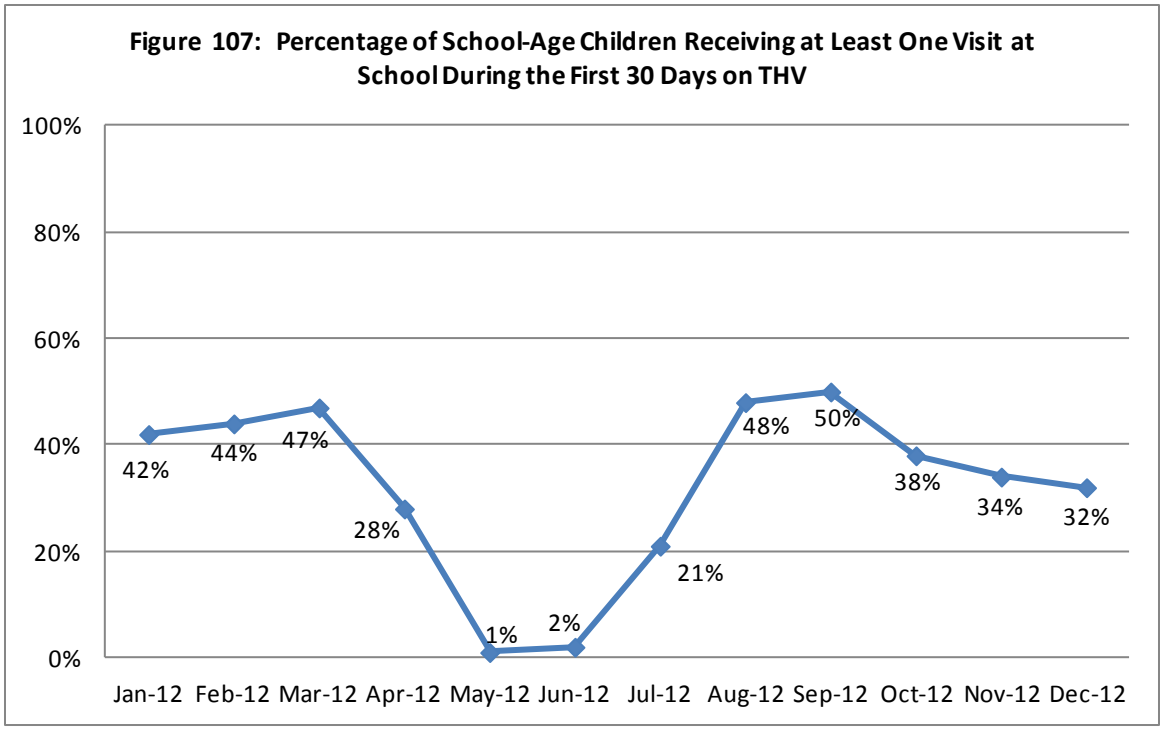


Source: 3 in 30 Trial Home Visit Report, January through December 2012.

The '3 in the first 30' THV visit reporting now includes a count of children who receive visits at school by any case manager each month. Figure 107 presents the percentage of school-age[371] children receiving at least one visit at school during the first 30 days of the THV.[372]

[371] Children were considered "school-age" if they were five years of age or older.

[372] The reporting indicates that case managers are most often visiting children at school in the beginning of the school year, and least often during the summer (when they are likely to not be in school).



Source: 3 in 30 Trial Home Visit Report, January 1 through December 31, 2012.

Previous case file spot checks by TAC monitoring staff have found considerable variation in the extent to which there is documentation of case managers spending private time with the child; TAC monitoring staff also found relatively little documentation of case manager involvement with service providers and schools during the time the child is on THV.[373]

[373] There is no aggregate reporting presently available to document the extent to which case manager visits include private time with the child; nor is there aggregate reporting available to document the extent to which case managers are contacting service providers or talking with children's teachers and/or ascertaining their progress in school and the appropriateness of their school placement.

SECTION EIGHT: FREEING A CHILD FOR ADOPTION

A. General Requirement Related to Adoption Process

As is the case in most child welfare systems, the large majority of children who come into foster care in Tennessee achieve permanency through reunification with their parents or relatives. However, for children who cannot be safely returned to the custody of their families or extended families within a reasonable period of time, both federal law and the Settlement Agreement require that the Department act promptly to terminate parental rights and place the child with an adoptive family, unless there are exceptional circumstances that would make adoption contrary to the best interests of the child.

The Settlement Agreement (VIII.A) requires that the process for freeing a child for adoption begin:

- as soon as a child's permanency goal becomes adoption;[374]
- in no event later than required by federal law; and
- immediately for a child for whom a diligent search has failed to locate the whereabouts of a parent and for whom no appropriate family member is available to assume custody.

The Department's policies are consistent with these general requirements and the processes and administrative reviews discussed in the subsections below are designed to implement these general requirements.

B. Replacement of "Legal Risk Placement Process" by "Dual Licensing"

As the Settlement Agreement reflects (VIII.B), the Department has replaced its process for making legal risk placements with policies and procedures for the "dual licensing" of resource families as foster parents and adoptive parents.

C. Diligent Searches and Case Review Timelines

1. Diligent Search Requirements

The Settlement Agreement (VIII.C.1) requires that diligent searches for parents and relatives be conducted and documented:

- by the case manager;

[374] Under provisions of the Settlement Agreement regarding children with concurrent goals, this first bulleted provision is interpreted as applying only when adoption is the sole goal. The change of a child's permanency goal to the sole goal of adoption by definition constitutes the beginning of the adoption process.

- prior to the child entering custody or no later than 30 days after the child enters custody; and
- thereafter as needed, but at least within three months of the child entering custody and again within six months from when the child entered custody.

The primary purpose of the diligent search is to identify potential placements and sources of support from within a child's natural "circles of support:" relatives, friends, mentors, and others with whom the child has enjoyed a family-like connection, including those with whom the child has not had recent contact.[375]

The Settlement Agreement requirements are set forth in Department policy,[376] and the Department has created a protocol for conducting diligent searches and developed a diligent search letter, a checklist, and a genogram template to assist case managers in conducting diligent searches. These forms are to be completed by the case manager and updated throughout the life of the case until the child reaches permanency.

The Department's policy states that information regarding diligent search efforts and outcomes should be documented in TFACTS by the case manager within 30 days of the date of the occurrence and also added to the Family Functional Assessment. The team leader is responsible for ensuring that the case manager documents all diligent search efforts in TFACTS, including ensuring that the forms (letter, checklist, and genogram) are in the case file.

Unfortunately, as discussed in previous monitoring reports, data entry of diligent search information into the relevant TFACTS fields is complex and cumbersome, often requiring navigation of several different TFACTS sections to enter the data necessary to ensure it gets captured in diligent search activity reports. After attempting to address the problem by providing a round of special training to regional staff on diligent search data entry, the Department recognized that the design flaws were such an obstacle to accurate data entry and reliable aggregate reporting that a significant redesign of the diligent search section was required.

In December of 2012, the Director of Permanency Planning met with the Department's Office of Information Systems (OIS) staff to discuss the development of a new Diligent Search module that would provide easy access for entering data about absent parents, establishing their relationships with custodial children and capturing all search activities in one location. In January 2013, permanency staff submitted a document describing what they saw as the needed revisions to make the diligent search section functional for the field staff.

The Department has not yet established a time table for making those revisions to TFACTS. Reliable aggregate TFACTS reporting related to diligent search activity will not be available

[375] An aggressive approach to diligent search for parents and relatives from the outset of the case also ensures that the legal process can proceed quickly and efficiently. The Department expects that as the diligent search policy is effectively implemented, it will be reflected in increased utilization of kinship placements, reduction in delays in the Termination of Parental Rights (TPR) process, and improvements in Child and Family Team (CFT) data and Quality Service Review (QSR) data related to the participation of relatives and other informal supports in the CFT process.

[376] Both Policy 16.48 Diligent Search and the various diligent search forms and tools have been revised to match the new diligent search and family notification requirements of H.R. 6893 Fostering Connections to Success and Increasing Adoption Act.

until those revisions are made. Until accurate aggregate reporting is available, the Department plans to continue to rely on periodic case reviews to monitor compliance with DCS diligent search policies.[377]

The Department continues to work to improve diligent search practice, particularly with respect to absent fathers, and the Department is placing special emphasis on meeting the expectations of federal law that every grandparent of a child in foster care be promptly identified, located, and contacted. However, the Department's present assessment of its diligent search practice is that it falls short of the requirements of the Settlement Agreement.

2. Requirement of Attorney Review of Cases of Severe Abuse Within 45 Days

The Settlement Agreement (VIII.C.2) requires in cases in which parents have been indicated for severe abuse that, within 45 days of that determination, a discussion take place with a DCS attorney to decide whether to file for Termination of Parental Rights (TPR) and that the decision is to be documented in the child's case record.

With the exception of a short period during the transition to TFACTS, the Department has been producing a semi-monthly report, sorted by region, which identifies all children who fall within this category. The regional administrator or his/her designee is expected to meet with the regional general counsel (RGC) to discuss each of the recently filed cases that include a severe abuse allegation and decide whether to file for TPR.[378] That attorney review should be documented in the case conference notes and/or other case recordings, and those notes and/or recordings should provide sufficient information to:

- determine that the attorney in fact participated in the review;
- establish that there was a specific discussion of whether to file TPR; and
- understand the basis for whatever decision is reached and any action steps to be taken based on that decision.

As discussed in the June 2012 Monitoring Report, while each region had established and implemented a review process for these cases, a targeted review conducted in January 2012 of cases identified in the September 16-30, 2011 Parental Severe Abuse Report found that the 45-day reviews were not yet consistently being documented in TFACTS. The Department believes that these 45-day conferences are occurring and believes that the regional staff understand the expectations related to documentation. The TAC will therefore be conducting its next targeted review in time for the results to be included in the next monitoring report.

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[377] The most recent relevant review (the primary focus of which was not diligent search) included a set of cases in which parent-child visits were not occurring and the reason given by the regional staff was "absent parent—unable to locate." Office of Permanency staff reviewed the TFACTS case file to look for documentation in case notes of the efforts made to locate the absent parent. With a few exceptions, there was little evidence in TFACTS case notes of any search for the parent.

[378] As discussed in the November 2010 Monitoring Report, there has been considerable regional variation in the process for conducting these reviews and in the process for ensuring appropriate documentation of the reviews in the child's case file.

3. Requirement of Attorney Review of Children in Custody at Nine Months

The Settlement Agreement (VIII.C.3) requires that within nine months of a child entering state custody, the permanency plans be reviewed with the DCS attorney for the following purposes:

- if the child is to return home or be placed in the custody of a relative, a timetable for supervised visits, trial home visit, and hearings to be returned to the parent/relative shall be established;

- if the child is not returning home, a timetable for providing documentation and information to the DCS attorney shall be established in order to file a TPR; and

- if the decision to file a TPR has been made and the child is not in a pre-adoptive home, the case manager along with the members of the Child and Family Team shall continue to search for relatives as placement options.

As discussed in the June 2012 Monitoring Report, while each region has established and implemented a review process for these cases, there has been some lack of clarity about the expectations for documenting in the case file the specific considerations and related action steps that are envisioned for this nine-month review. The Department believes that these reviews are being conducted and that regional staff understand the expectations regarding documentation of nine-month reviews in TFACTS. The TAC will therefore be conducting an appropriate case review focused on implementation of this provision and anticipates reporting the results of this review in the next monitoring report.

4. Requirements Regarding Children in Custody for More than 12 Months

If return home or other permanent placement out of custody (relative or guardianship) without termination of parental rights is inappropriate at both 12 and 15 months, the Settlement Agreement (VIII.C.4) requires that a TPR petition be filed no later than 15 months after the date the child was placed in DCS custody, unless there are compelling reasons for not doing so and those reasons are documented in the case file. This requirement is consistent with the Adoption and Safe Families Act (ASFA) requirement that TPR be filed for any child who has been in care for at least 15 of the past 22 months, unless there are compelling reasons for not filing.

As discussed in the June 2012 Monitoring Report, a targeted review, conducted by the Office of Performance Excellence (OPE) staff with the support of TAC monitoring staff during the first quarter of 2011, found that the Department (a) was making appropriate compelling reasons findings for those children for whom TPR was not filed within 15 months and (b) was moving appropriately to file TPR if at some point those findings were no longer valid. These findings

were consistent with previous targeted reviews and spot checks conducted by the TAC monitoring staff and discussed in previous monitoring reports.[379]

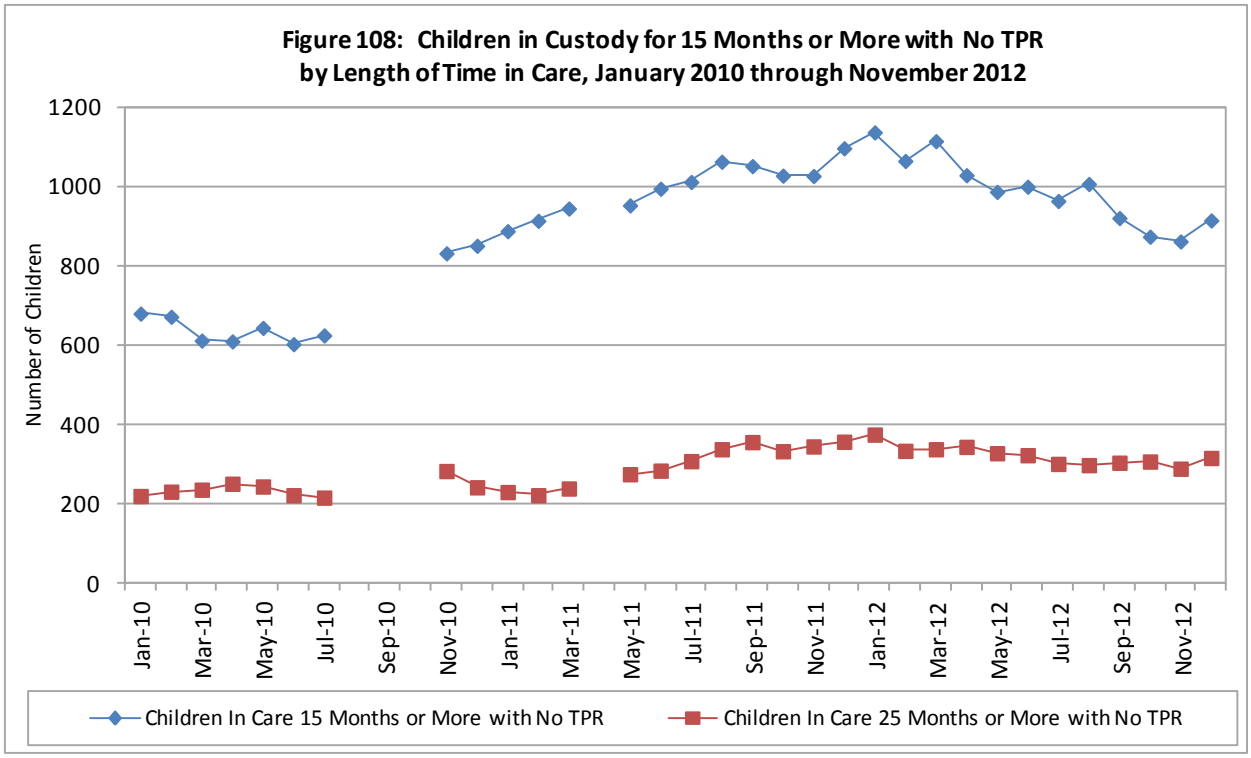
However, as the numbers of children in custody for 15 months without TPR being filed increased substantially during 2011, the Deputy Commissioner and Deputy General Counsel became concerned there had been a change in the level of attention being paid to children in custody for whom TPR had not been filed. They therefore decided to reinstitute their monthly reviews with each region (discussed further in Subsection C.5.d below).[380] Those reinstituted reviews began in January of 2012 and both the number and percentage of children in care for 15 months or more for whom TPR had not been filed have declined since that time

Figure 108 below presents both the number of children in custody for 15 months or more for whom TPR has not been filed (the blue line) and the number who have been in custody for 25 months or more for whom TPR has not been filed (the red line).[381] In the time since TFACTS data became available, the number of children in custody for more than 15 months for whom no TPR has been filed increased steadily between November 2010 and January 2012 (reaching a high of 1,136) and has been on a generally downward trend since then. A similar pattern is reflected in the number of children in care for 25 months or more without TPR having been filed, reaching a high of 374 in January of 2012 but generally declining since then.

[379] As discussed in previous monitoring reports, the Department made considerable progress in reducing the number of children in custody for more than 15 months for whom TPR had not been filed. In November 2006, when the Department began to implement special administrative reviews of these cases, more than 1,900 children had been in care for 15 months without TPR having been filed. That number dropped dramatically and as reported in the April 2011 Monitoring Report, between January 2009 and July 2010 (the last period for which TNKids Reporting was available), that number generally remained below 700, reaching a low of 602 in June 2010.

[380] These reviews are intended to identify and address delays in moving to permanency. While focused on those children for whom TPR has not been filed, these reviews include all children who have been in custody for 15 months or more, including children for whom TPR has been filed but guardianship not achieved, and children in guardianship for whom permanency has not yet been achieved.

[381] Aggregate data for the period from January to July 2010 is from TNKids. Relevant aggregate data was not available for three months (August, September and October) during the transition from TNKids to TFACTS.

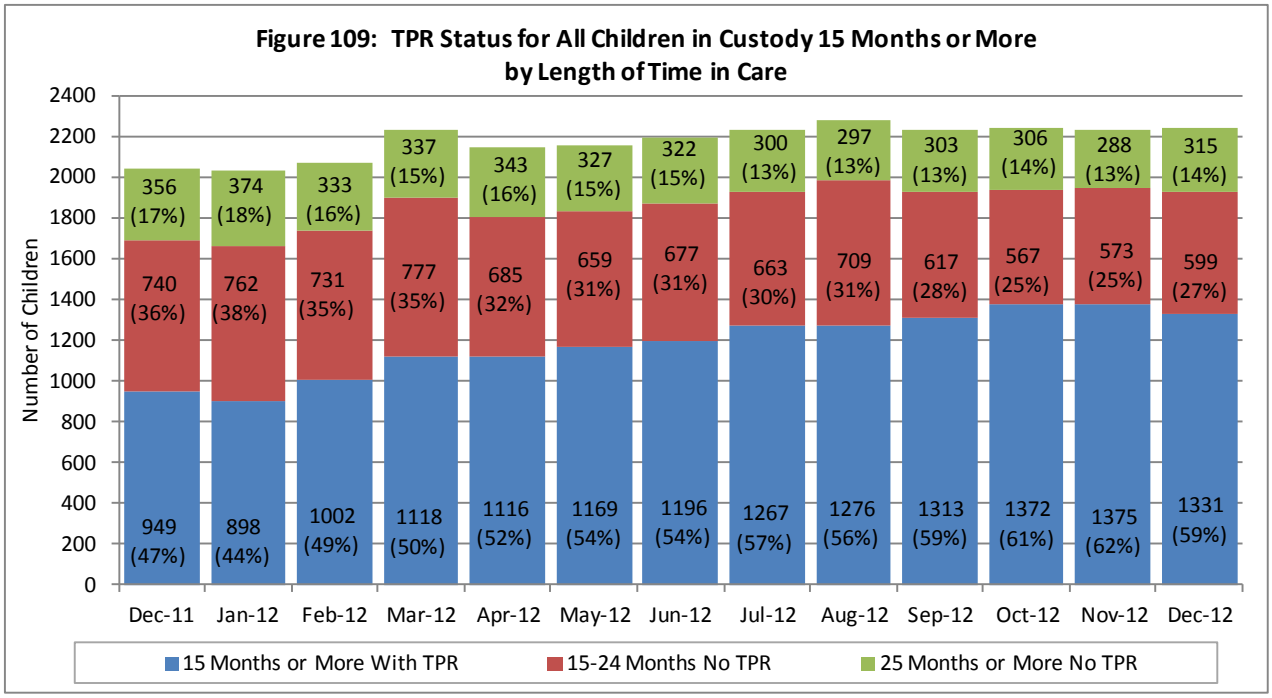


Source: *Brian A.* Class List from January through July 2010; *Brian A.* Mega Report from November 2010 through November 2012.

Figure 109 below presents all children in custody for 15 months or more, broken down into three groups:

- those children in custody for ***15 months or more for whom TPR had been filed***;
- those who have been in custody for ***15 to 24 months for whom TPR had not been filed***; and
- those who have been in custody for ***25 months or more for whom TPR had not been filed***.

Of those children in care for 15 months, the percentage for whom TPR has not been filed (represented by a combination of the blue and green bars) has decreased from a high of 56% in January of 2012 to between 38% and 41% for the last four months of 2012.



Source: *Brian A.* Mega Report from December 2011 through December 2012.

5. Time Frames Related to the Adoption Process (VIII.C.5)

The Settlement Agreement establishes time frames related to critical activities in the adoption process.

a. Requirement That TPR Be Filed Within 90 Days of Establishment of Sole Permanency Goal of Adoption

The Settlement Agreement provides that within 90 days of the permanency goal changing to Adoption, the DCS attorney is expected to file a TPR petition, unless there is a legal impediment, in which case the petition is to be filed as soon as possible once that legal impediment is resolved. (VIII.C.5.a)

Based on the results of the recent targeted review, discussed in Section One, of the timeliness of filing of TPR for children with a sole goal of adoption, it appears that Department practice generally continues to meet this requirement.

Of the 77 cases reviewed, 62 (81%) had TPR activity prior to or within three months of the sole goal establish date and 71 (92%) had TPR activity prior to or within six months of the sole goal establish date. In an additional three cases, TPR activity occurred more than six months after the sole goal establish date. In one of the remaining three cases, reunification with the parent occurred within 11 months of the sole goal establish date; in another case, the judge refused to accept the surrender of the child's adoptive parents and the child, who will turn 18 in June, did not want to be adopted by anyone else; and in the third case, the Department was, at the time of the review, awaiting the results of paternity testing and a search of the putative father registry.

b. Ensuring Order of Guardianship within Eight Months of Filing of TPR

The Settlement Agreement requires the Department to take all reasonable steps to ensure that the date of the trial court order granting full guardianship is entered within eight months of the filing of the TPR petition. (VIII.C.5.b)

The monthly reviews conducted by the Deputy Commissioner and Deputy General Counsel with each of the regions of every child in care for 15 months or more include a specific focus on those children for whom TPR has been filed, but not yet achieved, to identify and discuss any delays in the court process and to ensure that legal counsel and program staff are taking all reasonable steps to bring the case to trial and/or resolve any appeals expeditiously.

As discussed in the April 2011 Monitoring Report, between January 2009 and April 2010, the most recent period for which complete TNKids data were available, the Department obtained full-guardianship orders within eight months of TPR at the relatively stable rate of about 60%.

As discussed in the June 2012 Monitoring Report, based on information gathered over time by TAC monitoring staff in the course of targeted reviews, spot checks, and interviews with case managers, supervisors and legal staff, it appears that once TPR has been filed, delays in achieving full guardianship within the target established by the Settlement Agreement do not generally seem to be attributable to failure of the Department to take the "reasonable steps" required by this provision.[382]

The TAC has been working closely with the Department to develop a TFACTS extract that it can use for reporting on the time from filing of TPR to the order of guardianship but has not yet reached a sufficient comfort level to use that extract for reporting in this monitoring report.

c. Ensuring Adoption Finalization or Transfer to Permanent Guardianship within 12 Months of Guardianship Order

Once an order of guardianship is obtained, the Settlement Agreement requires the Department to move expeditiously to ensure that the child achieves permanency either through adoption or permanent guardianship. (VIII.C.5.c) The Department is expected to take *"all reasonable steps to ensure that the date of the finalization of the adoption or the date the child achieves permanent guardianship will be within 12 months of full guardianship."*

Consistent with the Department's historical performance, of the 858 children for whom parental rights were terminated or surrendered between January 1, 2011 and January 1, 2012, 74% (631) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship. The Department's success rate in achieving adoption or subsidized permanent guardianship within 12 months of termination of parental rights suggests that the Department is

[382] Delays were frequently attributable to aspects of the court process, such as continuances requested by parents and granted by the court, limited docket time for hearings, and problems coordinating schedules of the various attorneys and guardians *ad litem* involved in the case. Based on the information obtained through TAC monitoring staff's attendance during a recent round of Central Office monthly conference calls with each region regarding children in care 15 months or more, these factors continue to account for the vast majority of delays.

taking the "reasonable steps" required by this provision, at least for three out of every four children who enter full guardianship.

For the one child out of four for whom adoption or permanent guardianship is not achieved within 12 months, the Finding Our Children Unconditional Supports (FOCUS) process, discussed in Subsection D below, is designed to ensure compliance with this requirement.[383] While the process does not guarantee that a child achieves permanency within 12 months of full guardianship, the required actions steps, frequent reviews, and ongoing tracking and reporting, if done diligently, should ensure that "all reasonable steps" are being taken in each case.

d. Special Administrative Review of Children in Custody for 15 Months or More For Whom TPR Has Not Been Filed

The Settlement Agreement requires that all children who have been in custody for 15 months or more with no TPR petition filed be reviewed by the Commissioner or the Commissioner's designee. (VIII.C.5.d)

At the time of the change of gubernatorial administrations, the regional administrators and regional supervising attorneys had been designated by the Commissioner to review and monitor all cases of children in care for 15 months or more in their respective regions to ensure that TPR has been filed (or is in the process of being filed) unless compelling reasons exist for not filing. To assist with this review process, the Department has been producing (initially from TNKids and now from TFACTS) a monthly report, by region, that identifies all children who have been in care for 15 months or more for whom no TPR petition had been filed. As discussed in previous monitoring reports, each of the regions developed a process for reviewing these cases.[384]

The Department has now reinstituted a Central Office review of these cases with the regions through regular conference calls led by the Deputy Commissioner and Deputy General Counsel. These conference calls, which are held monthly with each region, examine the status of not only those children who have been in custody for 15 months or more for whom TPR has not been filed, but also those for whom TPR has been filed but guardianship not yet achieved. The Deputy Commissioner and Deputy General Counsel are using these reviews to identify and address issues related to the timeliness and quality of the "compelling reasons" findings, the

[383] In addition, the monthly reviews of children in care for 15 months or more conducted by the Deputy Commissioner and Deputy General Counsel with the regions, while focused on children for whom guardianship has not yet been achieved, include review and discussion of any cases of children in full guardianship for whom there appear to be delays in moving to permanency.

[384] In some regions, the review occurred as part of the regularly scheduled monthly or quarterly administrative reviews involving the Regional Administrator and Regional General Counsel. In other regions, the Regional General Counsel conducted an initial review and then followed up to ensure either that there were compelling reasons for not filing or that steps were being taken to file for TPR. In some regions, it was the Regional Administrator or Deputy Regional Administrator, rather than the Regional General Counsel, who conducted this initial review and the Regional General Counsel only became involved if there was a need to file TPR. While some regions had taken specific steps to ensure that these reviews were documented in TFACTS, in a number of regions it was unclear who was responsible for documentation of the reviews.

periodic review of those findings, and the timeliness of filing for TPR in cases in which there are no compelling reasons (or are no longer any compelling reasons) for not filing TPR.

In preparation for this report, TAC monitoring staff have been reviewing the spreadsheets that are the basis for these reviews and calling into the monthly conference calls in order to better understand both the review process and the quality of the discussions. Based on the observations of the review process, the TAC is satisfied that the reviews being conducted are rigorous and that the process is ensuring that either there are compelling reasons for not filing TPR or, if there are not, that the region is taking appropriate action to terminate parental rights.

6. Special Preference for Resource Parents in Adoption Process

The Settlement Agreement provides that a resource parent who has been providing foster care for a child for 12 months is entitled to a preference as an adoptive parent for that child, should the child become legally free for adoption. (VIII.C.6)

The Department has implemented a single resource parent approval process which qualifies resource parents as both foster and adoptive parents and the adoption preference for a resource parent who has been caring for a child for 12 months or more is reflected in both DCS policy and state statute.

D. "FOCUS" Team Process for Children in Full Guardianship

In an effort to ensure that children in full guardianship move more quickly towards permanency, the Department has implemented an innovative case tracking and permanency support process referred to as "FOCUS Teams" (Finding Our Children Unconditional Supports). The Modified Settlement Agreement embraces the FOCUS process.

1. Requirement of Prompt FOCUS Team Review of Each Child Entering Full Guardianship

The Settlement Agreement provides that the FOCUS Team *"will ensure that all children or youth entering full guardianship each month will be reviewed to determine whether or not these children or youth have a permanent family identified and that the needed supports and services are in place to ensure timely permanency."*

The FOCUS process, discussed at length in previous monitoring reports, has evolved over time; however, the core elements of the process remain: each child who enters full guardianship is to be promptly reviewed to determine whether a permanent family has been identified for that child. If the child does have a family identified, a plan is to be developed to move that child to permanency with that family.[385] If the child does not have a family identified, special attention

[385] The Department has refined its process to distinguish between a prospective adoptive family for whom all issues have been fully explored and resolved and an intent to adopt form has been signed (now designated as "permanent family identified") and a specific family that the region is actively working toward adoption with but for whom

and support is to be given to that case, including, at a minimum, ensuring that a full, updated "archeological dig" is conducted, that a strong, well-functioning Child and Family Team is formed, and that an appropriate and up-to-date Individual Recruitment Plan is developed and implemented.

Harmony Adoptions staff with special expertise in adoptive family recruitment (referred to as regional case coordinators or RCCs) are available to provide a range of supports, from assisting with a particular task in a case to assuming lead responsibility for conducting the dig, building the team, and developing the recruitment plan and ensuring that it is implemented. In addition, private providers are increasingly expected to take on the "Harmony" role for the children in their respective programs who are in full guardianship and without an identified family.

Regions are responsible for conducting "FOCUS reviews" and completing and updating each month the FOCUS spreadsheets which serve as the tracking documents for the FOCUS reviews. The regions have some flexibility about how they conduct their reviews of children in full guardianship, and that flexibility allows them to conduct the "FOCUS Reviews" (as that term is used in the Settlement Agreement) as part of other regular monthly case reviews rather than as a free-standing review. The Department believes that consolidation of what have been separate free-standing reviews makes sense because the separate reviews often involve the same cases and the same participating staff members. Each region has a monthly conference call with Central Office staff to review the results of the regions' "FOCUS Reviews."[386]

As part of this process, Central Office permanency staff regularly review the case tracking documents in an effort to ensure that spreadsheets are complete and that key action steps are being taken, and to identify and follow up on any cases which raise concerns (whether because of lack of key information, delays in completing action steps, the length of time the child has been in FOCUS, or some other reason).[387]

Finally, in an effort to ensure the quality of FOCUS related casework, the Central Office has initiated a periodic targeted case file review of cases of children in FOCUS. (Results of the first such review are discussed in Subsection D.3 below).

There is much to commend in the FOCUS work being done with individual children and the TAC does not doubt the commitment of those involved in the process. However, at least as of

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some steps remain to be taken—"full disclosure" needs to be made, adoption subsidy issues need to be addressed—before an intent to adopt can be signed (designated as "anticipated permanent family").

[386] Central Office permanency staff speak regularly with regional administrators about FOCUS and provide training for regional and private provider staff related to the FOCUS process. Central Office permanency staff also use the quarterly staff meetings of regional permanency specialists as an opportunity to discuss the way in which regional FOCUS case reviews are being conducted. The regional permanency specialists (who are required to participate in the regional FOCUS reviews) are expected to help ensure the integrity of the FOCUS process, and help other regional staff and private providers understand what is expected of review participants. The composition of the regional FOCUS review teams varies, with regional administrators participating in the reviews in some regions but not in others. The only present requirement related to team composition is that the regional permanency specialist must be on the team

[387] All cases of children in full guardianship are also subject to the quarterly reviews of children in care for more than 15 months held with the regions and led by the Deputy Commissioner and Deputy Legal Counsel (as described in Subsection C.5.d above).

January 2012, slightly over a quarter of children entering full guardianship were delayed by 60 days or more in getting onto the FOCUS list and receiving an initial review. The TAC, in conjunction with the Department, is looking to see whether such delays continued through 2012; however, that information was not available in time for inclusion in this monitoring report.

The Department is committed to determining whether such delays remain a problem, and if so, to putting measures in place to prevent them. The TAC will be working with the Department over the coming months to ensure that children who enter full guardianship transfer into the FOCUS process within a reasonable amount of time and anticipates reporting further on this in the next monitoring report.

2. Children with Permanent Family Identified: Assessment of and Response to Barriers to Permanency and Monthly Tracking

If there is a specific potential permanent family identified for a child, the Settlement Agreement requires that there be an assessment regarding any barriers to permanency. If there are identified barriers to permanency, appropriate referrals are to be made to the regions or private provider agency or agencies as may be needed and appropriate. Children and youth with an identified permanent family are to be reviewed monthly to assess whether the identified permanent family is still a viable permanency option.

Once a child enters the FOCUS process, the FOCUS reviews and tracking process are designed to meet this requirement. The Department has created a tracking spreadsheet that includes specific fields to record the core activities that must be undertaken, issues that must be addressed, and services and supports that must be provided in order for the "intent to adopt" to be signed and the adoption to be finalized (or other "permanent family status" achieved).

The tracking process, including the Central Office review of the tracking spreadsheets, is intended to ensure that for each case with a potential family identified, barriers to permanency are identified, action steps, persons responsible, and timelines for addressing those obstacles are established, and either permanency achieved or, if the obstacles cannot be addressed, appropriate action taken to find an alternative family.[388]

3. Children without Permanent Families Identified: Required Action Steps

For children and youth without a potential permanent family identified, the Settlement Agreement requires that the following steps be taken to ensure timely permanency:

- the Child and Family Team is to ensure the development and implementation of the child or youth's Individualized Recruitment Plan, which is to include time frames, roles, and responsibilities;

[388] This tracking system should also provide data that help the Department identify and respond in a more systematic way to certain kinds of obstacles that appear to affect large numbers of cases.

- the Child and Family Team is to ensure that the child or youth is registered on AdoptUSKids to help match the child or youth with potential families; and

- the Child and Family Team is to ensure the use of archeological digs, family searches, interviews and other options to build a team of informal and formal supports to assist in finding permanency.

The FOCUS case review and tracking process is designed to ensure that these core activities are promptly carried out (or to flag cases in which these expected actions are not occurring with a sufficient sense of urgency).

One of the challenges for the Department has been to figure out how to most effectively and efficiently allocate the DCS, Harmony, and private provider resources to ensure that each of the children without a permanent family identified get the high quality, intensive recruitment work envisioned by the FOCUS design.[389]

The Department has worked with regional staff, Harmony, and the private providers to ensure that their combined resources are sufficient and that the process for assignment of responsibility efficiently allocates those resources. Harmony continues to be involved to some degree in a significant number of cases. Based on feedback from both Harmony and the regional staff, Central Office permanency staff believe that the regions are satisfied with Harmony's responsiveness to requests for assistance and Harmony is comfortable with (and staffed sufficiently to respond to) the region's requests.[390]

The Central Office conducted a targeted case file review (focused primarily on children in FOCUS with no family identified) to examine the extent to which there was in the case file: documentation of a thorough archaeological dig for relatives and fictive kin; documentation of registration with AdoptUSKids; evidence of a well-functioning, appropriately constituted Child and Family Team; and evidence of implementation of an individualized recruitment plan.

The review generally found that:

- efforts are being made to identify birth family and past relationships for children for the purpose of permanent placement and strengthening connections, as evidenced by

[389] The original FOCUS process envisioned a split of cases between DCS and Harmony, with Harmony being responsible for helping with the vast majority of cases with no family identified. Once there was some clarification of the work involved in ensuring that all such children had a full archeological dig, a well-functioning Child and Family Team, and a high quality Individualized Recruitment Plan, it became clear that Harmony did not have the staff to do that for all children in full guardianship with no family identified. Based on that, the decision was made to have Harmony help with the children in DCS placements or placements with smaller private providers and have the larger private providers take on the "Harmony role" for those children placed with them.

[390] In the past there were occasions when Harmony felt regions were too quick to ask Harmony to assume responsibilities for aspects of casework that could reasonably be expected of DCS and/or private provider staff, and there were occasions when DCS staff complained about delays in Harmony acting on referrals. As the FOCUS process has evolved, and as the DCS, private provider, and Harmony staff have worked together, they appear to have been able to collaborate more efficiently and effectively.

archeological digs, genograms, and diligent searches found in case records; evidence of engaging birth family and past connections was noted in various forms of documentation;

- all of the children who agreed to be photo-listed and did not have a family identified were registered on AdoptUsKids; although it was not always clear in the documentation how the team follows up with families who inquire about children, staff were able to explain the process when interviewed;

- each case reviewed had a strong Child and Family Team consisting of formal and informal supports; detailed Child and Family Team Meeting (CFTM) summaries were found that reflected teaming and engagement to support permanency and well-being for the children involved; and

- in each of the cases where a permanent family had not been identified and the goal was adoption or permanent guardianship, recruitment efforts were noted in the Individual Recruitment Plans, the CFTM Summaries, and/or case recordings.

4. Requirement of Individual Tracking and Monitoring and Outcome Data Analysis and Reporting

The Settlement Agreement requires that the FOCUS Team:

- monitor case progress;

- provide tracking and outcome data to measure the effectiveness of the FOCUS process in moving children and youth toward permanency; and

- use aggregate and qualitative data to report on trends that promote and prevent timely permanency for children.

The Settlement Agreement calls for specific reporting and analysis on those children and youth disrupting from placements while in full guardianship.

As discussed, the individual tracking data in the spreadsheets allow regional and Central Office staff to monitor case progress. In collaboration with TAC monitoring staff, the Department has developed a FOCUS data tracking packet that aggregates data from the spreadsheets and presents those data over time, helping the Department to evaluate the effectiveness of the process (both statewide and by region) in moving children to permanency. In addition, the Central Office staff are beginning to track and analyze "cohorts" of FOCUS cases to understand, among other things, how quickly (or slowly) children in FOCUS are moving to permanency (and to identify barriers to permanency) and how frequently children "disrupt" a home that has previously been identified as a potential permanent family (and what factors contribute to those disruptions).

E. Post Adoption Services

The Settlement Agreement (VIII.E) requires that DCS maintain a system of post-adoptive placement services and provide notice of and facilitate access to those services at the earliest possible time to all potential adoptive families and resource families.

The Department requires all resource parents who are interested in adopting a particular child to complete an "*Intent to Adopt/Application for Adoption Assistance Form*" as one vehicle for ensuring that adoptive parents have knowledge of the availability of adoption assistance. The form includes the application for assistance and also serves as the file documentation required by this provision of the Settlement Agreement.

As discussed in previous monitoring reports, the Department contracts for post-adoptive placement services with a program referred to as ASAP (Adoption Support and Preservation). This program offers intensive in-home services, support groups, educational forums, training opportunities, and help lines for adoptive parents. It also provides post-permanency support to the subsidized permanent guardianship families to prevent disruption and reentry into care. In addition, ASAP has provided pre-adoption counseling to adopting parents and children that includes help with parenting skills, self-awareness of triggers, and other aspects of being an adoptive parent. For calendar year 2012, the ASAP program provided services to over 500 clients with both pre-adopt disruption and post-adopt dissolution rates of less than 1%.

The original contract liability limit for the contract that includes ASAP for fiscal year 2010-11 was $3,239,832. Actual expenditures for this contract for the ASAP program were approximately $2,134,509. The original contract liability limit for the contract that includes ASAP for fiscal year 2011-12 was $3,239,832. Actual expenditures for this contract for the ASAP program were approximately $2,136,860. The contract liability limit for the current fiscal year for the contract that includes ASAP is $3,152,544 and the private agency anticipates utilizing approximately $2,029,942 for ASAP. The original contract liability limit for the contract that includes ASAP for fiscal year 2013-14 will be $2,917,544. Actual expenditures for this contract for the ASAP program are projected to be approximately $1,962,801.

In order to ensure that resource parents are both aware of and understand how to access post-adoption services, the Department has modified its contract with its post-adoption services provider to require that ASAP make personal contact with every adoptive family prior to the finalization of the adoption.[391]

At any given time there are approximately 4,500 Tennessee families, serving approximately 8,000 children, receiving an adoption assistance subsidy from the Tennessee Department of Children's Services.

[391] As discussed in Section Four of this report, the Department continues to administer a post-adoption survey in an effort to identify areas of concern for adoptive parents. In response to the results of the most recent survey that revealed a lack of knowledge among some families of the array of services and supports offered through the ASAP program, members of the multi-disciplinary post-finalization adoption support workgroup have increased outreach to adoptive families to ensure that they are aware of the available services.

SECTION NINE: RESOURCE PARENT RECRUITMENT, RETENTION, AND APPROVAL

A. General Requirement to Maintain Resource Parent Recruitment Program

The Settlement Agreement requires DCS to establish and maintain a statewide, regional and local program of resource parent recruitment[392] and to ensure the availability of a toll-free phone number in all regions of the state to provide information concerning the availability of adoption information, training, the approval process, and children available for adoption. (IX.A)

1. Toll Free Number and Availability of Information for Prospective Resource Parents

As discussed in previous monitoring reports, prospective resource parents can inquire about resource parenting by calling the Department's 1-877 number for prospective resource parents or through contacting the regional offices directly. In addition, several websites contain information about fostering and adopting children. Information about the Department's programs and processes related to fostering and adoption is available online at www.tn.gov/youth/adoption.htm. The website www.parentachild.org also contains information regarding recruitment and retention and a link to the AdoptUSKids www.adoptuskids.org website, which has profiles for the children in state custody who are in need of adoptive homes.

2. Recruitment and Retention Efforts

As discussed in recent monitoring reports, several years ago the Department recognized that its approach to resource parent recruitment had not produced quality, functional recruitment plans capable of driving effective recruitment and retention efforts. For this reason, the Department engaged in a set of activities in 2009 and 2010 designed to improve the quality of the plans and to ensure regular tracking of plan implementation and reporting of results.[393]

The regions continue to develop and refine regional recruitment plans that focus on: increasing the effective utilization of relative caregivers and kinship resource homes; implementing high-quality, child-specific recruitment; and utilizing data to both set goals and measure progress. The recruitment plans each include an analysis of the characteristics of the foster care population in the region and the characteristics of the present resource homes (DCS and private provider) in the region.

Most of the current regional plans include goals related to improving responses to resource parent inquiries; increasing or maintaining numbers of resource homes, especially homes that are willing to serve the teenage population and large sibling groups; and increasing the number of children placed with someone with whom they have a previous relationship (kin placements).

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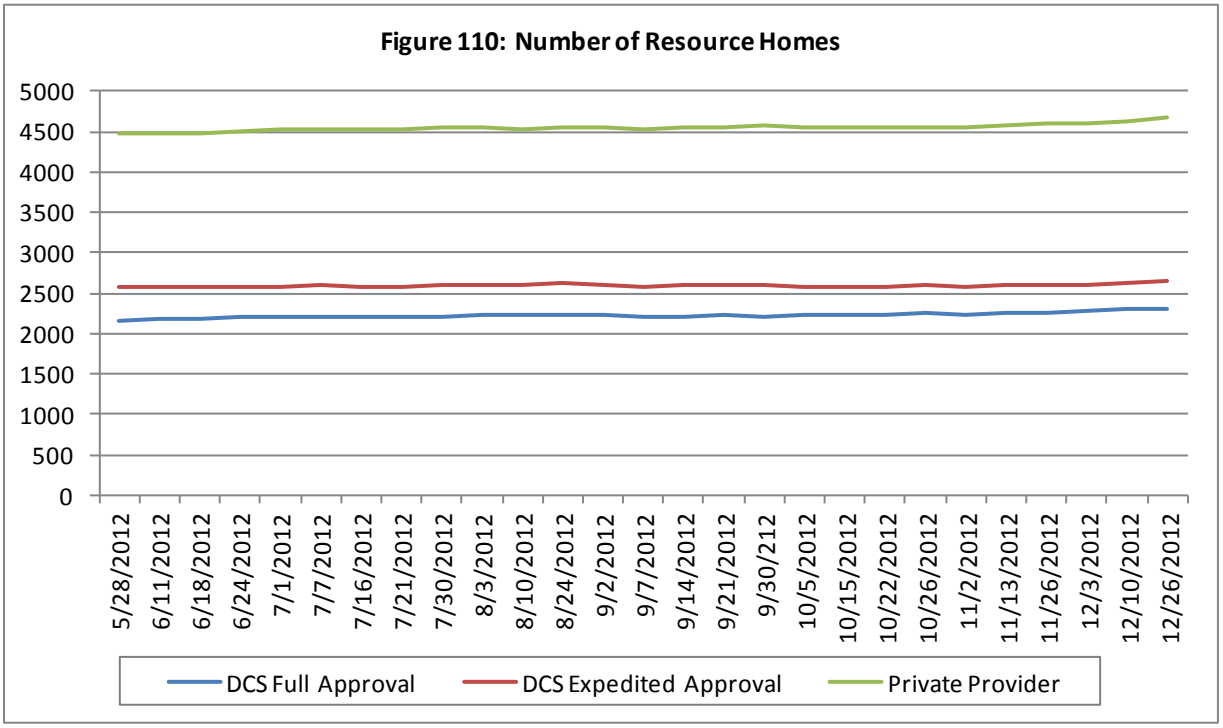
[392] Under Tennessee's dual approval process, both foster and adoptive parents are considered to be resource parents.
[393] See the April 2011 Monitoring Report for more information about these activities.

Since adopting this approach to resource home recruitment planning and implementation, the Department has seen improvements in a number of areas. Most significantly, there has been a substantial increase in the percent of children entering custody who are initially placed with kin;[394] and after having experienced a net loss of resource homes year after year, resulting in a dramatic decline in resource home capacity, successful recruitment of new resource parents (by both the Department and private providers[395]) has been outpacing resource parent attrition, reversing the declining trend, and resulting in a recent increase in resource home capacity (a particularly important development given that the custodial population is also now increasing).

The stacked line graph in Figure 110 shows the number of fully approved DCS resource homes (the blue line), the number of kinship resource homes that only have an expedited approval (the space between the blue line and the red line), and the number of private provider resource homes (the space between the red line and the green line). Because the lines "stack" on top of each other, the green line represents the total number of DCS and Private Provider resource homes. This figure shows a relatively stable number of homes over the seven-month period.



Source: TFACTS Resource Home Mega Report

In order to build on this progress, it will be important for each region to continue to improve the quality of the recruitment plans, refine the recruitment and retention strategies, make more sophisticated use of available data (particularly in setting goals and tracking progress), and learn from the experiences of their colleagues in other regions. The Central Office, which has focused on ensuring that the regions are following the planning process design and that the plans conform to the envisioned structure, will need to make sure that regions have available to them the

[394] See Section One.B.1 of this report.

[395] While DCS homes had declined more dramatically during this period, private providers had also been experiencing a net loss of resource homes.

technical assistance they need to enhance their understanding of their data and to increase the sophistication of their recruitment and retention planning efforts. There may also be tasks that some regions have identified in their plans (*e.g.*, conducting resource parent surveys to identify areas of dissatisfaction that might be undermining recruitment and retention efforts) that might be more effectively and efficiently taken on as part of a statewide QA effort administered by and from the Central Office.

3. Staffing and Support for Resource Home Recruitment and Retention

As of April 2013 there were 114 full-time resource parent support workers (RPS) across the state.[396] Responsibilities vary by region, but resource parent support staff are generally responsible for monthly home visits with resource parents, approvals and re-approvals of resource homes including expedited approval for kinship homes, home studies, recruitment events, and offering additional support to resource parents.

The Department has determined the maximum number of resource families that a single resource parent support worker can reasonably be expected to support should be between 30 and 35. As of March 2013, the Department has included RPS worker workloads in the manual caseload tracking report.[397]

The Department plans to assign "caseloads" of resource families to the resource parent support staff in TFACTS.

As discussed in previous monitoring reports, the recruitment and retention staff resources within the Department have been supplemented by contracts with private provider agencies. The goal of the contracts is to expedite the approval process by assisting with home studies and conducting individual Parents as Tender Healers (PATH) training when needed. This contract for fiscal year 2011-12 was $513,060 and the contract for fiscal year 2012-13 is $497,164. The Department is in the process of approving contracts for fiscal year 2013-14, and based on feedback from the regions, has decided to enter into four grand regional contracts rather than 12 separate regional contracts. The Department believes that having larger agencies serving larger areas will make these contract services more readily available to the regions.

As the TAC has observed in previous monitoring reports, it is difficult to determine the extent to which the staffing devoted to resource home recruitment and retention is sufficient to support the work outlined in the regional recruitment and retention plans. In the past, obstacles to resource parent recruitment and retention have included slow response times to initial inquiries from those interested in becoming resource parents, delays in connecting potential resource parents with

[396] Many of these staff persons may have other responsibilities as well.

[397] The Department intends to assign resource families to the resource parent support staff in TFACTS to allow aggregate reporting from TFACTS of RPS workloads. The Department began collecting RPS caseload information through the manual caseload collection process (discussed in Section Five of this report) in the spring of 2013. TAC monitoring staff reviewed this information for available regions and found that generally the caseloads are around 30, but some RPS workers are supporting more than 50 families.

training that was convenient and accessible, and the inability of the Department to complete home studies in a timely manner for those who successfully completed the training.

B. Resource Parent Recruitment and Approval Process

The Settlement Agreement requires DCS to develop and maintain standards to approve only appropriate resource families. All such approvals are to be handled within the regions or by private provider agencies, which must be adequately staffed and trained.

The Department's present policy regarding the regular approval process conforms to the requirements of the Settlement Agreement. The Department, in consultation with the TAC, has established standards and a process for approval of resource families that is consistent with nationally accepted standards and that apply equally to DCS and private provider resource parents. The Department's resource parent approval process is handled by regional and local offices. The Department's resource parent approval process qualifies any resource parent who successfully completes that process for both fostering and adoption. The Department requires private provider resource parents to meet the same standards, receive comparable training, and be subjected to the same approval criteria as DCS resource families.

The Department utilizes a home study tool that was developed "in house." (This tool replaced the Structured Analysis Family Evaluation (SAFE) Home Study Tool discussed in previous monitoring reports). The Department has also established the Department Resource Home Eligibility Team (DRHET for DCS homes and RHET for provider homes), through which the Department internally maintains all documents relating to the Title IV-E eligibility of resource homes. The documents required for IV-E eligibility include fingerprint results, criminal records checks, DCS background checks, several abuse and offender registry checks, and completion of PATH training.[398]

1. Time to Respond to Inquiries

The Settlement Agreement requires all inquiries from prospective resource parents to be responded to within seven days after receipt.

When calls come to the 1-877 number referenced in Section A.1 above, they are answered by Central Office Foster Care staff and a letter containing general information is mailed to the prospective resource parent from Central Office. Information about the prospective resource parent is then emailed to the appropriate region. Regions are expected to contact the prospective resource parent and enter the home into TFACTS as an inquiry. A staff person in Central Office tracks all of the inquiries to the 1-877 number and ensures that inquiry and response information

[398] While RHET maintains electronic copies of these eligibility documents, private providers remain contractually responsible for ensuring that their resource homes and their residential facilities are meeting the requirements for IV-E eligibility and that copies of the required documentation are furnished to the Department.

are entered into TFACTS.[399]

Some inquiries are made to the region directly rather than through the 1-877 number. The regions are expected to process and respond to these inquiries in the same manner that they respond to inquiries they receive from Central Office: by recording these inquiries in TFACTS and responding within seven days. (Central Office staff track inquiries in TFACTS and also mail a letter to those prospective resource parents, irrespective of whether those inquiries came through the region or through the 1-877 number.)

The TFACTS Resource Home Inquiry Report provides a percentage of inquiries responded to within seven days, for all of the inquiries that are entered into TFACTS. The statewide performance for inquiries responded to within seven days for the 1,202 inquiries entered into TFACTS for 2012[400] was 97%, compared with 94% in 2011, with three regions responding to 100% of the inquiries within seven days and the lowest performing region responding to 91% within seven days.

2. Time to Complete Home Studies

The Settlement Agreement requires that home studies be completed within 90 days of the applicant's completion of the approved training curriculum, unless the applicant defaults or refuses to cooperate.

Of 802 DCS resource homes approved in 2012, 65% (522) were approved within 90 days of PATH Completion.[401] This is consistent with the Department's past annual performance: for the period from 2007 through 2011, during which the annual percentage of both DCS and private provider resource homes approved within 90 days ranged from 62% to 66%.[402]

3. Exit Interview Requirement

The Settlement Agreement requires that identified staff persons conduct exit interviews with all resource families who voluntarily resign as resource parents and that DCS issue annual reports on why resource families leave DCS and what steps are necessary to ensure their retention.

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[399] As mentioned in the June 2012 Monitoring Report, the Department piloted a program where resource parent advocates contacted prospective resource parents by phone. However, this program was discontinued in the summer of 2012, although some advocates have chosen to continue the practice. .

[400] The period covered by this report is January 9, 2012 through January 9, 2013.

[401] Homes that were re-activated during 2012 were excluded from this report because by policy, they are required to have completed PATH training within the past two years. An additional 441 homes were also excluded because their PATH completion information was not entered completely or accurately in TFACTS. As discussed in Subsection B below, the Department's RHET process ensures that there is a PATH certificate on all homes at initial approval. TAC monitoring staff reviewed the Department's training database and/or the TFACTS RHET file for a statistically significant random sample of the 441 homes (71 homes) and found record of required training for all of them.

[402] Reports from TNKids used in previous monitoring reports included both DCS and private provider homes, while the TFACTS report only includes DCS homes.

Previous monitoring reports have discussed the Department's efforts to devise an approach to conducting exit interviews that would provide helpful feedback. The Department contracted with private agencies to conduct the interviews for most of the period from July 1, 2009 to June 30, 2010; however, the Department was disappointed by the limited feedback that the reporting of those interviews provided.

TAC monitoring staff, working in collaboration with the Department, conducted exit interviews for homes that closed during the period January 1 through June 30, 2011 and the results of those interviews is attached as an Appendix to the June 2012 Monitoring Report.

As discussed in that report, in an effort to more effectively and efficiently capture feedback from exiting resource parents, the Department decided to implement an online exit survey for closed resource homes. The survey includes a place for the resource parent to indicate if they would like also like to be personally interviewed. The Department has written a revised policy requiring all regional staff to send letters to resource homes when they close, and the letter contains a link to the online survey. The Department intended for the Office of Performance Excellence (the name for the Quality Assurance Division during 2012) to track and report on the results of the survey.

Unfortunately, there have only been a very small number of online surveys completed and neither the Office of Performance Excellence nor the Office of Child Permanency were monitoring the process sufficiently to have identified and/or responded to the low survey completion rates in a timely manner. As of May 2013, 37 surveys had been completed online. The Office of Child Permanency has recently met with Regional Administrators to stress the importance of ensuring regional staff mail the letters to all closed resource homes.[403] However, it has not been clear who is responsible for paying attention to the responses and what they are expected to do with them.[404]

The resource parent exit interview is clearly intended as a quality assurance process and it would therefore appear that the Department's Quality Assurance Division should take full responsibility for the design and administration of the survey, for monitoring the responses and compiling the results, for conducting any follow-up interviews, and for providing appropriate analysis and reporting.

In any event, the Department will need to understand why the completion rates for the online survey are so low and will need to fashion a plan for administering these exit surveys effectively. The Department has been more successful in getting responses from current resource parents

[403] That Office has committed to sending a list of closed resource homes to a regional designee monthly. It will be important for the person responsible for sending that list to be sure that the list is limited to people who were actually approved as resource parents and whose homes subsequently closed. The "closed homes" list that the TAC used for the exit surveys that it conducted for the Department also included a large number of persons who began the resource parent approval process (some just having made an inquiry and received materials, others who had taken all or part of a PATH class but then dropped out) but whose cases were "closed" without them ever having been approved.

[404] For those completing the survey who indicate a desire to be personally interviewed, there does not appear to be a protocol in place for ensuring that someone follows up with that person or a protocol for conducting the personal interview.

rather than resource parents who have exited, and from surveys conducted by an external partner rather than by the Department. The Center for Nonprofit Management surveyed existing resource parents and had a higher response rate. In addition the Department annually surveys resource parents at the Foster Parent Conference.[405]

4. Maintaining a Statewide and Regional Support System for Resource Parents; Utilizing Experienced Resource Parents in Recruitment and Retention Efforts

The Settlement Agreement provides that, to the extent possible, DCS is to use existing resource families to recruit and retain new resource families. In addition, DCS is required to maintain a statewide and regional support system for resource families.

a. Support System for Resource Parents

The Department engages in a variety of formal resource parent support activities including: support of and coordination with the Tennessee Foster Adoptive Care Association (TFACA) and the Foster Parent Advocate Program; provision of formal services, such as those offered through the Adoption Support and Preservation (ASAP) program; Resource Parent Support (RPS) workers and inclusion of resource parents in regional and Central Office planning meetings and initiatives. The Department also set up a special hotline to address payment issues during the transition to TFACTS.

However, perhaps the most important supports, from the perspective of resource parents, are those that come from the kinds of interactions they have on a daily basis with the case managers responsible for the children in their care and with the other regional staff with whom they interact. As discussed in previous monitoring reports, the TAC has identified examples of high-quality casework with resource parents in every region, where training, mentoring, day-to-day supports, and case manager responsiveness won praise from resource parents. Nevertheless, the Department recognizes that one of the basic elements of an effective regional support system for resource parents—good communication and support from the case managers serving the children the resource parent is fostering—is not being uniformly delivered.[406]

b. Utilization of Resource Parents in Recruitment and Retention Efforts

The Department has been making a concerted effort to include resource parents in recruitment planning and outreach. Each region was expected to have a resource parent as a part of the team creating the region's annual recruitment and retention plan. Many regions have regularly scheduled meetings, called Quality Practice Teams or Quality Circles, on the topic of recruitment and retention that have resource parents as members. Some regions have included in their

[405] The Department may want to consider regularly asking all resource parents to participate in periodic online surveys while they are serving as resource parents. Not only would this allow the Department to understand and respond to concerns of current resource parents at a time when a response may help retain them, but it might also develop among the resource parents a comfort level and familiarity with online surveys so that those who ultimately do exit might be more likely to complete an exit survey.

[406] As discussed in Section Seven, participation of resource parents in CFTMs is still not at the level one would hope for.

recruitment and retention plans specific action steps related to involving resource parents in recruitment efforts. A Central Office spokesperson recently met with one county's Foster Parent Association, in response to interest expressed by that Association about getting involved in recruitment efforts in their area.

5. Requirement of Respite Services for Resource Parents with Special Needs Children

The Settlement Agreement requires that DCS provide adequate and appropriate respite services on a regional basis to resource parents with special needs children. As discussed in previous monitoring reports, the Department continues to allocate an additional $600 per year (the annual cost of two days of respite care each month) for every resource family to allow those families to purchase respite services. Each resource family receives this additional payment whether they actually use it or not.

In the variety of activities that have involved contacts between TAC monitoring staff and resource parents about issues of concern to resource parents, lack of respite care has not been identified as an area of significant concern.

C. Requirement that Resource Parent Room and Board Rates Meet USDA Standards

The Settlement Agreement requires that all resource parent room and board rates (including rates for DCS resource parents, private provider resource parents, and certified relatives and kin) at a minimum meet USDA (United States Department of Agriculture) standards and are adjusted annually to be no lower than USDA standards for the cost of raising children within this region of the country. As reported in previous monitoring reports, board rates have generally met or exceeded USDA standards.[407]

The Department is presently using the USDA daily cost of living for the ***"lowest income level, urban south"*** as the USDA guideline that resource home board rates must meet or exceed.[408] As discussed in the June 2012 Monitoring Report, the lowest board rates that DCS currently pays its resource parents far exceed the "lowest income level, urban south" and for most age groups meet or exceed the USDA "middle income level, urban south" guideline for 2011.[409] The Department has requested funding to increase resource parent board rates and rates paid to private providers. The TAC intends to conduct another private provider board rate survey for the next monitoring report.[410]

All DCS resource parents, both fully-approved relative homes and non-relative homes, receive the same room and board rates. The present rates are reflected in Table 13.

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[407] The board rates have at least exceeded the daily rates established by USDA for the lowest income level.
[408] Because the Department has also referenced the middle income level in discussions related to resource parent board rates, USDA rates for both the lowest and middle income levels are included in Table 14.
[409] The 2011 USDA report is the most recent available report.
[410] See the June 2012 Monitoring Report for the results of the most recent private provider board rate survey.

Table 17: Resource Parent Board Rates (Effective June 1, 2009)				
	Age	Foster Care	Adoption Assistance	Subsidized Permanent Guardianship
Regular Board Rates	0-11 years	$23.26 per day	$23.21 per day	$23.21 per day
	12 years and older	$27.28 per day	$27.23 per day	$27.23 per day
Special Circumstances	0-11 years	$25.59 per day	$25.54 per day	$25.54 per day
	12 years and older	$30.01 per day	$29.96 per day	$29.96 per day

Source: DCS Intranet Website.

Regular resource home board payments are available for all children in DCS custody or guardianship who are placed in approved homes. Special circumstance rates are designed for children with unique needs.[411] Extraordinary room and board rates (in excess of the special circumstances rate) can also be established on a case-by-case basis if the child's needs are so unique and extensive that they cannot be met at the regular or special circumstance rate.[412]

The following table compares the Department's standard and special circumstance board rates (set forth in the third column) to the USDA guidelines for the daily cost of raising children for the lower and middle income levels for two USDA regional designations: "urban south" and "rural areas" (set forth in the first two columns), excluding expenditures for health care and child care.[413]

[411] According to the policy, the unique needs may be related to a diagnosed medical or mental health condition. They may also apply if a child requires a level of supervision exceeding that of his or her peers or extra care because of physical, emotional, or mental disabilities. Children with special behavioral problems or alcohol and drug issues may also be eligible.
[412] DCS Policy 16.29 Resource Home Board Rates.
[413] Tennessee provides health care and child care as a separate benefit and covers all costs associated with these areas. Therefore, resource parents are not financially responsible for these expenditures.

Table 18: Comparison of USDA Guidelines and DCS Board Rates			
Age of Child	Estimated Daily Expenditures for the "Urban South" Lowest/Middle	Estimated Daily Expenditures for "Rural Areas" Lowest/Middle	DCS Board Rates Regular/Special Circumstances
0 – 2	$15.62/$21.42	$13.53/$18.66	$23.26/$25.59
3 – 5	$16.19/$21.97	$14.14/$19.23	$23.26/$25.59
6 – 8	$17.97/$24.19	$15.84/$21.32	$23.26/$25.59
9 – 11	$18.71/$25.04	$16.52/$22.14	$23.26/$25.59
12 – 14	$19.95/$26.38	$17.70/$23.45	$27.28/$30.01
15 – 17	$20.11/$26.60	$17.84/$23.64	$27.28/$30.01

Source: USDA Center for Nutrition Policy and Promotion's publication: Expenditures on Children by Families and DCS Intranet Website.

The DCS room and board rates exceed the USDA guidelines for the cost of raising children for the lowest income level designated by the guidelines in both the "urban south" and "rural areas," and for all of the age ranges for the middle income level for "rural areas." The rates exceed the USDA guidelines for the middle income level in the "urban south" for some of the age ranges, but are slightly lower for other age ranges.

Department Policy 16.29 requires that private provider agencies must provide board payments to resource families that meet the USDA guidelines and by contract provision, private provider agencies are required to pay their resource families a daily rate that meets the Settlement Agreement provision requirements.

D. Special Provisions Related to Rates, Training, and Private Provider Contracts for Special Needs Children

The Settlement Agreement requires DCS to provide specialized rates for DCS and private provider resource parents providing services to special needs children. The Department is also required to supply (for DCS resource families) and ensure that private providers supply (for their resource families) any specialized training necessary for the care of special needs children placed in their homes. The Settlement Agreement requires that DCS continue to contract with private providers for medically fragile and therapeutic foster care services.

The Department continues to contract with private provider agencies for therapeutic foster care services and medically fragile foster care services. The scope of services for both medically fragile and therapeutic foster care contracts includes a requirement for specialized resource parent training. In addition to the standard trainings required of all resource parents, resource

parents serving as medically fragile or therapeutic resource homes are required to have an additional 15 hours of specialized pre-placement training and the Department has created a list of suggested topics for this training. The Department requires that in the case of a "medically fragile" child, resource parents receive specific training on the individual needs of that specific child. (This "specific child" training can count toward the additional 15 hours of training.) The Department is still developing the process for monitoring the training provided to these resource parents, but continues to make progress toward that goal.

The Department recognizes that providers of therapeutic foster care generally have adopted a specific therapeutic foster care model and provide specialized training to their resource parents in that model. For those agencies, the Department accepts that training as meeting the "specialized training requirements" of the Settlement Agreement and relies on the RHET process and Program Accountability Reviews (PAR) to ensure that the training is being delivered.

At the time that the TAC issued its last monitoring report, the Department was in the process of completing a review of each agency providing therapeutic foster care to ensure that resource parents were receiving appropriate training in the specific therapeutic model adopted by the agency. That review has been completed, and while the Department found that the larger therapeutic foster care providers were receiving appropriate training, there were a number of providers whose specialized training for their therapeutic resource parents did not appear to the Department to be sufficient.

Based on the results of this review, the Department intends to develop minimum standards for the required specialized training for their therapeutic resource families. All providers will be expected to either bring their in-house training up to those minimum standards or arrange for external training for their resource parents that meets those standards.[414]

E. Provision of Resource Parent Training; General Requirement to Complete Training Prior to Child Placement; Exception for Expedited Placement with Relatives/Kin

The Settlement Agreement requires that DCS schedule resource parent training classes, including individual training as needed, every 30 days in every region at times convenient to prospective resource parents.

In general, the Settlement Agreement requires resource parents to complete such training before receiving a child into their home. However, the Department may waive this requirement for relatives and kin and make an expedited placement of a child into a kinship resource home pending the completion of the training and approval process, as long as the Department completes a home visit and local criminal records check (and after doing so concludes that expedited placement is appropriate). Relatives and kin must complete all remaining approval requirements within 150 days of placement.

[414] Under the recent reorganization, it would seem that the Deputy Commissioner for Child Health should play a significant role in the development of these minimum training standards.

1. Availability of Resource Parent Training Classes

The Department uses the Parents as Tender Healers (PATH) curriculum, a nationally recognized curriculum, for pre-service training for resource parents. For PATH training, the Department has contracted with four private agencies to deliver PATH training to prospective resource parents for the 2012-13 fiscal year. The Department is in the process of choosing private providers to deliver PATH for the next fiscal year.

The Department maintains a list of regionally offered resource parent training classes and the training schedules have been available online through the Department's website at http://www.tn.gov/youth/training/rptraining.shtml.

TAC monitoring staff reviewed the online PATH class schedule and found that at least one PATH class was being conducted in each region during each calendar month of 2010 and 2011. According to the fiscal year 2012-13 PATH training calendars, ten of twelve regions had a PATH class beginning every month. The remaining two regions had classes beginning in 11 of the 12 months, with no class beginning in December 2012 because of the holiday season. Both regions offered two classes in January and offered a total of 12 PATH classes during the fiscal year. Convenience of PATH class offerings varies by region. It is much easier for prospective resource parents to find easily accessible PATH training when they live in geographically smaller urban regions than when they live in some of the geographically larger rural regions. The review of the online PATH class schedule did show that in the rural regions, classes were held in different counties and towns throughout the region.[415]

2. Tracking of Compliance with the Approval Process Requirements

In order to ensure that each DCS resource family is receiving the required training, regional resource parent support units are required to review documentation that training has been completed, as a part of the initial approval and reassessment process.[416] According to the Department, corrective action plans are issued and resource homes will not be re-approved

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[415] The Department has confidence in the quality of the regular PATH classes based on the structure of the classes, the quality of the trainers, and the feedback the Department receives on the classes from resource parents. In large part in response to feedback from resource parents, the Department in partnership with the Tennessee Consortium for Child Welfare (TCCW) significantly revised the PATH training as discussed in the June 2012 Monitoring Report.

The Department recognizes those serving as kinship resource parents are in a different position than those resource parents who follow the more deliberate process of first going through training and then having children placed with them. Especially when children are placed with relatives on an expedited basis, the fact that the children are placed in advance of the training creates special needs and special challenges. The Department has therefore modified the PATH curriculum for kinship applicants to include a separate orientation session to address kinship specific needs (such as the need for immediate resources). Also, kinship scenarios are included in the majority of the activities and videos. Based on the experiences of the Department and PATH trainers, the Department is currently exploring additional revisions to PATH training for kinship resource parents, which the TAC anticipates reporting on in its next monitoring report.

[416] As reported in the June 2012 Monitoring Report, the Department previously required annual reassessments of resource homes, but began requiring reassessments every two years effective October 2011, with the approval of the Administration for Children and Families.

without documentation of annual training. As discussed in Subsection B above, Initial PATH training is verified as part of the RHET process for all DCS and private provider homes.

As discussed in previous monitoring reports, in order to ensure that each private provider resource family is receiving the required training, the DCS Licensing Unit and Program Accountability Review (PAR) Team review resource parent files during site visits.[417]

3. Expedited Approval Process for Kinship Resource Homes

The Department's present policy regarding the expedited approval process for relatives conforms to the requirements of the Settlement Agreement.

In the past, there has not been a DCS report that provided accurate data on the extent to which the Department is meeting the 150-day time limit for achieving full approval of an expedited resource home placement. The TAC has conducted and reported on targeted reviews related to this provision in past monitoring reports, and the Department has met this timeline in the majority of cases. Of the 1,097 homes with expedited placements in 2012, 1,054 (96%) were fully approved (or closed) within 150 days.

As discussed in the April 2011 and June 2012 Monitoring Reports, TAC monitoring staff conducted a targeted review in an effort to determine the extent to which the Department is completing the initial home visit and records check required at the time that an expedited placement is initially made. In the fall of 2010, TAC monitoring staff collected documentation on a sample of expedited homes with children placed in them. In 92% (134) of the homes, a home visit by DCS was documented prior to or on the same day as the child's placement date into the home. In 67% (98) of the homes, the dates that background checks were received on all adults listed in the household were prior to or on the same day as the child's placement date into the home. Once the Department is satisfied from its own internal monitoring that the expectations related to conducting and documenting criminal background checks prior to making an expedited placement are being met, the TAC will conduct another review to corroborate that.

The Department has appropriately placed increased emphasis on identifying and engaging relatives and fictive kin as soon as possible, providing those members of the child's extended family with information about the option of becoming a kinship resource family including the supports provided to kinship families and the availability of the expedited approval process for such families. As discussed in Section One of this monitoring report, there has been an increase in the percentage of children placed with kin in recent years as compared to previous years.

F. Maintaining a Diverse Pool of Resource Parents

The Settlement Agreement requires the Department to implement a statewide resource parent recruitment and retention program to ensure that the pool of resource families is proportionate to

[417] See Appendix Q of this report to view the PAR Resource Parent Monitoring Guide and the PAR Annual Report for PBC providers for fiscal year 2011-12.

the race and ethnicity of the children and families for whom DCS provides placement and services.[418]

As discussed in previous monitoring reports (based on data available from TNKids), the Department has been successful in developing a resource parent pool with a racial and ethnic composition that is proportionate to the racial and ethnic composition of the custodial population.

Reporting from TFACTS on the racial and ethnic composition of the current resource parent population and the current *Brian A.* class population is available; however, because field staff have not been as conscientious in entering race/ethnicity data as they should, there are a significant number of resource parents and a significant number of children for whom the race/ethnicity field has been left blank.[419] One approach that the TAC considered was to simply exclude from the analysis all those children and resource parents for whom the race field was blank.

The following table compares the race of resource parents (both DCS and private provider) with the race of the custodial population as of February 2013, excluding those with a blank for race in TFACTS from the percentages.

Table 19: Custody and Resource Parent Race Comparison as of February 2013 (DCS and Private Provider Homes)

Race	Custody	Percentage	Primary Caretaker	Percentage
White	4041	70%	2796	69%
African American	1476	26%	1105	27%
Asian	7	0.1%	6	0.1%
Native Hawaiian/Other Pacific Islander	8	0.1%	3	0.1%
American Indian/Alaska Native	19	0.3%	11	0.3%
Unable to Determine	201	3%	106	3%
Total with Blanks excluded	5752		4027	
Blanks	1077		660	

Source: TFACTS Resource Home Mega Report and *Brian A.* Class Mega Report.

[418] Individual children, however, are to be placed in resource families without regard to race or ethnicity.
[419] Race is not a required field in TFACTS as it was in TNKids, which has contributed to a larger number of blanks in TFACTS reporting than was present in TNKids reporting.

However, rather than simply exclude these cases from the analysis; TAC monitoring staff conducted two targeted reviews, one of a random statistically significant sample of resource parents whose race field was blank and one of class members whose race field was blank in TFACTS, to determine the racial mix of each of those groups. TAC monitoring staff obtained race data by following up with the relevant field staff and private provider staff. Based on those findings, the TAC included in the analysis all those children and resource parents whose TFACTS race fields had been left blank by assigning them to one race group or another according to their proportion in the targeted review. That analysis is reflected in Table 20 below.

Table 20: Race Comparison Projection After Targeted Review of Youth and Resource Parents with a Blank for Race as of February 2013 (DCS and Private Provider Homes)

Race	Custody	Percentage	Primary Caretaker	Percentage
White	4762	70%	3344	71%
African American	1713	25%	1217	26%
Asian	7	0.1%	6	0.1%
Native Hawaiian/Other Pacific Islander	8	0.1%	3	0.1%
American Indian/Alaska Native	19	0.3%	11	0.2%
Unable to Determine	255	4%	106	2.3%
Total	6829		4687	

Source: TFACTS Resource Home Mega Report, *Brian A.* Class Mega Report, and information collected from DCS and provider staff.

The Department continues to have a resource parent pool whose race/ethnicity composition largely corresponds to that of the custodial population.

SECTION TEN: STATEWIDE INFORMATION SYSTEM

The Settlement Agreement (X.A) requires the Department to establish and maintain a statewide computerized information system for all children in DCS custody that is accessible in all regional offices and into which workers shall be able to directly enter data. The statewide computerized information system is to ensure data integrity and user accountability and have the necessary controls to prevent the duplication of data and to reduce the risk of incorrect or invalid data.

The Settlement Agreement (X.B) also requires that the statewide information system include uniform data presentation (including but not limited to Adoption and Foster Care Analysis and Reporting System (AFCARS) elements from DCS for all children in the plaintiff class), be capable of providing system-wide reports, and have necessary security to protect data integrity. This system is to be audited periodically to ensure the accuracy and validity of the data and is to provide an immediately visible "audit trail" to the database administrators of all information entered, added, deleted, or modified.

Finally, the Settlement Agreement (X.C) requires an intensive data cleanup process to ensure the accuracy of all data, including but not limited to data on all individual children in the plaintiff class, in the statewide computerized information system.

As discussed in the TAC's TFACTS Evaluation Report, TFACTS currently meets most of the requirements related to its statewide computerized information system and is taking appropriate steps to meet the remaining requirements within the next few months.

While the Department continues to work to address hardware, server, and internet connectivity issues that have affected the TFACTS experience of workers in the field and to improve the user interface with the system, TFACTS is currently accessible in all regional offices and DCS workers are able to directly enter data into the system. The system requires distinct, identifiable login passwords for each end user based on their assigned functional roles, which allows for accountability for work done in the system. TFACTS provides uniform data presentation that includes all of the federal AFCARS elements and is capable of providing system-wide reports, including AFCARS reporting.

Improvements in the design of the TFACTS case file fields, including the creation of appropriate "guardrails" and refinement of data elements and drop down boxes, as well as improvements in TFACTS training and support for field staff, reduce the risks of data entry error, and a range of regular data cleanup and audit processes are in place to help ensure the accuracy of data.

Two specific requirements, the audit trail and security to ensure data integrity, were identified by the Department as TFACTS deficiencies. The Department has now built audit trail functionality into the redesigned data warehouse and expects to use this as the mechanism for tracking all information entered, added, modified, or deleted. With this addition, the Department expects that every change to data will be recorded in chronological order for auditing by database administrators.

The Department has taken several steps to ensure that the system maintains necessary security, including addressing defects in security profiles that were the result of design defects in the earlier stages of TFACTS implementation. In early 2013, an independent security assessment of TFACTS was conducted in coordination with the State of Tennessee Office of Information Resources (OIR). The assessment produced a number of findings which the Department is actively working to address. All findings which require changes to TFACTS are scheduled for completion by October 1, 2013. There were no "critical" defects or vulnerabilities found during the assessment.

The Division of State Systems (DSS), the division of the Administration of Children and Families responsible for evaluation of statewide automated child welfare systems (SACWIS) for compliance with federal requirements, is conducting a SACWIS Assessment Review of TFACTS. The review includes a week (April 8-12) of on-site interviews with DCS front-line workers, supervisors, managers and private provider agency staff focused on user perspectives and experience; two weeks (May 6-17) of system demonstration to assess functionality and determine to what extent the system meets federal SACWIS requirements; and a site visit to the Shelby region (scheduled for June). The Department does not expect to receive the official written report of the results of the Assessment Review before November of 2013; however, it is DSS practice to have the DSS reviewers provide a summary of their findings to DCS at the "exit interview" held with DCS once the site visits are completed. The Department therefore anticipates that, to the extent that the DSS reviewers have identified aspects of TFACTS that are not SACWIS compliant, the Department will have an indication of that within the next couple of months and can begin to address any non-compliance issues well in advance of receiving the written findings from DSS.

SECTION ELEVEN: QUALITY ASSURANCE

A. Required Establishment of a Quality Assurance Program

The Settlement Agreement (XI.A) requires the Department to create a quality assurance program directed by a quality assurance (QA) division. The QA division is to:

- assure external case file reviews and monitoring;
- assure an internal method for special administrative reviews;
- track, coordinate, and integrate all DCS quality assurance activities; and
- provide attention to the follow-up needed to improve services and outcomes.

Under the reorganization announced on April 15, 2013, a newly designated division (referred to in this report as the Quality Assurance Division), headed by an Assistant Commissioner and reporting directly to the Commissioner, has replaced the Office of Performance Excellence (OPE) as the division with the responsibility for performing the QA functions enumerated in the Settlement Agreement.[420]

Traditionally, the Department has made a concerted effort to involve the TAC and its staff in the design of certain QA activities; and because many of the activities, while providing information that the Department needed for its own internal management purposes, also provided information relevant to external monitoring, TAC monitoring staff often worked collaboratively with DCS staff in targeted reviews and other QA projects. However, over the past two years, the Department's Office of Performance Excellence has been subject to periodic restructuring, changes in leadership, and reassignment and/or turnover in key staff positions. Over the past year, the TAC has become less certain about the Department's vision for its quality assurance division and about its approach to a number of the specific quality assurance responsibilities of the Settlement Agreement.

Based on initial conversations with the Assistant Commissioner of the new Division of Quality Assurance, the TAC is encouraged by the approach that she is taking to understanding and addressing the quality assurance requirements of the Settlement Agreement. Although she is still in the process of examining the functions performed by the predecessor QA Division (OPE), deciding which of those functions fall within the scope of responsibility of the new Quality Assurance Division, and staffing those functions appropriately, the Assistant Commissioner has affirmed her commitment to a renewed focus on continuous quality improvement work in the regions and to building a data-driven culture; and she has already actively engaged the TAC and TAC monitoring staff in that process.

[420] This new division also has responsibilities related to policy development and accreditation.

B. Requirement of Regular Reporting and Specialized Reviews

Pursuant to the Settlement Agreement (XI.B), the QA division is expected to provide regular reports and also to conduct specialized case record reviews on issues relevant to the Settlement Agreement and other issues affecting the care of children.

The major review and reporting effort of the QA Division is the Quality Service Reviews, and the QA Division has continued to do that QSR reporting and analysis throughout 2012 (including completing the annual analysis and reporting of results from the 2011-12 reviews).

During 2012, the Office of Performance Excellence also conducted quarterly "Documentation of Quality Visitation Reviews" as well as quantitative and qualitative reviews of incident reporting, and has also assisted the Division of Safety when it fell behind in the review of child fatalities.

C. Staffing of the Quality Assurance Division

The Settlement Agreement (XI.C) requires that the QA Division be adequately staffed and that staff receive special training to fulfill its responsibilities.

As discussed in the June 2012 Monitoring Report, the Department had significantly increased the positions allocated to the predecessor QA Division (the Office of Performance Excellence), and most notably creating the CQI unit, by adding 15 CQI coordinators, distributed among the 12 regions, supported by a CQI Unit director and two assistant directors. The recent reorganization has largely left the staff of that CQI unit intact, with 22 of the 23 positions presently filled.

Because many of those CQI unit staff have served as reviewers and/or coordinators for the QSR process, the TAC and TAC monitoring staff have had an opportunity to interact with many of them and have been impressed by the depth of their experience and the quality of their work. Most have had QSR training and many serve as QSR coaches; many have been trained in the LEAN process[421] and have experience as LEAN process facilitators; and each has received some specialized training relevant to their particular CQI role.

The TAC expects that the new Assistant Commissioner will be reviewing the work of the CQI unit over the coming months to ensure that the unit is sufficiently staffed to carry out the various QA activities required of them and that they continue to be provided specialized training to help them meet their responsibilities.

D. Requirement of Annual Case File Review

The Settlement Agreement (XI.D) requires that, at a minimum, the QA Division, once every 12

[421] The LEAN process is used throughout the agency to improve overall service delivery and customer satisfaction. "Lean events" (or "kaizan" events as they are sometimes called) refer to a CQI approach that involves convening a cross functional team for a short term effort to quickly improve a process, primarily by identifying and eliminating waste or inefficiency in the process.

months, review a statistically significant number of cases from each region. These case file reviews are required to include interviews and an independent assessment of the status of children in the plaintiff class. As part of this annual review, the Quality Assurance Division, Central Office, and other designated staff are required to develop a measure of appropriate and professional decision making concerning the care, protection, supervision, planning and provision of services and permanency for children in the class. This measure is to be utilized in conjunction with the case file reviews to measure the Department's performance.

As discussed in previous monitoring reports, the Quality Service Review (QSR) serves as the annual review required by this provision. The QSR had been conducted by the Department in collaboration with the Tennessee Commission on Children and Youth (TCCY) and the Tennessee Consortium for Child Welfare (TCCW). The Department terminated its QSR partnership with TCCY and TCCW after the conclusion of the 2011-12 annual review.

The Department remains committed to ensuring that a significant number of reviews are conducted by external reviewers; however, the Department's view of the purposes of involving external reviewers is somewhat different than what had driven the past partnership with TCCY and TCCW. While TCCY and TCCW provided reviewers who were not employed by DCS, and while many of those reviewers had prior experience with child welfare practice, they were not drawn from "stakeholder groups"—private provider agency staff, therapists, educators, resource parents, advocates, court staff and others who interact with the Department and the children and family it serves on a regular basis—and therefore bring a current, but different, perspective than that of DCS staff. By involving representatives from these groups as reviewers, the Department not only expects to get the benefit of an external perspective on their work, but hopes to be able to build a better understanding with its partners of the Department's practice model and thus strengthen the quality of the work that these partners do with the children and families that the Department serves.

Toward that end, the QSR leadership team asked each region to include at least six external partners in their 2012-13 review week.[422] The number of partners that regions were able to include varied. The regions had as few as three and as many as twelve external reviewers.[423] Of the 199 shadow reviewers in the 2012-13 reviews, 75 (38%) were external partners.[424] While several of these partners have expressed an interest in becoming lead reviewers and regular participants in the QSR process, the Department recognizes that it has work to do to build the external reviewer pool that it has envisioned.

[422] Each 2012-13 QSR is a four-day regional process. There are approximately 24 cases reviewed over those four days, 12 in the first two days, and 12 in the second two days, with time built into each review for technical assistance with scoring, and debriefing with regional staff.

[423] The regional breakdown of external partners is as follows: Four regions had between eight and twelve, another four regions had either five or six, and the remaining four regions had either three or four.

[424] External partners include juvenile court staff, private provider agency staff, community partners and service providers, foster care review board (FCRB) members, court appointed special advocates (CASA), and resource parents. A member of the Children's Rights staff also recently served as a shadow reviewer.

While all of the lead reviewers[425] and many of the shadow reviewers[426] this year have been DCS staff, there is no indication that the reviews are any less rigorous or the scoring any more charitable. In fact there is some anecdotal evidence that the rating standard may be less generous than it has been in past years.

Following each regional review, the CQI coordinators, and in some cases, members of the QSR leadership team (that includes the Director of the CQI Unit, the Director of QSR, and other CQI staff with leadership roles in the QSR process) have been working with the regions to explore their QSR results and design practice improvement strategies from needs highlighted in the QSR. Many of the regions have identified particular system performance indicators (Engagement, Ongoing Assessment Process, and Child and Family Planning Process, for example) to focus on, and have created new trainings to reinforce understanding and practice. Several regions have targeted the strengthening of supervisory and mentoring skills, many have incorporated lessons learned from QSR into work with partners, and most are working to address both systemic challenges (legal barriers, for example) and challenges identified in individual cases. All of the regions recognize the importance of using the QSR results to guide and inform ongoing quality improvement work.

This is the first review cycle of the Department's revised approach to QSR. A TAC consultant with special expertise in QSR and a long history of involvement in Tennessee's QSR process provided technical assistance to support the Department's efforts to improve the QSR protocol and to refine the random case selection process. The consultant has had the opportunity to observe one week of reviews in December 2012 and a second week of reviews in April 2013. TAC monitoring staff and a TAC member have also participated in the new QSR process, shadowing DCS reviewers, and participating in the group debriefing sessions conducted as part of those reviews. In addition, the Department has contracted with the Vanderbilt Center of Excellence (COE) to evaluate the QSR process and Vanderbilt COE staff have been observing reviews and gathering data over the course of the year as part of that evaluation.

The QA Division has convened a group to review the first year of experience with this revised QSR process and make appropriate modifications for the 2013-14 review. That group includes the TAC's QSR consultant as well as members of the Vanderbilt evaluation team.

The TAC is especially interested in how the QSR results are being used to develop and implement practice improvement strategies and in seeing whether next year's QSR results reflect improvement in those targeted areas.

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[425] Of the 282 lead reviewers in the 2012-13 reviews, 130 (46%) were CQI staff, 117 (41%) were staff from another region, 24 (9%) were Central Office staff, and 11 (4%) were staff from the Training Division.

[426] Of the 199 shadows in the 2012-13 reviews, 85 (43%) were staff from another region, and of those 74, 19 (10%) were "developing leads" (training to become lead reviewers). Fifteen (8%) of the shadows were Central Office staff, 16 (8%) were CQI staff, four (2%) were staff from the Training Division, three (2%) were interns, and one (1%) was a CANS consultant (staff who assist the Department in utilizing the Child and Adolescent Needs Assessment tool). The other 75 (38%) were external partners, as mentioned above.

E. Special Requirements Related to Designated Categories of Cases

The Settlement Agreement (XI.E) provides that the QA division, utilizing aggregate data and case reviews as appropriate, is responsible for tracking, reporting and ensuring that appropriate action is taken with respect to nine specific categories of cases.

As discussed in the June 2012 Monitoring Report, the Department leadership had intended that the Office of Performance Excellence review and report on each of these nine categories during the course of each year.[427] In that discussion the TAC noted that "once issues related to the organization of and responsibilities within OPE are clarified, it will be important to have conversations with whoever the appropriate CQI staff are about how they are approaching the XI.E oversight responsibilities." For a variety of reasons, those conversations did not occur during 2012. However, since the reorganization, the Assistant Commissioner of the new QA Division has designated staff to work collaboratively with the TAC monitoring staff to develop the QA division approach to meeting the XI.E oversight responsibilities.

1. Children who have experienced three different placements, excluding a return home, within the preceding 12 months.

As discussed in previous monitoring reports, the Department has utilized a very sophisticated analysis of aggregate data compiled by Chapin Hall to both understand issues related to placement stability and to develop, implement, and track the impact of strategies to improve placement stability.[428]

2. All cases in which a child has been in more than two shelters or other emergency or temporary placements within the past 12 months, and all cases in which a child has been in a shelter or other emergency or temporary placement for more than 30 days.

In past years, the Department division with QA responsibility, utilizing TNKids reporting, tracked and analyzed aggregate data related to emergency or temporary placements and followed up with regions that appeared to have larger numbers of children experiencing placements in excess of these limits. In addition, for a period of time, discussion of emergency or temporary placements exceeding 30 days was included in the weekly Utilization Reviews of children placed

[427] The Department is developing, in consultation with the TAC, a prioritized schedule for review and reporting activities, appropriately taking into account, among other things, the Department's historical performance related to each of these nine categories of cases, the effectiveness of other review processes that some categories or sub-categories of these cases are already subject to, and the current availability of relevant TFACTS data. Most of the XI.E oversight functions are related to other provisions of the Settlement Agreement. For some of those provisions (and some of the XI.E functions), there are processes already in place that the QA Division could rely on for the data necessary to meet its responsibility under the Settlement Agreement; for others, the QA staff need to generate data themselves through case file reviews.

[428] The Department, with the help of the Vanderbilt Center of Excellence and utilizing data and analysis from Chapin Hall, had begun a "resource mapping process" that included a specific focus on improving placement stability through improvements in assessment and placement supports. However, because of other priorities, progress on this work has been limited.

in congregate care facilities. Because few problems were identified during this period, UR review of emergency and temporary placements that exceed 30 days was discontinued and monitoring and follow-up responsibility for these cases assigned to the Child Placement and Private Providers (CPPP) Unit.

The Network Development Division, containing the unit formerly referred to as CPPP, continues to monitor the cases of youth placed in emergency/temporary placements for 30 days or more, and the Department has been relying on this process to ensure "that appropriate action is being taken" with respect to this group of cases. Utilizing a combination of the Mega Report and private provider "census" reports, Network Development identifies children in Primary Treatment Center (PTC) placements approaching or over 30 days and works with the regions to find placements for these children, if needed.

Those cases that come to the attention of Network Development appear to receive conscientious review focused on responding appropriately to the placement needs of the individual children. In addition, the experience of the Network Development staff involved with these cases provides a good source of information for understanding the factors that contribute to children exceeding the 30-day limit (and, to the extent that these children are also among those experiencing multiple placements, information relevant to understanding the situations of children who experience multiple placements).

Reports from TFACTS identifying both children who have experienced multiple emergency or temporary placements within a 12-month period and children who have been in such placements for more than 30 days are being generated monthly; however there are discrepancies among the various data sources that purport to identify children who have been in temporary/emergency placements for more than 30 days. A targeted review done for the June 2012 Monitoring Report revealed that there were cases that appeared on the TFACTS report that were not on the Department's tracking reports, as well as cases on the tracking reports that were not on the TFACTS report.

As discussed in Section Six of this report, TAC monitoring staff completed another targeted review of placements that exceeded 30 days in the last quarter of 2012.[429] Six children were identified by the TFACTS reports for PTC placement over 30 days during that period. All six of those children appeared on the Network Development Division's tracking sheet (generated from the census and Mega Reports for the comparable period) for their follow-up.[430] However, there were an additional 19 class members identified by Network Development from their reporting sources, whose placement went over 30 days during the last quarter of 2012, but who did not appear in the TFACTS report for the comparable period. Five of the 25 children identified by Network Development had a Placement Exception Request reported to Central Office by the region for a PTC placement exceeding 30 days in 2012.[431] Further work will need to be done in

[429] The report therefore involved placements made during September, October, or November of 2012.

[430] Because the "census" reports and the Mega Reports are updated weekly, those reports allow CPPP to more quickly identify children whose placement is approaching or has exceeded the 30-day limit. (The TFACTS report is a "look back" run during the first week of the month, reporting on the placements for the previous month. A child whose temporary placement exceeded 30 days on the first day of the month would therefore not be identified by the TFACTS report until more than a month later.)

[431] See Section Six beginning at page 191 for information about Placement Exception Requests.

order for the Department to be certain that all of the cases are being identified for reporting and follow-up. The TAC is working with DCS Office of Information Systems (OIS) staff to try to understand and address the discrepancies.

Assuming that accurate data can be generated and used by Network Development to review and respond to all of the emergency and temporary placements that exceed the permissible limits, the information available to the QA Division from these activities should be sufficient to ensure that appropriate action is being taken with respect to this category of cases.[432]

3. Children with a permanency goal of return home that has remained in effect for more than 24 months.

Children in this category also fall into one of three groups discussed in Section Eight of this monitoring report: children in care for 15 months or more for whom TPR has not been filed; children for whom TPR has been filed, but for whom full guardianship has not yet been achieved; and, in a few cases, children in full guardianship who have not yet achieved permanency and for whom biological family are being considered as potential permanency options.[433]

The rigor of the monthly reviews with each region (discussed beginning on page 263 above) convened by the Deputy Commissioner and Deputy General Counsel to review all cases of children who have been in care for 15 months or more (originally focused on those for whom TPR has not been filed, but now encompassing all children in care for more than 15 months) provides a reasonable assurance that appropriate action is being taken with respect to the subset of those children for whom the permanency goal of return home has remained in effect for more than 24 months.[434] (And with respect to those few cases in which a child in full guardianship nevertheless has a permanency goal of return to the parent whose rights had been terminated, the FOCUS process provides another layer of case oversight to ensure that appropriate action is being taken.)

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[432] Currently the review does not explicitly focus on children who have experienced multiple emergency or temporary placements; however, it appears that there is some overlap between that group of children and those who experience stays in excess of 30 days.

[433] Figures 108 and 109 include a breakdown of those children who have been in care for more than two years without TPR being filed, irrespective of whether they have a sole or concurrent goal of reunification.

[434] As discussed in Section Eight, these Central Office driven reviews had been discontinued in 2011 with the change in administration, but were resumed in 2012. While there is reason to believe that the discontinuation of the reviews had some adverse affects on some groups of children, no significant adverse affect was identified by the targeted review conducted in 2011 collaboratively by DCS quality assurance staff and TAC monitoring staff of children with goals of reunification for 24 months or more for whom TPR had not yet been filed to determine the extent to which those cases were being appropriately handled. Of the 85 cases reviewed, 75 involved children who had a sole or concurrent goal of return to parent that had remained in effect for more than 24 months. The reviewer rated overall practice as "clearly acceptable" in 65 of these cases and "marginally acceptable" in the remaining 10.

4. Children who have returned home and reentered care more than twice and have a permanency goal to return to that home.

As discussed in previous monitoring reports, there are very few children who fall into this category within any given year and periodic targeted reviews of these cases provide sufficient information to ensure that appropriate action is being taken with respect to this category of cases. The Department has collaborated with TAC monitoring staff in the past to conduct these targeted reviews. In order to conduct the targeted review again, a report must be run from TFACTS to identify any class member with three or more custody episodes and then those cases must be reviewed to determine whether the goal is to return the child to the same home from which the child had been removed. TFACTS has the capacity to generate a list of class members with three or more custody episodes and TAC monitoring staff had anticipated working with OPE staff to identify an appropriate time for conducting the next review. However, for a variety of reasons, this review was not considered a priority.

5. Children with a sole permanency goal of adoption for more than 12 months for whom a petition to terminate parental rights has not been filed.

As discussed in previous monitoring reports, there have been very few children who fall into this category, and periodic reviews of those cases suggest that the processes discussed in Section Eight of this report (with respect to children who have been in care for 15 months or more for whom TPR has not been filed) are ensuring that appropriate action is being taken with respect to this category of cases.

TAC monitoring staff conducted its most recent review using the November 29, 2012 Mega Report. Consistent with past experience, there were only two class members for whom adoption had been the sole goal for twelve months or more, but for whom there was no TPR activity.[435]

- One youth (age 15) had been placed in the same resource home since July 2011 and refuses to be adopted by anyone other than her current resource parents, who are unwilling to adopt. A TPR referral had been submitted to the DCS legal division, but the petition had not been filed because the youth would have to agree to the adoption. Adoption counseling had been incorporated into the youth's individual counseling to help address the youth's concerns about moving on and being adopted by another family. The Department is trying to reestablish contact with the youth's maternal grandmother to determine whether her circumstances might have changed and she could potentially be a placement resource. The youth's team scheduled a CFTM to explore the youth's permanency options, including consideration of PPLA if there are no other permanency options for the child.

[435] TPR activity is defined as the filing of a petition to terminate parental rights, voluntary surrender, or waiver of interest. To determine the length of time that the goal of adoption had been the sole goal, TAC monitoring staff reviewed the individual case files of all 110 children on the Mega Report for whom adoption was the sole goal and for whom there had been no TPR activity.

- One child (age 12) had been in custody for 14 months at the time of the review and was placed in a residential facility that serves children with intellectual disabilities. The child's mother is deceased. The Department is seeking to obtain full guardianship, and is attempting to resolve some legal issues related to the child's father, who maintains that he has already executed a surrender of his parental rights in another state.

The CQI unit has recently conducted its own review using a recent Mega Report and reports similar findings.

6. Children with a sole permanency goal of adoption for more than one year who have not been placed in an adoptive home.

As discussed in previous monitoring reports, the large majority of children who have had a sole goal of adoption for more than one year are in full guardianship and the QA Division can reasonably rely on the FOCUS process (and periodic QA review of that process) to ensure that appropriate action is being taken with respect to any of those children in full guardianship with sole goals of adoption who have not been placed in an adoptive home.

With respect to those children with a sole permanency goal of adoption for more than one year who are not in full guardianship, but for whom TPR has been filed, if the child is not already in a home that has expressed an interest in adopting, once full guardianship is achieved, the FOCUS process should address that issue.

With respect to those children with a sole permanency goal of adoption for more than one year for whom TPR has not been filed, the review processes described in Section Eight and referred to in Subsection E.3 above and Subsection E.9 below with respect to children in custody for 15 months or more without TPR filed are sufficient to ensure that appropriate actions are being taken in this small subset of this category of cases.

7. Children in custody more than 60 days who do not have a permanency plan.

As discussed in previous monitoring reports, the Department has generally relied on a "data cleanup" process to identify children falling into this category and to ensure that appropriate action is taken with respect to these cases. Similar to the practice under TNKids, a data quality specialist uses the Mega Report to identify the children falling into this category, and provides that list to the regional cleaning coordinators with a "due date" for correcting the case records in TFACTS (for those cases for which a permanency plan had been created but not yet entered into TFACTS). Once the due date has passed, the data quality specialist then looks at those cases again and creates a report that details the number and percentage of cases that have been cleaned. The Department has not yet resumed the post-cleaning follow-up to better understand and respond to delays in the development of permanency plans that had been the practice under TNKids.

8. Children for whom the permanency goal has not been updated for more than 12 months.

As discussed in previous monitoring reports, the Department has generally relied on a "data cleanup" process to identify children falling into this category and to ensure that appropriate action is taken with respect to these cases. Similar to the practice under TNKids, a data quality specialist uses the Mega Report to identify the children falling into this category, and provides that list to the regional cleaning coordinators with a "due date" for correcting the case records in TFACTS (for those cases for which a permanency plan had been updated but not yet entered into TFACTS). Once the due date has passed, the data quality specialist then looks at those cases again and creates a report that details the number and percentage of cases that have been cleaned. The Department has not yet resumed the post-cleaning follow-up to better understand and respond to delays in the updating of permanency plans that had been the practice under TNKids.

9. Children who have been in custody for 15 months or more with no TPR petition filed.

As discussed in Subsection 3 above, the Department has resumed the rigorous monthly reviews with each region convened by the Deputy Commissioner and Deputy General Counsel to review all cases of children who have been in care for more than 15 months for whom TPR has not been filed. These reviews provide a reasonable assurance that appropriate action is being taken.

F. Implementation of Racial Disparity Report Recommendations

The Settlement Agreement (XI.F) requires that DCS continue its implementation of the recommendations in the Racial Disparity Report set forth in the plan approved by the Court on August 19, 2004.

The recommendations of the report focused primarily on three areas—data analysis and reporting, resource family and relative caregiver recruitment and support, and workforce development. The November 2010 Monitoring Report discussed the variety of activities undertaken by the Department in response to the recommendations. The Department has substantially implemented those recommendations and for those recommendations that contemplate ongoing activities, the Department continues to demonstrate an appropriate "maintenance of effort."

The Department continues to include race and ethnicity in its data analysis and reporting[436], regional resource home recruitment plans continue to emphasize kinship resource home recruitment and support and routinely seek to ensure a racially and ethnically diverse resource parent pool that reflects the diversity of children in need of resource families, and the Department continues to require cultural competency training for staff.

[436] However, as discussed in Section Nine, there appears to be a lack of attentiveness to data entry in the race/ethnicity fields of TFACTS, both for children and for resource parents, resulting in the fields being left blank in a significant number of cases.

The Department has been working over the years with Chapin Hall at the University of Chicago both to better understand the factors that might contribute to racial and ethnic disparities in Tennessee's foster care system and to identify possible strategies to address those disparities. In December 2006, Chapin Hall completed an analysis of race and ethnicity data related to entry into and exit from foster care. (The findings and recommendations from that research are summarized in their published report, *Entry and Exit Disparities in the Tennessee Foster Care System*, which was reproduced as Appendix A to the January 2007 Monitoring Report).

The research that Chapin Hall is now doing for the Department is focused on isolating disparities and relating variation in disparities to the underlying social context. Utilizing census data variables that are available at the census tract level—data such as child poverty rates, unemployment, education levels, single-mother households, racial composition of the neighborhoods in which children live—the research examines whether children living in similar situations have similar interactions with the child welfare system. By understanding how the social context in which families live relates to the child welfare system disparities observed, the Department can be more strategic in targeting areas where, after controlling for social context, racial and ethnic disparities are the greatest. In addition, the information related to social context can more broadly be used to make investments and target resources to communities with particular attributes that are associated with higher levels of abuse or neglect.

G. Status of Present Class Members Who Entered DCS Custody Prior to October 1, 1998

The Settlement Agreement (XI.G) requires that the TAC continue to report on the status of all foster children in DCS custody who entered DCS custody prior to October 1, 1998. The April 2011 Monitoring Report provided a status update on the one remaining child in that group. Since that time the youth has aged out of foster care and is now receiving adult supportive services from the Department of Intellectual and Developmental Disabilities (DIDD). The resource parents who have cared for her since she entered custody in 1995 when she was five days old and adopted two of her older siblings, are her DIDD resource parents as well.

SECTION TWELVE: SUPERVISION OF PRIVATE PROVIDER AGENCIES

At any given time during 2012, approximately 40% of *Brian A.* class members were placed with private providers.[437] Many of the children served in private provider placements are identified as needing a higher level of support and supervision (Level II or higher) than those children served in DCS managed placements (primarily Level I). They live in the homes of resource parents who are supervised and supported by private providers or in congregate care settings run by those providers. The services they and their families receive are organized by and in many cases delivered directly by the private providers. Achieving the goals set out in the Settlement Agreement therefore requires not only high-quality work by DCS, but also high-quality work by private providers. For this reason, the Settlement Agreement includes a number of specific requirements, reviewed in this section, concerning the Department's oversight of private providers, including the Department's licensing, evaluation, and contracting functions.

A. Requirement of Performance Based Contracting

The Settlement Agreement requires that all DCS contracts for placements and services with private provider agencies be "*pursuant to annual performance-based contracts issued by DCS.*" (XII.A)

As discussed in detail in previous monitoring reports, the Department, with ongoing assistance from Chapin Hall at the University of Chicago, has implemented Performance Based Contracting (PBC) covering every private provider that contracts with DCS for placements.

Private providers are measured on performance related to three main standards: reduction in the number of care days, increase in the number of permanent exits, and reduction in reentries. Those whose performance exceeds contract expectations receive "reinvestment dollars" and those whose performance falls short of expectations are assessed penalties.[438]

B. Licensing Requirements and Professional Standards

The Settlement Agreement (XII.B) requires that the Department:

[437] The percentage of class members served as of the last Mega Report of each month in 2012 ranged between 40% and 44%.

[438] The PBC goal for providers has been to reduce care days and increase permanent exits by 10% relative to their agency baseline. For the 2009-10 contract year, 18 private providers earned $5,398,221.15 in reinvestment dollars and five private providers were assessed penalties totaling $529,589.61. An additional five private providers would have been assessed penalties, had they not been in their "no-risk" period, totaling $277,051. For the 2010-11 contract year, 27 private providers earned $5,037,847.56 in reinvestment dollars and three private providers were assessed penalties totaling $154,344.70. For the 2011-12 contract year, 19 private providers earned $3,871,650.43 in reinvestment dollars and nine private providers were assessed penalties totaling $2,703,578.06.

- Contract only with those agencies that meet the provisions of the Settlement Agreement that specifically apply to those agencies and that meet state standards governing the operation of child care facilities;[439] and

- not contract with any agency that has not been licensed by the State to provide placements for children in the plaintiff class.

The Department's *Private Provider Manual* requires that private provider agencies adhere to the applicable mandates set forth in the *Brian A.* Settlement Agreement. All private providers that the Department contracts with for the placement of children in the plaintiff class are licensed by DCS, by the Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS), and/or by the Department of Intellectual and Developmental Disabilities (DIDD).

For fiscal year 2010-11, the Department had residential contracts with 30 private providers and for fiscal year 2011-12, the Department had residential contracts with 28 private providers.[440] For fiscal year 2012-13, the Department has residential contracts with 29 private providers. Many of these private providers have multiple licenses for separate programs.[441]

Of the 29 private providers with whom the Department has residential contracts, the Department licenses all 21 private providers that provide foster care services (operate resource homes) for the Department. In addition for fiscal year 2012-13, there are 15 providers that have at least one license from DCS to operate a group care facility, 14 providers that have at least one license from DMHSAS to operate a group care facility or subcontract with a facility with a license from DMHSAS; and three providers that have at least one license from DIDD to operate a group care facility. Many of these facilities are operated by private providers that have a license from both DCS and another Department.

The DCS Licensing Division is responsible for ensuring that every private provider that is licensed by the Department of Children's Services has a current license. If the Licensing Division suspends, revokes, or fails to renew the license of a provider, the Licensing Division immediately brings this to the attention of both staff from the Quality Assurance Division and the Network Development Division (formerly Child Placement and Private Providers, CPPP).

The Department of Children's Services is currently coordinating with the Licensing Division of DMHSAS pursuant to a Memorandum of Understanding outlining basic protocols for interdepartmental notification and information sharing. Protocols within the Memorandum of Understanding address such matters as the sharing of reports generated from licensing or contract monitoring functions, notifications of changes in licensing status, suspension of admissions, and termination of contracts. The Department has improved communication and

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[439] These state standards are to reflect reasonable professional standards.

[440] The term "residential contracts" refers to the contracts for placement and accompanying services. For purposes of *Brian A.* reporting, residential contracts for detention are excluded from this analysis; however, it is possible that some private providers that serve only juvenile justice children are included among the 29 agencies with residential contracts. The Department also contracts for a variety of non-residential services, including contracts for in-home and family preservation services, legal services, and child abuse prevention services.

[441] For example, a large private provider that provides therapeutic foster care services but also operates residential treatment facilities would obtain separate licenses for each program.

coordination with DMHSAS, and at times DCS and DMHSAS staff have conducted site visits together. DIDD began issuing licenses effective January 2013 and the Department is working with DIDD to develop the process for coordination with this new licensing body.

The DCS Licensing Division coordinates internally with the DCS Contracts Management Unit to ensure that any private providers that contract or apply to contract with the Department are appropriately licensed and that their licensure is in good standing. As discussed in previous monitoring reports, the Department had been maintaining a spreadsheet tracking the licensure status of all private providers for each of their programs. That practice was discontinued during 2012; however, the current administration has recently reinstituted the spreadsheet and is committed to making sure that it is complete and up-to-date.

C. Non-Discrimination Requirement

The Settlement Agreement (XII.C) requires that DCS not contract with (and shall immediately cease contracting with) any program or private provider that gives placement preference by race, ethnicity, or religion. The Department has incorporated this non-discrimination requirement into its policies related to contract agencies and there are provisions in the private provider contract that prohibit private providers from giving placement preferences based on race, ethnicity, or religion.

D. Requirement to Accept Children for Placement

The Settlement Agreement (XII.D) requires that any agency or program contracting with DCS be prohibited from refusing to accept a child referred by DCS as appropriate for the particular placement or program. The Department has incorporated this requirement into its policies related to contract agencies and there are provisions in the private provider contract that prohibit private providers contracting with DCS from refusing to accept a child referred by DCS as appropriate for the particular placement or program.[442]

E. Inspections and Monitoring of Contract Agency Placements

The Settlement Agreement (XII.E) requires that:

[442] The Department does not have a formal structure for identifying situations in which a private provider refuses to accept a child whom DCS deems is appropriate or for determining whether the refusal is contrary to the policy and contract requirement. In general, the Department enjoys a good working relationship with the private providers with whom it contracts for placements. Private providers that appear to be reluctant to accept children that DCS has deemed as appropriate for placement with that provider or are frequently unavailable when the Department is looking for an appropriate placement for a child are likely to be identified and those issues addressed in annual agency reviews.

- all contract agencies providing placements for children in the plaintiff class be inspected annually by DCS oversight staff in an unannounced visit;[443]

- DCS determine in a written report whether the agency complies with state licensing standards; and

- the DCS Licensing Unit collaborate with the DCS Quality Assurance Unit and the Central Office Resource Management Unit to determine agency compliance with the terms of this Settlement Agreement.

The Settlement Agreement also requires that DCS maintain sufficient staff to allow for appropriate monitoring and oversight of private providers.

1. PAR and Licensing Unit Reviews

The Program Accountability Review (PAR) Unit and the Licensing Unit are responsible for these oversight responsibilities.

The Licensing Unit reviews a sample of files for compliance with licensing standards, and the PAR Unit reviews a sample of files for compliance with contract requirements and requirements outlined in the *Private Provider Manual*.[444] Each Licensing and PAR review is documented in a written report that is provided to the private provider, a member of the Network Development Division, the Quality Assurance Division, the TAC Monitoring Office, the appropriate regional administrators, identified DCS program stakeholders, and subject matter experts.

With respect to the requirement of "unannounced visits," the Licensing Division is responsible for conducting at least one unannounced visit annually to each program licensed by DCS. These unannounced visits are in addition to annual scheduled or announced visits conducted by the Licensing Division. The Program Accountability Review (PAR) team is responsible for conducting at least one unannounced visit annually to those residential programs serving DCS children that are licensed by Departments other than DCS.[445]

The Department acknowledges that it was not until fiscal year 2009-10 that it began to focus on ensuring unannounced annual visits to both DCS and DMHSAS licensed facilities and to clarify responsibilities for those visits. The Department believes that each congregate care facility serving DCS children was the subject of an unannounced DCS inspection during both the 2010-11 and the 2011-12 fiscal years and that each inspection should have been documented by a report. However, notwithstanding conversations with DCS leadership during the course of the

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[443] The Department of Children's Services is also required by Tennessee Code Annotated 37-5-513 to conduct inspections "at regular intervals, without previous notice" of all programs licensed by DCS.

[444] While the policy dictating PAR review requirements mandates reviews once every three years, PAR conducts a review on many of its private providers annually and all within the three-year cycle. PAR has developed a plan to allow private providers a year off from PAR reviews during their accreditation year.

[445] Annual licensing visits are also conducted by DMHSA. DMHSA is required by Tennessee Code Annotated 33-2-413 "to make at least one unannounced…inspection of each licensed service or facility yearly." DMHSA coordinates with the Department regarding the private providers that it licenses through reports and correspondence.

monitoring period, the Department does not yet appear to have a process for tracking and documenting these visits and has not provided the TAC with sufficient information to allow the TAC to verify at this point that the Department is meeting this requirement of the Settlement Agreement. The new Risk Management Division (which includes both PAR and Licensing) is reviewing the Department's approach to ensuring that annual unannounced visits are occurring as required and are appropriately tracked and documented.

2. Provider Scorecard

As discussed in greater detail in previous monitoring reports, the Department, in consultation with private providers (and at times with the TAC), has developed various versions of what it refers to as the Provider Scorecard. The purpose of the Provider Scorecard, as the Department had envisioned it, is to communicate an overall assessment of the quality of each private provider's work, consolidating various measurements related to provider performance, and emphasizing the areas of measurement that represent DCS priorities for system improvement. With changes in administration and leadership in the Quality Assurance Division, the Provider Scorecard has changed in both the number and content of the measures captured on the scorecard, as well as the intention and purpose for the scorecard. The new administration is currently assessing their plans for the Provider Scorecard going forward and has sought to reengage the TAC in these discussions.

3. Coordination of Provider Monitoring Within the Department

While the DCS Licensing and PAR Divisions have specific responsibilities related to monitoring and oversight of the private providers, there are a variety of other staff from other units and divisions of DCS whose responsibilities include aspects of private provider monitoring. The Network Development Division (formerly Child Placement and Private Providers, which was often referred to as CPPP) has primary responsibility for communication with private providers and manages the Performance Based Contracting initiative. The Contracts Management Unit in the Finance and Budget Division is responsible for issuing and maintaining contracts. And the Special Investigations Unit (discussed in Section Three of this report) in the Office of Child Safety has responsibility for investigating allegations of abuse and neglect that take place in private provider operated placements. Over the past couple of years, the progress toward improved communication and coordination among these units, which had been led by the Quality Assurance Division, had stalled. It appears that the new administration embraces the kind of improved coordination and integration of private provider oversight activities that had been the Department's earlier vision and the new Quality Assurance Division is presently engaged in discussions in that regard.

F. Avoiding Conflict of Interest in Placement Process

The Settlement Agreement (XII.F) prohibits the Department from contracting with any agency for which an owner or board member holds any other position that may influence placements

provided to children in the plaintiff class (including judges, referees, and other court officers) and requires that all contracts and contract renewals contain this policy as a binding term of the contract.

Department policy is consistent with these provisions and each contract signed by a private provider includes language confirming the private provider's compliance with these provisions. Beginning with the 2009-10 contract year, the Department has required each private provider to file annually with the Department a current list of board members and owners (and to update that list during the year if new board members or owners are added) and to also file, from each such person, an individual conflict of interest statement attesting to compliance with the conflict of interest provision.

The Department has clarified its expectations with private providers and the process in place for receiving and reviewing the required documentation is well-designed to ensure that private providers (and their owners and board members) understand and are meeting the requirements of this provision. TAC monitoring staff have reviewed the documentation for contract year 2012-13 maintained by the DCS staff person responsible for the process and have been impressed by her attention to detail. Based on this staff person's experience with the review of conflict of interest statements this year, the Department now requires that any lawyers who serve on boards provide additional information related to their practice and that any judges who serve on boards provide additional information related to the jurisdiction of their court and the cases over which they preside.[446]

[446] Through just such supplemental information, the Department identified one board member this year who believed in good faith that there was no conflict of interest in his serving on a particular contract agency board, but who, once the Department explained the strictness of the conflict of interest requirement, agreed to resign his board position.

SECTION THIRTEEN: FINANCIAL DEVELOPMENT

A. Maximizing of Federal Funding

The Settlement Agreement (XIII.A) requires the Department to develop and implement policies and procedures to maximize Title IV-B and Title IV-E funding.

As discussed in previous monitoring reports, the Department has approached and continues to approach revenue maximization in a conscientious and responsible manner. Staff in the Department's Division of Finance and Budget lead quarterly regional fiscal review meetings focused on maximizing child eligibility for IV-E funding and Targeted Case Management.

DCS fiscal data, including that related to penetration rates, claiming success, and audit results,[447] continue to reflect that the Department's policies and procedures meet the requirements of this provision. The Tennessee Family and Child Tracking System (TFACTS) problems that had created additional burdens on DCS staff to ensure the documentation necessary to maintain IV-E funding levels have been addressed.

The Department has identified and is working to address a TFACTS design issue related to cases of older youth in care who at age 18 choose to take advantage of IV-E reimbursable services and supports available under the "extended foster care" discussed in Section Six F of this report. While TFACTS now supports the necessary documentation for efficient IV-E claiming for children in DCS custody, the design did not envision a child leaving state custody at age 18 but still being able to receive IV-E reimbursable services and supports. The Department anticipates being able to address this problem within the next several months, well within the time period for seeking reimbursement for services for all those young adults for whom IV-E reimbursable services have been provided since July 1, 2012, the day that "extended foster care" became an option in Tennessee.

B. Appropriate Utilization of Federal Funding

The Settlement Agreement (XIII.B) requires that all funds remitted for children in the plaintiff class to the state of Tennessee by the United States Department of Health and Human Services be committed exclusively to the provision of services and staff serving class members. The Settlement Agreement further provides that it is the intent of the state that dollars committed to DCS for the provision of services and resources to benefit children in the class and children at risk of entering the class not be decreased if efforts to maximize federal dollars result in additional federal funding.[448]

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[447] The most recent IV-E audit was completed in the summer of 2012. The findings of that audit were the subject of a February 13, 2013 letter to DCS from the Administration for Children and Families (ACF), advising the Department that its IV-E program was found to be in substantial compliance with federal requirements. The audit found claiming errors in 6% of the sample of cases reviewed for IV-E compliance, well within the 10% error rate established by ACF as the maximum allowable.

[448] The Settlement Agreement further provides that *"Nothing in this provision shall reduce the defendants' financial obligations to comply with the terms of this agreement."*

As discussed in prior monitoring reports, Tennessee has faced significant budgetary challenges over the past several years, which has required all state agencies to undergo some degree of budget cuts. The Department has consistently engaged in a sound process to identify those budget cuts that would have the least negative impact on the reform effort and has managed over the past four budget cycles to avoid the kinds of budget cuts that would significantly undermine the progress that the Department has made.[449]

Notwithstanding funding challenges, consistent with the expressed intent of the Settlement Agreement, the Department, during the time since the entry of the Settlement Agreement, has succeeded in increasing both federal funding and state funding of its child welfare system. The state has supported reasonable budget improvements requested by the Department over and above the allocation of Needs Assessment dollars specified in the original Settlement Agreement and the Department has been thoughtful and responsible in achieving the budget adjustments necessitated by the reduction in state revenue.

Consistent with this approach, the Department's budget for 2013-14, while reducing funds allocated to some functions, includes funding for: 13 additional lawyers; 29 additional CPS staff and the upgrade of 198 CPS positions to CM3; 20 additional *Brian A.* case managers; for additional adoption assistance and for foster care and residential rate and caseload adjustments; and additional funds to address Medicaid's Federal Medical Percentages (FMAP) match rate reduction.

C. Financial Management System

The Settlement Agreement (XIII.C) requires DCS to maintain an appropriate financial management system capable of ensuring timely and accurate payments to family resource homes, adoptive homes, and private providers.

As discussed in the TAC's TFACTS Evaluation Report, the transition to the TFACTS financial functions was beset by problems, resulting both in delays in payment of resource parents and providers and in overpayments and duplicate payments. Those specific problems have been addressed and the Department expects the remaining work on the TFACTS financial module to fully align that module with the Department's fiscal accounting structure will be complete no later than December 31, 2013.

[449] There continues to be some concern that significant cuts in the budgets of other state departments and local agencies that have been the Department's partners in serving families and children may create additional challenges for the Department in carrying out its mission.

APPENDIX A

Executive Summary of the *Report of the Brian A. Technical Assistance Committee on its Evaluation of TFACTS*

Executive Summary

A. Introduction

In August 2010, the Tennessee Department of Children's Services (DCS) implemented its new State Automated Child Welfare Information System (SACWIS), commonly known as TFACTS (the Tennessee Family and Child Tracking System). Several years in the planning, TFACTS was designed with the intention of improving case tracking, data collection, and reporting. TFACTS replaced TNKids, the Department's prior automated case record system, as well as 13 other free standing computer systems that supplemented the information available in TNKids. As has been the case with many SACWIS implementations around the country, the deployment of TFACTS caused significant organizational problems, including the inability of field staff to easily enter and retrieve data, problems with board payments to resource parents, and delays in the ability to produce timely and accurate data for purposes of management and assessing case progress and performance.

The problems with TFACTS design and implementation were highlighted in two reports issued in early 2012: *DCS TFACTS Assessment* (DCS Self-Assessment), reporting the results of an assessment of TFACTS commissioned by DCS; and *Oversight for System Development Projects: A Review of TFACTS Implementation* (Comptroller's Report), reporting the results of a special audit conducted by the Tennessee Comptroller. As the problems with TFACTS continued into 2012, the Plaintiffs, the *Brian A.* Technical Assistance Committee (TAC), and ultimately the Court expressed continuing concerns with the pace of the Department's actions to address design and implementation problems, and with the ability of TFACTS, given these problems, to produce reliable and timely performance data for assessing the state's performance and compliance with the requirements of the *Brian A. v. Haslam* Settlement Agreement.

In response to these concerns, the TAC has conducted an evaluation of TFACTS to determine:

(a) whether TFACTS, as implemented by the Tennessee Department of Children's Services, is able to produce reliable and timely data on the children and families it serves, with particular attention on the ability to provide the data necessary for monitoring compliance with the requirements of the *Brian A. Settlement Agreement;* and

(b) whether the Department's plan for improving and maintaining TFACTS is reasonably designed and adequately resourced both to address the current deficiencies in TFACTS and to ensure that the Department's automated information system is sufficiently functional to meet its internal management needs and allow the Department to exit court jurisdiction within a reasonable time.

The evaluation, conducted over the period from November 1, 2012 to March 31, 2013 and on which this report is based, responds to questions and concerns raised by the Court and by counsel for the plaintiffs at the *Brian A.* status conference convened by the Court on October 24, 2012 and reflects the understandings that were set forth in the *Notice as to the Role of the Technical Assistance Committee* that was filed with the Court on November 9, 2012.

The TAC's evaluation of TFACTS:

- *assessed whether the aggregate data available from TFACTS are sufficiently reliable to support assessment and monitoring of the Department's performance by the Court (with the support of the TAC) and by the Department itself;*

- *examined a broad range of concerns about the current functioning of TFACTS with special emphasis on the perspectives of the end users, particularly case managers in the field.*

In addition to examining the issues with the TFACTS system itself, including current defects and deficiencies, the evaluation also focused on the Department's ability to provide end users with appropriate training, a responsive help desk, and on-site support to assist them in using the system. To the extent that the TAC identified problems with the data and with TFACTS implementation, the TAC also assessed the reasonableness of the Department's approach to addressing those issues.

The TAC's evaluation used multiple methodologies including: (1) validation through a random sample case review of the accuracy of outcome and system performance data derived from the Department's weekly Mega Report and the Chapin Hall Extract[1], both of which are TFACTS data sources used by DCS for management purposes and by the TAC to monitor system performance; (2) a random sample survey of case managers focused on their experiences using TFACTS, on the extent and quality of TFACTS training that they have received, and on the adequacy of the TFACTS Customer Care Center and other end user support functions and activities; (3) retaining an outside consultant with experience in SACWIS system implementation who examined the skill and resource level of the Department's technical and analytic staff assigned to this work, the progress made in identifying and correcting system defects, and the reasonableness of the Department's plans to fix remaining technical and implementation problems; and (4) a review of the issues associated with the OptimalJ data modeling tool.

[1] Chapin Hall develops a series of reports for use by DCS and the TAC, based on analytic files created by Chapin Hall from TFACTS extracts queried from the TFACTS system by DCS report developers. Hereafter in this report, the Chapin Hall reports will be referred to as the Chapin Hall Data and the extracts will be referred to as the Chapin Hall Extract. More detail is provided about both the extracts and the data in Sections Two and Three of this report.

B. Findings and Recommendations

Overall, the TAC has found that the Department has made significant progress in addressing issues related to TFACTS over the past 12 months. While the evaluation has identified areas where problems remain and where additional actions and support are recommended, the TAC has not found any reason to conclude that the system is not functional, or that it is incapable of meeting the Department's information management needs and the related requirements of the Settlement Agreement.

The following are the key findings and recommendations resulting from the TAC's evaluation of TFACTS. Additional detail to support the findings and recommendations is in the body of the report.

1. Over the past 12 months, the Department has assembled a capable and conscientious Information Technology (IT) Leadership Team to address the many system design and implementation challenges posed by TFACTS. That team, with the support of key IT staff, and with appropriate assistance from external contractors, has developed a plan for and made significant progress in addressing and overcoming identified defects and implementation challenges posed by the defects, by inadequate training, and by insufficient early support.

The focus of the IT Leadership over most of the last 12 months has been on stabilizing the system and building the Department's capacity to manage and maintain the system, including developing structures and protocols for the Department's IT operation that are consistent with professional standards. Significant progress has been made in this regard. The Department commissioned a comprehensive review of the challenges with TFACTS implementation and, in order to address those challenges, built a strong information technology leadership and management team in early 2012. Even with constraints on the number of qualified technical staff, the Department has moved with urgency to address as many of the entries on the "All Defects" list as possible, has re-staffed and reinvented its help desk and field customer care support function with experienced staff and a strong customer service orientation, and has begun to enhance TFACTS training to better prepare staff to use the system.

Many of the recommendations from the Comptroller's Report and the DCS Self-Assessment are being or have been implemented. This represents a significant amount of work that the Department has accomplished in a short time, and is reflected in the case manager survey findings that most case managers are now reasonably comfortable entering information into the system and retrieving information necessary to do their work. In addition, many case managers identified aspects of TFACTS that supported and facilitated their work.

2. The information available from individual TFACTS case files and from aggregate reports built from extracts of data from TFACTS, in combination with the other sources of information that the TAC has relied on and continues to rely on to understand DCS performance and the experiences of Brian A. class members and their families, is sufficient to allow the TAC to meet its monitoring responsibilities to the parties and the Court.

Through its case review, the validation work conducted by TAC monitoring staff and the ongoing data validation done by Chapin Hall researchers, the TAC has verified that the DCS Mega Report used by the TAC in its monitoring and reporting accurately reflects the case file information as it has been entered by workers into TFACTS for the necessary demographic, legal and placement information. In addition, because of the overlap of the Mega Report and the Chapin Hall Extract, the TAC was able to verify that the Chapin Hall Extract accurately captures the information as it was entered into TFACTS. This validation work has satisfied the TAC that case-specific information properly entered by caseworkers into the electronic case file system can be accurately retrieved. Through its analysis of TFACTS reports and other monitoring methods, the TAC is able to accurately assess DCS performance on the *Brian A.* requirements and continues to be able to report comprehensively on DCS performance to the parties and the Court.

3. As of March 31, 2013, for many of the Settlement Agreement provisions for which TFACTS reporting was not available in the June 2012 Brian A. Monitoring Report (referred to as "Appendix A reports") relevant aggregate TFACTS reporting of comparable or better quality than had been produced under TNKids is available and has been validated by the TAC.

The majority of the reports listed in Appendix A of the June 2012 Monitoring Report (*Appendix A reports*) are now available. For those remaining provisions for which relevant TFACTS reporting is not available and/or has not yet been validated by the TAC, the TAC has developed other sources of information sufficient to allow the relevant reporting in its upcoming monitoring report.

4. As implemented, TFACTS currently satisfies all but one of the specific Settlement Agreement requirements regarding the Department's maintenance of a statewide computerized information system.

Section X of the Settlement Agreement requires that the Department maintain a statewide computerized information system that:

- is accessible in all regional offices;
- ensures user accountability;

- uniformly presents the Adoption and Foster Care Analysis and Reporting System (AFCARS) elements;

- provides an immediately visible audit trail to the data base administrators of all information entered, added, deleted or modified; and

- has necessary security to protect data integrity.

TFACTS is currently accessible in all regional offices; requires distinct, identifiable login passwords for each end user based on their assigned functional roles, which allows for accountability for work done in the system; and includes all of the federal AFCARS elements and supports AFCARS reporting. The remaining two specific requirements, the audit trail and security to ensure data integrity, were identified as deficiencies in the Department's internal assessment. The Department reports that it has now built audit trail functionality into the redesigned data warehouse, which will track all information entered, added, modified, or deleted. With this addition, the Department reports that every change to data will be recorded in chronological order for auditing by data base administrators. The Department has also taken several steps to ensure that the system maintains necessary security, including addressing defects in security profiles that were the result of design defects in the earlier stages of implementation. The Department reports that it intends to contract with an independent security vendor to provide additional vulnerability/penetration testing during the first part of 2013 to further meet the security requirement.

5. Early implementation of TFACTS provided insufficient attention to the needs of case managers and other end-users for hands-on training and support. However, these issues have begun to be addressed through reorganized and better resourced efforts both to help staff learn how to use to the TFACTS system and to assist staff in navigating and solving problems.

The Department's reinvented Customer Care Center and the regional Field Customer Care Representatives (FCCRs) have done a good job of responding to day-to-day TFACTS problems experienced by case managers and other field staff, and helping the IT staff understand those problems and fashion both short and long term solutions to those problems.

In addition, the Department has revised its pre-service training to better prepare staff to use TFACTS and to cover areas that have been identified by the field as particularly challenging. Special "ad hoc" training is now delivered to the field to respond to particular TFACTS challenges as they arise. With regard to TFACTS training, while there have been significant improvements, the Department needs to plan for and deliver additional on-site training to new and current workers to continue to improve worker's knowledge of and comfort with the new

system, and to provide real-time assistance in those areas where workers are struggling. The Department has decided to combine the roles of the Customer Care Center Manager and TFACTS Program Manager, and has appointed a very experienced and strong lead to serve as both. Even with the quality of the candidate in that role, however, it appears that such a workload may be impossible for one person to manage. The Department should consider that approach carefully going forward to ensure that this joint role can be successful. Moreover, the Department currently has only three TFACTS trainers for the entire state. Given the many training needs expressed by both case managers and FCCRs, three may be insufficient. The Department should consider expanding this number.

6. Notwithstanding the efforts of the last year, many case managers remain frustrated by aspects of the IT system which they see as barriers to case practice, including technical problems which slow down their ability to enter information and difficulty in printing required reports from the system.

In the TAC's survey of case managers, identified challenges fell into one or more of the following categories: (1) being "kicked out of TFACTS;" (2) the system being "slow;" (3) difficulty printing and generating of reports/forms from TFACTS; (4) frustration with the cumbersomeness of using the permanency plan module, especially in cases involving sibling groups, and the length and complexity of the printed plan that it creates; and (5) the system not being particularly user friendly in key respects, requiring multiple "mouse clicks" to move through the system, and having some areas in which there is still some fragmentation of information and/or requirement of redundant data entry.

It is likely that the causes for some of these staff frustrations are external to TFACTS including computers that are old and slow; internet connections that are insufficiently strong or fast, and problems with the Department's servers.

Nonetheless, in order for the system to perform at optimal levels and to support quality case practice, the Department needs to both identify the extent of the issues and the causes and take steps to quickly resolve them. There is little that is more frustrating for a worker than to invest precious time and effort in documenting information in the system only to have performance issues prevent that information from being saved, requiring the worker to start from scratch. The Department has indicated that it has begun the work on improving system performance and implementing key enhancements. The Department, however, currently has limited technical staff to perform this work. The Department should obtain the necessary technical resources, by contracting with a vendor if necessary, to ensure that these key issues and enhancements can be addressed with great urgency.

7. While the Department is making good progress on resolving the issues on its "All Defects" list, it must invest with equal urgency in the "enhancements" which are essential to improve the system's overall performance.

In response to the Comptroller's Report and the DCS Self-Assessment, both of which highlighted the significant number of application defects, the Department focused on resolving those defects in order to move the application forward. As Information Technology professionals, however, they focused on the technical meaning of the term "defect," which describes when the application was not coded as it had been designed (*i.e.*, it has a "bug") as distinguished from an "enhancement" which describes what is needed when the application correctly matches the design, but the design does not meet the need of the field and program staff. While resolving defects is meaningful progress, it can ring hollow to field and program staff using an application that was designed incorrectly. This definitional miscommunication can lead to field and program staff feeling that IT staff are not responding to their business needs, which can create more challenges around implementation. The Department has indicated that it has begun some of the work to prioritize enhancements, pivoting from stabilization and defect remediation to enhancement activities to address some of the most common user complaints about TFACTS. This includes projects to tie parts of the application more closely to the work of end users and to make parts of the application easier to use. It is essential that sufficient resources be directed to this work so that high priority enhancements from the perspective of end-users can be quickly accomplished.

8. The Department's approach to addressing the OptimalJ concerns is reasonable and appropriate.

Facing the challenges caused by the improper use of OptimalJ during development and the resulting deficiencies in TFACTS, the Department acknowledged that it did not have enough staff with sufficient expertise in the use of OptimalJ to even understand the full nature of the deficiencies, let alone fix them. The Department took the eminently reasonable step of hiring the vendor who built the tool—who of course has the most knowledge of its use—to identify and fix all of the OptimalJ deficiencies. The vendor's assessment is complete and the remediation work is targeted for completion by June 30, 2013. The Department has also begun working with that same vendor to ensure that DCS can migrate TFACTS to supported environments, again a reasonable approach given the vendor's expertise. These approaches should provide the Department with several additional years to address the long-term question of whether, and, if so, how, to migrate away from OptimalJ.

Although the Department has not yet reached a final decision regarding its approach to OptimalJ, the TAC nonetheless believes that it is in the Department's interest to migrate away from OptimalJ. The TAC also concurs with the recommendation from the independent IVV

contractor (Gartner) that the Department seek proposals to assess costs, risks, and timing from Information Technology vendors who can do the work of that transition. To be clear, however, the TAC only believes this plan is reasonable because, as discussed at length in this report, there is no indication that the OptimalJ issues are impacting the reliability and accuracy of TFACTS data. If there were, the TAC would have strongly recommended that DCS adopt the most expeditious approach to eliminate the OptimalJ code altogether, regardless of the cost. Going forward, the TAC will continue to monitor the progress on OptimalJ as well as the possibility that these issues could impact the Department's ability to provide accurate and timely data.

9. Moving forward, the Department needs to adopt a more holistic and coordinated departmental approach to information technology, data management, and data quality by aligning the work of information technology, data analysis, and field operations staff.

While the recent work to address the TFACTS challenges has had many strengths, the Department's approach has had too narrow a lens. The initial priorities of the IT staff in stabilizing the system and responding to the fiscal module problems necessarily resulted in less time and attention being paid to addressing some of the design flaws that were adversely affecting the field's experiences with TFACTS and to developing the reporting referred to in Appendix A of the June 2012 Monitoring Report. Moreover, because much of the IT intensive work of stabilizing the system could be efficiently carried out with limited interactions between the IT staff and the field and Central Office program staff, the Department has not developed an effective process for communicating and collaborating among all three.

The challenges TFACTS presented (and continues to present) are not solely related to the Department's information technology function and staff, which is how the Department has viewed them, but relate also to the Department's use of data for management, for communicating about its work, and ultimately for ensuring that children and families are served well. In assessing its challenges, the Department focused almost exclusively on the information technology issues and did not prioritize the work necessary to ensure that it was producing timely and accurate aggregate data, including the *Brian A.* reports. As a result, the Department did not sufficiently focus on its critical data quality needs.

The Department's biggest remaining challenges related to TFACTS functionality and reporting are not so much technological challenges, but rather challenges in moving from a "siloed" and "chain of command" approach for identifying and responding to the IT needs of the field to a "teaming" approach. Many of the problems with TFACTS, whether with the design of a particular TFACTS field or with the quality/utility/accuracy of TFACTS reports, are the result of miscommunication and misunderstanding. Sometimes that is a misunderstanding by the IT staff of the realities of the practice that the application is intended to support, or of the purpose a report is supposed to serve, or of the key questions that the report is intended to answer.

Sometimes it is the result of well-intentioned, but insufficiently thought out instructions given by program staff to IT staff. The IT staff needs help getting a good understanding of what the field needs, helping the field understand the options available to meet those needs, and helping the field prioritize those needs so they can be appropriately sequenced and resourced. This requires a structure that facilitates productive discussion and informed decision-making about IT priorities. And it likely requires facilitators who have one foot in the field practice world and the other in the IT world. Because of the time that has passed since the business process specifications were developed and lessons learned over the past 12 months, this structure—and the work it will oversee—is critical to ensure that TFACTS will more effectively support the Department's work.

Unfortunately, in the past year, DCS has not organized, directed, or aligned the efforts of its information technology, data analysis, and field staff to ensure that communication. Until the end of the year, even key leaders in the Department were unclear regarding which staff in the Department had overall responsibility for data quality. This organizational responsibility for data quality was only made explicit in December 2012, two and one-half years after the transition to TFACTS and months after data quality became a significant issue for the Court and the TAC. And even with the assignment of responsibility now clear, the Department has not ensured that all of the work across all of the functional areas of the Department has been aligned and coordinated to achieve maximum efficiency and effectiveness.[2]

[2] The Department has reported that it either has or intends to adopt a number of processes to better manage these challenges going forward, most notably the Change Control Board (CCB) and the Management Advisory Committee (MAC). The CCB is a committee of OIS leadership (including the Director of Customer Service and IT Support, who largely acts as an advocate for end users) that is envisioned to serve as an initial gatekeeper on requests to modify and enhance TFACTS. If the CCB approves the request, it will be sent to the MAC, which is comprised of all of the Department's leadership at the Deputy Commissioner level, to set priorities. The Department envisions that the MAC will serve as the vehicle for shared ownership of TFACTS at the executive level, which will allow the IT staff to take direction from the end users of the system. Approved and prioritized projects, including enhancements to TFACTS, will receive the support of the Department's handful of project management staff. While these management changes sound promising, they have been largely dormant during the past year while OIS's work priorities were set based on the Comptroller's Report and the DCS Self-Assessment. The Department should execute these processes vigorously and continuously assess them to ensure that they are having the desired impact of making the necessary modifications and enhancements to TFACTS to support the work of the field and the critical need for the field leadership to have accessible aggregate data reporting for management purposes. Moreover, it does not currently appear that the Department has adequate project management staff to support this effort; the Department must assess that capacity and ensure that it has adequate resources in that regard.

APPENDIX B

Regional and Statewide
Section XVI Outcome and Performance Measure Data

This appendix presents the Section XVI outcome and performance measure data for the two most recent reporting periods: January 1, 2011 through January 1, 2012 and January 1, 2012 through January 1, 2013. A separate table is included for each outcome and performance measure. Each table presents the percentage reflecting the level of achievement of each of the regions individually with respect to the outcome or performance measure, the percentage reflecting the statewide level of achievement with respect to the outcome or performance measure, and the Settlement Agreement requirement. The applicable Settlement Agreement provision appears in the title to each table.

XVI.A.1 Reunification or Living with Relatives within 12 Months of Custody

Region	Children Exiting Care to Reunification or Relative Placement Between 1/1/12 and 1/1/13			Children Exiting Care to Reunification or Relative Placement Between 1/1/11 and 1/1/12		
	Within 12 Months	Within 24 Months	Over 24 Months	Within 12 Months	Within 24 Months	Over 24 Months
Davidson	78%	83%	17%	70%	60%	40%
East	72%	83%	17%	85%	74%	26%
Knox	58%	74%	26%	56%	79%	21%
Mid-Cumberland	68%	81%	19%	72%	90%	10%
Northeast	70%	82%	18%	75%	74%	26%
Northwest	62%	85%	15%	67%	84%	16%
Shelby	71%	72%	28%	81%	68%	32%
Smoky Mountain	64%	70%	30%	73%	83%	18%
South Central	59%	75%	25%	63%	74%	26%
Southwest	58%	82%	18%	69%	89%	11%
Tennessee Valley	72%	80%	20%	70%	84%	17%
Upper Cumberland	64%	86%	14%	64%	84%	17%
Statewide	**67%**	**78%**	**22%**	**72%**	**79%**	**21%**
Settlement Agreement Requirement	**80%**	**75%**		**80%**	**75%**	

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.2 Adoptions Finalized Within 12 Months of Full Guardianship		
Region	**Full Guardianship Obtained Between 1/1/11 and 1/1/12**	**Full Guardianship Obtained Between 1/1/10 and 1/1/11**
Davidson	81%	89%
East	85%	75%
Knox	75%	77%
Mid-Cumberland	80%	76%
Northeast	72%	65%
Northwest	50%	55%
Shelby	83%	62%
Smoky Mountain	79%	69%
South Central	69%	73%
Southwest	87%	80%
Tennessee Valley	59%	65%
Upper Cumberland	62%	64%
Statewide	**74%**	**72%**
Settlement Agreement Requirement	**75%**	**75%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.3 Number of Placements				
	Children in Custody Between 1/1/12 and 1/1/13		**Children in Custody Between 1/1/11 and 1/1/12**	
Region	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody
Davidson	93%	81%	87%	67%
East	92%	82%	87%	76%
Knox	92%	83%	88%	74%
Mid-Cumberland	94%	84%	87%	76%
Northeast	95%	86%	89%	76%
Northwest	91%	79%	90%	74%
Shelby	92%	82%	92%	79%
Smoky Mountain	93%	82%	90%	77%
South Central	90%	77%	84%	69%
Southwest	93%	83%	91%	78%
Tennessee Valley	92%	81%	89%	78%
Upper Cumberland	95%	87%	89%	79%
Statewide	**93%**	**83%**	**89%**	**76%**
Settlement Agreement Requirement	**90%**	**85%**	**90%**	**85%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.4 Length of Time in Placement						
	Children in Custody Between 1/1/12 and 1/1/13			**Children in Custody Between 1/1/11 and 1/1/12**		
Region	Two Years or Less	Between Two and Three Years	More than Three Years	Two Years or Less	Between Two and Three Years	More than Three Years
Davidson	84%	9%	7%	78%	14%	8%
East	86%	8%	6%	84%	8%	7%
Knox	84%	10%	7%	82%	9%	9%
Mid-Cumberland	86%	9%	6%	87%	8%	4%
Northeast	81%	12%	6%	85%	8%	7%
Northwest	89%	6%	5%	88%	7%	5%
Shelby	81%	11%	8%	84%	9%	6%
Smoky Mountain	81%	12%	8%	85%	8%	7%
South Central	80%	10%	10%	78%	12%	10%
Southwest	76%	14%	10%	81%	12%	7%
Tennessee Valley	80%	11%	9%	82%	10%	8%
Upper Cumberland	88%	8%	5%	87%	10%	3%
Statewide	**83%**	**10%**	**7%**	**84%**	**9%**	**7%**
Settlement Agreement Requirement	**75%**	**no more than 17%**	**no more than 8%**	**75%**	**no more than 20%**	**no more than 5%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.5 Reentry Within 12 Months of Most Recent Discharge Date		
Region	**Children Exiting Custody Between 1/1/11 and 1/1/12**	**Children Exiting Custody Between 1/1/10 and 1/1/11**
Davidson	6%	9%
East	6%	6%
Knox	3%	3%
Mid-Cumberland	4%	6%
Northeast	5%	9%
Northwest	5%	8%
Shelby	8%	6%
Smoky Mountain	6%	5%
South Central	7%	5%
Southwest	3%	7%
Tennessee Valley	6%	4%
Upper Cumberland	3%	5%
Statewide	**6%**	**6%**
Settlement Agreement Requirement	**no more than 5%**	**no more than 5%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.6 Achievement Measures (Youth Reaching at Least One Achievement Measure)		
Region	**Youth Exiting Custody Between 1/1/12 and 1/1/13**	**Youth Exiting Custody Between 1/1/11 and 1/1/12**
Davidson	71%	92%
East	73%	78%
Knox	74%	78%
Mid-Cumberland	74%	94%
Northeast	89%	87%
Northwest	100%	85%
Shelby	76%	74%
Smoky Mountain	86%	92%
South Central	82%	93%
Southwest	100%	100%
Tennessee Valley	73%	80%
Upper Cumberland	86%	94%
Statewide	**80%**	**86%**
Settlement Agreement Requirement	**90%**	**90%**

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.B.1 Parent-Child Visiting				
	Children in Out-of-Home Placement with Reunification Goals During December 2012		**Children in Out-of-Home Placement with Reunification Goals During December 2011**	
Region	Twice per Month	Once Per Month	Twice per Month	Once Per Month
Davidson	29%	37%	18%	32%
East	28%	29%	16%	28%
Knox	24%	36%	19%	12%
Mid-Cumberland	35%	29%	23%	28%
Northeast	30%	20%	25%	24%
Northwest	56%	53%	38%	25%
Shelby	13%	29%	12%	13%
Smoky Mountain	33%	29%	18%	22%
South Central	23%	38%	21%	40%
Southwest	39%	46%	19%	22%
Tennessee Valley	26%	29%	22%	30%
Upper Cumberland	16%	28%	20%	20%
Statewide	**27%**	**30%**	**20%**	**24%**
Settlement Agreement Requirement	**50%**	**60%**	**50%**	**60%**

Source: TFACTS "Parent Child Visit *Brian A.* Summary Report" for December 2011 and December 2012.

XVI.B.2 Placing Siblings Together		
Region	**Sibling Groups Entering Custody Within 30 Days of Each Other During Fiscal Year 2011-12**	**Sibling Groups Entering Custody Within 30 Days of Each Other During Fiscal Year 2010-11**
Davidson	76%	95%
East	79%	82%
Knox	78%	80%
Mid-Cumberland	88%	90%
Northeast	82%	81%
Northwest	61%	73%
Shelby	81%	72%
Smoky Mountain	85%	83%
South Central	98%	80%
Southwest	81%	78%
Tennessee Valley	79%	80%
Upper Cumberland	86%	83%
Statewide	**82%**	**81%**
Settlement Agreement Requirement	**85%**	**85%**

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

XVI.B.3 Sibling Visiting		
Region	**Sibling Groups Entering Custody Within 30 Days of Each Other Who Were Separated During December 2012: % Visiting at Least Once During the Month**	**Sibling Groups Entering Custody Within 30 Days of Each Other Who Were Separated During December 2011: % Visiting at Least Once During the Month**
Davidson	61%	11%
East	57%	12%
Knox	35%	7%
Mid-Cumberland	16%	31%
Northeast	30%	12%
Northwest	90%	21%
Shelby	40%	15%
Smoky Mountain	37%	10%
South Central	55%	17%
Southwest	67%	56%
Tennessee Valley	70%	32%
Upper Cumberland	38%	19%
Statewide	**48%**	**19%**
Settlement Agreement Requirement	**90%**	**90%**

Source: TFACTS "Sibling Visitation Summary" report for December 2011 and December 2012.

XVI.B.4 Filing a Petition to Terminate Parental Rights[3]				
	Children with Sole Adoption Goals for at Least Three/Six Months Between 1/1/11 and 12/31/12		**Children with Sole Adoption Goals for at Least Three/Six Months Between 5/1/09 and 4/30/10**	
Region	TPR Activity within 3 Months	TPR Activity within 6 Months	TPR Activity within 3 Months	TPR Activity within 6 Months
Davidson			79%	
East			99%	
Hamilton			95%	
Knox			99%	
Mid-Cumberland			98%	
Northeast			88%	
Northwest			100%	
Shelby			89%	
South Central			90%	
Southeast			72%	
Southwest			47%	
Tennessee Valley			79%	
Upper Cumberland			66%	
Statewide			**88%**	
Settlement Agreement Requirement	**70%**	**85%**	**70%**	**85%**

Source: TNKids "Permanency Plan Goal of Adoption TPR Activity Compliance Reports" (ADP-PPGATNCS-200) for the period May 1, 2009 to April 30, 2009.

[3] Reporting on this measure is not yet available from TFACTS; data for the period ending April 30, 2010 is the most recent data available. In addition, the 2010 Modified Settlement Agreement and Exit Plan altered the second part of this requirement, making it a cumulative measure of petitions filed within six months of the change to a sole goal of adoption. This revised measure did not apply for reporting periods prior to November 2010.

XVI.B.5 PPLA Goals		
Region	**Children in Custody on December 30, 2012 Who Had Sole PPLA goals**	**Children in Custody on December 26, 2011 Who Had Sole PPLA goals**
Davidson	0.3%	0.4%
East	0.0%	0.0%
Knox	0.0%	0.8%
Mid-Cumberland	0.2%	0.6%
Northeast	0.2%	0.3%
Northwest	0.0%	0.8%
Shelby	0.1%	0.5%
Smoky Mountain	0.6%	0.2%
South Central	0.5%	0.0%
Southwest	0.8%	0.9%
Tennessee Valley	0.5%	0.0%
Upper Cumberland	0.0%	0.5%
Statewide	**0.2%**	**0.4%**
Settlement Agreement Requirement	**no more than 5%**	**no more than 5%**

Source: TFACTS *Brian A.* "Mega Reports" for December 26, 2011 and December 30, 2012.

XVI.B.6 Placements Within 75 Miles[4]		
Region	**Children in Custody During April 2013 (Approach 1/Approach 2)[5]**	**Children in Custody During April 2010**
Davidson	86%/82%	87%
East	86%/84%	84%
Knox	83%/80%	84%
Mid-Cumberland	87%/85%	91%
Northeast	89%/89%	95%
Northwest	82%/79%	87%
Shelby	93%/90%	92%
Smoky Mountain	85%/84%	90%
South Central	88%/88%	91%
Southwest	90%/88%	91%
Tennessee Valley	89%/87%	88%
Upper Cumberland	82%/81%	88%
Statewide	**87%/85%**	**89%**
Settlement Agreement Requirement	**85%**	**85%**

Source: TFACTS *Brian A.* 75 Mile Placement Detail for April 2013 and TNKids 75-Mile Placement Report for April 2010.

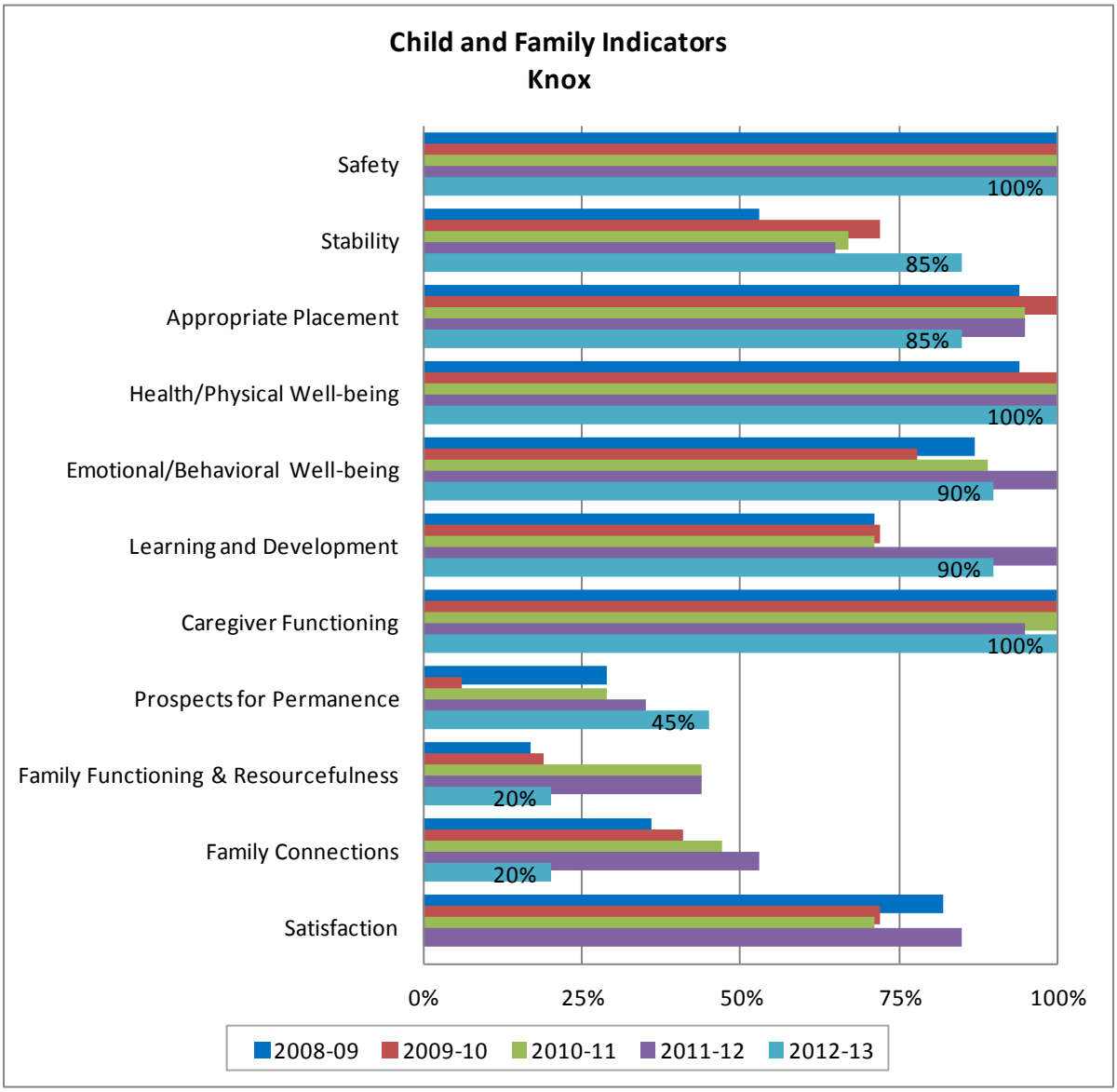
[4] Reporting on this measure did not become available from TFACTS until 2012; data for the month of April 2010 is the most recent previous reporting period data available.

[5] The two percentages in this table represent the two approaches that the TAC took to reporting on this requirement. See Section One beginning at page 36 for explanation of the two approaches.

APPENDIX C

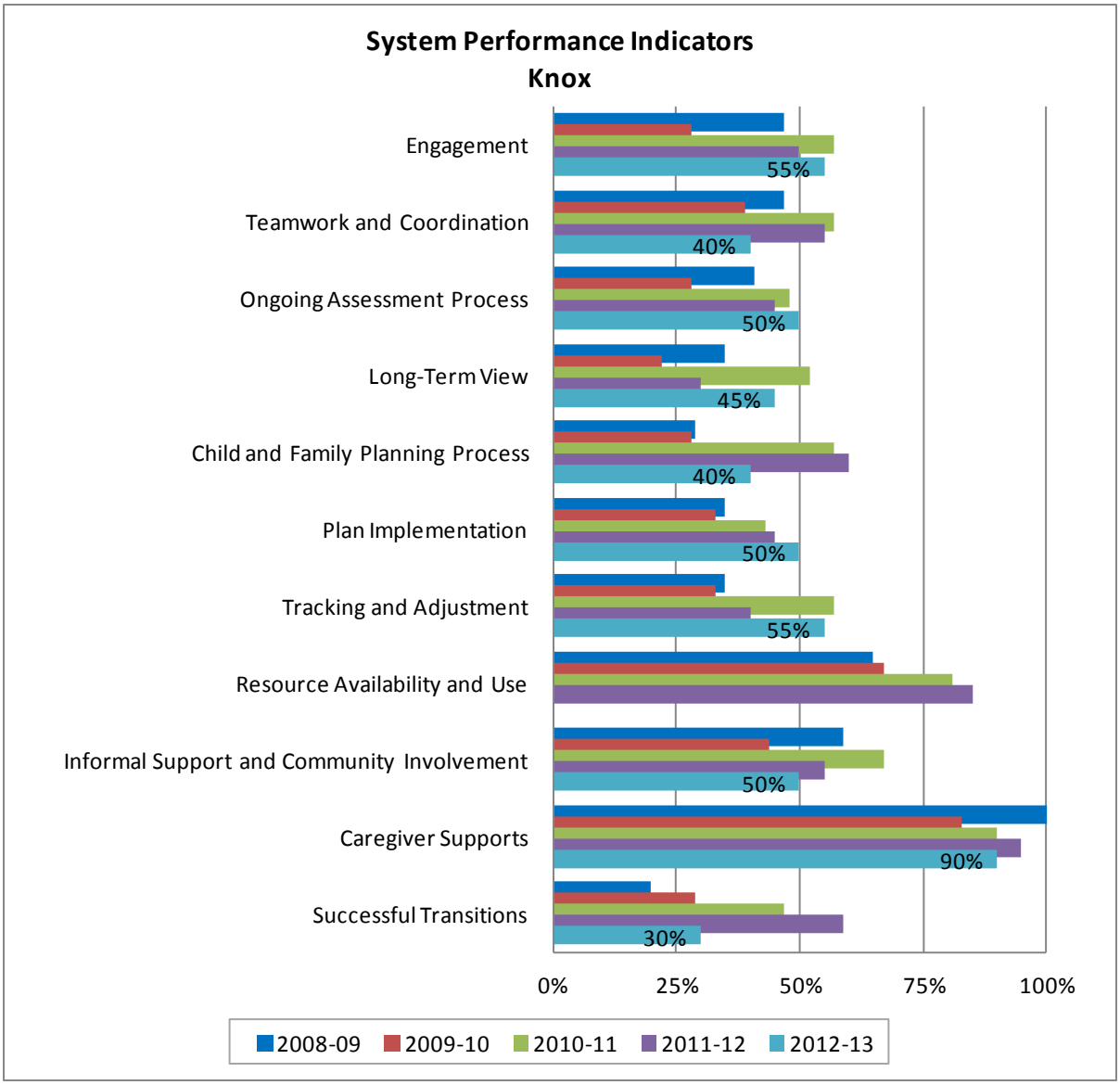
Regional QSR Figures

This appendix includes the percentage of acceptable QSR scores for each region for the last five review years, 2008-09 through 2012-13. The 2012-13 scores in the following figures include final scores from Knox, Southwest, Smoky Mountain, Shelby, Davidson, South Central, and Northwest. The scores from Upper Cumberland, Tennessee Valley, Mid-Cumberland, East, and Northeast are also included, but have not yet been finalized. The regions' figures are presented in this order (the order in which they were reviewed in the 2012-13 QSR process).[6]

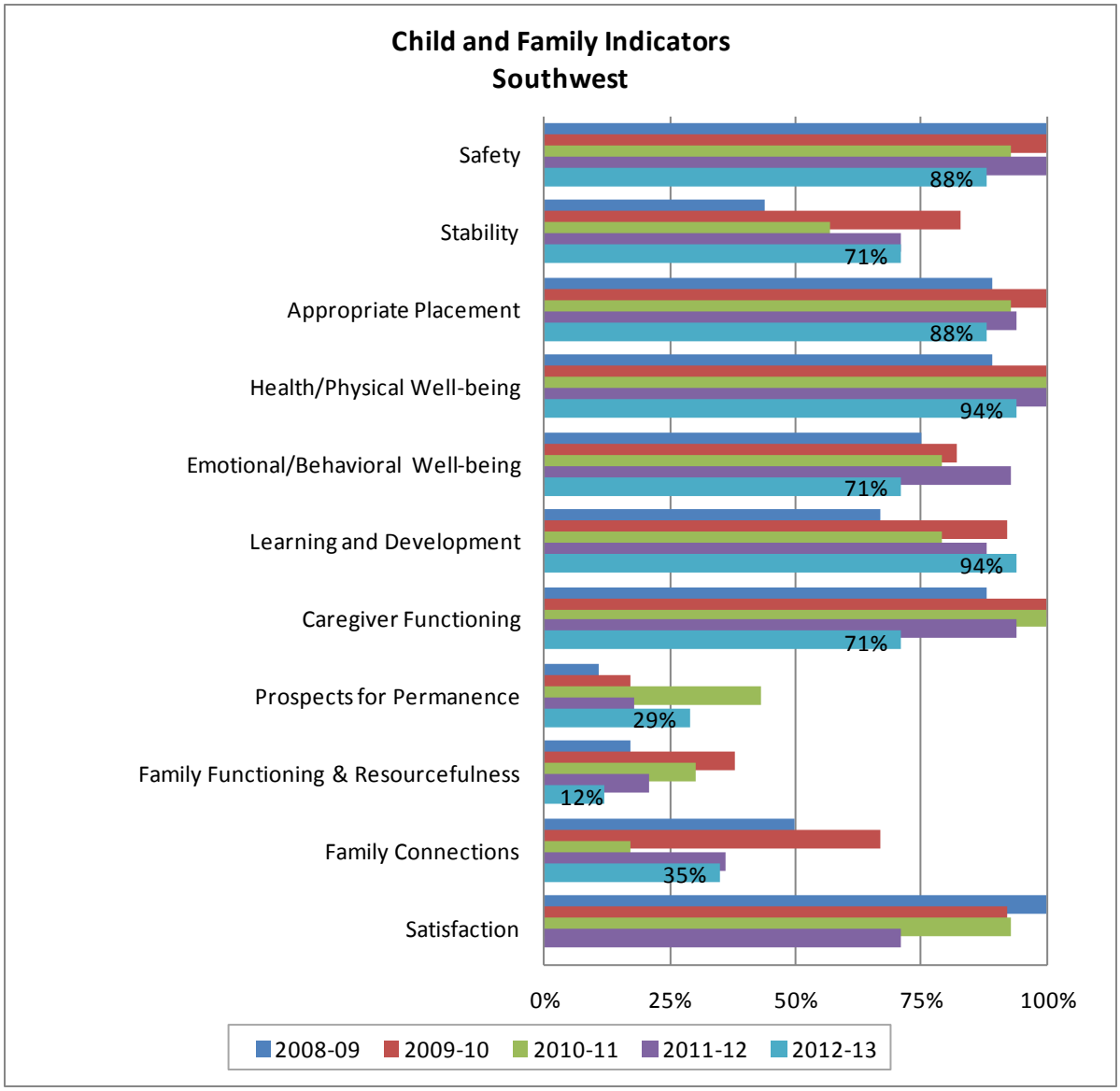


Source: QSR Databases.

[6] Because the Satisfaction indicator was not found to be a useful measure, it was not included in the revised 2012-13 QSR protocol. The Resource Availability and Use indicator was not included in the revised 2012-13 QSR protocol, but elements of Resource Availability and Use were combined with elements of Informal Support and Community Involvement to form the new indicator designated "Formal and Informal Supports." The percentage presented for the Informal Support and Community Involvement indicator for 2012-13 is actually the percentage of cases that received acceptable scores for the Formal and Informal Supports indicator.



Source: QSR Databases.



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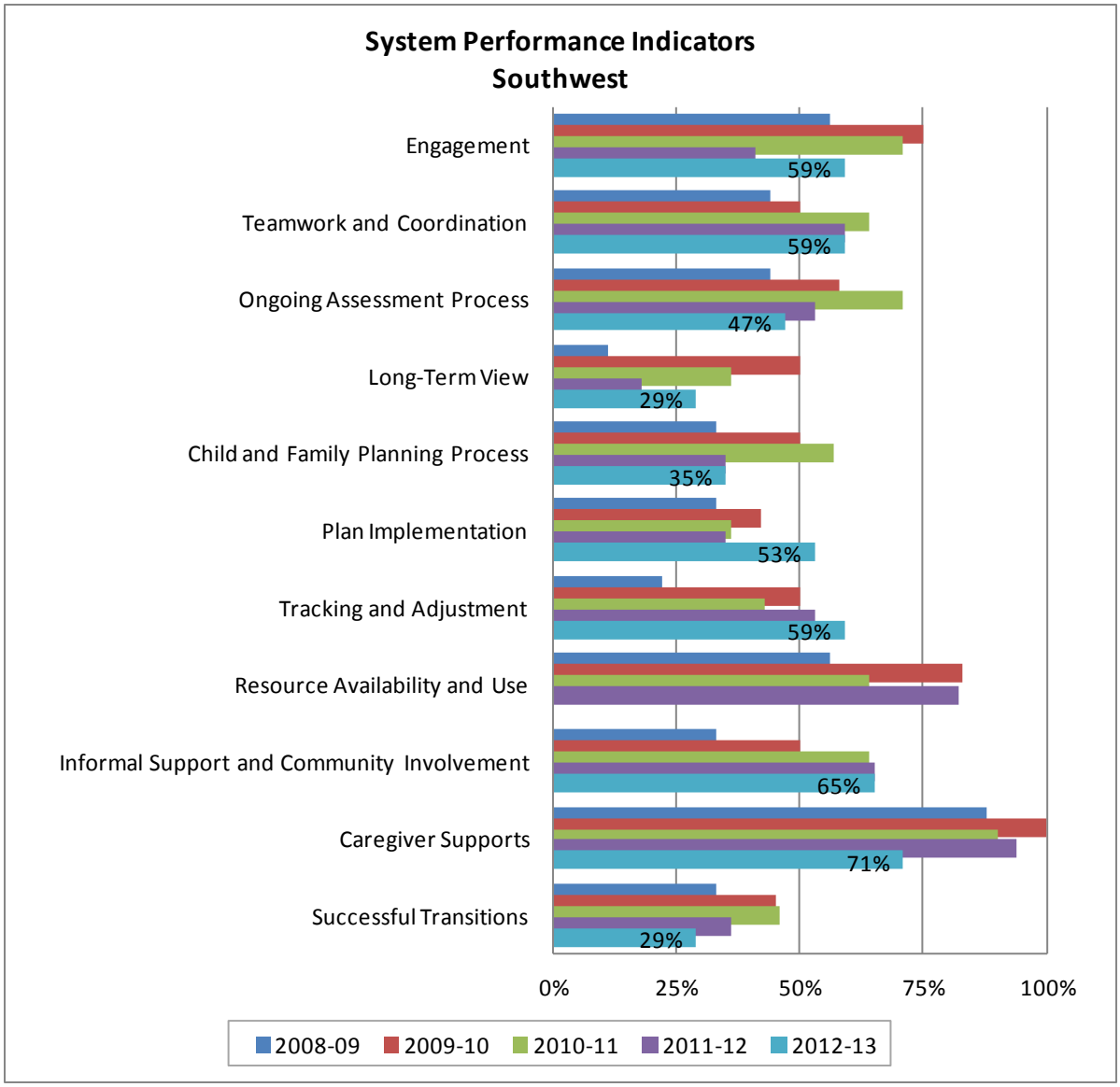

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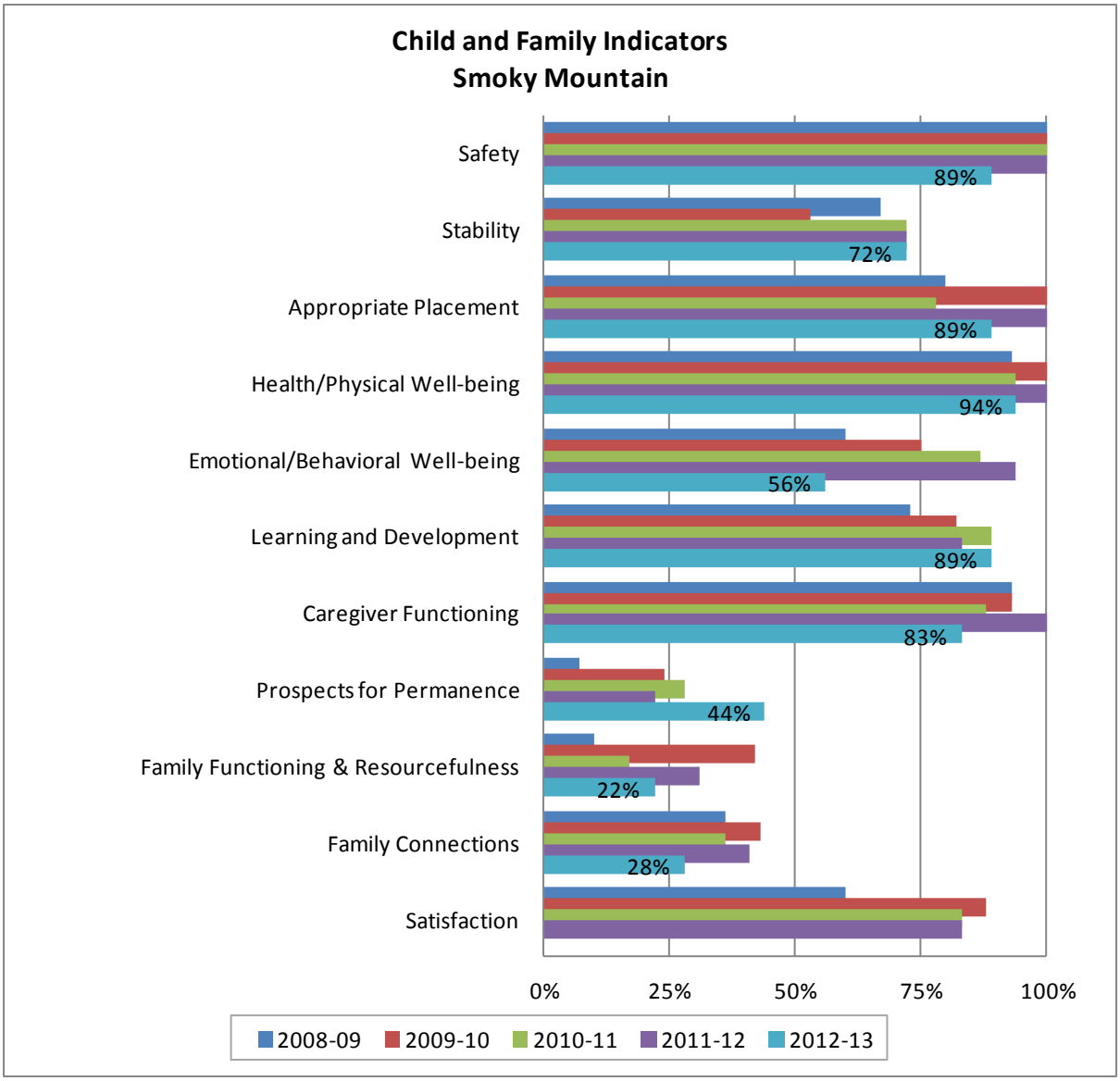

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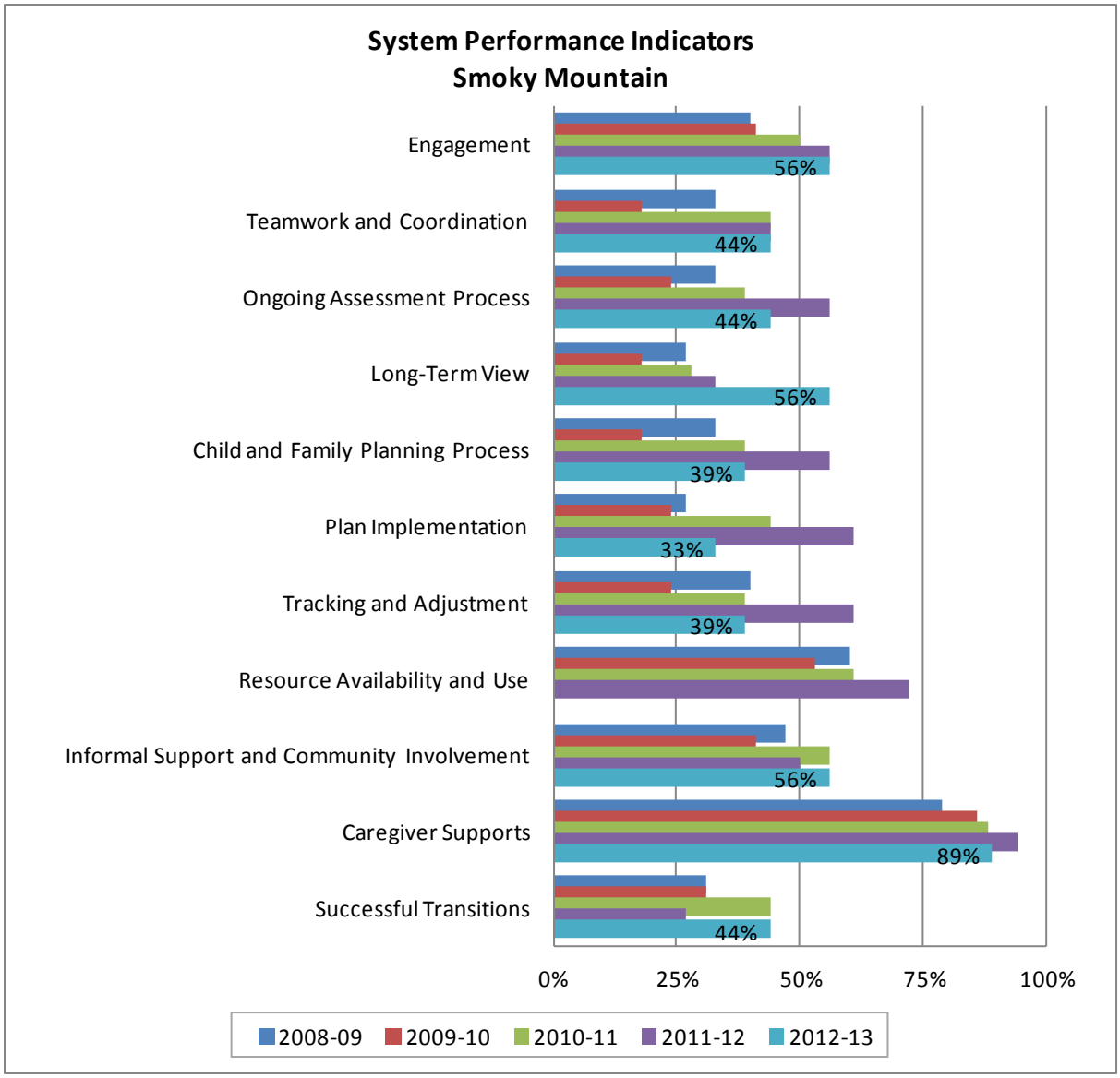

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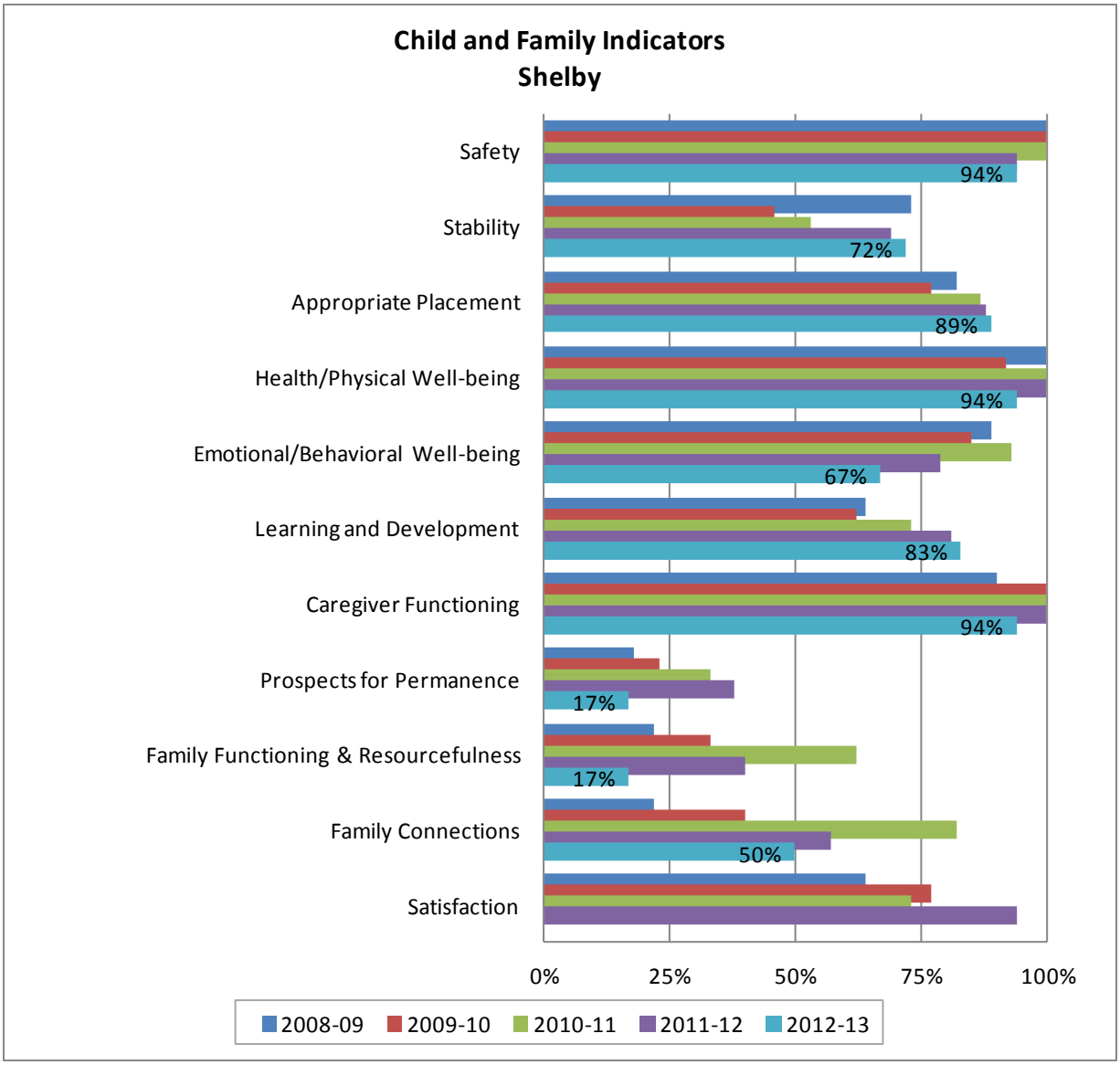

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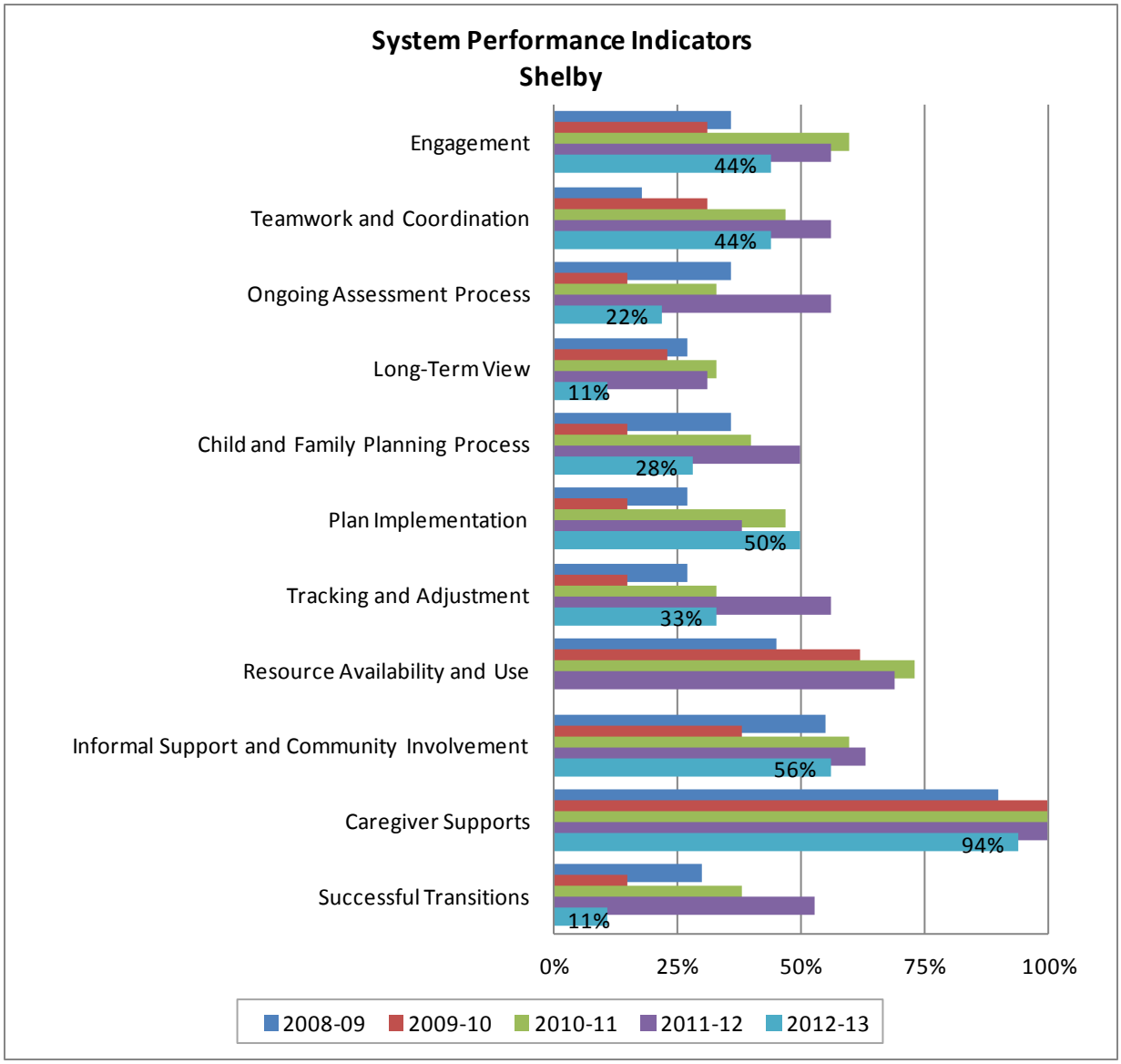

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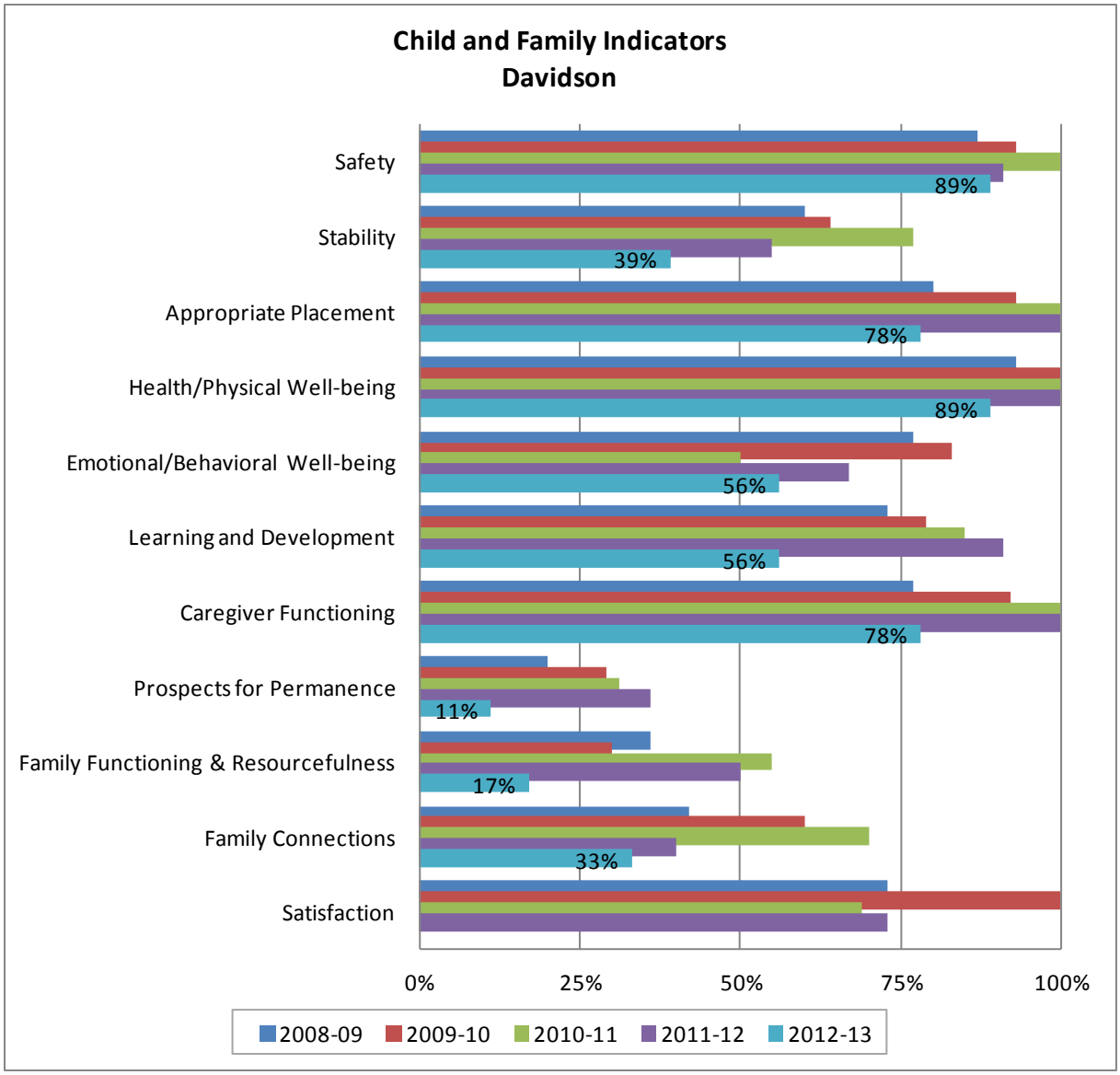

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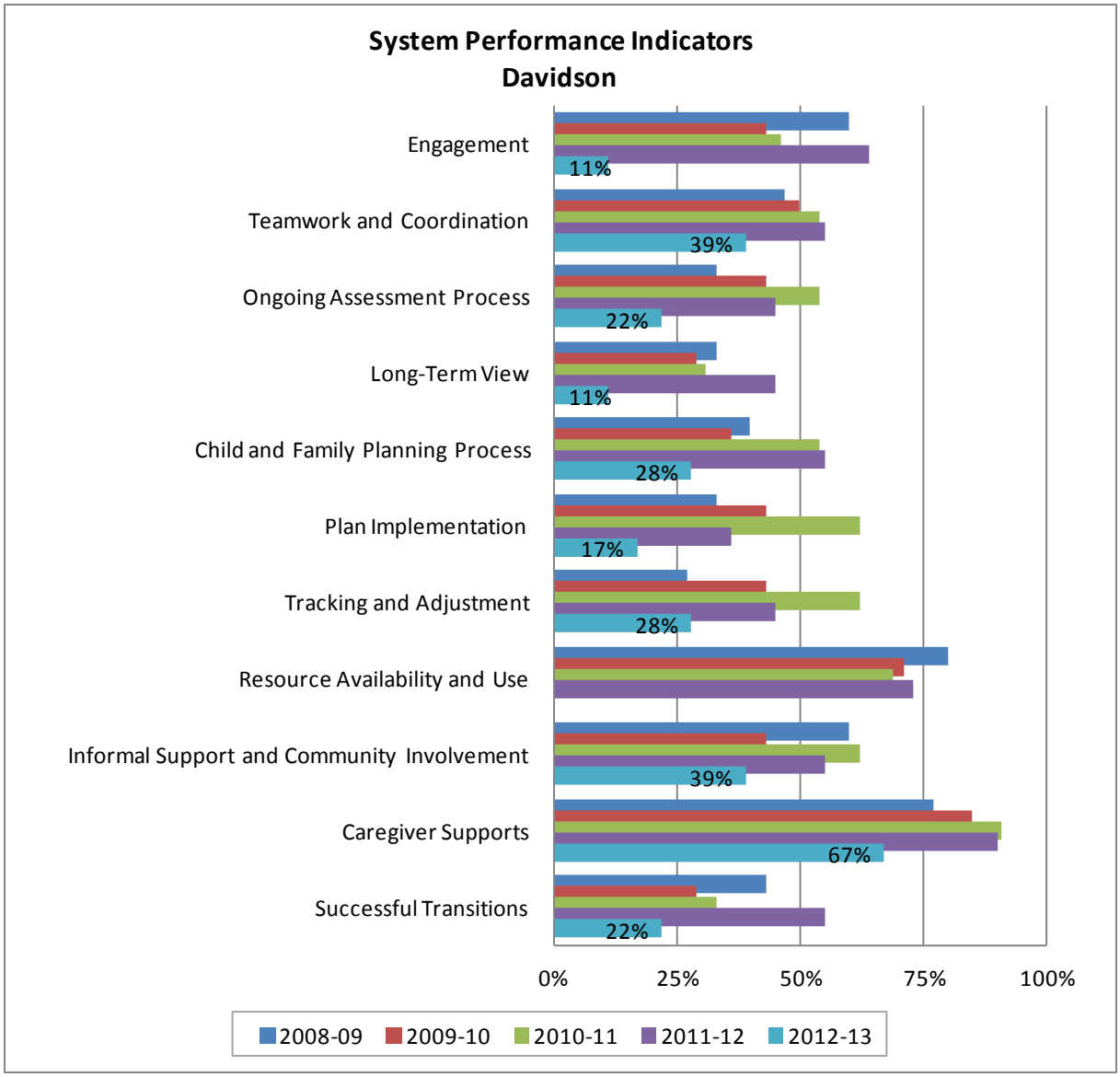

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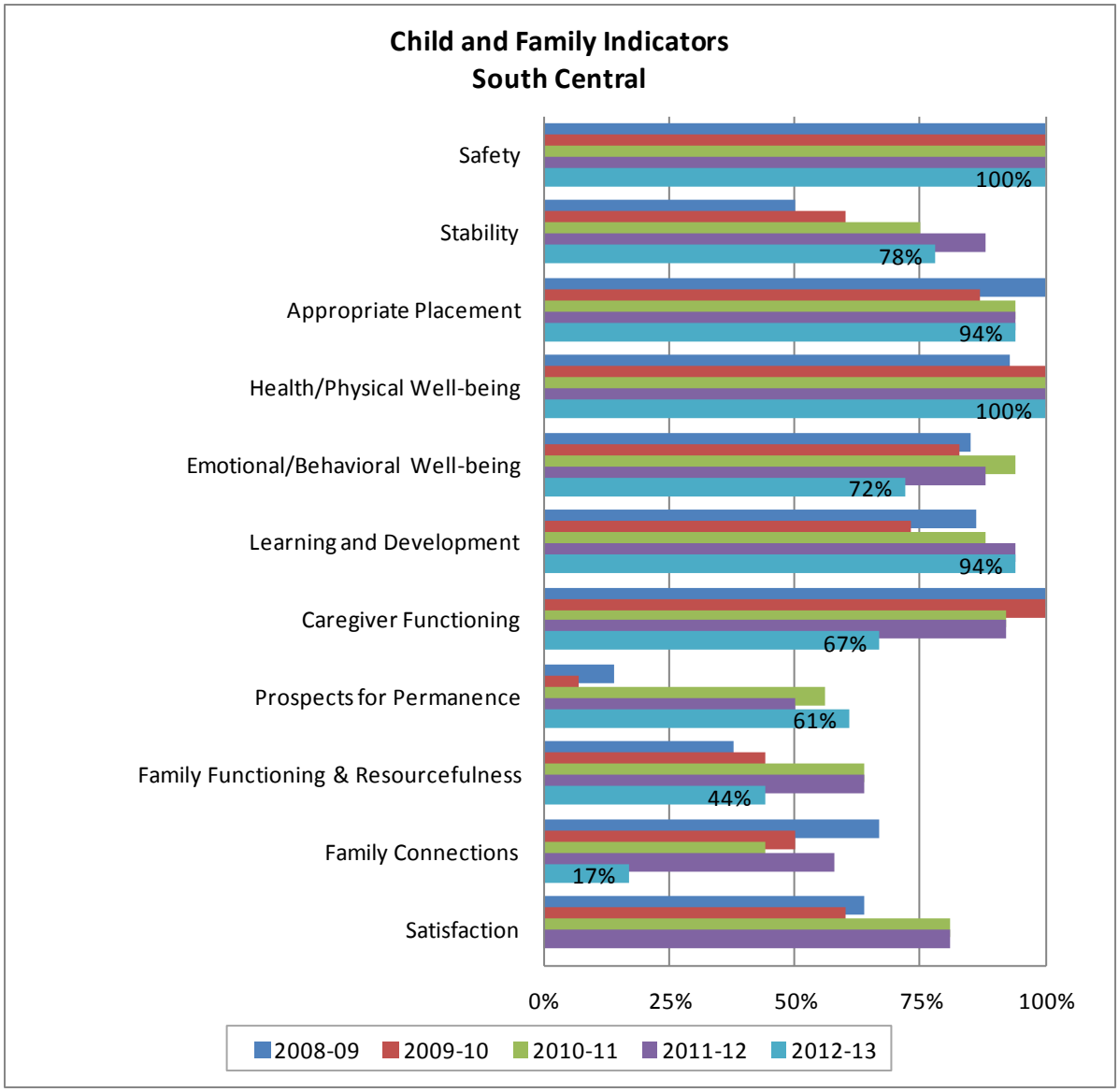

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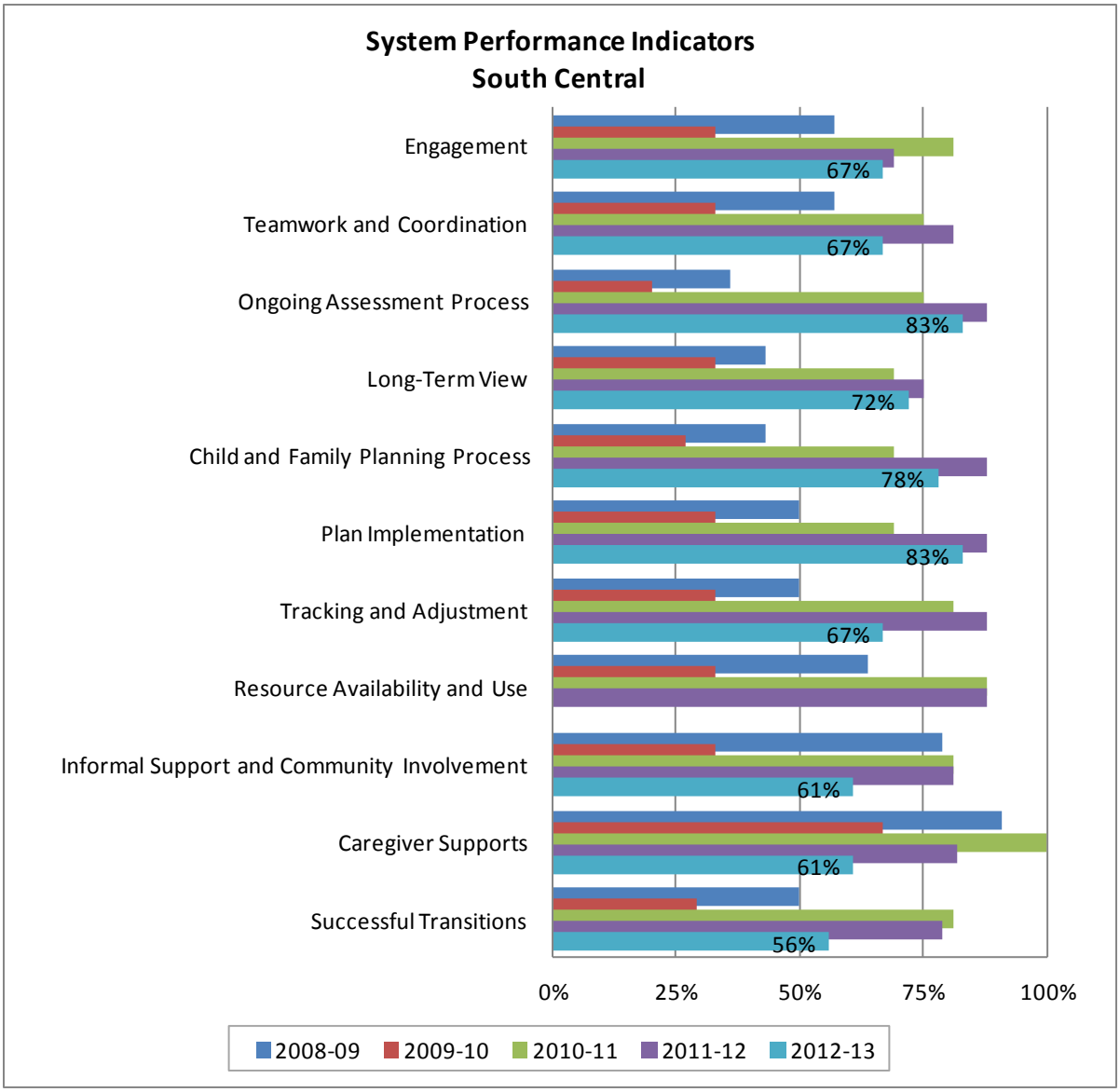

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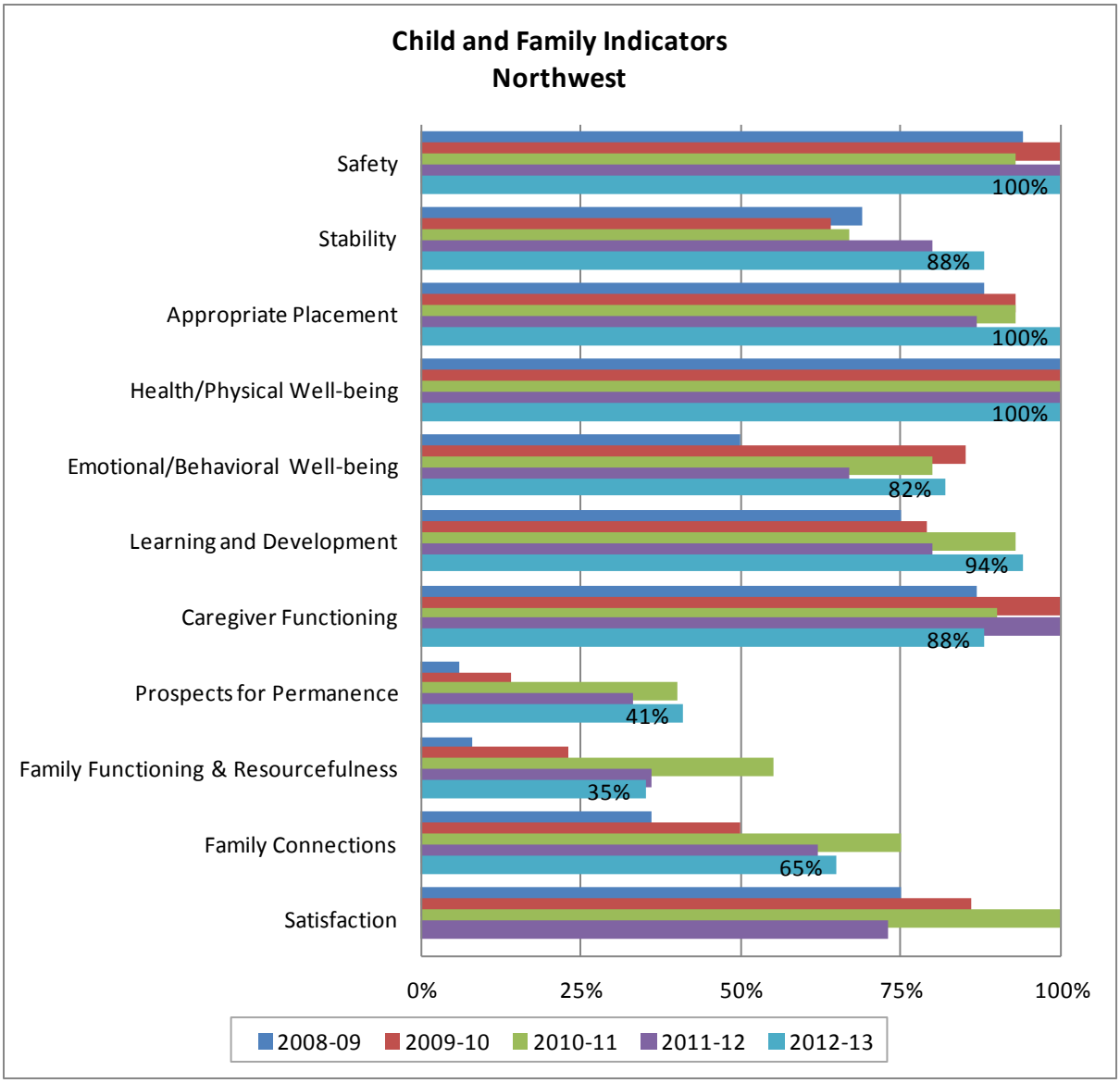

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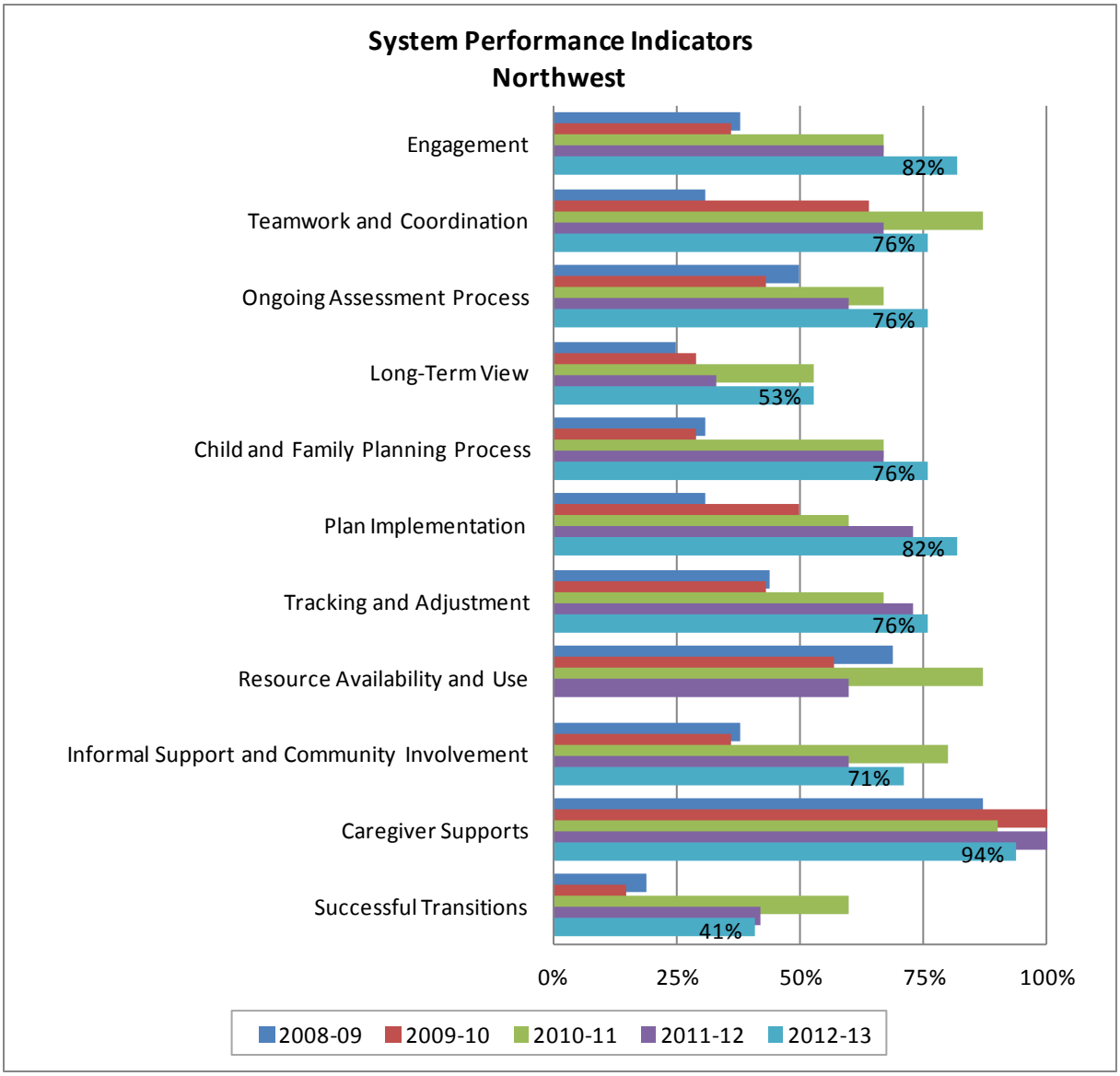

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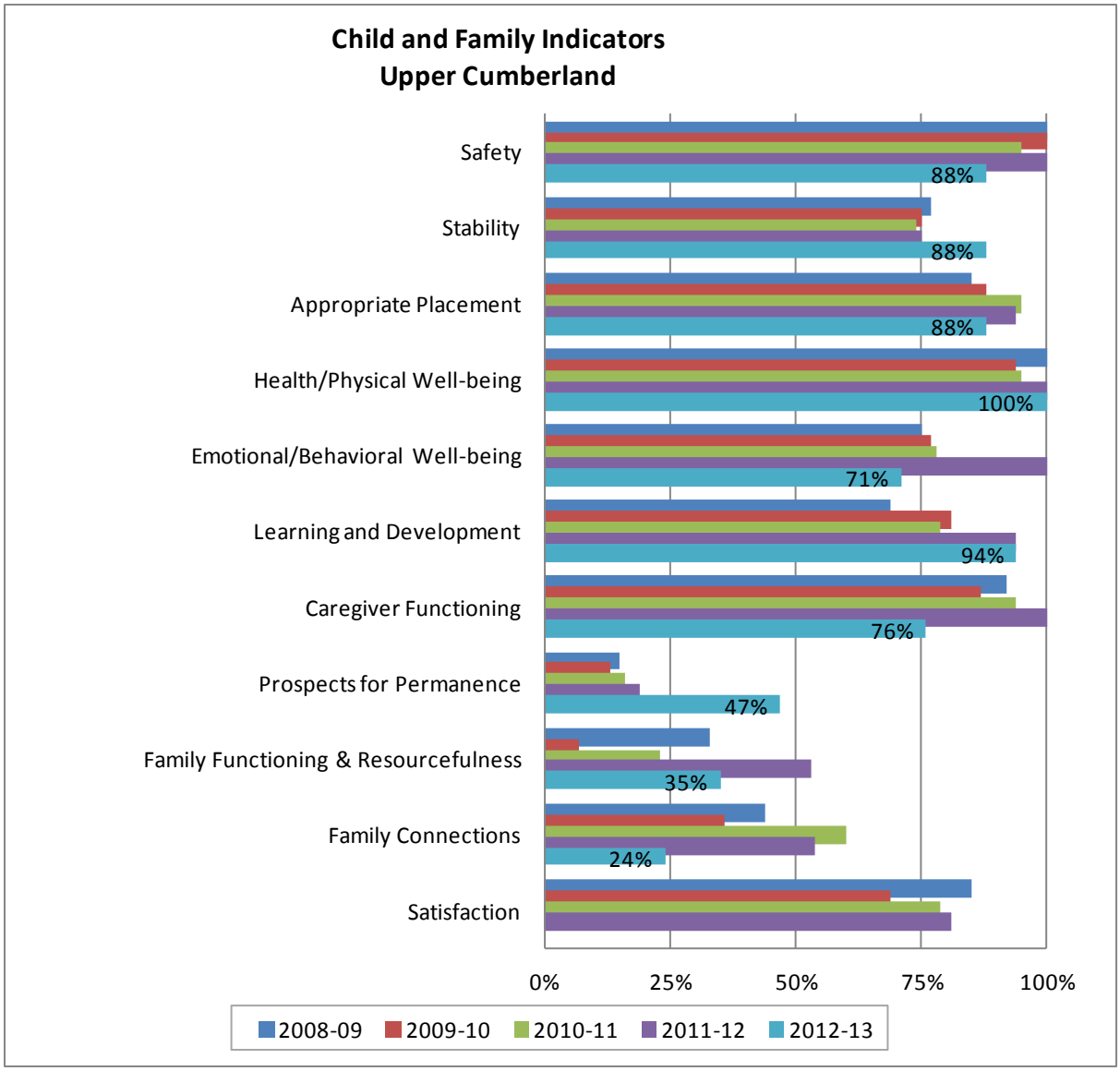

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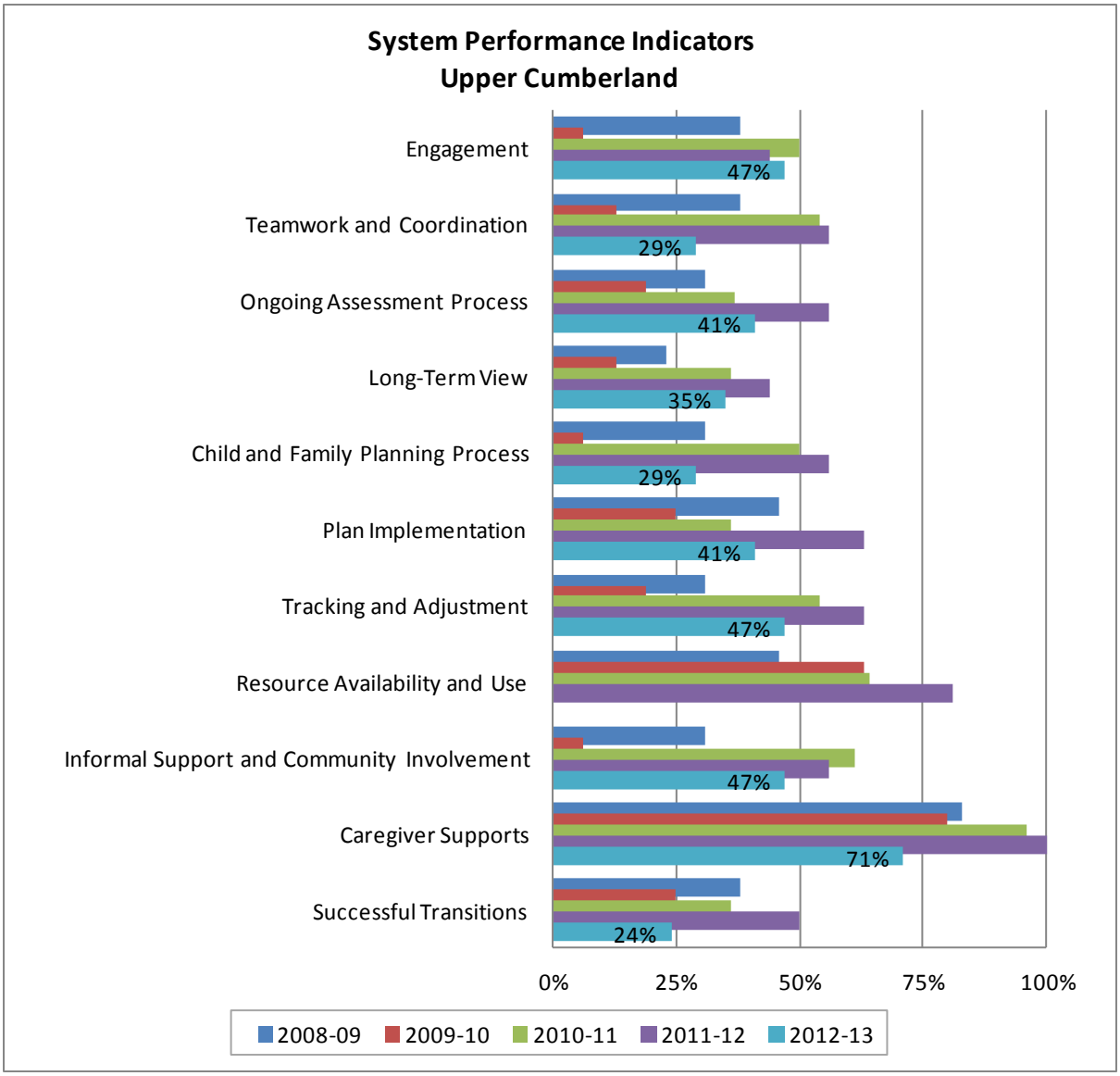

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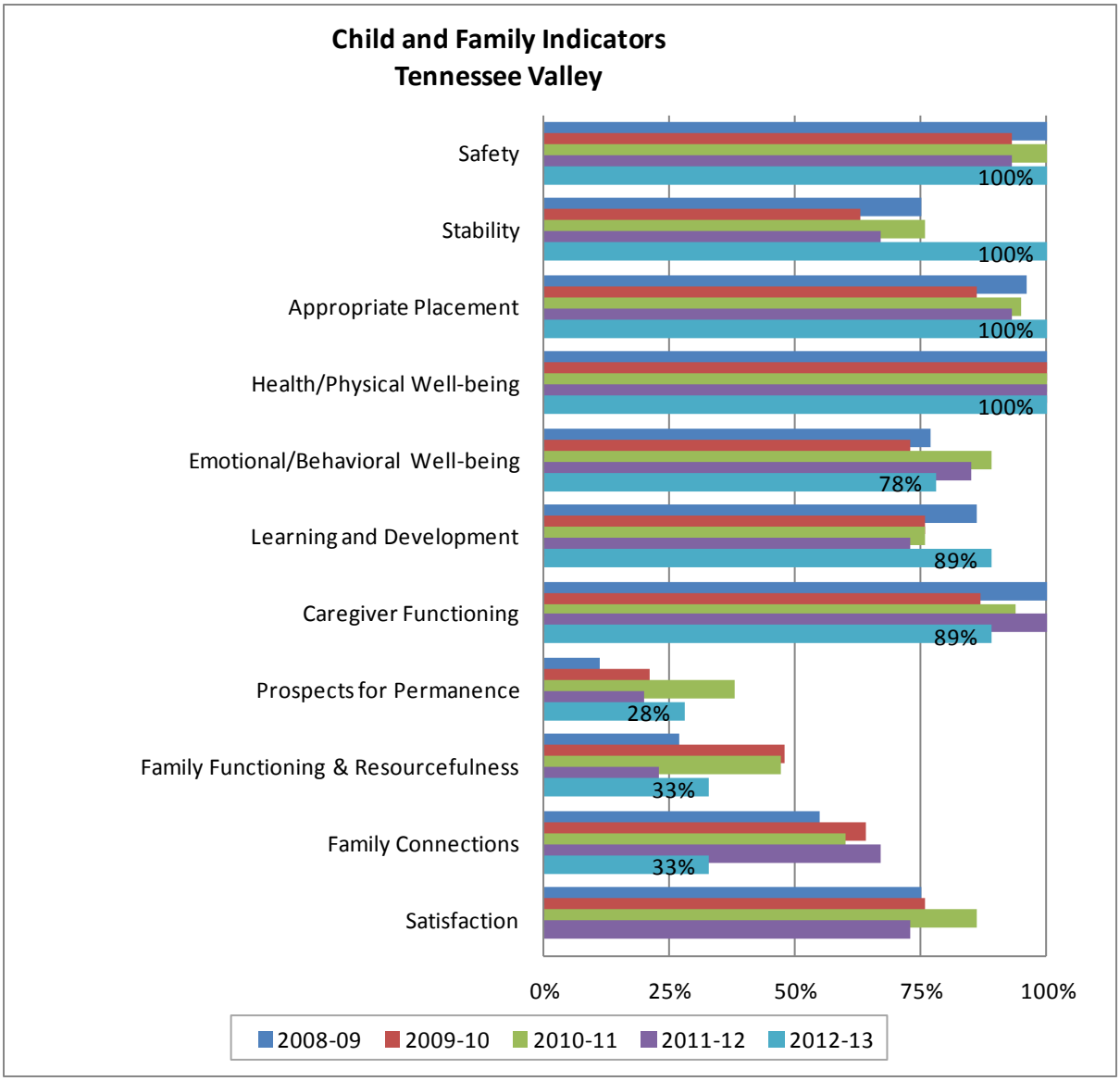

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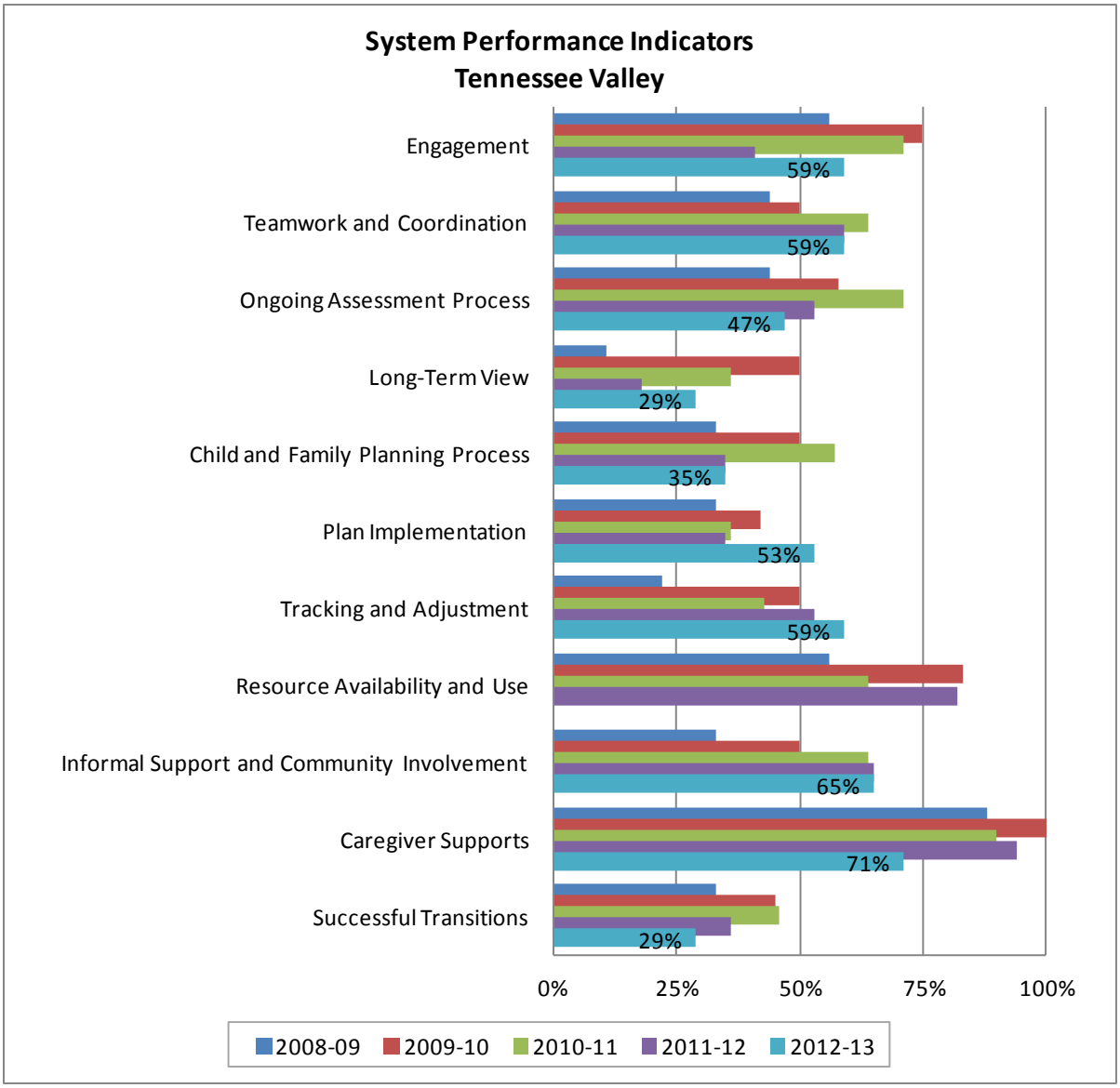

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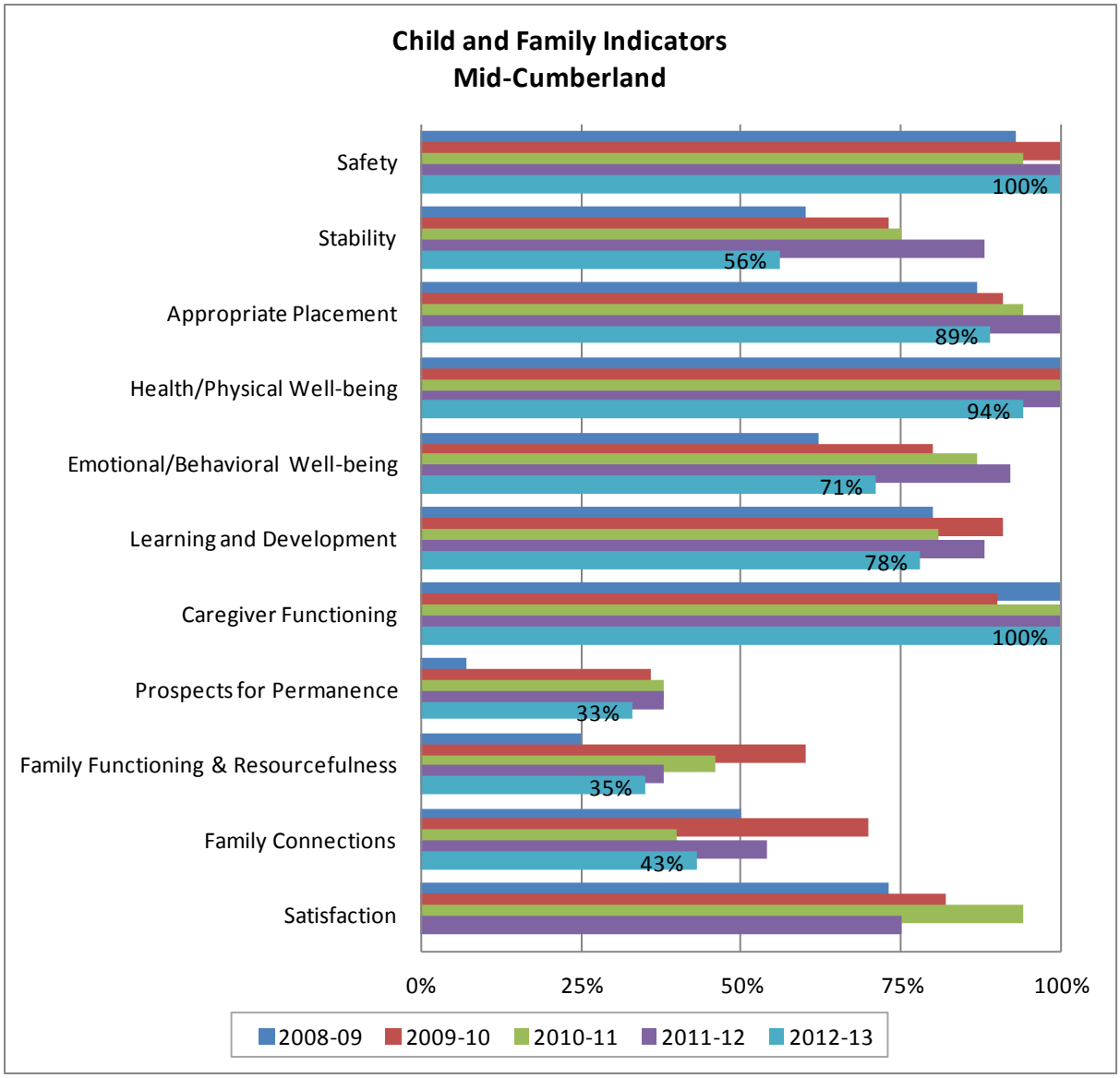

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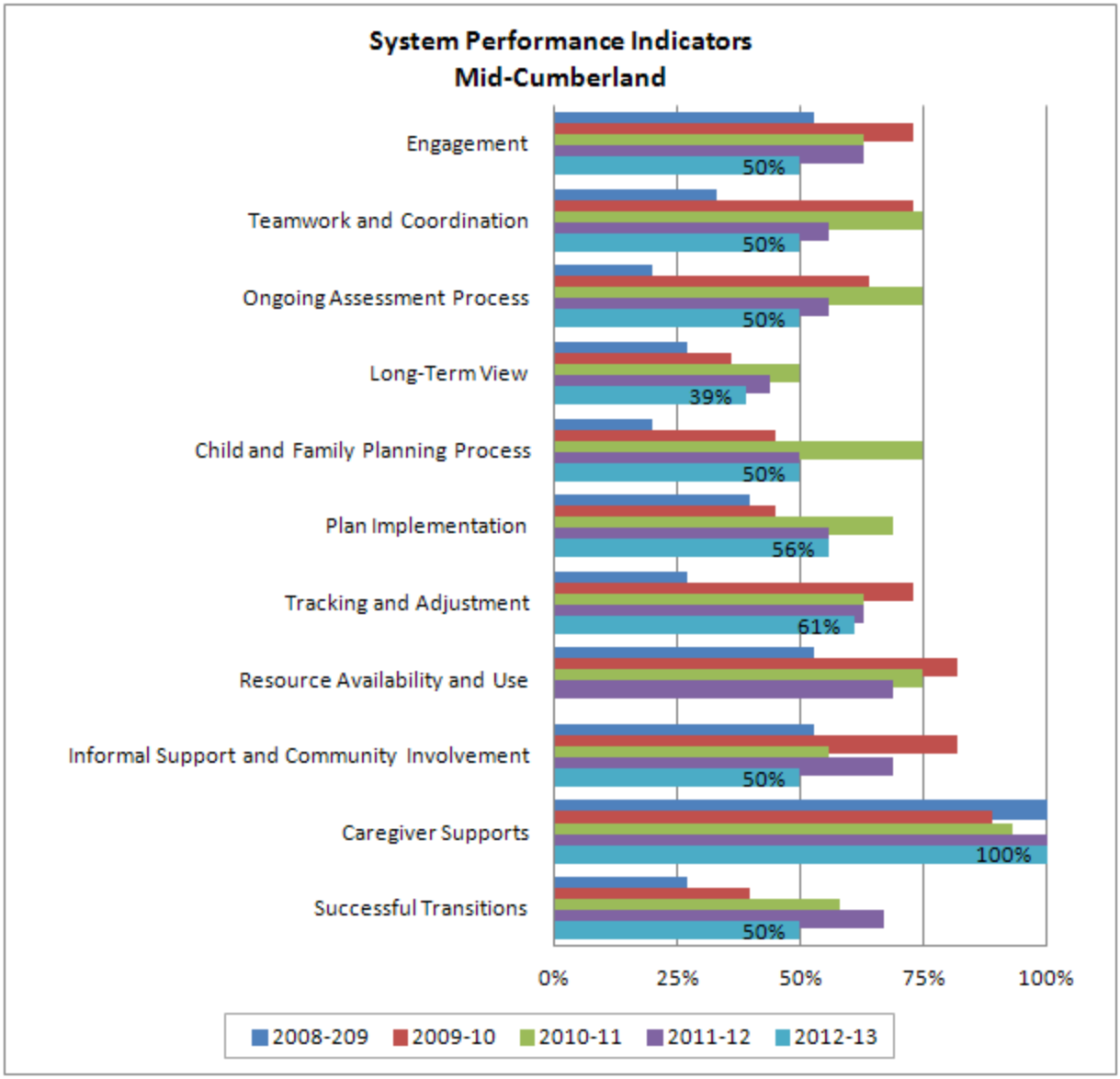

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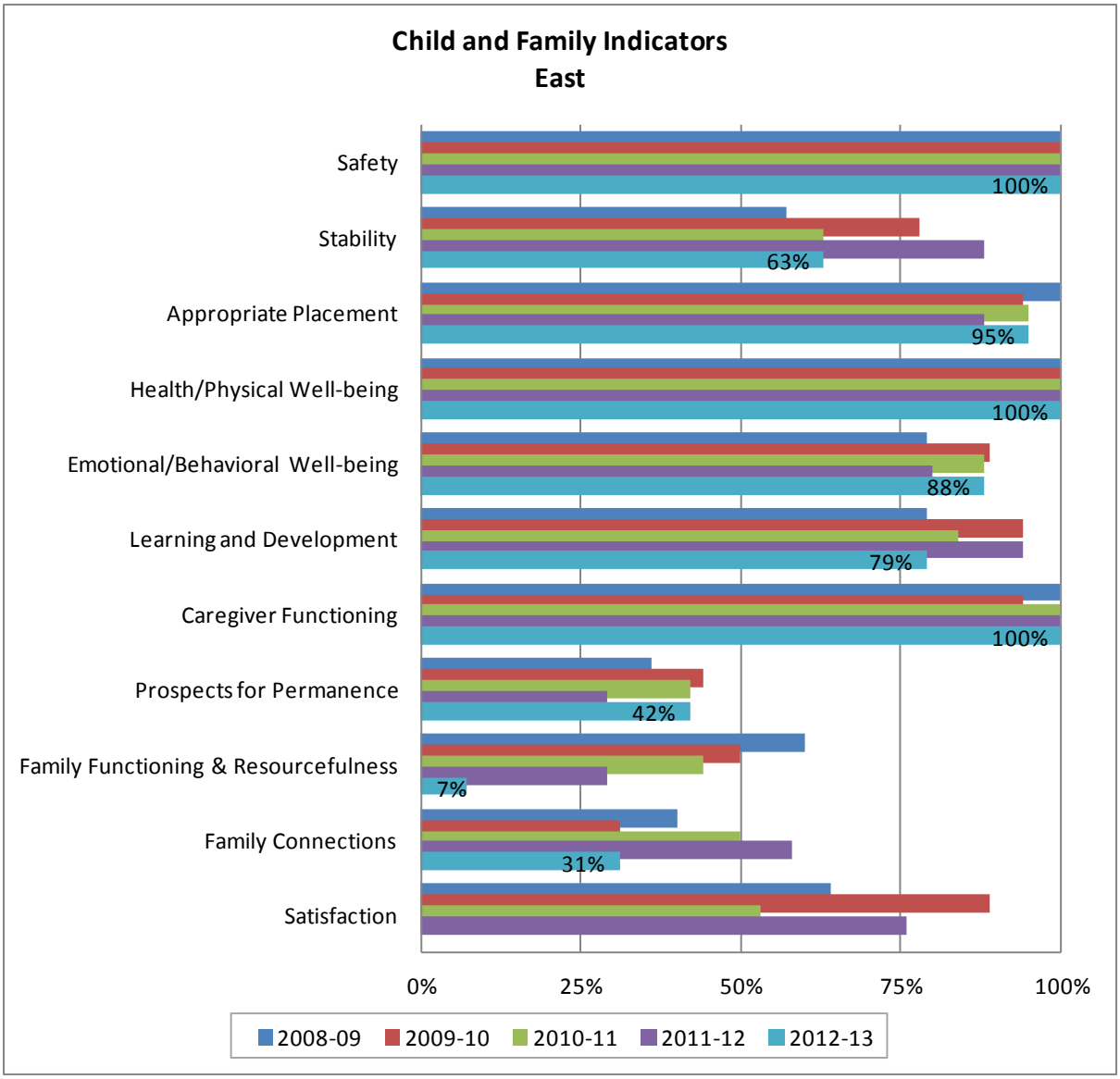

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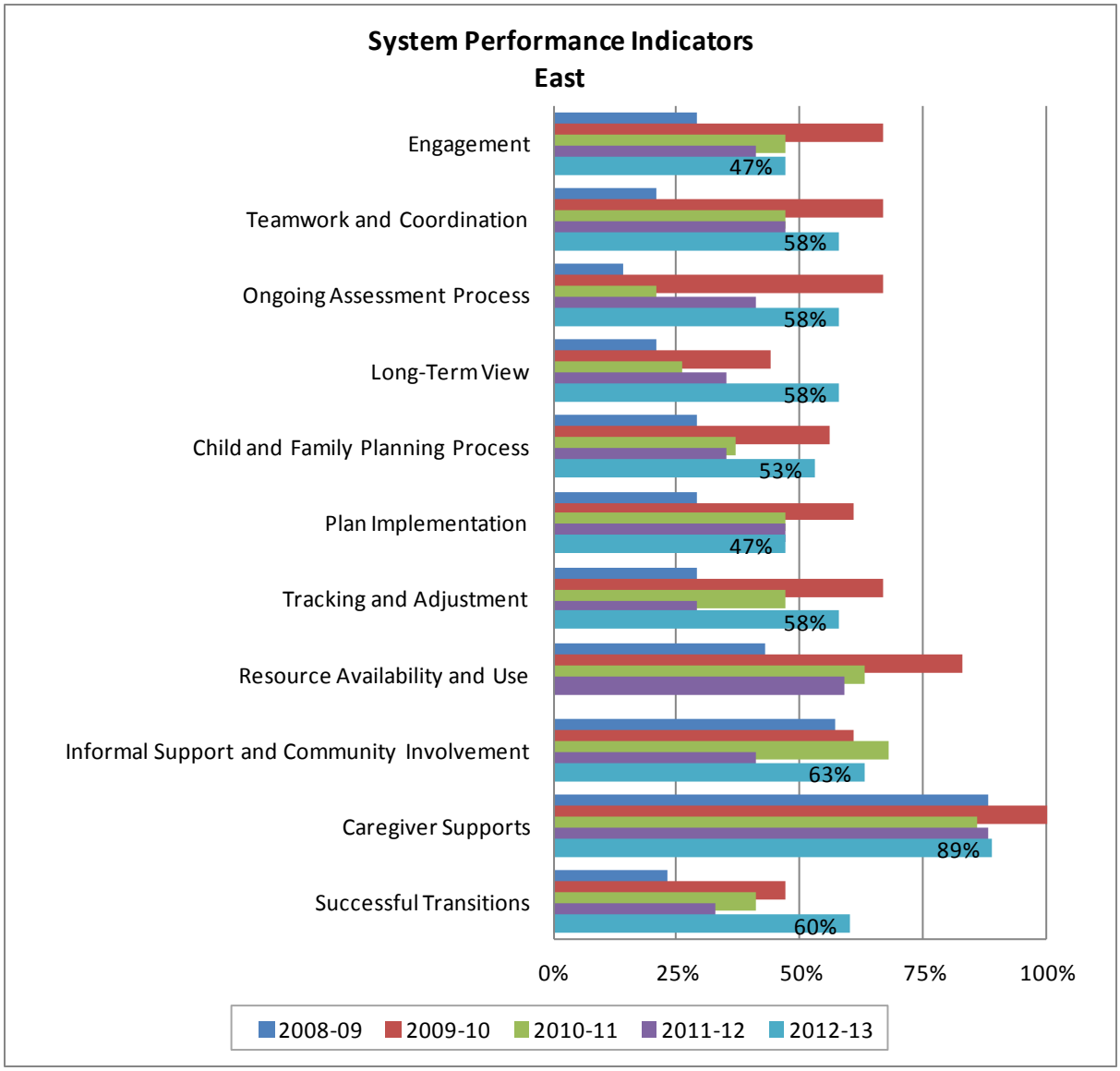

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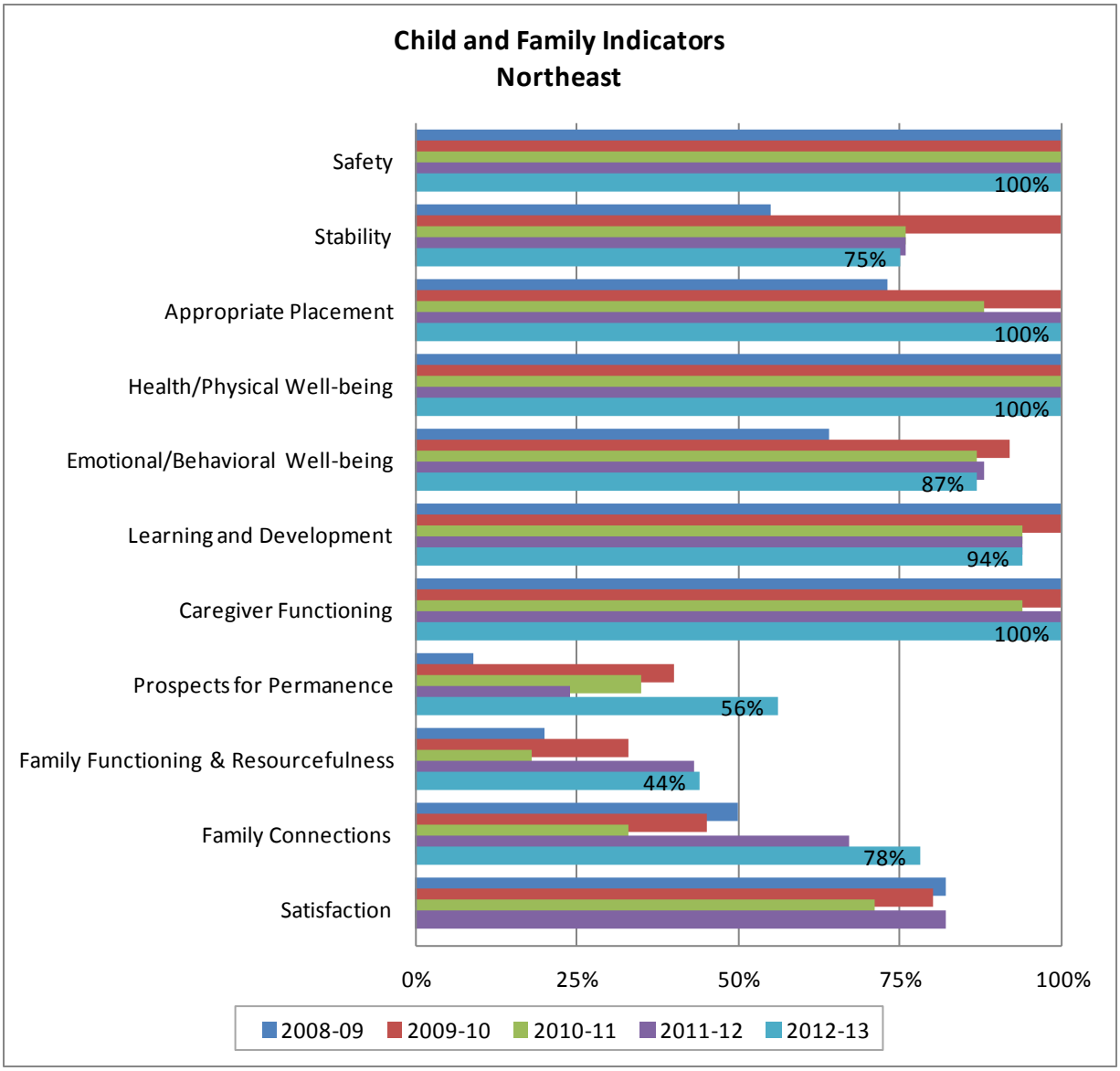

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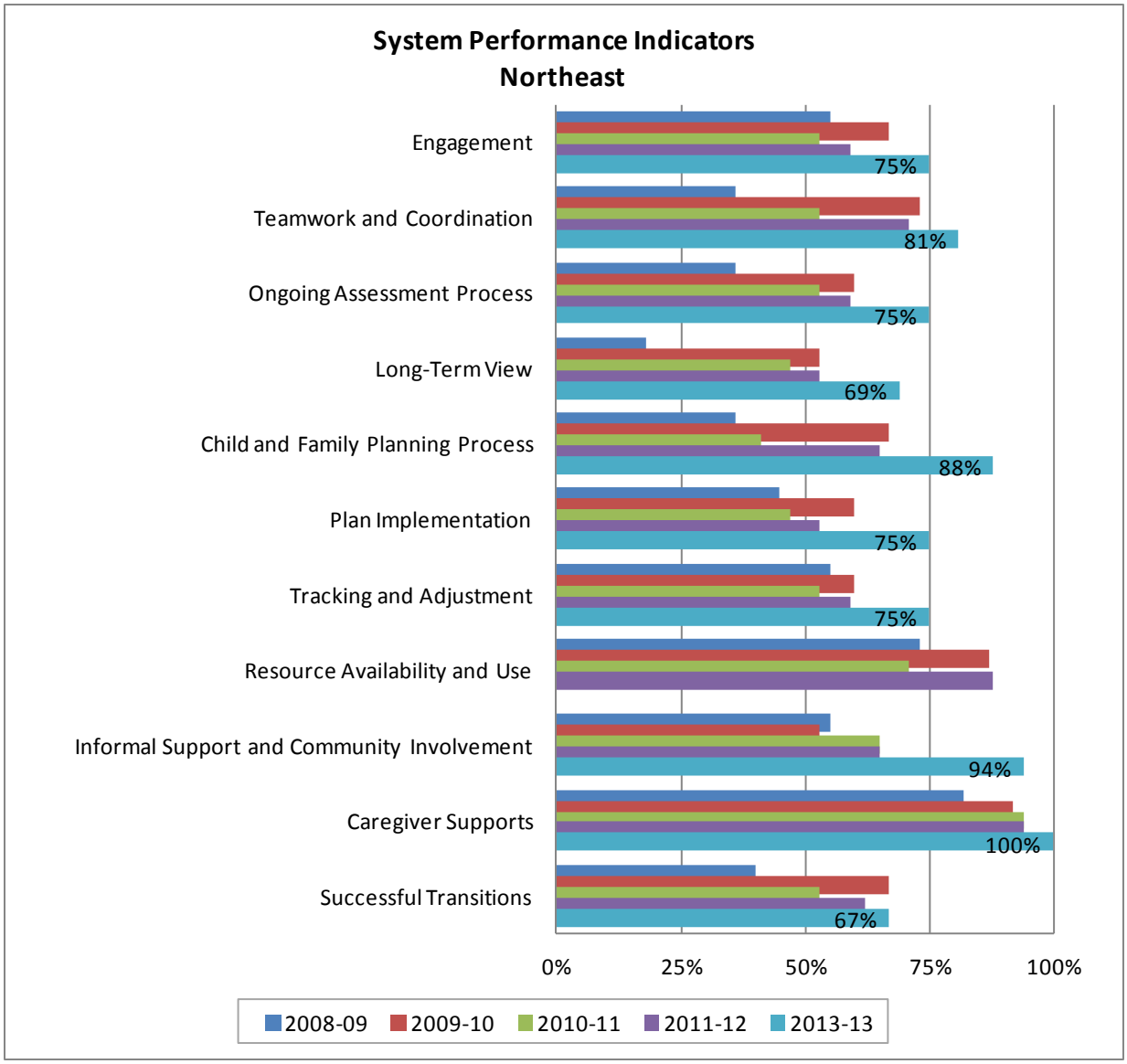

Source: QSR Databases.

APPENDIX D

Sources of Information

This appendix describes the primary sources of information relied on and referred to in Section One of this report.

1. Aggregate Data Reports

These reports are produced by University of Chicago Chapin Hall Center for Children (Chapin Hall) from TFACTS, the Department's new SACWIS system. Most of these are reports that the Department produces on a regular basis for its own planning, tracking, and management needs. Entry cohorts are used for the majority of these reports. In addition, the entry cohort view is refined for most measures by showing information about "first placements," a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).[1] The focus on "first placements" is also a recognition that children who are removed from their homes (or placed "out-of-home") have a much different experience in the child welfare system than children who remain with their families when the Department assumes legal custody.[2]

2. Quality Service Review (QSR)

The Tennessee Quality Service Review serves as the annual case file review of a statistically significant number of cases required by Section XI of Settlement Agreement. The QSR provides quantitative and qualitative data on both child and family status (how well parents and children with whom the Department is working are doing) and system performance (how well the Department is doing in implementing the quality of case practice that is linked to better outcomes for children and families). The QSR process includes both case file reviews and interviews with children, parents, resource parents, professionals working with the family (both DCS and private provider staff), and others. The QSR protocol focuses on 10 indicators of child and family status and 10 indicators of system performance.[3]

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[1] Although many of the measures use first placement entry cohorts, some use entry cohorts including all entries (both first placements as well as reentries), and some use discharge cohorts. In addition, some measures exclude custody episodes lasting fewer than five days. The specific parameters used for each measure are noted in the text.

[2] Some of the percentages for earlier cohorts presented in Section One of this report are slightly different than the percentages presented in previous monitoring reports for those cohorts. These slight changes can be attributed to TFACTS enhancements and data cleaning efforts occurring since the data were pulled for the earlier reports.

[3] The 11 child and family status indicators are Safety, Stability, Appropriate Placement, Health/Physical Well-being, Emotional/Behavioral Well-being, Learning and Development, Caregiver Functioning, Prospects for Permanence, Family Functioning and Resourcefulness, and Family Connections. The 11 indicators of system performance are Engagement, Teamwork and Coordination, Ongoing Functional Assessment, Long-Term View, Child and Family Permanency Planning Process, Plan Implementation, Tracking and Adjustment, Resource Availability and Use, Informal Support and Community Involvement, Resource Family Supports/Support for Congregate Care Providers, and Transitioning for Child and Family.

3. DCS Office of Information Systems "Brian A. Reports"

These are a series of reports generated from TFACTS by the Department[4] and used by the Department to report on progress in meeting the requirements of certain specific provisions of the Settlement Agreement. These include, but are not limited to, a set of measures called for by Section XVI of the Settlement Agreement and reported on in greater detail in Key Outcome and Performance Measures at a Glance, Section One, and Appendices B and F.[5]

[4] Some of these reports, which had previously been produced by the Department, are now being produced by Chapin Hall for DCS. These reports are separate from what is referred to as the "Chapin Hall Reports."

[5] Unlike the aggregate data reports produced by Chapin Hall that generally use entry cohorts including out-of-home placements only, the majority of these reports include all children in custody, regardless of when they entered custody or where they are placed. The specific parameters used for each measure are noted in the text.

APPENDIX E

A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help convey information about the children who are served by the child welfare system, one of three viewpoints is presented. The "viewpoints" are: "point-in-time" data, "entry cohort" data, and "exit cohort" data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a "point-in-time" viewpoint. For example, we would use point-in-time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Point-in-time data also tell us whether the number of children in care on any given day is increasing, decreasing, or staying the same. A graph that compares snapshots of the population for several years on the same day every month (the same "point in time") provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been increasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at "point-in-time data." For example, were more children committed to DCS custody in 2012 than in past years? Or is the increase the result of children staying in the system for longer time periods (fewer children getting released from custody during 2012) than in previous years? For this answer we need to look at "cohort data."

The question whether more children entered custody in 2012 than entered in 2011 is answered by comparing the total number of children who entered custody in 2012 (the 2012 entry cohort) with the number of children who entered custody in 2011 (the 2011 entry cohort).

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2012 than with the children who entered in 2011? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year-to-year improvement in these and other important areas of system performance.

There are certain questions for which "exit cohort" data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2011 (the 2011 exit cohort) with the reentry rates of those children who exited care in 2010 (the 2010 exit cohort) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.

APPENDIX F

Key Outcome and Performance Measures by Race and Ethnicity

This appendix presents race breakouts of those key outcome measures and performance indicators for which race data are currently available. Race data are currently available for the measures listed below.

- From the Settlement Agreement Outcome and Performance Measures:
  - Reunification within 12 months (XVI.A.1),
  - Adoption finalization within 12 months of full guardianship (XVI.A.2),
  - Number of placements within the previous 12 months (XVI.A.3),
  - Length of time in placement (XVI.A.4),
  - Reentry into placement (XVI.A.5),
  - Achievement measures upon discharge (XVI.A.6), and
  - Planned Permanent Living Arrangement (PPLA) goals (XVI.B.5);

- From the Regional Outcome reports produced by Chapin Hall:
  - Reduce the rate of children entering out-of-home care (Purpose No. 1),
  - Increase the proportion of children initially placed in home county (Purpose No. 2),
  - Increase the proportion of children initially placed in a family setting (Purpose No. 3),
  - Increase placement stability (Purpose No. 7), and
  - Increase the number and rate of siblings placed together initially (Purpose No. 8).

Settlement Agreement Section XVI Outcome and Performance Measures

In the following tables, "Other" includes American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Multiracial, Undetermined, Unknown, and Missing.[12]

[12] Reporting from TFACTS on the racial and ethnic composition of the *Brian A.* class population is available; however, because field staff have not been as conscientious in entering race/ethnicity data as they should, there are a significant number of children for whom the race/ethnicity field has been left blank. Race is not a required field in TFACTS as it was in TNKids, which has contributed to a larger number of blanks in TFACTS reporting than was present in TNKids reporting.

XVI.A.1 Reunification
Children Exiting Care Between 1/1/12 and 1/1/13
Number and Percent Who Were Reunified with Parents or Exited to Relatives Within 12 Months of Entry

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	236	183	77.5%	65	51	78.5%	95	71	74.7%	27	20	74.1%	49	41	83.7%
East	325	233	71.7%	233	164	70.4%	3	2	66.7%	18	9	50.0%	71	58	81.7%
Knox	268	154	57.5%	169	92	54.4%	47	26	55.3%	18	11	61.1%	34	25	73.5%
Mid-Cumberland	388	265	68.3%	173	117	67.6%	61	35	57.4%	28	20	71.4%	126	93	73.8%
Northeast	340	237	69.7%	237	144	60.8%	9	6	66.7%	12	10	83.3%	82	77	93.9%
Northwest	127	79	62.2%	77	49	63.6%	20	7	35.0%	9	5	55.6%	21	18	85.7%
Shelby	577	408	70.7%	58	46	79.3%	416	272	65.4%	8	5	62.5%	95	85	89.5%
Smoky Mountain	441	284	64.4%	325	205	63.1%	10	3	30.0%	21	16	76.2%	85	60	70.6%
South Central	211	124	58.8%	163	93	57.1%	23	15	65.2%	13	9	69.2%	12	7	58.3%
Southwest	172	100	58.1%	85	51	60.0%	58	25	43.1%	10	9	90.0%	19	15	78.9%
Tennessee Valley	327	235	71.9%	207	154	74.4%	52	28	53.8%	24	18	75.0%	44	35	79.5%
Upper Cumberland	336	216	64.3%	288	187	64.9%	3	1	33.3%	12	10	83.3%	33	18	54.5%
Statewide	**3748**	**2518**	**67.2%**	**2080**	**1353**	**65.0%**	**797**	**491**	**61.6%**	**200**	**142**	**71.0%**	**671**	**532**	**79.3%**
Outcome Goal			**80.0%**			**80.0%**			**80.0%**			**80.0%**			**80.0%**

XVI.A.2 Adoption Finalization
Full Guardianship Obtained Between 1/1/11 and 1/1/12
Number and Percent of Adoption Finalizations Within 12 Months of Full Guardianship

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	54	35	81.4%	23	20	87.0%	14	11	78.6%	1	0	0.0%	5	4	80.0%
East	99	84	84.8%	91	76	83.5%	0	0		4	4	100.0%	4	4	100.0%
Knox	127	95	74.8%	89	68	76.4%	24	17	70.8%	7	7	100.0%	7	3	42.9%
Mid-Cumberland	69	55	79.7%	48	38	79.2%	10	7	70.0%	5	5	100.0%	6	5	83.3%
Northeast	75	54	72.0%	67	47	70.1%	2	1	50.0%	4	4	100.0%	2	2	100.0%
Northwest	8	4	50.0%	7	4	57.1%	0	0		0	0		1	0	0.00%
Shelby	42	35	83.3%	5	3	60.0%	34	29	85.3%	0	0		3	3	100.0%
Smoky Mountain	100	79	79.0%	86	67	77.9%	0	0		9	9	100.0%	5	3	60.0%
South Central	70	48	68.6%	58	39	67.2%	2	2	100.0%	7	5	71.4%	3	2	66.7%
Southwest	23	20	87.0%	10	7	70.0%	11	11	100.0%	0	0		2	2	100.0%
Tennessee Valley	100	59	59.0%	75	48	64.0%	12	5	41.7%	5	3	60.0%	8	3	37.5%
Upper Cumberland	102	63	61.8%	93	58	62.4%	0	0		1	1	100.0%	8	4	50.0%
Statewide	**858**	**631**	**73.5%**	**652**	**475**	**72.9%**	**109**	**83**	**76.1%**	**43**	**38**	**88.4%**	**54**	**35**	**64.8%**
Outcome Goal			**75.0%**			**75.0%**			**75.0%**			**75.0%**			**75.0%**

XVI.A.3 Number of Placements
Children in Custody Between 1/1/12 and 1/1/13
Number and Percent of Children Experiencing Two or Fewer Placements During Previous 12 Months

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	660	612	92.7%	193	179	92.7%	268	251	93.7%	61	53	86.9%	138	129	93.5%
East	938	862	91.9%	711	653	91.8%	18	17	94.4%	32	30	93.8%	177	162	91.5%
Knox	1122	1028	91.6%	662	611	92.3%	199	167	83.9%	76	75	98.7%	71	68	95.8%
Mid-Cumberland	1318	1238	93.9%	637	589	92.5%	190	177	93.2%	76	75	98.7%	185	175	94.6%
Northeast	1091	1032	94.6%	760	717	94.3%	29	25	86.2%	31	24	77.4%	271	266	98.2%
Northwest	376	343	91.2%	230	209	90.9%	64	58	90.6%	25	24	96.0%	57	52	91.2%
Shelby	1525	1402	91.9%	113	121	93.4%	1173	1071	91.3%	40	30	97.5%	191	179	93.7%
Smoky Mountain	1293	1197	92.6%	988	909	92.0%	21	18	85.7%	85	84	98.8%	199	186	93.5%
South Central	752	673	89.5%	582	518	89.0%	34	32	94.1%	52	51	98.1%	59	54	91.5%
Southwest	462	428	92.6%	228	212	93.0%	160	146	91.3%	19	17	89.5%	55	53	96.4%
Tennessee Valley	1088	999	91.8%	714	651	91.2%	171	155	90.6%	67	64	95.5%	136	129	94.9%
Upper Cumberland	1109	1055	95.1%	923	876	94.9%	9	9	100.0%	47	45	95.7%	130	125	96.2%
Statewide	**11734**	**10869**	**92.6%**	**6749**	**6237**	**92.4%**	**2361**	**2144**	**90.8%**	**622**	**592**	**95.2%**	**2002**	**1896**	**94.7%**
Outcome Goal			**90.0%**			**90.0%**			**90%**			**90.0%**			**90.0%**

XVI.A.4 Length of Time in Placement
Children in Custody Between 1/1/12 and 1/1/13
Number and Percent of Children Who Had Been in Custody for Two Years or Less

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	678	567	83.6%	197	166	84.3%	278	220	79.1%	62	48	77.4%	141	133	94.3%
East	974	839	86.1%	734	619	84.3%	19	13	68.4%	32	27	84.4%	189	180	95.2%
Knox	1131	948	83.8%	664	538	81.0%	205	166	81.0%	77	71	92.2%	185	173	93.5%
Mid-Cumberland	1336	1144	85.6%	651	531	81.6%	191	150	78.5%	87	70	80.5%	407	393	96.6%
Northeast	1107	899	81.2%	770	588	76.4%	29	23	79.3%	31	25	80.6%	277	263	94.9%
Northwest	380	337	88.7%	234	207	88.5%	64	56	87.5%	25	20	80.0%	57	54	94.7%
Shelby	1551	1261	81.3%	125	102	81.6%	1188	944	79.5%	40	28	70.0%	198	187	94.4%
Smoky Mountain	1303	1052	80.7%	998	796	79.8%	21	16	76.2%	85	58	68.2%	199	182	91.5%
South Central	764	608	79.6%	588	470	79.9%	63	55	87.3%	53	35	66.0%	60	48	80.0%
Southwest	466	352	75.5%	232	177	76.3%	160	111	69.4%	19	17	89.5%	55	47	85.5%
Tennessee Valley	1099	876	79.7%	719	553	76.9%	174	147	84.5%	68	53	77.9%	138	123	89.1%
Upper Cumberland	1119	984	87.9%	932	809	86.8%	9	7	77.8%	47	45	95.7%	131	123	93.9%
Statewide	**11980**	**9867**	**82.9%**	**6844**	**5556**	**81.2%**	**2401**	**1908**	**79.5%**	**626**	**497**	**79.4%**	**2037**	**1906**	**93.6%**
Outcome Goal			**75.0%**			**75.0%**			**75.0%**			**75.0%**			**75.0%**

XVI.A.5 Reentry into Placement
Children Exiting Custody Between 1/1/11 and 1/1/12
Number and Percent of Children Who Reentered Custody Within 12 Months of Discharge

	Total Population			White			Black/African American			Hispanic			Other		
Region	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	270	15	5.6%	91	6	6.6%	122	6	4.9%	13	0	0.0%	44	3	6.8%
East	373	24	6.4%	316	22	7.0%	3	0	0.0%	20	0	0.0%	34	2	5.9%
Knox	386	12	3.1%	253	9	3.6%	95	3	3.2%	15	0	0.0%	23	0	0.0%
Mid-Cumberland	489	22	4.5%	276	11	4.0%	64	6	9.4%	35	0	0.0%	114	5	4.4%
Northeast	384	21	5.5%	309	19	6.1%	11	0	0.0%	16	0	0.0%	48	2	4.2%
Northwest	165	9	5.5%	113	7	6.2%	28	1	3.6%	9	0	0.0%	15	1	6.7%
Shelby	614	52	8.5%	37	1	2.7%	455	42	9.2%	23	6	26.1%	99	3	3.0%
Smoky Mountain	499	28	5.6%	383	26	6.8%	14	2	14.3%	40	0	0.0%	62	0	0.0%
South Central	330	23	7.0%	258	19	7.4%	32	4	12.5%	15	0	0.0%	25	0	0.0%
Southwest	202	7	3.5%	91	4	4.4%	76	3	3.9%	7	0	0.0%	28	0	0.0%
Tennessee Valley	449	25	5.6%	304	16	5.3%	97	5	5.2%	10	2	20.0%	38	2	5.3%
Upper Cumberland	374	13	3.5%	302	11	3.6%	15	1	6.7%	16	0	0.0%	41	1	2.4%
Statewide	**4535**	**251**	**5.5%**	**2733**	**151**	**5.5%**	**1012**	**73**	**7.2%**	**219**	**8**	**3.7%**	**571**	**19**	**3.3%**
Outcome Goal			**<= 8%**			**<= 8%**			**<= 8%**			**<= 8%**			**<= 8%**

XVI.A.6 Achievement Measures Upon Discharge
Youth Exiting Custody to Emancipation Between 1/1/12 and 1/1/13 Who Had Exit Survey Records
Number and Percent of Youth Reaching at Least One Achievement Measure

	Total Population			White			Black/African American			Hispanic			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	24	17	70.8%	9	7	77.8%	7	5	71.4%	3	3	100.0%	5	2	40%
East	22	16	72.7%	17	14	82.4%	1	0		1	1	100.0%	3	1	33.3%
Knox	19	14	73.7%	11	9	81.8%	8	5	62.5%	0	0		0	0	
Mid-Cumberland	39	29	74.4%	18	10	55.6%	12	11	91.7%	3	3	100.0%	6	5	83.3%
Northeast	18	16	88.9%	12	10	83.3%	2	2	100.0%	1	1	100.0%	3	3	100.0%
Northwest	11	11	100.0%	8	8	100.0%	2	2	100.0%	0	0		1	1	100.0%
Shelby	49	37	75.5%	3	1	33.3%	42	33	78.6%	0	0		4	3	75.0%
Smoky Mountain	29	25	86.2%	25	21	84.0%	0	0		1	1	100.0%	3	3	100.0%
South Central	28	23	82.1%	19	16	84.2%	4	2	50.0%	3	3	100.0%	2	2	100.0%
Southwest	11	11	100.0%	7	7	100.0%	4	4	100.0%	0	0		0	0	
Tennessee Valley	26	19	73.1%	19	14	73.7%	6	4	66.7%	0	0		1	1	100%
Upper Cumberland	21	18	85.7%	16	13	81.3%	0	0		2	2	100.0%	3	3	100.0%
Statewide	**297**	**236**	**79.5%**	**164**	**130**	**79.3%**	**88**	**68**	**77.3%**	**14**	**14**	**100.0%**	**31**	**24**	**77.4%**
Outcome Goal			**90.0%**			**90.0%**			**90.0%**			**90.0%**			**90.0%**

XVI.B.5 Goal of Planned Permanent Living Arrangement
Children in Custody on December 30, 2012
Number and Percent of Children with a Sole PPLA Goal

	Total Population			White			Black/African American			Other		
Region	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**	**Total**	**#**	**%**
Davidson	328	2	0.6%	118	0	0.0%	144	2	1.4%	66	0	0.0%
East	498	0	0.0%	367	0	0.0%	23	0	0.0%	108	0	0.0%
Knox	699	0	0.0%	424	0	0.0%	165	0	0.0%	110	0	0.0%
Mid-Cumberland	831	0	0.0%	418	0	0.0%	128	0	0.0%	285	0	0.0%
Northeast	650	2	0.3%	450	2	0.4%	15	0	0.0%	185	0	0.0%
Northwest	219	1	0.5%	143	1	0.7%	46	0	0.0%	30	0	0.0%
Shelby	818	1	0.1%	76	0	0.0%	640	1	0.2%	102	0	0.0%
Smoky Mountain	706	1	0.1%	564	1	0.2%	32	0	0.0%	110	0	0.0%
South Central	414	2	0.5%	344	2	0.6%	51	0	0.0%	19	0	0.0%
Southwest	261	1	0.4%	140	0	0.0%	99	1	1.0%	22	0	0.0%
Tennessee Valley	607	5	0.8%	405	5	1.2%	106	0	0.0%	96	0	0.0%
Upper Cumberland	672	1	0.1%	551	1	0.2%	18	0	0.0%	103	0	0.0%
Statewide	**6703**	**16**	**0.2%**	**4000**	**12**	**0.3%**	**1467**	**4**	**0.2%**	**1236**	**0**	**0.0%**
Outcome Goal			**<= 5%**			**<= 5%**			**<= 5%**			**<= 5%**

Rate (per 1,000) of Children Entering Out-of-Home Placement Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2011-12				
Region	**Total Population**	**White**	**Black/ African American**	**Hispanic**
Davidson	2.1	1.1	2.2	1.9
East	5.3	3.9	2.1	5.9
Knox	5.1	3.4	7.9	15.9
Mid-Cumberland	2.1	1.3	1.8	2.4
Northeast	4.4	3.1	2.4	6.2
Northwest	3.1	2.4	3.1	4.3
Shelby	2.6	0.7	2.9	0.9
Smoky Mountain	6.0	4.6	3.3	9.0
South Central	2.7	2.5	2.7	3.4
Southwest	2.0	1.6	2.1	1.9
Tennessee Valley	3.0	2.5	3.0	4.4
Upper Cumberland	6.0	5.4	1.4	5.6
Statewide	**3.3**	**2.5**	**2.8**	**3.7**

Percent of Children Placed In-County or with Relatives/Kin Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2011-12			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	77%	75%	80%
East	45%	45%	0%
Knox	76%	77%	79%
Mid-Cumberland	49%	45%	46%
Northeast	55%	56%	50%
Northwest	46%	48%	72%
Shelby	90%	80%	90%
Smoky Mountain	45%	44%	25%
South Central	43%	43%	33%
Southwest	32%	23%	43%
Tennessee Valley	53%	44%	81%
Upper Cumberland	47%	46%	0%
Statewide	**58%**	**50%**	**78%**

Percentage of Children Initially Placed in a Family Setting Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2011-12			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	93%	92%	92%
East	90%	89%	50%
Knox	92%	92%	93%
Mid-Cumberland	95%	96%	93%
Northeast	88%	90%	63%
Northwest	95%	93%	96%
Shelby	91%	94%	90%
Smoky Mountain	85%	85%	78%
South Central	94%	96%	79%
Southwest	94%	94%	94%
Tennessee Valley	90%	89%	90%
Upper Cumberland	89%	89%	100%
Statewide	**91%**	**91%**	**91%**

Percentage of Children Experiencing Two or Fewer Placements Over Two-Year Window Children in Out-of-Home Placement on July 1, 2010 (Observed Through June 30, 2012)			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	85%	83%	83%
East	85%	85%	75%
Knox	83%	85%	73%
Mid-Cumberland	86%	88%	73%
Northeast	84%	82%	72%
Northwest	85%	85%	82%
Shelby	79%	92%	77%
Smoky Mountain	84%	85%	75%
South Central	82%	82%	74%
Southwest	89%	89%	88%
Tennessee Valley	86%	86%	88%
Upper Cumberland	87%	87%	82%
Statewide	**84%**	**85%**	**79%**

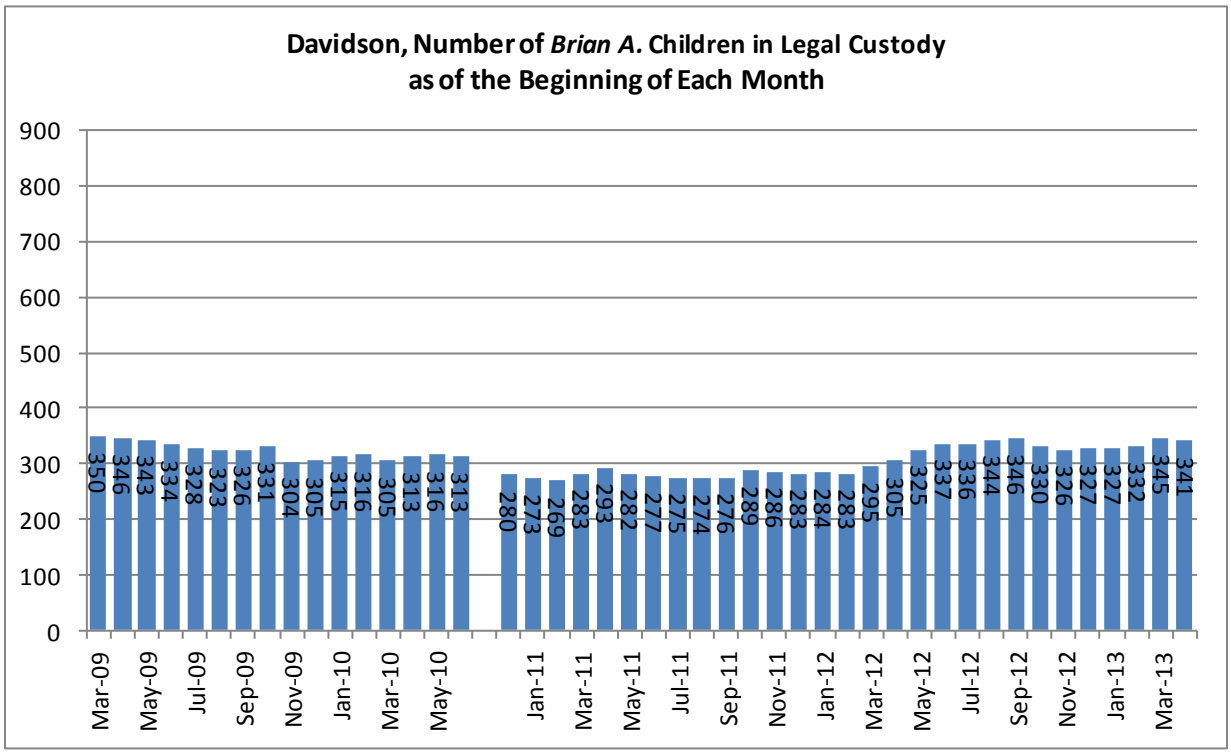
Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window Children Entering Out-of-Home Placement During Fiscal Year 2010-11 (Observed through June 30, 2012)			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	79%	80%	76%
East	80%	80%	80%
Knox	73%	75%	62%
Mid-Cumberland	75%	73%	71%
Northeast	82%	81%	93%
Northwest	87%	88%	75%
Shelby	80%	88%	78%
Smoky Mountain	81%	81%	83%
South Central	69%	71%	58%
Southwest	85%	86%	80%
Tennessee Valley	79%	83%	65%
Upper Cumberland	82%	81%	89%
Statewide	**79%**	**80%**	**75%**

XVI.B.2 Placing Siblings Together Percent of Sibling Groups Placed Together Initially Sibling Groups Entering Out-of-Home Placement Together for the First Time During Fiscal Year 2011-12			
Region	**Total Population**	**White**	**Black/ African American**
Davidson	76%	83%	78%
East	79%	78%	100%
Knox	78%	81%	72%
Mid-Cumberland	88%	89%	85%
Northeast	82%	81%	-
Northwest	61%	55%	60%
Shelby	81%	100%	81%
Smoky Mountain	85%	83%	-
South Central	98%	98%	100%
Southwest	81%	91%	63%
Tennessee Valley	79%	78%	81%
Upper Cumberland	86%	87%	-
Statewide	**82%**	**84%**	**79%**
Outcome Goal	**85%**	**85%**	**85%**

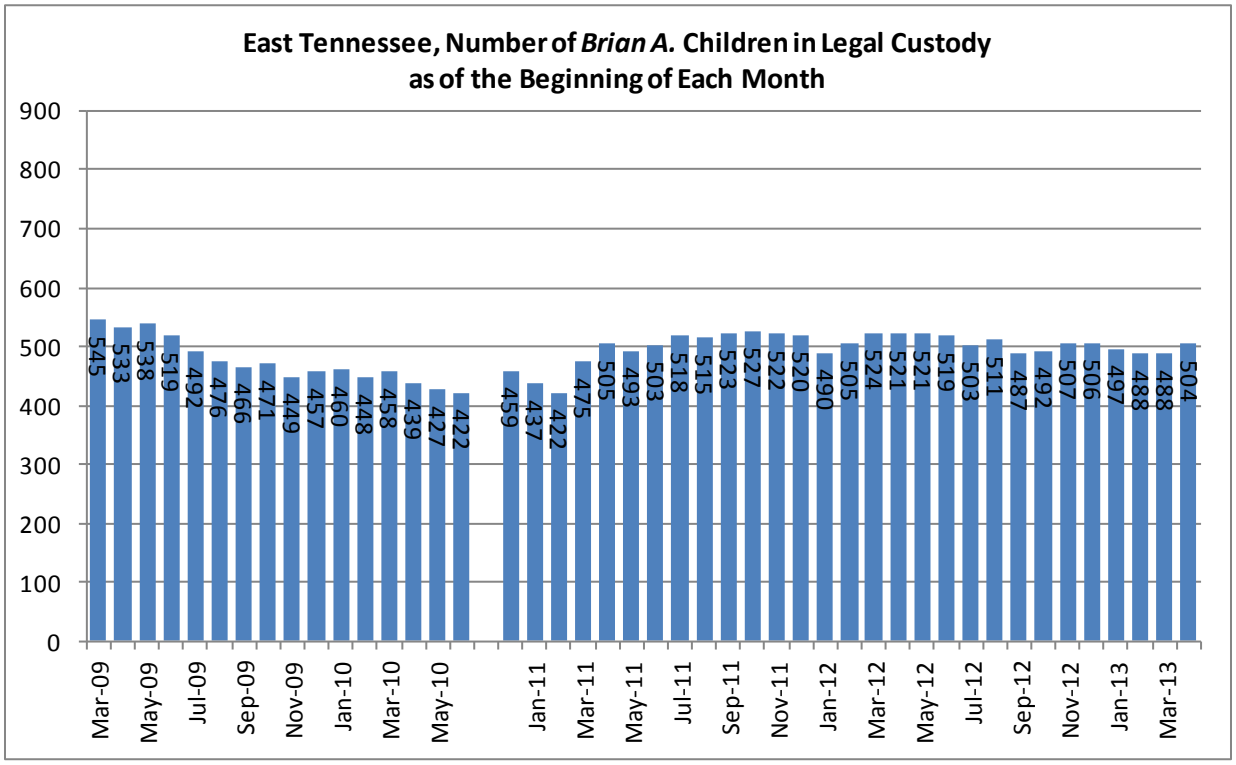
APPENDIX G

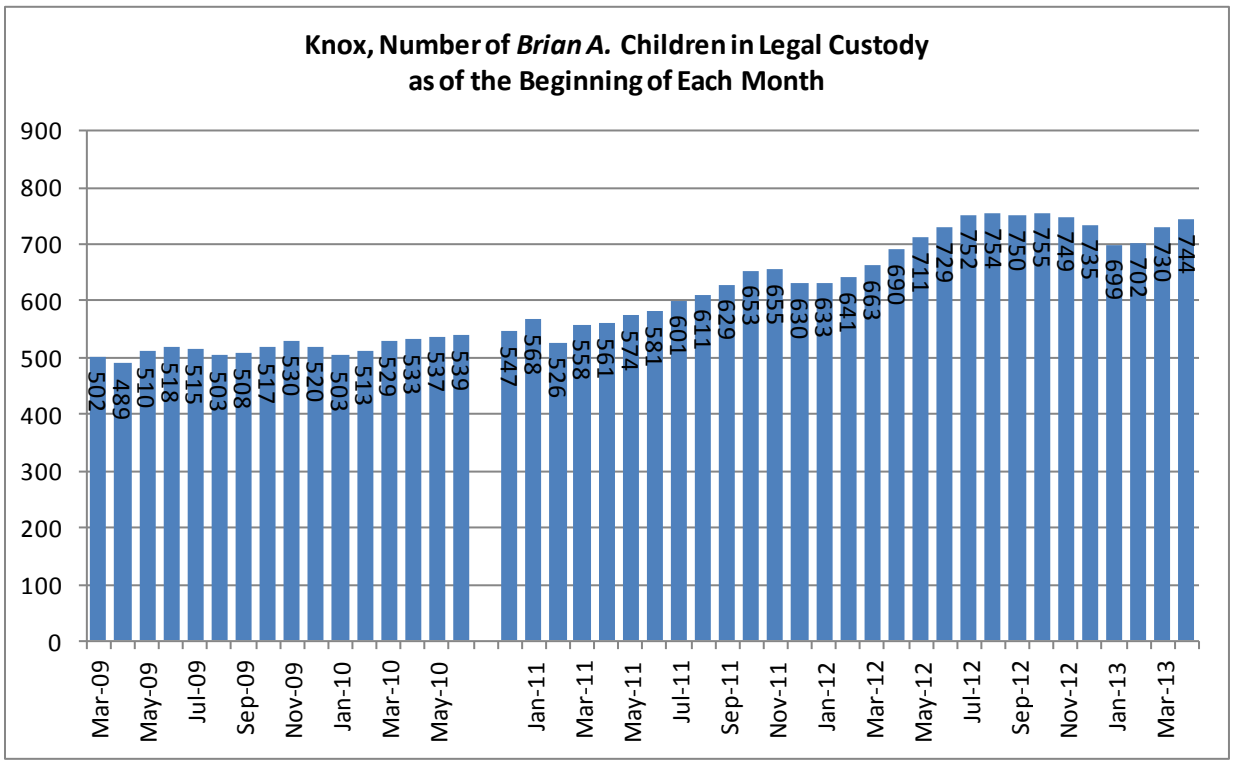
Number of *Brian A.* Children in Legal Custody by Region, March 2009 through April 2013

The following figures present, for each of the 12 regions, the number of *Brian A.* children in legal custody at the beginning of each month since March 2009.



Source for all figures: March 2009-June 2010 from TNKids Mega Reports as of the beginning of each month; December 2010-April 2013 from TFACTS Mega Reports as of the beginning of each month.




Knox, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
502
489
510
518
515
503
508
517
530
520
503
513
529
533
537
539
547
568
526
558
561
574
581
601
611
629
653
655
630
633
641
663
690
711
729
752
754
750
755
749
735
699
702
730
744
Mar-09
May-09
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jan-11
Mar-11
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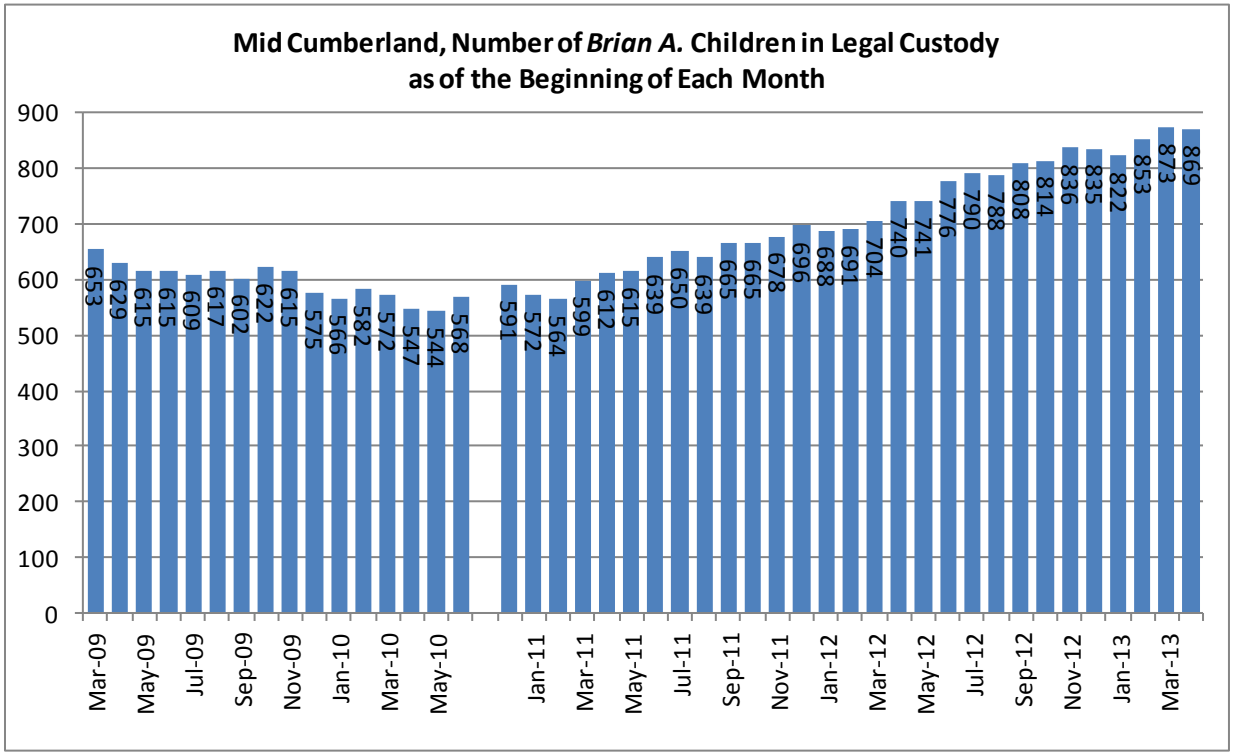
Sep-12
Nov-12
Jan-13
Mar-13


Mid Cumberland, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
653
629
615
615
609
617
602
622
615
575
566
582
572
547
544
568
591
572
564
599
612
615
639
650
639
665
665
678
696
688
691
704
740
741
776
790
788
808
814
836
835
822
853
873
869
Mar-09
May-09
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jan-11
Mar-11
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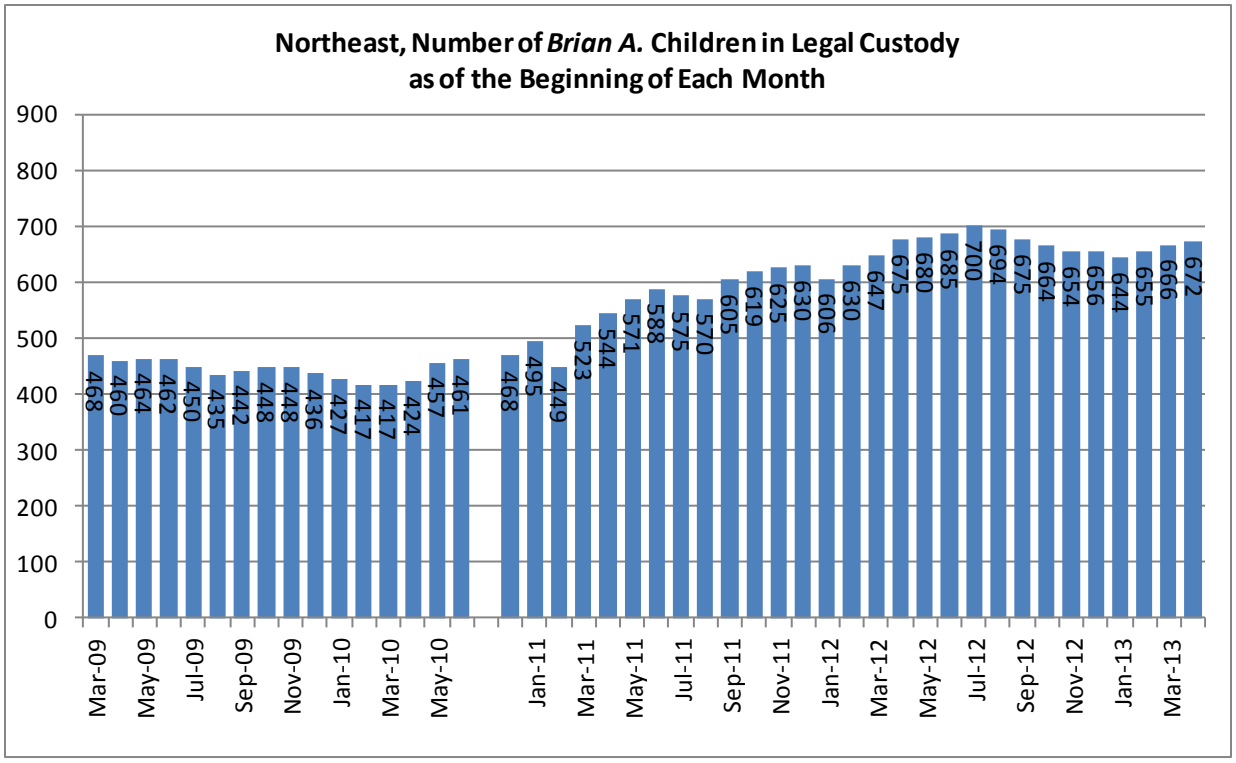
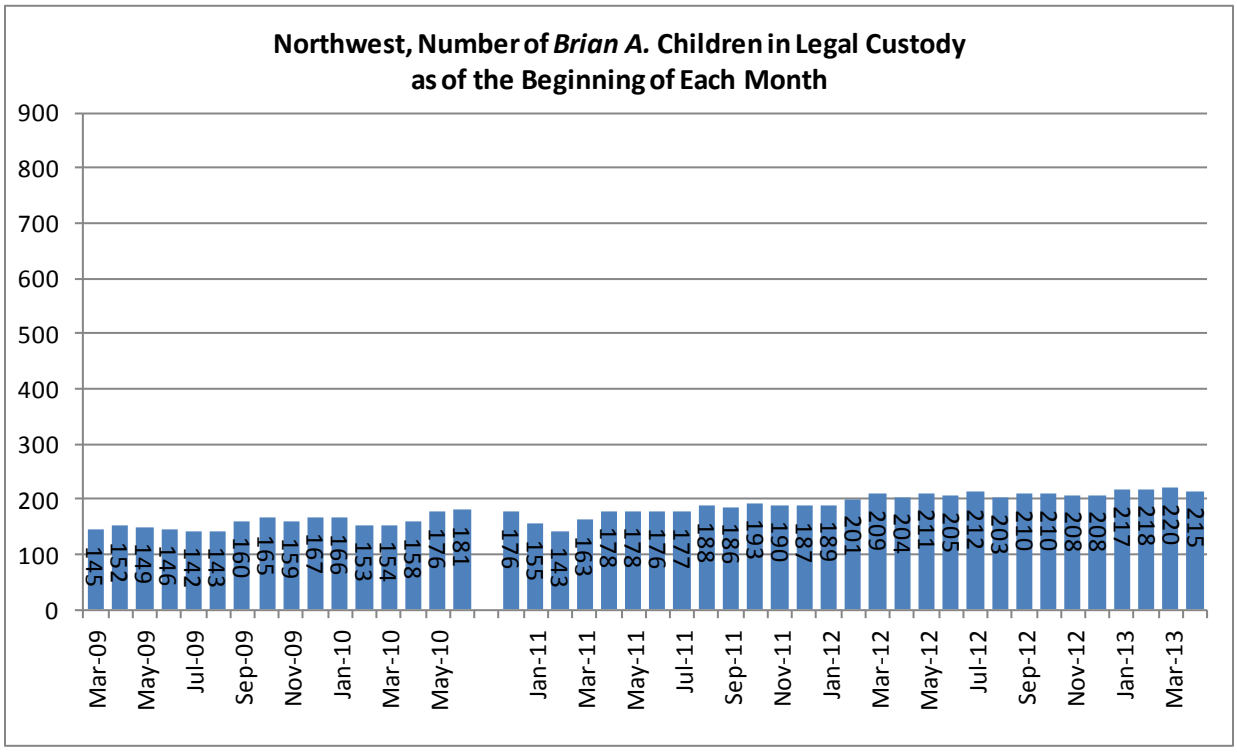
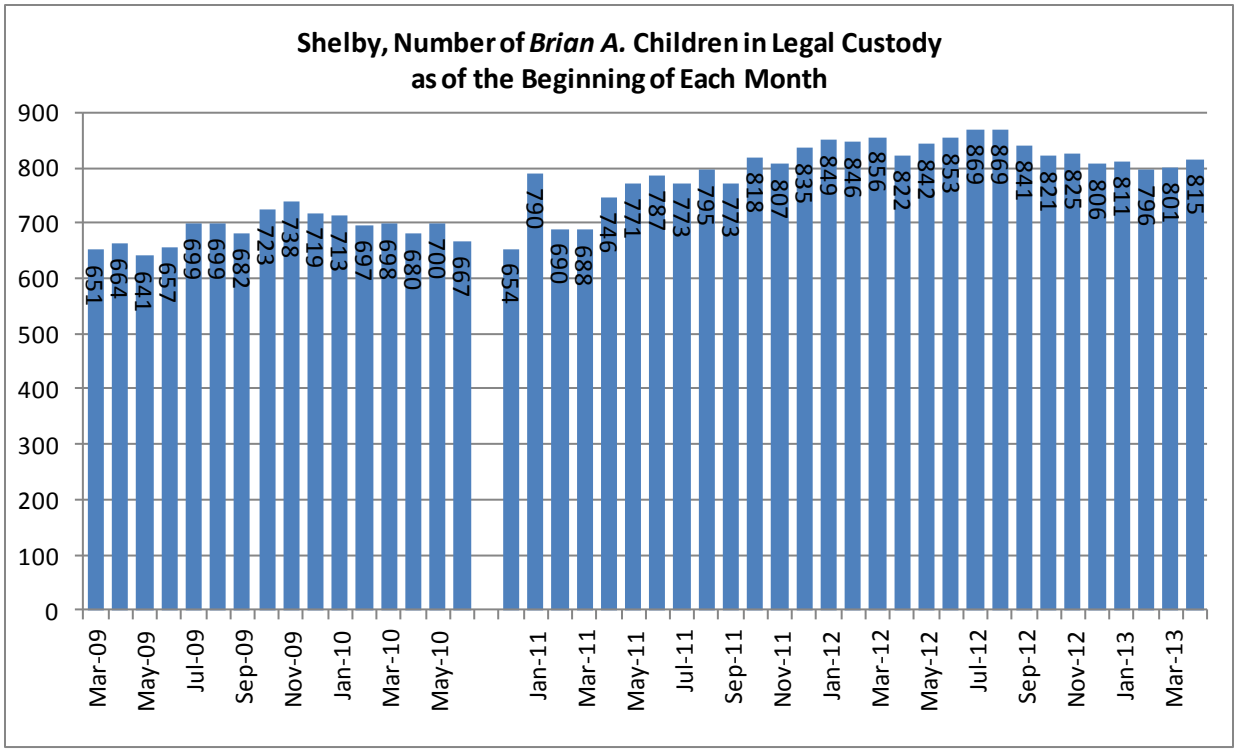
Sep-12
Nov-12
Jan-13
Mar-13


Northeast, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
468 460 464 462 450 435 442 448 448 436 427 417 417 424 457 461 468 495 449 523 544 571 588 575 570 605 619 625 630 606 630 647 675 680 685 700 694 675 664 654 656 644 655 666 672
Mar-09 May-09 Jul-09 Sep-09 Nov-09 Jan-10 Mar-10 May-10 Jan-11 Mar-11 May-11 Jul-11 Sep-11 Nov-11 Jan-12 Mar-12 May-12 Jul-12 Sep-12 Nov-12 Jan-13 Mar-13


Northwest, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
145 152 149 146 142 143 160 165 159 167 166 153 154 158 176 181 176 155 143 163 178 178 176 177 188 186 193 190 187 189 201 209 204 211 205 212 203 210 210 208 217 218 220 215
Mar-09 May-09 Jul-09 Sep-09 Nov-09 Jan-10 Mar-10 May-10 Jan-11 Mar-11 May-11 Jul-11 Sep-11 Nov-11 Jan-12 Mar-12 May-12 Jul-12 Sep-12 Nov-12 Jan-13 Mar-13


Shelby, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
651
664
641
657
699
699
682
723
738
719
713
697
698
680
700
667
654
790
690
688
746
771
787
773
795
773
818
807
835
849
846
856
822
842
853
869
869
841
821
825
806
811
796
801
815
Mar-09
May-09
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jan-11
Mar-11
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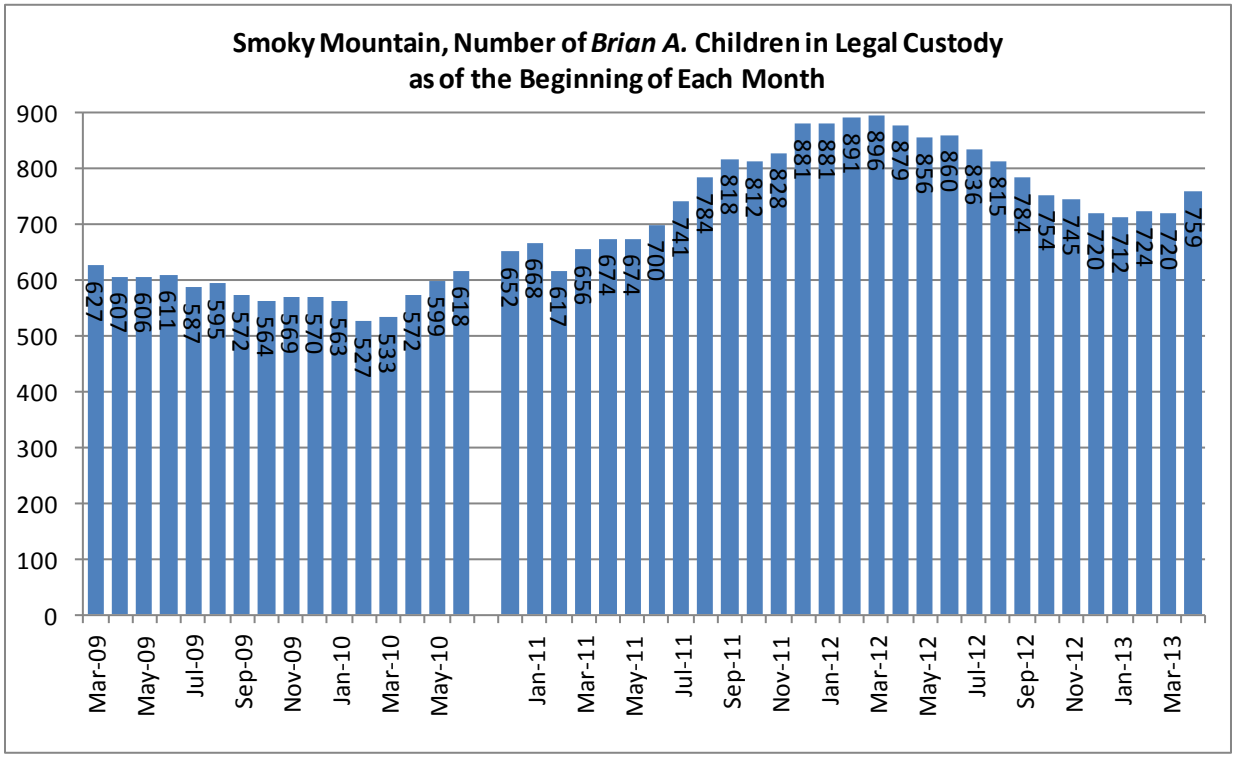
Sep-12
Nov-12
Jan-13
Mar-13


Smoky Mountain, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
627
607
606
611
587
595
572
564
569
570
563
527
533
572
599
618
652
668
617
656
674
674
700
741
784
818
812
828
881
881
891
896
879
856
860
836
815
784
754
745
720
712
724
720
759
Mar-09
May-09
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jan-11
Mar-11
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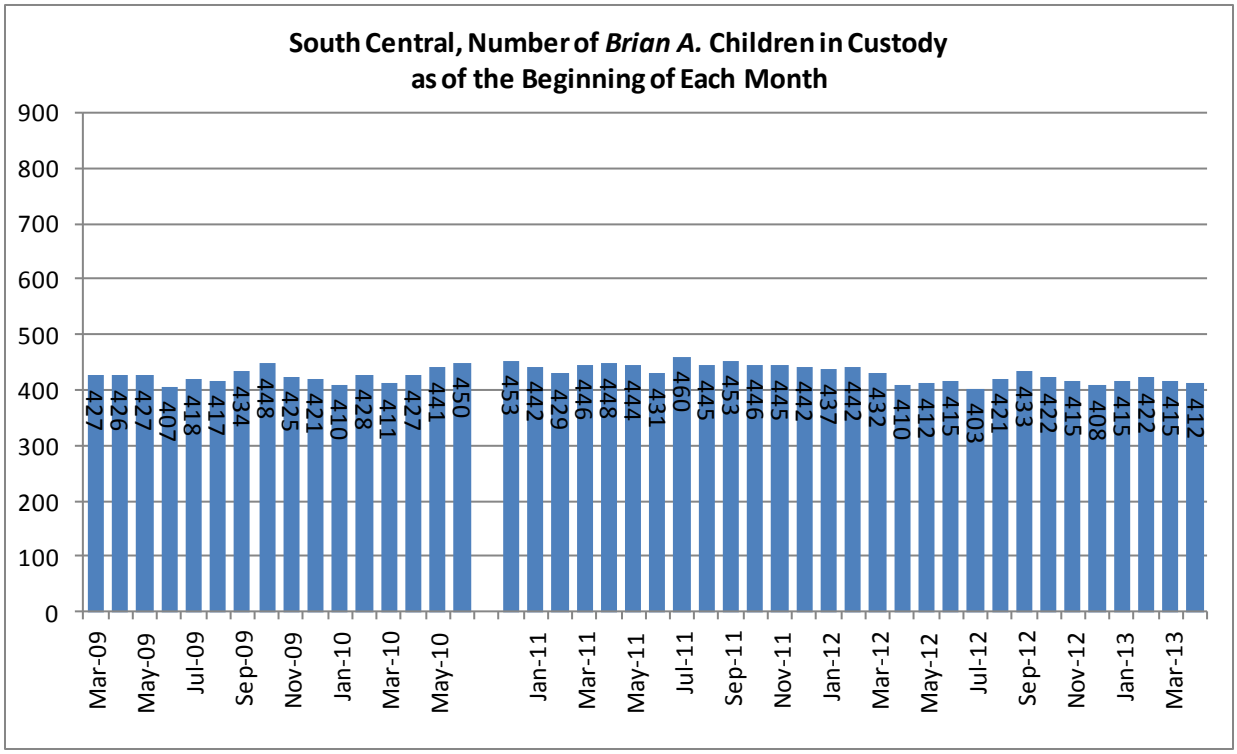
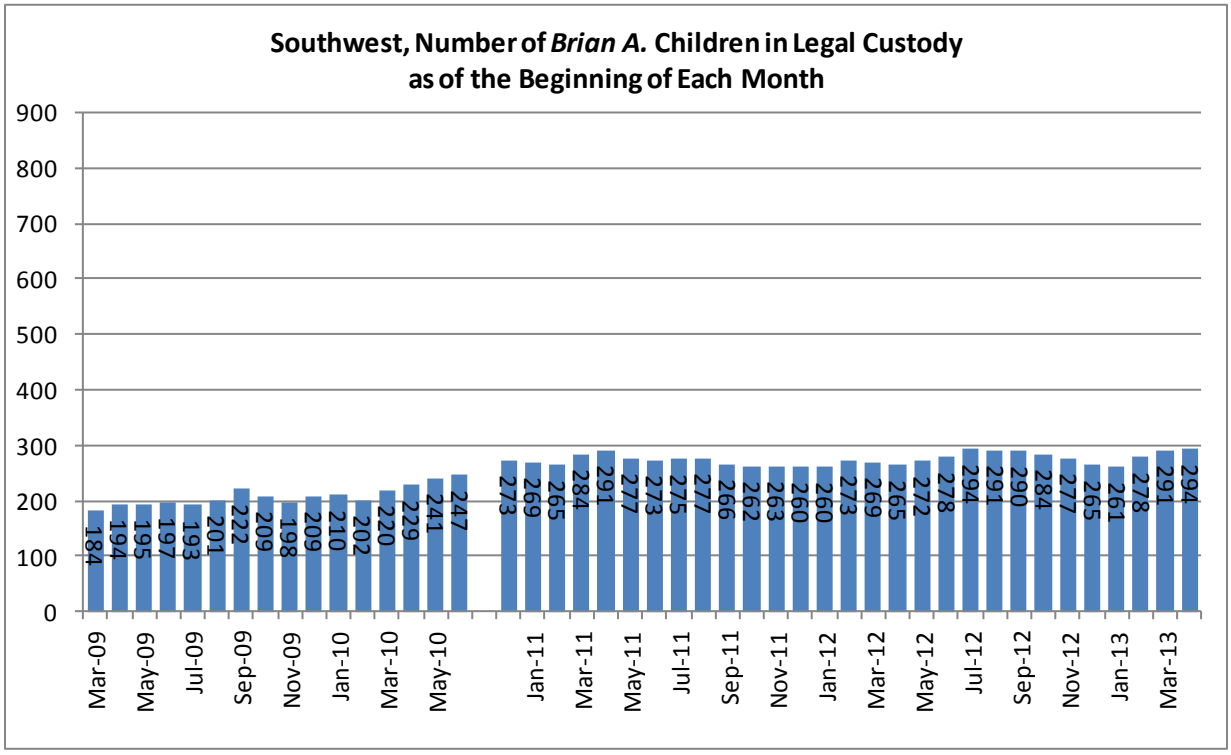
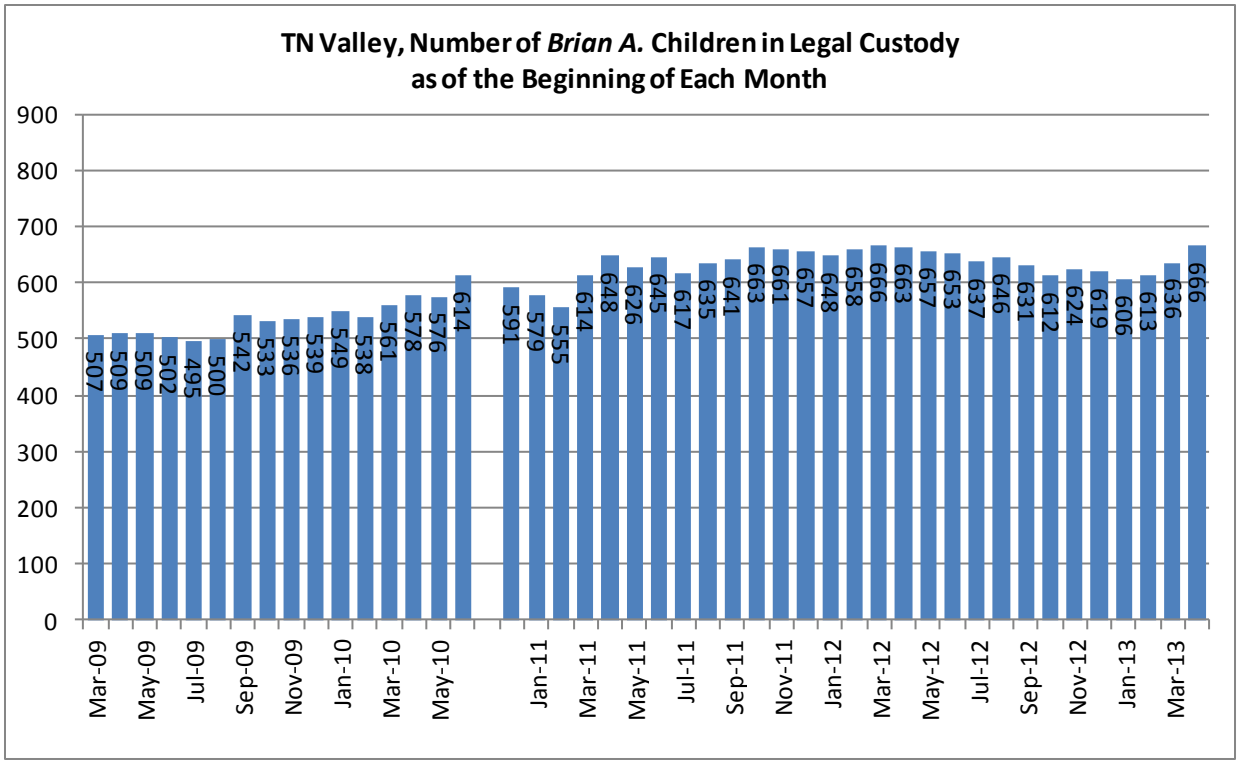
Nov-12
Jan-13
Mar-13


South Central, Number of *Brian A.* Children in Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
427 426 427 407 418 417 434 448 425 421 410 428 411 427 441 450 453 442 429 446 448 444 431 460 445 453 446 445 442 437 442 432 410 412 415 403 421 433 422 415 408 415 422 415 412
Mar-09 May-09 Jul-09 Sep-09 Nov-09 Jan-10 Mar-10 May-10 Jan-11 Mar-11 May-11 Jul-11 Sep-11 Nov-11 Jan-12 Mar-12 May-12 Jul-12 Sep-12 Nov-12 Jan-13 Mar-13


Southwest, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
184 194 195 197 193 201 222 209 198 209 210 202 220 229 241 247 273 269 265 284 291 277 273 275 277 266 262 263 260 260 273 269 265 272 278 294 291 290 284 277 265 261 278 291 294
Mar-09 May-09 Jul-09 Sep-09 Nov-09 Jan-10 Mar-10 May-10 Jan-11 Mar-11 May-11 Jul-11 Sep-11 Nov-11 Jan-12 Mar-12 May-12 Jul-12 Sep-12 Nov-12 Jan-13 Mar-13


TN Valley, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
507
509
509
502
495
500
542
533
536
539
549
538
561
578
576
614
591
579
555
614
648
626
645
617
635
641
663
661
657
648
658
666
663
657
653
637
646
631
612
624
619
606
613
636
666
Mar-09
May-09
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jan-11
Mar-11
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Jul-11
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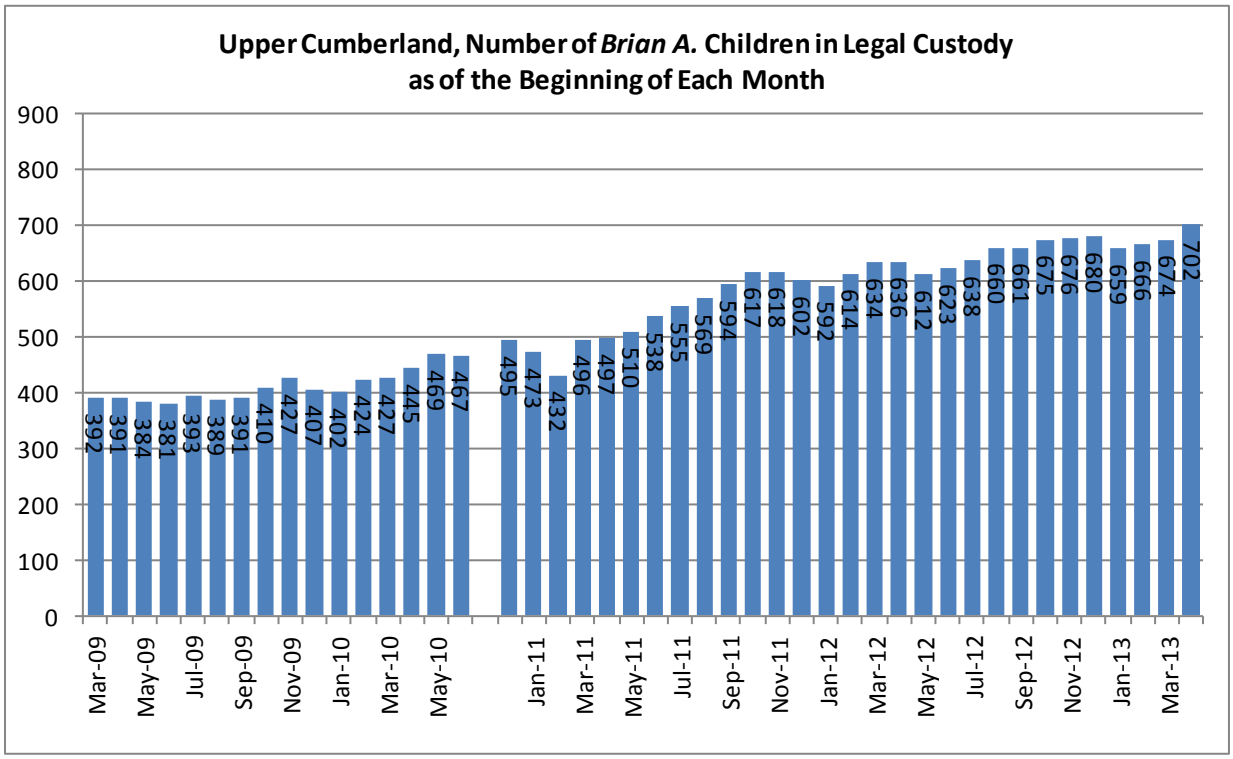
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13


Upper Cumberland, Number of *Brian A.* Children in Legal Custody
as of the Beginning of Each Month
900
800
700
600
500
400
300
200
100
0
392
391
384
381
393
389
391
410
427
407
402
424
427
445
469
467
495
473
432
496
497
510
538
555
569
594
617
618
602
592
614
634
636
612
623
638
660
661
675
676
680
659
666
674
702
Mar-09
May-09
Jul-09
Sep-09
Nov-09
Jan-10
Mar-10
May-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13

APPENDIX H

Initial Placement Settings for Youth Age 14 and Older by Region

The following figure was presented in the June 2012 Monitoring Report and is updated to supplement the figure and text presented in Section One of this Monitoring Report. As discussed in Section One of this report, the Department tracks first admissions initially placed in family settings by age group.[13]

The western and middle regions of the state (Mid-Cumberland, Southwest, Northwest, South Central, Davidson, and Shelby), initially placed more than 70% of their youth age 14 and older in family settings in fiscal year 2011-12, as did the East and Knox regions. The remaining eastern regions all placed fewer than 70% of these youth in family settings (Smoky Mountain, Tennessee Valley, Northeast, and Upper Cumberland). The lowest performing region, Smoky Mountain, initially placed only 64% of youth age 14 and older in family settings.

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

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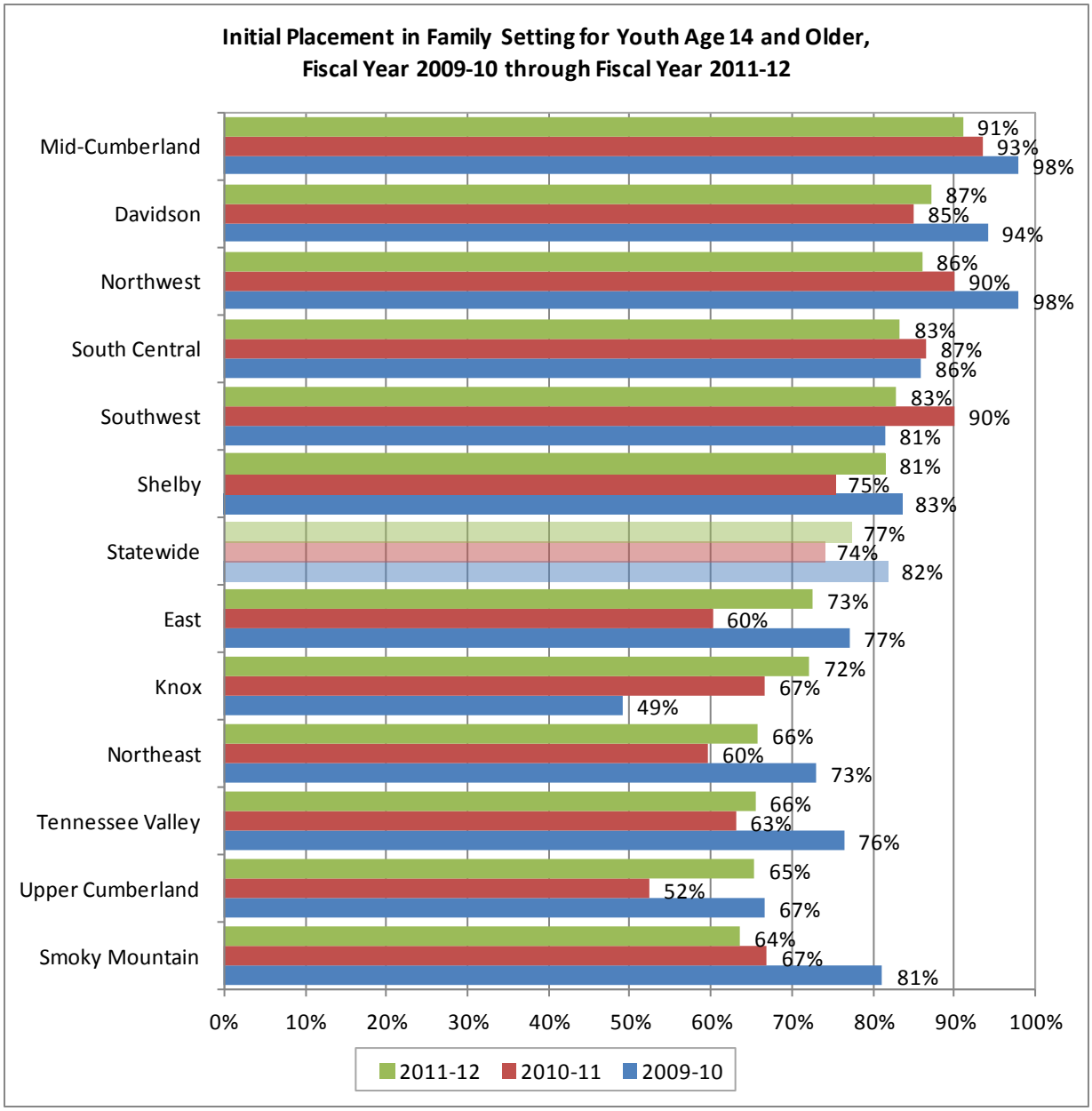

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

APPENDIX I

Supplemental Information on Placement Stability

This appendix presents additional information supplementing the data discussion on pages 42-48 of this monitoring report regarding placement stability.

A. Placement Moves by Exit Status

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children who remain in care might. The table below breaks down the data presented in Figure 17 on page 43 of this monitoring report by whether or not the children had exited care as of December 31, 2012.

Movements as of December 31, 2012 for Children First Entering Care in 2011

First Entrants	Total	Exited Care	Still in Care
Total	4,803	3,538	1,265
Children w/ no moves to date	2,626	2,138	488
Children w/ one move to date	1,244	861	383
Children w/ more than one move to date	933	539	394
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	74%	26%
Children w/ no moves to date	100%	81%	19%
Children w/ one move to date	100%	69%	31%
Children w/ more than one move to date	100%	58%	42%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	55%	60%	39%
Children w/ one move to date	26%	24%	30%
Children w/ more than one move to date	19%	15%	31%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

The table shows that of the 4,803 children who entered out-of-home placement for the first time in 2011, 74% had exited placement and 26% still remained in out-of-home placement as of December 31, 2012. The vast majority (81%) of the 2,626 children who experienced no moves had exited care as of December 31, 2012. Of the 933 children who experienced more than one

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move, 58% exited care as of December 31, 2012, and 42% of those children still remained in care as of that date.

Of the 1,265 children in the 2011 entry cohort who were still in care as of December 31, 2012, 39% had not experienced a placement move while in care; 30% had experienced one placement move; and 31% had experienced two or more placement moves.

The majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time.

This trend becomes more pronounced over time, as seen in the table below. The table below presents these same data regarding placement moves by exit status as of December 31, 2012 for the 2010 entry cohort (children entering out-of-home care for the first time in 2010), allowing observation of trends for a maximum of 36 months (compared to a maximum window of 24 months for the table above). As of December 31, 2012, 95% of the 2,565 children who did not experience a placement move had exited placement while only 72% of the 809 children who experienced more than one move had exited placement. Of the 466 children in the 2010 entry cohort who were still in care as of December 31, 2012, 29% had not experienced a placement move while in care; 22% had experienced one placement move; and 49% had experienced two or more placement moves.

Movements as of December 31, 2012 for Children First Entering Care in 2010			
First Entrants	**Total**	**Exited Care**	**Still in Care**
Total	4,479	4,013	466
Children w/ no moves to date	2,565	2,432	133
Children w/ one move to date	1,105	1,001	104
Children w/ more than one move to date	809	580	229
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	90%	10%
Children w/ no moves to date	100%	95%	5%
Children w/ one move to date	100%	91%	9%
Children w/ more than one move to date	100%	72%	28%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	57%	61%	29%
Children w/ one move to date	25%	25%	22%
Children w/ more than one move to date	18%	14%	49%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

B. Placement Moves by Time in Care

The table below provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care. The table describes when placement moves tend to occur for children who experience placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2010 ("Total Children"), the number of children entering out-of-home placement in 2010 who have not experienced a placement move as of December 31, 2012 ("Stayers"), and the number of children entering out-of-home placement in 2010 who have experienced at least one placement move as of December 31, 2012 ("Movers"). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of December 31, 2012. For example, 4,456 children experienced six or fewer months in out-of-home placement as of December 31, 2012; 2,279 of those children also

experienced seven to 12 months in out-of-home placement; and 1,549 of those children also experienced 13 to 18 months in out-of-home placement.[14]

[14] There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2010 and has not had time to experience that period(s) in out-of-home placement.

Period Specific Movements for Children First Placed in Foster Care in 2010 as of December 31, 2012

	Placement Intervals (Duration in Months)					
Children by Moves	6 and under	7 to 12	13 to 18	19 to 24	25 to 30	31 to 36
Total Children	4,456	2,279	1,549	1,034	669	
Stayers	2,393	848	497	303	180	
Movers	2,063	1,431	1,052	731	489	
Number of Moves						
0	285	1,006	782	567	409	
1	1,212	301	194	103	62	
2	376	93	52	40	11	
3	118	20	9	15	6	
4	41	7	12	5	0	
5	14	4	2	0	0	
6	9	0	0	1	1	
7	4	0	1	0	0	
8	1	0	0	0	0	
9	3	0	0	0	0	
Total Movers	2,063	1,431	1,052	731	489	
	As a Percent of Total Children by Placement Interval					
Total Children	100%	100%	100%	100%	100%	
Stayers	54%	37%	32%	29%	27%	
Movers	46%	63%	68%	71%	73%	
Number of Moves	As a Percent of Total Movers by Placement Interval					
0	14%	70%	74%	78%	84%	
1	59%	21%	18%	14%	13%	
2	18%	6%	5%	5%	2%	
3	6%	1%	1%	2%	1%	
4	2%	0%	1%	1%	0%	
5	1%	0%	0%	0%	0%	
6	0%	0%	0%	0%	0%	
7	0%	0%	0%	0%	0%	
8	0%	0%	0%	0%	0%	
9	0%	0%	0%	0%	0%	
Total Movers	100%	100%	100%	100%	100%	

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.
Outliers (children experiencing more than nine moves) are not included in this analysis.

Breaking this data into groups by whether or not the child has experienced a placement move as of December 31, 2012 shows that about half of the children entering out-of-home placement in 2010 have experienced at least one placement move. It also shows that the children who remain in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 4,456 total children entering out-of-home placement in 2010 and experiencing the "six or fewer months" period, only 46% (2,063) experienced a placement move at some point during their stay in out-of-home placement as of December 31, 2012. Conversely, of the 1,549 children who experienced the "13 to 18 months" period, 68% (1,052) experienced a placement move at some point in their stay in out-of-home placement as of December 31, 2012.

The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 2,063 "movers" who experienced six or fewer months in out-of-home placement, 14% (285) did not experience the placement move (or moves) during that period, but 86% (1,778) did. (The 86% of children who experienced a move during the first six months in out-of-home placement experienced those moves as follows: 59% experienced one move, 18% experienced two moves, and so on.) Of the 1,052 "movers" who experienced 13 to 18 months in out-of-home placement, 74% (782) did not experience the move (or moves) during that period, and only 26% (270) did. This indicates that most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

The following table presents the number of movements per child by duration interval for children first admitted into out-of-home placement in each of the entry years listed on the left of the table. This table shows, for each entry year, the total number of moves experienced in a duration interval divided by the total number of children present at the start of the duration interval. This table also illustrates that for children in each entry cohort year, the likelihood of movement is greatest in the first six months of care.

Number of Movements Observed per Child by Duration Interval

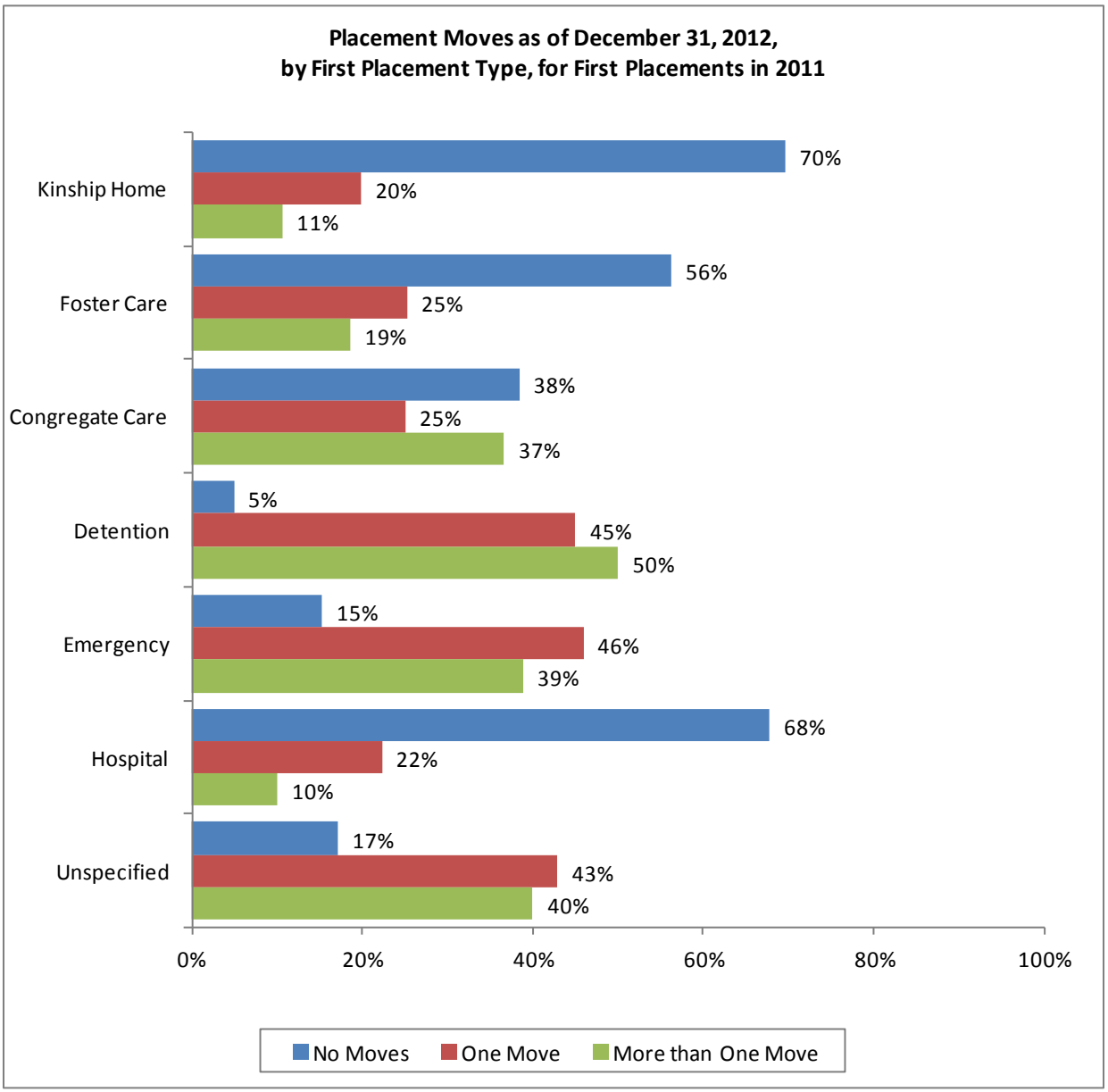
	Duration Intervals (Duration in Months)						
Entry Year	**6 and Under**	**7 to 12**	**13 to 18**	**19 to 24**	**25 to 30**	**30 to 36**	**37 to 42**
2005	0.76	0.22	0.23	0.20	0.23	0.29	0.26
2006	0.72	0.24	0.22	0.24	0.25	0.32	0.27
2007	0.66	0.28	0.25	0.22	0.23	0.29	0.22
2008	0.69	0.30	0.30	0.24	0.37	0.38	0.38
2009	0.61	0.27	0.23	0.24	0.26	0.35	
2010	0.61	0.23	0.24	0.24			
2011	0.70	0.22					

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

These patterns were also seen for children entering out-of-home placement for the first time in earlier entry cohorts, as reported in previous monitoring reports.

C. Placement Moves by Type of Placement

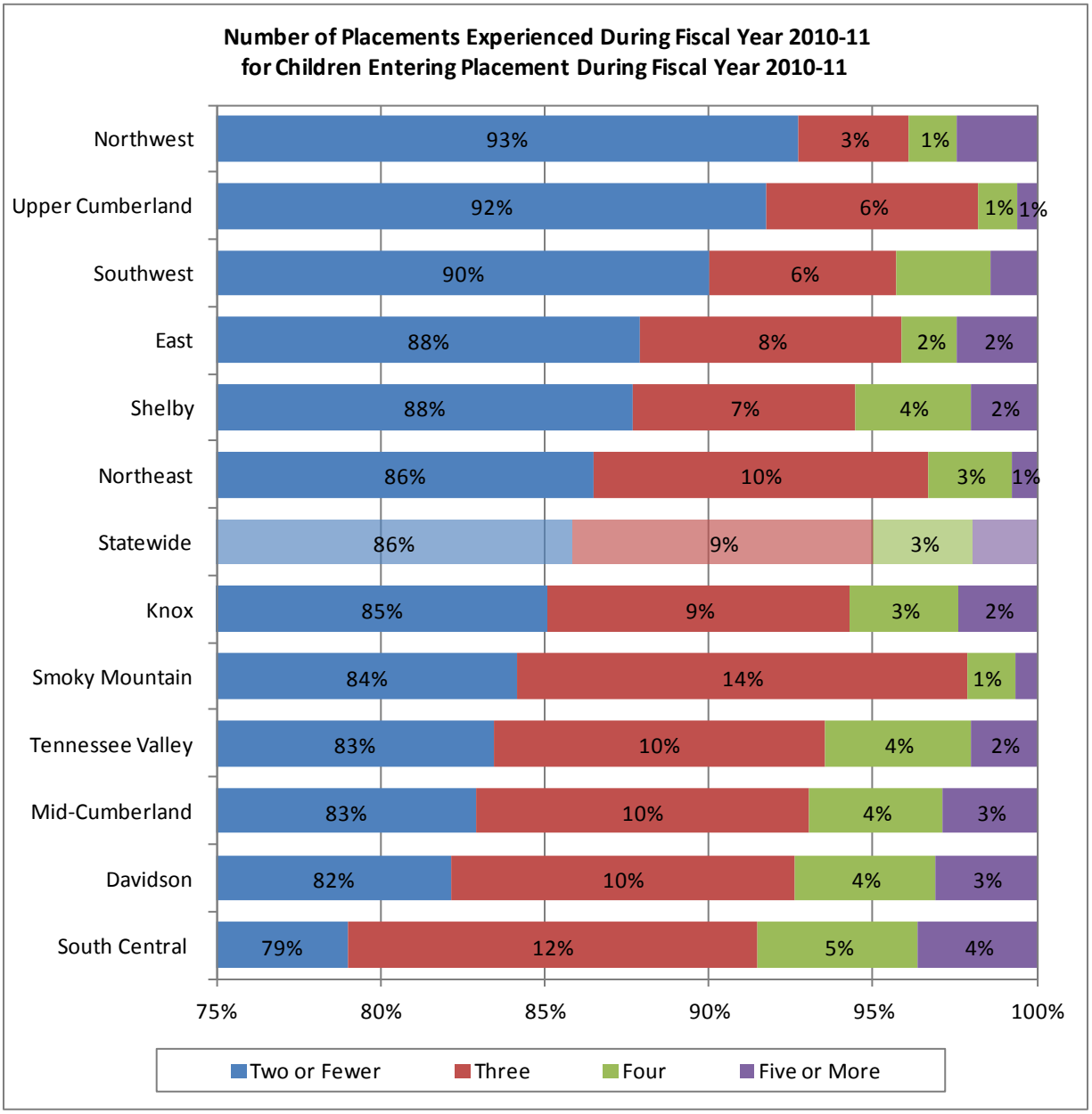
The figure below provides a breakdown of placement stability data by the child's first placement type when entering out-of-home care. As reflected in the figure, children who were first placed with relatives are less likely to experience a placement move in custody. Seventy-percent of children initially placed in kinship homes had not experienced a placement move while in care as of December 31, 2012, compared with 56% of children first placed in traditional resource homes.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

D. Number of Placement Moves by Region

The figure below provides a more detailed look, by region, at the number of placements experienced during fiscal year 2011-12 by children who entered care for the first time during fiscal year 2011-12.

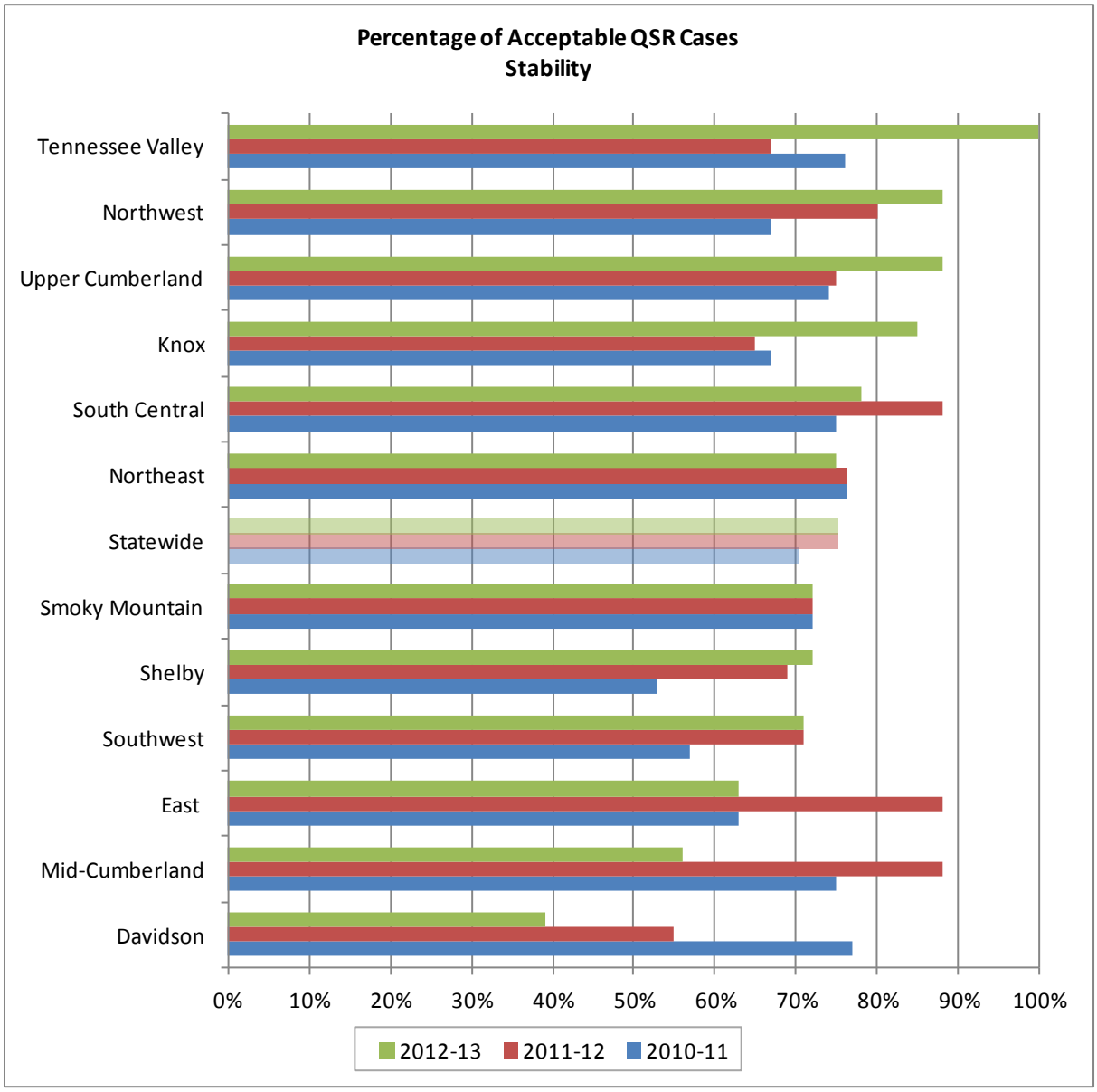


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2012.

E. QSR Stability Indicator

Stability is also measured by the Quality Service Review (QSR). The focus of the QSR is not just on placement stability but also on stability of school settings and stability of relationships.

Generally, a case cannot receive an acceptable score for Stability if the child has experienced more than two placements in the 12-month period prior to the review. However, a case in which the child had experienced two or fewer placements might nevertheless be scored unacceptable for Stability if the child experienced disruption in school settings or disruption of important personal, therapeutic, or professional relationships. For the past two annual QSRs (2011-12 and 2012-13), 75% of the cases scored "acceptable" for Stability. The following figure presents the percentage of *Brian A.* cases receiving acceptable scores for Stability by region in the past three annual QSRs.



Source: QSR Databases.

APPENDIX J

Definitions of Each Incident Type

Incident Definitions as of June 25, 2010	
Incident Type	**Definition**
Abduction	A child (or youth) is taken from the facility by unauthorized individuals (i.e. alleged perpetrators of abuse, non-custodial parents or relatives).
Abuse or neglect	A DCS or contract agency staff member or any person in contact with the youth is alleged to have physically, sexually or verbally abused a child or youth.
Assault	A willful and malicious attack by a child/youth on another person (this is not meant to include horse-play)
Emergency Medical Treatment	A child/youth has been injured or has suffered an illness that requires emergency medical attention. (In an instance of treatment of a child or youth, the child or youth's custodial adult must be notified.)
Physical Restraint	The involuntary immobilization of an individual without the use of mechanical devices this includes escorts where the youth is not allowed to move freely.
Contraband	Any item possessed by an individual or found within the facility that is illegal by law or that is expressly prohibited by those legally charged with the responsibility for the administration and operation of the facility or program and is rationally related to legitimate security, safety or treatment concerns. Note: aggregate Cigarettes/Tobacco monthly.
Major Event at Agency	An event causing a significant disruption to the overall functioning of the program AND necessitating notifying an emergency official. This event affects all, or nearly all, of the children and staff at the location. Examples include a riot, a fire, the death of a child or staff member (while at the location), a flood, etc.
Arrest of child or youth	A child or youth is arrested while in the custody or control of DCS, and the arrest has been confirmed by a law enforcement agency.
Arrest of parent, surrogate or staff person	The arrest of a DCS or a contract agency staff member, including foster parent or others affiliated with the youth and/or family, and has been confirmed by a law enforcement agency.
Medication Error	A medication error is when a medication is not administered according to the prescribing provider and/or according to DCS policy and procedure.
Mental Health Crisis	A child or youth has engaged in or experienced: self injurious behavior; suicidal ideation or behavior; homicidal ideation or behavior or acute psychotic episode.
Emergency Use of Psychotropic medication(s)	An emergency one-time dose of a psychotropic medication in the event of a psychiatric emergency when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others.
Mechanical Restraint	The use of a mechanical device that is designed to restrict the movement of an individual. Mechanical restraints shall be defined as handcuffs, chains, anklets, or ankle cuffs, or any other DCS approved or authorized device.
Seclusion	The placement or confinement of an individual alone in a locked room or egress is prevented.
Runaway	Child or youth leaves a program without permission and their whereabouts is unknown or not sanctioned.
Placement Referral Decisions	Placement Referral Decisions
Disruption of Service	Disruption of Service

APPENDIX K

DCS Pharmacy Data Summary, Calendar Years 2012, 2011, and 2010

Psychotropic Pharmacy Data
January-December 2012

The Tennessee Department of Children's Services has received Psychotropic Pharmacy Claims Data for 2006 to the present. Initially, the data was sent by the Managed Care Organization for DCS (TennCare Select aka Blue Cross/Blue Shield). Currently the claims data is being provided by the Bureau of TennCare. The information each month used in the annual aggregated analysis includes:

- the name of child
- social security number of the child
- the date of birth
- the age of child
- the prescriber's name, specialty, and address
- the date the drug was dispensed
- the drug's name, strength, and the quantity dispensed
- amount paid
- the pharmacy's name and address

The information within the pharmacy claims data provided for each month is matched with data from TFACTS.

- Summary information is calculated on demographic information, such as adjudication, gender, and race.
- Summary information on the physician prescribing the medication, as well as, drug information is also provided.

The information from each month is totaled and averaged for the year. Please note the following:

- TFACTS was implemented in August 2010; therefore, some of the demographic information may be incomplete.
- Average number of drugs is based on the number of unique drugs prescribed for a child each month.
- Inflation of averages will occur as some medications that are included are also used for non-psychiatric purposes (e.g., Depakote for seizure disorder rather than mood stabilization).

Principal 2011 findings:

Statewide

- The average number of DCS children prescribed at least one drug per month was 2058 children (25.1%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
    - Approximately thirty-two percent (32.4%) of the children were prescribed at least one drug.
    - A child's average age was approximately thirteen years (12.5).
    - A child's average length of time in custody during the calendar year was ten months (10.1).
    - A child's average number of months being prescribed at least one drug was five months (5.3).

- The child's average number of drugs being prescribed each month was approximately two prescriptions (1.7).
- Eleven percent (11.0%) of the children prescribed at least one drug were prescribed a medication every month of the calendar year.
    - The average age of the child was 12.1 years.
    - The average number of months the child had 4 or more medications prescribed was 6.1 months.
    - The average number of drugs prescribed each month was 2.6 drugs.

- Thirteen percent (13.3%) of the children prescribed at least one drug was prescribed 4 or more medications for at least one month of the calendar year.
    - Average age of the child was 14.0 years.
    - The average number of months the child had 4 or more medications prescribed was 4.1 months.
    - Thirty-two (31.6%) of the children were prescribed 4 medications only one month during the calendar year.
    - Four percent (3.9%) of the children were prescribed four or more drugs all twelve months of the calendar year.
    - The child's average length of stay in custody for the calendar month was 10.7 months.
    - The average number of drugs prescribed each month was 4.2 drugs.
- The five drugs prescribed the most during the calendar year:
    - Vyvanse
    - Risperdal
    - Hydroxyzine
    - Clonidine
    - Trazodone HCL
- The five classes of drugs prescribed the most during the calendar year:

	Drug Class	Drug1	Drug2
1)	Anti-depressants	Trazodone HCL	Zoloft
2)	Stimulants	Vyvanse	Methylphenidate
3)	Anti-psychotic	Risperdal	Abilify
4)	Mood Stabilizers	Lamotrigine	Depakote
5)	Antihistamine	Hydroxyzine	Diphenhydramine

- A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect and approximately thirteen years of age; and the child is prescribed approximately two drugs (1.7) per month.

Brian A Children

- The average number of DCS children prescribed at least one drug per month was 1574 children (23.5%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
    - Twenty-nine percent (29.3%) of the children were prescribed at least one drug.
    - A child's average age was eleven years (11.2).
    - A child's average length of time in custody for the calendar month was ten months (10.3).

- A child's average number of months being prescribed at least one drug was approximately six months (5.6).
- The child's average number of drugs being prescribed each month was approximately two prescriptions (1.7).
- Thirteen percent (13.2%) of the children prescribed at least one drug were prescribed a medication every month of the calendar year.
    - The average age of the child was 11.7 years.
    - The average number of months the child had 4 or more medications prescribed was 6.1 months.
    - The average number of drugs prescribed each month was 2.6 drugs.

- Approximately fourteen percent (13.6%) of the children prescribed at least one drug were prescribed 4 or more drugs for at least one month of the calendar year.
    - Average age of the child was 13.4 years.
    - The average number of months the child had 4 or more medications prescribed was 4.5 months.
    - Twenty-nine percent (29.1%) of the children were prescribed 4 medications only one month during the calendar year.
    - Approximately five percent (4.8%) of the children were prescribed four or more drugs all twelve months of the calendar year.
    - The child's average length of stay in custody for the calendar month was 10.8 months.
    - The average number of drugs prescribed each month was 4.3 drugs.
- The five drugs prescribed the most during the calendar year were:
    1. Vyvanse
    2. Clonidine
    3. Risperdal
    4. Methylphenidate
    5. Hydroxyzine
- The five classes of drugs prescribed the most during the calendar year:

	Drug Class	Drug1	Drug2
1)	Anti-depressants	Trazodone HCL	Zoloft
2)	Stimulants	Vyvanse	Methylphenidate
3)	Anti-psychotic	Risperdal	Abilify
4)	Mood Stabilizers	Lamotrigine	Depakote
5)	Antihistamines	Hydroxyzine	Diphenhydramine

- A Brian A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect, eleven years of age; and the child was prescribed approximately two drugs (1.7) per month.

Chart 1

Number of Children in DCS Custody Prescribed at Least One Drug By Month

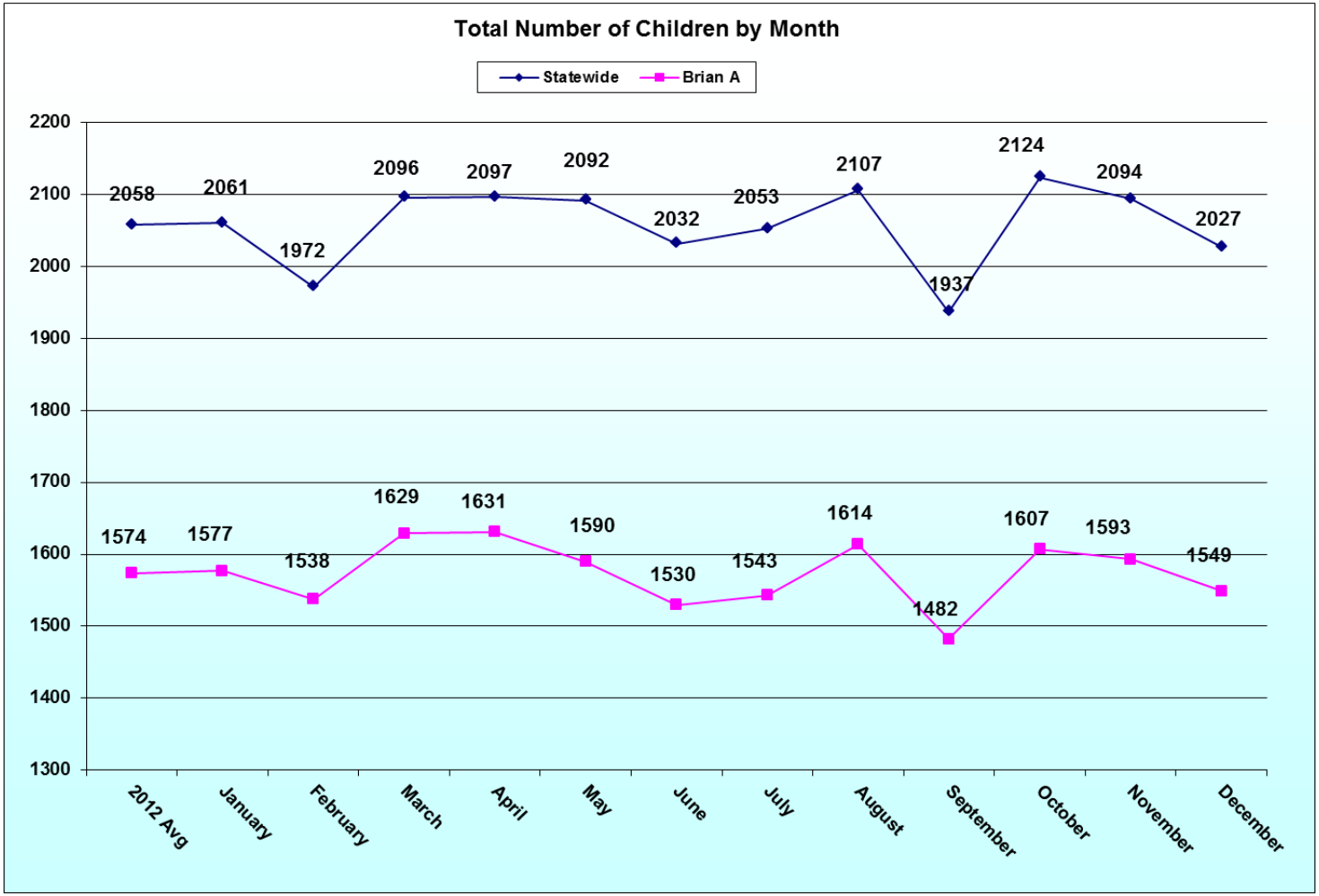
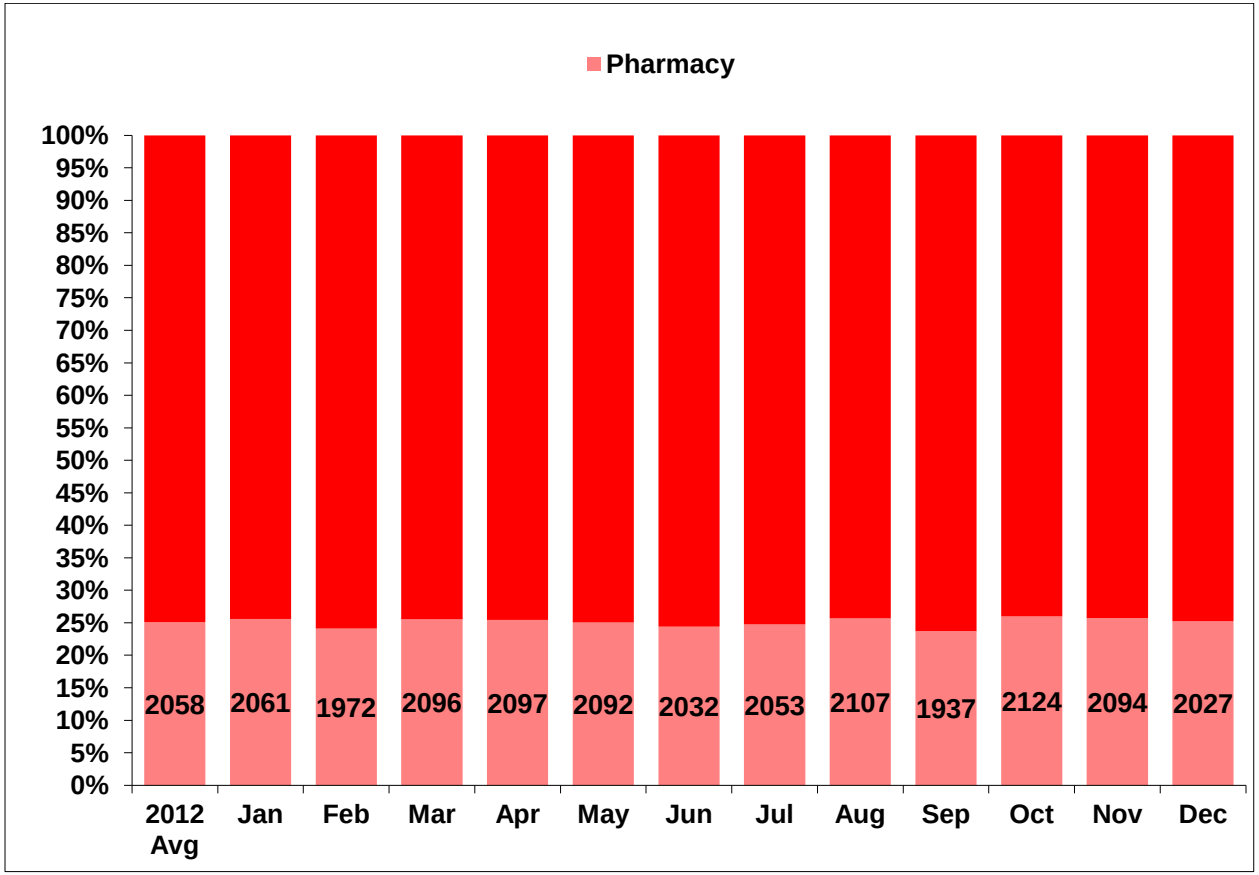


Chart 2A

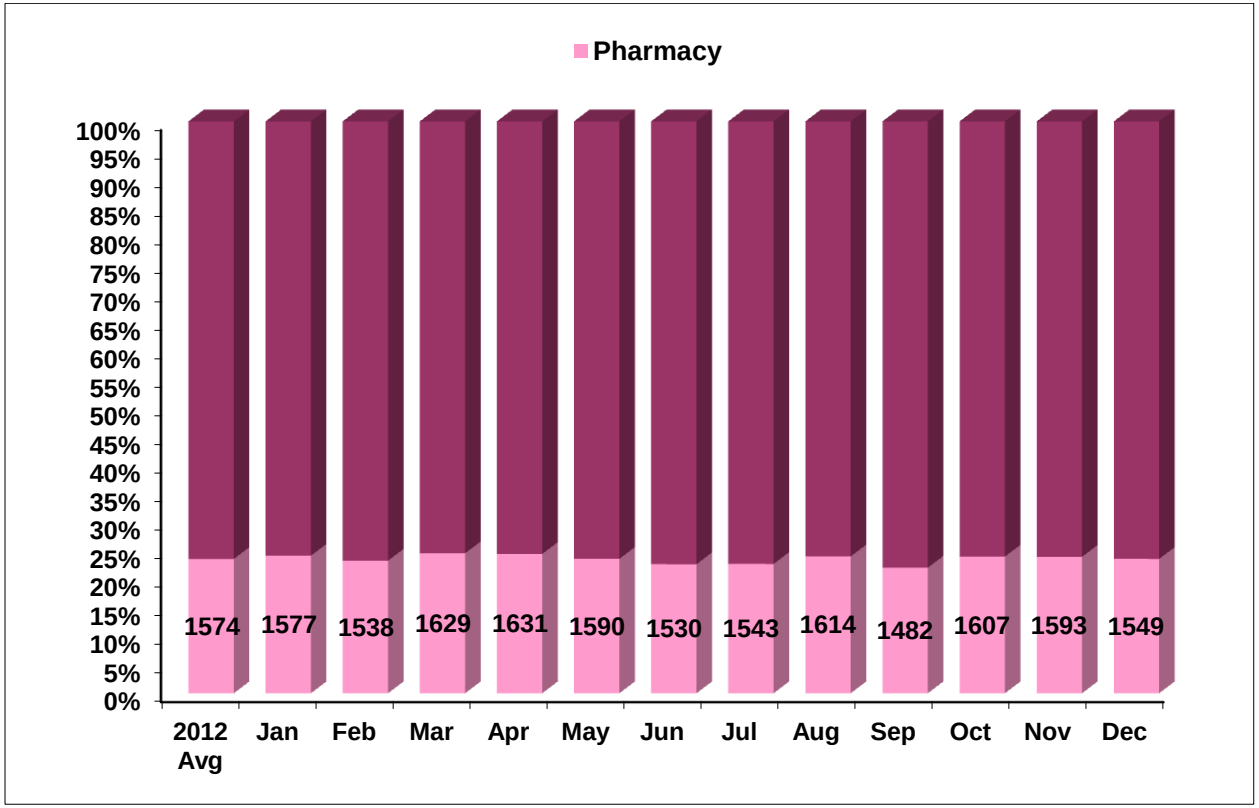
Percentage of Children in DCS Custody Prescribed at Least One Drug
By Month



2012 Average Number of Children - 8198

Chart 2B

Percentage of Brian A Children in DCS Custody Prescribed at Least One Drug By Month



2012 Average Number of Brian A. Children - 6701

Table 1A

--Statewide-Demographics--
January-December 2012

Number of Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**2058**	**2061**	**1972**	**2096**	**2097**	**2092**	**2032**	**2053**	**2107**	**1937**	**2124**	**2094**	**2027**
Adjudication													
Dependent/Neglect	1524	1526	1493	1585	1585	1541	1483	1490	1558	1431	1563	1534	1498
Delinquent	483	483	432	465	466	500	500	510	492	455	514	501	477
Unruly	51	52	47	46	46	51	49	53	57	51	47	59	52
Gender													
Male	1313	1317	1260	1318	1333	1319	1304	1321	1359	1256	1349	1336	1278
Female	745	744	712	778	764	773	728	732	748	681	775	758	749
Age Range													
<= 5	130	129	126	125	150	133	136	122	135	117	142	123	117
6 - 10	393	382	387	416	410	393	373	384	398	377	413	402	386
11 - 14	571	542	526	599	584	592	556	578	583	536	590	595	567
15 - 17	918	965	893	915	911	923	915	924	943	866	937	927	899
18 +	46	43	40	41	42	51	52	45	48	41	42	47	58
Race													
White	1350	1392	1353	1404	1386	1382	1306	1320	1357	1236	1382	1365	1311
Black/African American	477	479	432	477	492	492	489	491	495	466	481	463	469
American Indian/Alaska Native	6	7	4	4	6	7	7	4	7	5	9	7	5
Asian	1	1	1	1	2	1	1	2	2	2	1	1	1
Multi Racial	78	71	69	79	80	75	77	75	83	79	82	83	79
Native Hawaiian/Other Pacific Islander	3	1	3	1	2	3	3	4	3	3	4	4	3
Unable to Determine	143	110	110	130	130	132	149	157	160	146	165	171	159

Table 1B

--Brian A-Demographics--
January-December 2012

Brian A. Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**1574**	**1577**	**1538**	**1629**	**1631**	**1590**	**1530**	**1543**	**1614**	**1482**	**1607**	**1593**	**1549**
Adjudication													
Dependent/Neglect	1523	1525	1491	1583	1585	1539	1481	1490	1557	1431	1560	1534	1497
Unruly	51	52	47	46	46	51	49	53	57	51	47	59	52
Gender													
Male	944	946	928	968	982	940	917	923	981	907	958	956	917
Female	630	631	610	661	649	650	613	620	633	575	649	637	632
Age Range													
<= 5	130	129	126	125	150	133	136	122	135	117	142	123	117
6 - 10	393	380	387	416	410	393	373	384	397	376	412	401	385
11 - 14	487	462	448	505	498	491	466	489	504	464	511	516	495
15 - 17	564	606	577	583	573	573	555	548	578	525	542	553	552
Race													
White	1063	1097	1085	1132	1112	1085	1023	1025	1071	972	1070	1060	1025
Black/African American	327	323	291	318	337	332	327	335	343	322	337	325	334
American Indian/Alaska Native	4	4	2	2	5	5	5	3	6	4	5	3	2
Asian	1	1	1	1	1	1	1	2	2	2	1	1	1
Multi Racial	61	58	59	64	66	60	62	58	65	63	62	63	55
Native Hawaiian/Other Pacific Islander	3	1	3	1	2	3	3	4	3	3	4	4	3
Unable to Determine	114	93	97	111	108	104	109	116	124	116	128	137	129

Table 1C

--Statewide-Children in DCS Custody--
January-December 2012

Number of Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**8198**	**8057**	**8176**	**8208**	**8248**	**8354**	**8333**	**8302**	**8200**	**8162**	**8168**	**8143**	**8028**
Adjudication													
Dependent/Neglect	6568	6424	6498	6524	6550	6616	6638	6687	6624	6628	6596	6555	6480
Delinquent	1491	1493	1536	1548	1548	1580	1543	1470	1444	1406	1437	1456	1425
Unruly	139	140	142	136	150	158	152	145	132	128	135	132	123
Gender													
Male	4684	4572	4626	4660	4690	4771	4768	4767	4700	4653	4680	4695	4627
Female	3514	3485	3550	3548	3558	3583	3565	3535	3500	3509	3488	3448	3401
Age Range													
<= 5	2636	2568	2576	2588	2617	2668	2654	2712	2685	2707	2650	2622	2581
6 - 10	1426	1345	1387	1423	1420	1420	1441	1444	1443	1449	1465	1451	1428
11 - 14	1380	1349	1395	1407	1386	1417	1403	1387	1347	1354	1376	1369	1366
15 - 17	2526	2566	2582	2545	2581	2597	2602	2547	2507	2449	2465	2463	2408
18 +	231	229	236	245	244	252	233	212	218	203	212	238	245
Race													
White	4883	4925	4997	5019	5001	5018	4955	4912	4840	4829	4781	4728	4588
Black/African American	2017	2075	2091	2076	2060	2087	2062	2016	1976	1924	1949	1952	1938
American Indian/Alaska Native	22	22	22	23	23	23	23	23	23	23	23	18	21
Asian	7	8	6	7	6	6	7	7	7	6	7	7	6
Multi Racial	302	290	290	289	295	306	307	312	314	312	309	301	299
Native Hawaiian/Other Pacific Islander	9	10	11	8	8	8	8	9	9	9	9	9	9
Unable to Determine	959	727	759	786	855	906	971	1023	1031	1059	1090	1128	1167

Table 1D

--Brian A-Children in DCS Custody--
January-December 2012

Number of Brian A. Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**6701**	**6559**	**6635**	**6656**	**6693**	**6766**	**6781**	**6825**	**6746**	**6750**	**6724**	**6678**	**6594**
Adjudication													
Dependent/Neglect	6563	6419	6493	6521	6545	6610	6631	6683	6617	6624	6591	6550	6473
Unruly	138	140	142	135	148	156	150	142	129	126	133	128	121
Gender													
Male	3435	3322	3353	3381	3412	3449	3476	3526	3478	3470	3465	3461	3424
Female	3290	3237	3282	3275	3281	3317	3305	3299	3268	3280	3259	3217	3461
Age Range													
<= 5	2635	2567	2575	2587	2616	2667	2653	2711	2684	2706	2649	2621	2580
6 - 10	1426	1343	1387	1423	1420	1420	1441	1444	1442	1448	1464	1450	1427
11 - 14	1215	1188	1225	1220	1202	1237	1224	1218	1198	1210	1228	1216	1218
15 - 17	1425	1461	1448	1426	1455	1442	1463	1452	1422	1386	1383	1391	1369
Race													
White	4198	4243	4304	4316	4283	4282	4251	4234	4183	4175	4119	4058	3923
Black/African American	1363	1380	1372	1358	1371	1399	1383	1387	1354	1332	1340	1336	1347
American Indian/Alaska Native	18	17	18	19	19	19	19	20	19	19	19	14	17
Asian	4	3	3	3	3	3	4	4	4	3	4	4	4
Multi Racial	264	260	259	258	260	270	271	273	272	272	267	256	253
Native Hawaiian/Other Pacific Islander	8	9	10	7	7	7	7	9	9	9	9	9	9
Unable to Determine	845	647	669	695	750	786	846	898	905	940	966	1001	1041

Table 1E

--Statewide-Placement Type Information--
January-December 2012

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total …	**8198**	**2058**	**2061**	**1972**	**2096**	**2097**	**2092**	**2032**	**2053**	**2107**	**1937**	**2124**	**2094**	**2027**
Contract Foster Care	788	77	79	82	97	100	92	76	70	78	57	74	59	65
DCS Foster Care	2900	282	294	294	324	304	281	243	251	275	242	297	308	276
DCS Foster Care-Expedited	405	35	40	32	50	44	37	37	29	26	28	28	30	33
DCS Group Home	0	16	22	20	22	9	7	0	0	0	0	0	0	0
DCS Overnight Office Placement	1	1	0	0	0	0	1	0	0	0	0	0	0	0
In-Home	45	5	6	6	2	7	6	8	6	6	4	3	8	3
Independent Living Placement	1	1	0	0	0	0	0	1	1	1	0	0	0	0
Inpatient	16	2	1	0	0	2	3	2	1	1	2	2	1	2
Instate County Jail Placment	6	0	0	0	0	0	0	0	0	0	0	0	0	0
Job Corps	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Judicial Detention	94	16	13	13	15	15	21	15	23	13	13	14	18	14
Level 2	18	6	10	7	6	6	5	2	5	10	8	4	6	6
Level 2 Continuum	1337	526	526	510	529	552	548	527	526	545	476	538	522	515
Level 2 Enhanced	18	4	4	5	3	4	1	3	4	4	5	0	5	6
Level 2 Special Needs	11	6	5	5	6	4	7	7	6	5	7	7	8	7
Level 2 Special Needs Continuum	11	5	0	0	0	2	1	3	4	4	5	6	9	8
Level 2 Special Population	187	88	93	73	78	71	86	83	107	95	84	92	93	99
Level 3	107	82	80	79	85	78	84	80	82	77	78	88	89	89
Level 3 Continuum	160	104	105	96	95	102	111	115	104	110	100	103	102	106
Level 3 Continuum Enhanced	22	9	0	0	0	0	0	6	4	7	10	13	13	11
Level 3 Continuum Special Needs	770	553	550	511	545	548	563	555	571	567	546	553	548	578
Level 3 Enhanced	69	57	49	47	56	58	54	54	59	64	63	66	60	56
Level 4	81	77	91	92	86	82	83	84	71	66	68	70	66	69
Level 4 Special Needs	28	26	11	22	25	23	24	26	29	28	29	29	34	31
Medically Fragile Foster Home	52	21	20	20	22	20	20	21	22	21	21	22	19	19
Out of State Jail	1	56	0	0	0	0	0	0	0	0	0	0	0	56
Primary Treatment Center (PTC)	46	15	13	19	18	18	11	11	11	16	11	25	0	0
Residential Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Runaway	132	3	5	3	3	3	0	2	3	1	1	2	2	5
Trial Home Visit	503	65	65	56	49	49	53	68	61	84	75	86	71	65
Youth Development Center Placement	386	2	1	0	2	5	0	3	2	2	3	1	1	4
Unknown/Missing	19	1	0	0	0	1	0	1	1	1	1	1	1	3

Table 1F

--Brian A-Placement Type Information--
January-December 2012

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total ...	**6701**	**1574**	**1577**	**1538**	**1629**	**1632**	**1590**	**1530**	**1543**	**1614**	**1482**	**1607**	**1593**	**1549**
Contract Foster Care	785	77	79	82	96	100	92	76	70	78	57	73	58	64
DCS Foster Care	2866	275	286	282	313	296	272	238	245	270	235	291	303	269
DCS Foster Care-Expedited	397	32	36	29	45	39	35	35	27	24	28	27	30	33
DCS Overnight Office Placement	1	1	0	0	0	0	1	0	0	0	0	0	0	0
In-Home	44	5	5	6	2	6	5	6	5	4	4	3	8	3
Independent Living Placement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient	15	2	1	0	0	1	3	2	1	1	2	2	1	1
Instate County Jail Placment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Judicial Detention	4	2	0	1	2	0	1	2	3	3	1	3	4	1
Level 2	4	2	3	2	1	1	1	1	1	4	2	0	1	1
Level 2 Continuum	1135	449	439	425	440	466	459	450	449	477	418	463	452	445
Level 2 Enhanced	4	1	0	1	1	2	1	2	2	1	0	0	1	0
Level 2 Special Needs	10	6	5	5	6	4	7	7	6	5	6	6	7	6
Level 2 Special Needs Continuum	2	1	0	0	0	0	0	0	0	0	0	1	1	1
Level 2 Special Population	51	27	29	21	21	20	24	23	29	30	30	28	30	34
Level 3	64	56	56	55	57	54	53	50	55	51	55	60	60	60
Level 3 Continuum	98	68	72	66	67	68	72	73	67	69	64	65	66	70
Level 3 Continuum Enhanced	4	3	0	0	0	0	0	0	1	1	4	4	5	4
Level 3 Continuum Special Needs	507	383	382	366	380	385	389	378	403	398	382	382	375	374
Level 3 Enhanced	32	27	24	23	31	31	30	25	24	30	30	26	26	24
Level 4	64	60	74	74	72	65	60	64	53	50	52	54	53	54
Level 4 Special Needs	23	21	7	19	22	21	22	23	25	22	24	22	26	23
Medically Fragile Foster Home	52	21	20	20	22	20	20	21	22	21	21	22	19	19
Primary Treatment Center (PTC)	21	10	11	11	12	9	3	4	5	11	9	18	11	10
Runaway	65	2	4	2	2	1	0	1	1	0	0	0	1	2
Trial Home Visit	441	49	44	48	37	42	39	50	50	66	57	58	55	46
Unknown/Missing	16													

Table 2A

--Statewide-Number of Prescriptions--
January-December 2012

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**8198**	**2058**	**847**	**634**	**365**	**212**
January	8057	2061	894	603	353	211
February	8176	1972	844	589	355	184
March	8208	2096	860	663	348	225
April	8248	2098	862	648	382	206
May	8354	2092	826	660	389	217
June	8333	2032	864	608	347	213
July	8302	2053	829	666	341	217
August	8200	2107	845	662	371	229
September	8162	1937	778	585	366	208
October	8168	2124	872	645	387	220
November	8143	2094	855	658	374	207
December	8028	2027	838	618	366	205

Table 2B

--Brian A-Number of Prescriptions--
January-December 2012

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**6701**	**1574**	**648**	**476**	**278**	**172**
January	6559	1577	672	460	272	173
February	6635	1538	654	458	272	154
March	6656	1629	675	504	264	186
April	6693	1632	672	498	293	168
May	6766	1590	625	489	300	176
June	6781	1530	649	440	266	175
July	6825	1543	612	499	254	178
August	6746	1614	655	492	280	187
September	6750	1482	591	444	276	171
October	6724	1607	662	477	298	170
November	6678	1593	656	490	286	161
December	6594	1549	649	465	274	161

Table 3A

--Statewide-Number of Children with 4+ Prescriptions by Age Group-- January-December 2012

Number of Children By Age Group With 4+ Prescriptions	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**8198**	**2058**	**0**	**23**	**67**	**119**	**3**
January	8057	2061	0	25	63	123	0
February	8176	1972	0	16	51	116	1
March	8208	2096	0	22	73	128	2
April	8248	2098	0	18	64	124	0
May	8354	2092	1	24	74	115	3
June	8333	2032	1	19	68	125	0
July	8302	2053	0	20	74	122	1
August	8200	2107	1	23	73	130	2
September	8162	1937	0	24	65	117	2
October	8168	2124	0	27	72	116	5
November	8143	2094	0	27	65	110	5
December	8028	2027	0	27	65	105	8

Table 3B

--Brian A-Number Children with 4+ Prescriptions by Age Group-- January-December 2012

Number of Brian A. Children By Age Group With 4+ Prescriptions	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**6701**	**1574**	**0**	**23**	**59**	**90**	
January	6559	1577	0	25	54	94	
February	6635	1538	0	16	45	93	
March	6656	1629	0	22	65	99	
April	6693	1631	0	18	56	94	
May	6766	1590	1	24	62	89	
June	6781	1530	1	19	56	99	
July	6825	1543	0	20	65	93	
August	6746	1614	1	23	66	97	
September	6750	1482	0	24	59	88	
October	6724	1607	0	26	63	81	
November	6678	1593	0	27	58	76	
December	6594	1549	0	27	60	74	

Table 3C

--Statewide-Children in DCS Custody with 4+ Prescriptions--
January-December 2012

Number of Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**212**	**211**	**184**	**225**	**206**	**217**	**213**	**217**	**229**	**208**	**220**	**207**	**208**
Adjudication													
Dependent/Neglect	169	173	153	184	166	174	172	173	182	167	166	156	156
Delinquent	40	38	30	38	38	41	38	39	42	37	50	46	44
Unruly	4	0	1	3	2	2	3	5	5	4	4	5	5
Gender													
Male	137	138	117	148	123	145	144	140	137	138	139	139	130
Female	75	73	67	77	83	72	69	77	92	70	81	68	75
Age Range													
<= 5	1	0	0	0	0	1	1	0	1	0	0	0	0
6 - 10	23	25	16	22	18	24	19	20	23	24	27	27	27
11 - 14	67	63	51	73	64	74	68	74	73	65	72	65	65
15 - 17	119	123	116	128	124	115	125	122	130	117	116	110	105
18 +	3	0	1	2	0	3	0	1	2	2	5	5	8
Race													
White	150	139	130	153	136	149	153	158	142	170	176	147	145
Black/African American	38	42	40	46	41	39	34	38	44	39	37	30	29
American Indian/Alaska Native	1	0	0	0	0	0	0	0	1	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	8	5	6	7	20	9	8	6	5	8	6	8	6
Native Hawaiian/Other Pacific Islander	1	0	0	0	0	1	0	0	0	0	0	1	1
Unable to Determine	17	11	11	14	14	18	15	17	18	22	18	20	22

Table 3D

--Brian A-Children in DCS Custody with 4+ Prescriptions--
January-December 2012

Brian A. Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**172**	**173**	**154**	**186**	**168**	**176**	**175**	**178**	**187**	**171**	**170**	**161**	**161**
Adjudication													
Dependent/Neglect	168	173	153	183	166	174	172	173	182	167	166	156	156
Unruly	4	0	1	3	2	2	3	5	5	4	4	5	5
Gender													
Male	110	113	98	121	96	117	117	114	115	113	108	107	100
Female	62	60	56	65	72	59	58	64	72	58	62	54	61
Age Range													
<= 5	1	0	0	0	0	1	1	0	1	0	0	0	0
6 - 10	23	25	16	22	18	24	19	20	23	24	26	27	27
11 - 14	59	54	45	65	56	62	56	65	66	59	63	58	60
15 - 17	90	94	93	99	94	89	99	93	97	88	81	76	74
Race													
White	121	126	106	130	114	122	128	129	133	114	121	113	113
Black/African American	31	32	32	36	31	32	28	33	34	34	30	22	25
American Indian/Alaska Native	1	0	0	0	0	0	0	0	0	1	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	6	4	5	6	9	7	6	4	5	8	5	8	5
Native Hawaiian/Other Pacific Islander	1	0	0	0	0	1	0	0	0	0	0	1	1
Unable to Determine	14	11	11	14	14	14	13	12	15	14	14	17	17

Table 4A

--Statewide-Unique Children in DCS Custody--
January-December 2012

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2012) Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	**14424***	**4668**	**620**	**514**	**24**	**12.5**	**10.1**	**5.3**	**4.1**	**1.7**
Adjudication										
Dependent/Neglect	11283	3280	450	439	22	11.0	10.3	5.6	4.5	1.7
Delinquent	2803	1266	159	65	2	15.9	9.7	4.6	3.0	1.7
Unruly	252	122	11	10	0	15.3	9.7	5.1	3.5	1.7
Unknown/Missing	86									
Gender										
Male	8272	2911	380	349	15	12.4	10.1	5.4	4.3	1.7
Female	6152	1757	240	165	9	12.5	10.2	5.1	3.8	1.7
Age Range										
<= 5	4740	532	5	27	0	2.6	10.5	3.3	2.2	1.2
6 - 10	2386	786	80	121	3	8.0	10.3	6.3	4.0	1.7
11 - 14	2429	1130	205	203	10	12.8	10.0	6.4	4.4	1.9
15 - 17	4594	2112	323	161	11	16.1	10.0	4.9	4.0	1.8
18 +	275	108	7	2	0	18.0	10.8	2.8	1.7	1.7
Race										
White	8421	2979	454	364	14	12.4	10.1	5.4	4.0	1.8
Black/African American	3550	1125	104	105	5	13.2	10.4	5.1	4.4	1.6
American Indian/Alaska Native	31	13	1	0	0	13.3	11.5	6.3	1.0	1.5
Asian	12	3	0	0	0	12.7	11.3	5.3		1.3
Multi Racial	490	170	19	19	1	11.9	10.1	5.5	4.4	1.7
Native Hawaiian/Other Pacific Islander	14	6	2	0	0	6.3	10.8	5.7	1.5	1.7
Unable to Determine	1906	372	40	26	4	11.6	9.4	4.6	4.8	1.6

***This number was obtained by selecting all children in DCS custody on January 1, 2012 and adding all admissions to DCS from January 1 – December 31, 2012.**

Table 4B

--Brian A-Unique Children in DCS Custody--
January-December 2012

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2012)				
						Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	**11609***	**3400**	**461**	**449**	**22**	**11.2**	**10.3**	**5.6**	**4.5**	**1.7**
Adjudication										
Dependent/Neglect	11272	3278	450	439	22	11.0	10.3	5.6	4.5	1.7
Unruly	252	122	11	10	0	15.3	9.7	5.1	3.5	1.7
Gender										
Male	5926	1931	273	299	14	10.7	10.2	5.9	4.8	1.8
Female	5683	1469	188	150	8	11.9	10.4	5.2	3.9	1.7
Age Range										
<= 5	4739	532	5	27	0	2.6	10.5	3.3	2.2	1.2
6 - 10	2383	783	79	120	3	8.0	10.4	6.3	4.0	1.7
11 - 14	2067	928	173	178	9	12.7	10.1	6.5	4.5	1.9
15 - 17	2420	1157	204	124	10	16.1	10.3	5.3	4.7	1.9
Race										
White	7097	2236	337	318	13	11.2	10.3	5.7	4.3	1.8
Black/African American	2349	733	74	88	4	11.7	10.5	5.4	5.0	1.6
American Indian/Alaska Native	26	9	1	0	0	12.6	11.3	6.2	1.0	1.4
Asian	5	2	0	0	0	11.5	12.0	7.5		1.0
Multi Racial	421	125	15	17	1	10.5	10.7	5.9	4.8	1.7
Native Hawaiian/Oth Pacific Isl.	13	6	2	0	0	6.3	10.8	5.7	1.5	1.7
Unable to Determine	1698	289	32	26	4	10.4	9.5	4.7	5.3	1.6

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2012 and adding all Brian A admissions to DCS from January 1 – December 31, 2012.**

Table 4C

--Unique Children in DCS Custody - 4+ Prescriptions--
January-December 2012

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2012)				
				Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**14424***	**4668**	**620**	**14.0**	**10.7**	**8.7**	**4.1**	**4.2**
Adjudication								
Dependent/Neglect	11283	3280	450	13.4	10.8	9.1	4.5	4.3
Delinquent	2803	1266	159	15.6	10.3	7.4	3.0	4.2
Unruly	252	122	11	15.1	9.9	8.8	3.5	4.3
Unknown/Missing	86							
Gender								
Male	8272	2911	380	13.6	10.6	8.7	4.3	4.2
Female	6152	1757	240	14.5	10.8	8.6	3.8	4.2
Age Range								
<= 5	4740	532	5	5.0	12.0	11.6	2.2	4.4
6 - 10	2386	786	80	8.6	10.7	9.7	4.0	4.2
11 - 14	2429	1130	205	12.9	10.5	9.3	4.4	4.2
15 - 17	4594	2112	323	16.0	10.8	8.1	4.0	4.3
18 +	275	108	7	18.0	7.7	5.4	1.7	4.1
Race								
White	8421	2979	454	13.9	10.6	8.6	4.0	4.2
Black/African American	3550	1125	104	14.3	11.0	8.6	4.4	4.3
American Indian/Alaska Native	31	13	1	15.0	12.0	11.0	1.0	5.0
Asian	12	3	0					
Multi Racial	490	170	19	13.7	11.2	10.5	4.4	4.3
Native Hawaiian/Other Pacific Islander	14	6	2	10.0	11.5	11.0	1.5	4.5
Unable to Determine	1906	372	40	13.9	9.6	8.6	4.8	4.3

***This number was obtained by selecting all children in DCS custody on January 1, 2012 and adding all admissions to DCS from January 1 – December 31, 2012.**

Table 4D

--Unique Children in DCS Custody – Brian A 4+ Prescriptions--
January-December 2012

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2012) Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**11609***	**3400**	**461**	**13.4**	**10.8**	**9.1**	**4.5**	**4.3**
Adjudication								
Dependent/Neglect	11272	3278	450	13.4	10.8	9.1	4.5	4.3
Unruly	252	122	11	15.1	9.9	8.8	3.5	4.3
Gender								
Male	5926	1931	273	12.9	10.7	9.2	4.8	4.3
Female	5683	1469	188	14.1	10.9	9.1	3.9	4.2
Age Range								
<= 5	4739	532	5	5.0	12.0	11.6	2.2	4.4
6 - 10	2383	783	79	8.6	10.7	9.7	4.0	4.2
11 - 14	2067	928	173	12.8	10.5	9.4	4.5	4.2
15 - 17	2420	1157	204	16.0	11.0	8.6	4.7	4.3
Race								
White	7097	2236	337	13.3	10.8	9.0	4.3	4.2
Black/African American	2349	733	74	13.9	11.1	9.2	5.0	4.3
American Indian/Alaska Native	26	9	1	15.0	12.0	11.0	1.0	5.0
Asian	5	2	0					
Multi Racial	421	125	15	13.4	11.1	10.7	4.8	4.2
Native Hawaiian/Oth Pacific Isl.	13	6	2	10.0	11.5	11.0	1.5	4.5
Unable to Determine	1698	289	32	13.6	10.1	9.1	5.3	4.4

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2012 and adding all Brian A admissions to DCS from January 1 – December 31, 2012**

Table 4E

--Unique Children in DCS Custody – Prescription(s) All 12 Months--
January-December 2012

Unique Number of Children by Demographics	Statewide	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2012)				
					Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**14424***	**4668**	**514**	**24**	**12.1**	**12.0**	**12.0**	**6.1**	**2.6**
Adjudication									
Dependent/Neglect	11283	3280	439	22	11.7	12.0	12.0	6.1	2.6
Delinquent	2803	1266	65	2	15.0	12.0	12.0	6.3	2.6
Unruly	252	122	10	0	14.6	12.0	12.0	5.8	2.3
Unknown/Missing	86								
Gender									
Male	8272	2911	349	15	12.0	12.0	12.0	6.3	2.6
Female	6152	1757	165	9	12.5	12.0	12.0	5.8	2.5
Age Range									
<= 5	4740	532	27	0	3.7	12.0	12.0	2.7	1.8
6 - 10	2386	786	121	3	8.3	12.0	12.0	5.1	2.3
11 - 14	2429	1130	203	10	12.7	12.0	12.0	6.3	2.7
15 - 17	4594	2112	161	11	15.7	12.0	12.0	6.5	2.8
18 +	275	108	2	0	18.0	12.0	12.0		2.8
Race									
White	8421	2979	364	14	11.9	12.0	12.0	5.9	2.6
Black/African American	3550	1125	105	5	12.7	12.0	12.0	6.8	2.6
American Indian/Alaska Native	31	13	0	0					
Asian	12	3	0	0					
Multi Racial	490	170	19	1	11.9	12.0	12.0	5.6	2.5
Native Hawaiian/Other Pacific Islander	14	6	0	0					
Unable to Determine	1906	372	26	4	13.2	12.0	12.0	8.3	2.8

***This number was obtained by selecting all children in DCS custody on January 1, 2012 and adding all admissions to DCS from January 1 – December 31, 2012.**

Table 4F

--Unique Children in DCS Custody – Brian A. Prescription(s) All 12 Months-- January-December 2012

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2012) Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**11609***	**3400**	**449**	**22**	**11.7**	**12.0**	**12.0**	**6.1**	**2.6**
Adjudication									
Dependent/Neglect	11272	3278	439	22	11.7	12.0	12.0	6.1	2.6
Unruly	252	122	10	0	14.6	12.0	12.0	5.8	2.3
Gender									
Male	5926	1931	299	14	11.5	12.0	12.0	6.4	2.6
Female	5683	1469	150	8	12.2	12.0	12.0	5.7	2.5
Age Range									
<= 5	4739	532	27	0	3.7	12.0	12.0	2.7	1.8
6 - 10	2383	783	120	3	8.3	12.0	12.0	5.1	2.3
11 - 14	2067	928	178	9	12.6	12.0	12.0	6.3	2.7
15 - 17	2420	1157	124	10	15.6	12.0	12.0	6.6	2.9
Race									
White	7097	2236	318	13	11.4	12.0	12.0	5.9	2.6
Black/African American	2349	733	88	4	12.3	12.0	12.0	6.5	2.6
American Indian/Alaska Native	26	9	0	0					
Asian	5	2	0	0					
Multi Racial	421	125	17	1	11.7	12.0	12.0	5.4	2.4
Native Hawaiian/Oth Pacific Isl.	13	6	0	0					
Unable to Determine	1698	289	26	4	13.2	12.0	12.0	8.3	2.8

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2012 and adding all Brian A admissions to DCS from January 1 – December 31, 2012**

Table 5 Drug Listing

Drug Class	*Drug Name*	*Drug Listed on TennCare File*
	Anti-Hypertensives	
Anti-Hypertensives	**CLONIDINE**	
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 3
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL
Anti-Hypertensives	CLONIDINE	KAPVAY
Anti-Hypertensives	**GUANFACINE**	
Anti-Hypertensives	GUANFACINE	INTUNIV
	Antidepressants	
Antidepressants	**AMITRIPTYLINE HCL**	
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL
Antidepressants	**CELEXA**	
Antidepressants	CELEXA	CITALOPRAM HBR
Antidepressants	**CLOMIPRAMINE**	
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL
Antidepressants	**CYMBALTA**	
Antidepressants	CYMBALTA	CYMBALTA
Antidepressants	**DOXEPIN HCL**	
Antidepressants	DOXEPIN HCL	DOXEPIN HCL
Antidepressants	**EFFEXOR**	
Antidepressants	EFFEXOR	EFFEXOR XR
Antidepressants	EFFEXOR	VENLAFAXINE HCL
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER
Antidepressants	**FLUOXETINE**	
Antidepressants	FLUOXETINE	FLUOXETINE DR
Antidepressants	FLUOXETINE	FLUOXETINE HCL
Antidepressants	**FLUVOXAMINE**	
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE
Antidepressants	FLUVOXAMINE	LUVOX CR
Antidepressants	**IMIPRAMINE**	
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL
Antidepressants	**LEXAPRO**	
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE
Antidepressants	LEXAPRO	LEXAPRO
Antidepressants	**MIRTAZAPINE**	
Antidepressants	MIRTAZAPINE	MIRTAZAPINE
Antidepressants	**NORTRIPTYLINE**	
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL
Antidepressants	**PAXIL**	
Antidepressants	PAXIL	PAROXETINE HCL

Drug Class	Drug Name	Drug Listed on TennCare File
Antidepressants	**PRISTIQ ER**	
Antidepressants	PRISTIQ ER	PRISTIQ ER
Antidepressants	**TRAZODONE HCL**	
Antidepressants	TRAZODONE HCL	TRAZODONE HCL
Antidepressants	**WELLBUTRIN**	
Antidepressants	WELLBUTRIN	BUDEPRION SR
Antidepressants	WELLBUTRIN	BUDEPRION XL
Antidepressants	WELLBUTRIN	BUPROPION HCL
Antidepressants	WELLBUTRIN	BUPROPION HCL SR
Antidepressants	WELLBUTRIN	BUPROPION XL
Antidepressants	**ZOLOFT**	
Antidepressants	ZOLOFT	SERTRALINE HCL
Antihistamines		
Antihistamines	**DIPHENHYDRAMINE**	
Antihistamines	DIPHENHYDRAMINE	ALLERGY
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICATION
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICINE
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF
Antihistamines	DIPHENHYDRAMINE	BANOPHEN
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S ALLERGY
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S ALLERGY RELIEF
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S WAL-DRYL ALLERGY
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL
Antihistamines	DIPHENHYDRAMINE	DIPHEN
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE
Antihistamines	DIPHENHYDRAMINE	Q-DRYL
Antihistamines	DIPHENHYDRAMINE	SILADRYL
Antihistamines	DIPHENHYDRAMINE	WAL-DRYL
Antihistamines	**HYDROXYZINE**	
Antihistamines	HYDROXYZINE	ATARAX
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE
Antipsychotics		
Antipsychotics	**ABILIFY**	
Antipsychotics	ABILIFY	ABILIFY
Antipsychotics	ABILIFY	ABILIFY DISCMELT
Antipsychotics	**CHLORPROMAZINE**	
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL
Antipsychotics	**CLOZAPINE**	
Antipsychotics	CLOZAPINE	CLOZAPINE

Drug Class	Drug Name	Drug Listed on TennCare File
Antipsychotics	**FANAPT**	
Antipsychotics	FANAPT	FANAPT
Antipsychotics	**GEODON**	
Antipsychotics	GEODON	GEODON
Antipsychotics	GEODON	ZIPRASIDONE HCL
Antipsychotics	**HALOPERIDOL**	
Antipsychotics	HALOPERIDOL	HALOPERIDOL
Antipsychotics	HALOPERIDOL	HALOPERIDOL LACTATE
Antipsychotics	**INVEGA**	
Antipsychotics	INVEGA	INVEGA
Antipsychotics	INVEGA	INVEGA SUSTENNA
Antipsychotics	**LATUDA**	
Antipsychotics	LATUDA	LATUDA
Antipsychotics	**LOXAPINE**	
Antipsychotics	LOXAPINE	LOXAPINE
Antipsychotics	**OLANZAPINE**	
Antipsychotics	OLANZAPINE	OLANZAPINE
Antipsychotics	OLANZAPINE	OLANZAPINE ODT
Antipsychotics	**PERPHENAZINE**	
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE
Antipsychotics	**PROCHLORPERAZINE**	
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE
Antipsychotics	**RISPERDAL**	
Antipsychotics	RISPERDAL	RISPERDAL CONSTA
Antipsychotics	RISPERDAL	RISPERIDONE
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB
Antipsychotics	RISPERDAL	RISPERIDONE ODT
Antipsychotics	**SAPHRIS**	
Antipsychotics	SAPHRIS	SAPHRIS
Antipsychotics	**SEROQUEL**	
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE
Antipsychotics	SEROQUEL	SEROQUEL
Antipsychotics	SEROQUEL	SEROQUEL XR
Antipsychotics	**ZYPREXA**	
Antipsychotics	ZYPREXA	ZYPREXA
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS
Miscellaneous		
Miscellaneous	**BUSPIRONE**	
Miscellaneous	BUSPIRONE	BUSPIRONE HCL
Miscellaneous	**MELATONIN**	
Miscellaneous	MELATONIN	MELATONIN
Miscellaneous	**NICOTINE GUM**	
Miscellaneous	NICOTINE GUM	NICOTINE GUM

Drug Class	Drug Name	Drug Listed on TennCare File
Miscellaneous	**NICOTINE PATCH**	
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH
Miscellaneous	**STRATTERA**	
Miscellaneous	STRATTERA	STRATTERA
Mood Stabilizers		
Mood Stabilizers	**CARBAMAZEPINE**	
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE ER
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR
Mood Stabilizers	CARBAMAZEPINE	CARBATROL
Mood Stabilizers	CARBAMAZEPINE	TEGRETOL XR
Mood Stabilizers	**DEPAKOTE**	
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER
Mood Stabilizers	DEPAKOTE	STAVZOR
Mood Stabilizers	DEPAKOTE	VALPROIC ACID
Mood Stabilizers	**GABAPENTIN**	
Mood Stabilizers	GABAPENTIN	GABAPENTIN
Mood Stabilizers	GABAPENTIN	NEURONTIN
Mood Stabilizers	**KEPPRA**	
Mood Stabilizers	KEPPRA	KEPPRA XR
Mood Stabilizers	KEPPRA	LEVETIRACETAM
Mood Stabilizers	**LAMOTRIGINE**	
Mood Stabilizers	LAMOTRIGINE	LAMICTAL
Mood Stabilizers	LAMOTRIGINE	LAMICTAL (ORANGE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE
Mood Stabilizers	**LITHIUM CARBONATE**	
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE
Mood Stabilizers	**SABRIL**	
Mood Stabilizers	SABRIL	SABRIL
Mood Stabilizers	**TOPAMAX**	
Mood Stabilizers	TOPAMAX	TOPIRAMATE
Mood Stabilizers	**TRILEPTAL**	
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE
Mood Stabilizers	TRILEPTAL	TRILEPTAL
Sedative-Hypnotics		
Sedative-Hypnotics	**ALPRAZOLAM**	
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM
Sedative-Hypnotics	**AMBIEN**	
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE

Drug Class	Drug Name	Drug Listed on TennCare File
Sedative-Hypnotics	**CHLORAL HYDRATE**	
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE
Sedative-Hypnotics	**CHLORDIAZEPOXIDE H**	
Sedative-Hypnotics	CHLORDIAZEPOXIDE H	CHLORDIAZEPOXIDE HCL
Sedative-Hypnotics	**CLONAZEPAM**	
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM
Sedative-Hypnotics	**DIAZEPAM**	
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM
Sedative-Hypnotics	**LORAZEPAM**	
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM INTENSOL
Sedative-Hypnotics	**LUNESTA**	
Sedative-Hypnotics	LUNESTA	LUNESTA
Sedative-Hypnotics	**RESTORIL**	
Sedative-Hypnotics	RESTORIL	TEMAZEPAM
Sedative-Hypnotics	**TRIAZOLAM**	
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM
Sedative-Hypnotics	**ZALEPLON**	
Sedative-Hypnotics	ZALEPLON	ZALEPLON
	Stimulants	
Stimulants	**ADDERALL**	
Stimulants	ADDERALL	ADDERALL XR
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO
Stimulants	**DEXEDRINE**	
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE
Stimulants	DEXEDRINE	PROCENTRA
Stimulants	**DEXMETHYLPHENIDATE**	
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR
Stimulants	**METHYLPHENIDATE**	
Stimulants	METHYLPHENIDATE	CONCERTA
Stimulants	METHYLPHENIDATE	DAYTRANA
Stimulants	METHYLPHENIDATE	METADATE CD
Stimulants	METHYLPHENIDATE	METHYLIN
Stimulants	METHYLPHENIDATE	METHYLIN ER
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR
Stimulants	METHYLPHENIDATE	RITALIN LA
Stimulants	**VYVANSE**	
Stimulants	VYVANSE	VYVANSE

Table 6

Total Number of Unique Drugs Prescribed - Statewide
January - December 2012

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	668
Anti-Hypertensives	CLONIDINE	KAPVAY	31
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1	2
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2	1
Anti-Hypertensives	GUANFACINE	INTUNIV	280
Antidepressants			
Antidepressants	TRAZODONE HCL	TRAZODONE HCL	700
Antidepressants	ZOLOFT	SERTRALINE HCL	467
Antidepressants	CELEXA	CITALOPRAM HBR	412
Antidepressants	FLUOXETINE	FLUOXETINE HCL	383
Antidepressants	FLUOXETINE	FLUOXETINE DR	1
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	313
Antidepressants	WELLBUTRIN	BUPROPION XL	126
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	102
Antidepressants	WELLBUTRIN	BUPROPION HCL	26
Antidepressants	WELLBUTRIN	BUDEPRION XL	16
Antidepressants	WELLBUTRIN	BUDEPRION SR	2
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	57
Antidepressants	PAXIL	PAROXETINE HCL	43
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	33
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	28
Antidepressants	FLUVOXAMINE	LUVOX CR	2
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	11
Antidepressants	EFFEXOR	EFFEXOR XR	10
Antidepressants	EFFEXOR	VENLAFAXINE HCL	4
Antidepressants	LEXAPRO	LEXAPRO	23
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	16
Antidepressants	DOXEPIN HCL	DOXEPIN HCL	14
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	11
Antidepressants	CYMBALTA	CYMBALTA	3
Antidepressants	PRISTIQ ER	PRISTIQ ER	2
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	466
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	261
Antihistamines	HYDROXYZINE	ATARAX	1

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antihistamines	DIPHENHYDRAMINE	Q-DRYL	253
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	169
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST	34
Antihistamines	DIPHENHYDRAMINE	BANOPHEN	23
Antihistamines	DIPHENHYDRAMINE	ALLERGY	13
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S ALLERGY RELIEF	9
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF	4
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S ALLERGY	4
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY	4
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICATION	3
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL	2
Antihistamines	DIPHENHYDRAMINE	SILADRYL	2
Antihistamines	DIPHENHYDRAMINE	WAL-DRYL	2
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICINE	1
Antihistamines	DIPHENHYDRAMINE	DIPHEN	1
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE	1
Antipsychotics			
Antipsychotics	RISPERDAL	RISPERIDONE	724
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	9
Antipsychotics	RISPERDAL	RISPERIDONE ODT	5
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB	1
Antipsychotics	ABILIFY	ABILIFY	626
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE	231
Antipsychotics	SEROQUEL	SEROQUEL	171
Antipsychotics	SEROQUEL	SEROQUEL XR	117
Antipsychotics	GEODON	GEODON	59
Antipsychotics	GEODON	ZIPRASIDONE HCL	19
Antipsychotics	OLANZAPINE	OLANZAPINE	61
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	4
Antipsychotics	ZYPREXA	ZYPREXA	40
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS	5
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL	37
Antipsychotics	INVEGA	INVEGA	32
Antipsychotics	INVEGA	INVEGA SUSTENNA	3
Antipsychotics	HALOPERIDOL	HALOPERIDOL	20
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE	2
Antipsychotics	HALOPERIDOL	HALOPERIDOL LACTATE	2
Antipsychotics	SAPHRIS	SAPHRIS	22
Antipsychotics	LATUDA	LATUDA	13
Antipsychotics	FANAPT	FANAPT	4

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE	4
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE	2
Antipsychotics	PERPHENAZINE	PERPHENAZINE	1
Antipsychotics	CLOZAPINE	CLOZAPINE	2
Antipsychotics	FLUPHENAZINE HCL	FLUPHENAZINE HCL	2
Antipsychotics	LOXAPINE	LOXAPINE	2
Miscellaneous			
Miscellaneous	STRATTERA	STRATTERA	214
Miscellaneous	BUSPIRONE	BUSPIRONE HCL	83
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	26
Miscellaneous	MELATONIN	MELATONIN	12
Miscellaneous	NICOTINE GUM	NICOTINE GUM	9
Miscellaneous	CHANTIX	CHANTIX	1
Miscellaneous	LICE TREATMENT	LICE TREATMENT	1
Mood Stabilizers			
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	382
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	3
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL (ORANGE)	1
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	229
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	107
Mood Stabilizers	DEPAKOTE	STAVZOR	2
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	2
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	271
Mood Stabilizers	TRILEPTAL	TRILEPTAL	18
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	158
Mood Stabilizers	TOPAMAX	TOPIRAMATE	87
Mood Stabilizers	KEPPRA	LEVETIRACETAM	82
Mood Stabilizers	KEPPRA	KEPPRA XR	1
Mood Stabilizers	GABAPENTIN	GABAPENTIN	45
Mood Stabilizers	GABAPENTIN	NEURONTIN	2
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	24
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	6
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE ER	2
Mood Stabilizers	SABRIL	SABRIL	3
Sedative-Hypnotics			
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM	44
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	26
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE	22
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM	17
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM INTENSOL	5

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM	7
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM	5
Sedative-Hypnotics	LUNESTA	LUNESTA	5
Sedative-Hypnotics	RESTORIL	TEMAZEPAM	3
Sedative-Hypnotics	CLORAZEPATE DIPOTA	CLORAZEPATE DIPOTASSIUM	2
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE	1
Sedative-Hypnotics	CHLORDIAZEPOXIDE H	CHLORDIAZEPOXIDE HCL	1
Sedative-Hypnotics	ZALEPLON	ZALEPLON	1
Stimulants			
Stimulants	VYVANSE	VYVANSE	779
Stimulants	METHYLPHENIDATE	CONCERTA	406
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	106
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	80
Stimulants	METHYLPHENIDATE	RITALIN LA	16
Stimulants	METHYLPHENIDATE	DAYTRANA	12
Stimulants	METHYLPHENIDATE	METHYLIN	10
Stimulants	METHYLPHENIDATE	METADATE CD	6
Stimulants	METHYLPHENIDATE	METHYLIN ER	3
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR	2
Stimulants	ADDERALL	ADDERALL XR	445
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	110
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	229
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	21
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	9
Stimulants	DEXEDRINE	PROCENTRA	9

Table7

Total Number of Unique Drugs Prescribed - Brian A
January - December 2012

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	541
Anti-Hypertensives	CLONIDINE	KAPVAY	23
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1	2
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2	1
Anti-Hypertensives	GUANFACINE	INTUNIV	220
Antidepressants			
Antidepressants	TRAZODONE HCL	TRAZODONE HCL	385
Antidepressants	ZOLOFT	SERTRALINE HCL	329
Antidepressants	FLUOXETINE	FLUOXETINE HCL	280
Antidepressants	CELEXA	CITALOPRAM HBR	279
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	173
Antidepressants	WELLBUTRIN	BUPROPION XL	74
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	58
Antidepressants	WELLBUTRIN	BUPROPION HCL	15
Antidepressants	WELLBUTRIN	BUDEPRION XL	13
Antidepressants	WELLBUTRIN	BUDEPRION SR	2
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	50
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	21
Antidepressants	FLUVOXAMINE	LUVOX CR	2
Antidepressants	PAXIL	PAROXETINE HCL	23
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	20
Antidepressants	EFFEXOR	EFFEXOR XR	8
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	8
Antidepressants	EFFEXOR	VENLAFAXINE HCL	4
Antidepressants	LEXAPRO	LEXAPRO	16
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	10
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	9
Antidepressants	DOXEPIN HCL	DOXEPIN HCL	4
Antidepressants	CYMBALTA	CYMBALTA	2
Antidepressants	PRISTIQ ER	PRISTIQ ER	1
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	365
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	135
Antihistamines	HYDROXYZINE	ATARAX	1

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antihistamines	DIPHENHYDRAMINE	Q-DRYL	242
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	91
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST	29
Antihistamines	DIPHENHYDRAMINE	ALLERGY	13
Antihistamines	DIPHENHYDRAMINE	BANOPHEN	11
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S ALLERGY RELIEF	9
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S ALLERGY	4
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICATION	3
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF	3
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY	3
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL	2
Antihistamines	DIPHENHYDRAMINE	SILADRYL	2
Antihistamines	DIPHENHYDRAMINE	WAL-DRYL	2
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICINE	1
Antihistamines	DIPHENHYDRAMINE	DIPHEN	1
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE	1
Antipsychotics			
Antipsychotics	RISPERDAL	RISPERIDONE	556
Antipsychotics	RISPERDAL	RISPERIDONE ODT	5
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	4
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB	1
Antipsychotics	ABILIFY	ABILIFY	447
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE	126
Antipsychotics	SEROQUEL	SEROQUEL	112
Antipsychotics	SEROQUEL	SEROQUEL XR	72
Antipsychotics	GEODON	GEODON	43
Antipsychotics	GEODON	ZIPRASIDONE HCL	15
Antipsychotics	OLANZAPINE	OLANZAPINE	40
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	4
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL	30
Antipsychotics	ZYPREXA	ZYPREXA	23
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS	4
Antipsychotics	INVEGA	INVEGA	23
Antipsychotics	INVEGA	INVEGA SUSTENNA	1
Antipsychotics	HALOPERIDOL	HALOPERIDOL	13
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE	2
Antipsychotics	HALOPERIDOL	HALOPERIDOL LACTATE	1
Antipsychotics	SAPHRIS	SAPHRIS	14
Antipsychotics	LATUDA	LATUDA	9
Antipsychotics	CLOZAPINE	CLOZAPINE	2

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antipsychotics	FANAPT	FANAPT	2
Antipsychotics	FLUPHENAZINE HCL	FLUPHENAZINE HCL	2
Antipsychotics	LOXAPINE	LOXAPINE	2
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE	2
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE	2
Miscellaneous			
Miscellaneous	STRATTERA	STRATTERA	144
Miscellaneous	BUSPIRONE	BUSPIRONE HCL	61
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	11
Miscellaneous	MELATONIN	MELATONIN	8
Miscellaneous	NICOTINE GUM	NICOTINE GUM	5
Mood Stabilizers			
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	288
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	3
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	152
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	71
Mood Stabilizers	DEPAKOTE	STAVZOR	1
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	1
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	206
Mood Stabilizers	TRILEPTAL	TRILEPTAL	18
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	121
Mood Stabilizers	KEPPRA	LEVETIRACETAM	71
Mood Stabilizers	TOPAMAX	TOPIRAMATE	70
Mood Stabilizers	GABAPENTIN	GABAPENTIN	29
Mood Stabilizers	GABAPENTIN	NEURONTIN	2
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	14
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	3
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE ER	1
Mood Stabilizers	SABRIL	SABRIL	3
Sedative-Hypnotics			
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM	35
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	21
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM	16
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM INTENSOL	5
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE	14
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM	6
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM	4
Sedative-Hypnotics	CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	2
Sedative-Hypnotics	RESTORIL	TEMAZEPAM	2

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE	1
Sedative-Hypnotics	CHLORDIAZEPOXIDE HCL	CHLORDIAZEPOXIDE HCL	1
Sedative-Hypnotics	LUNESTA	LUNESTA	1
Sedative-Hypnotics	ZALEPLON	ZALEPLON	1
Stimulants			
Stimulants	VYVANSE	VYVANSE	581
Stimulants	METHYLPHENIDATE	CONCERTA	331
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	90
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	71
Stimulants	METHYLPHENIDATE	RITALIN LA	13
Stimulants	METHYLPHENIDATE	DAYTRANA	12
Stimulants	METHYLPHENIDATE	METHYLIN	7
Stimulants	METHYLPHENIDATE	METADATE CD	5
Stimulants	METHYLPHENIDATE	METHYLIN ER	3
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR	1
Stimulants	ADDERALL	ADDERALL XR	319
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	89
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	192
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	20
Stimulants	DEXEDRINE	PROCENTRA	9
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	8

Psychotropic Pharmacy Data
January-December 2011

The Tennessee Department of Children's Services has received Psychotropic Pharmacy Claims Data for 2006 to the present. Initially, the data was sent by the Managed Care Organization for DCS (TennCare Select aka Blue Cross/Blue Shield). Currently the claims data is being provided by the Bureau of TennCare. The information each month used in the annual aggregated analysis includes:

- the name of child
- social security number of the child
- the date of birth
- the age of child
- the prescriber's name, specialty, and address
- the date the drug was dispensed
- the drug's name, strength, and the quantity dispensed
- amount paid
- the pharmacy's name and address

The information within the pharmacy claims data provided for each month is matched with data from TFACTS.

- Summary information is calculated on demographic information, such as adjudication, gender, and race.
- Summary information on the physician prescribing the medication, as well as, drug information is also provided.

The information from each month is totaled and averaged for the year. Please note the following:

- TFACTS was implemented in August 2010; therefore, some of the demographic information may be incomplete.
- Average number of drugs is based on the number of unique drugs prescribed for a child each month.
- Inflation of averages will occur as some medications that are included are also used for non-psychiatric purposes (e.g., Depakote for seizure disorder rather than mood stabilization).

Principal 2011 findings:

Statewide

- The average number of DCS children prescribed at least one drug per month was 1949 children (25.6%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
  - Approximately thirty-three percent (32.5%) of the children were prescribed at least one drug.
  - A child's average age was thirteen years (12.7).
  - A child's average length of time in custody during the calendar year was ten months (10.0).

- A child's average number of months being prescribed at least one drug was five months (5.3).
- The child's average number of drugs being prescribed each month was approximately two prescriptions (1.8).
- Eleven percent (11.3%) of the children prescribed at least one drug was prescribed a medication every month of the calendar year.
    - The average age of the child was 12.3 years.
    - The average number of months the child had 4 or more medications prescribed was 6.2 months.
    - The average number of drugs prescribed each month was 2.6 drugs.
- Fourteen percent (13.9%) of the children prescribed at least one drug were prescribed 4 or more medications for at least one month of the calendar year.
    - Average age of the child was 14.0 years.
    - The average number of months the child had 4 or more medications prescribed was 4.0 months.
    - Thirty-two (31.8%) of the children was prescribed 4 medications only one month during the calendar year.
    - Three percent (3.1%) of the children was prescribed four or more drugs all twelve months of the calendar year.
    - The average length of stay for the calendar month in custody was 10.5 months.
    - The average number of drugs prescribed each month was 4.3 drugs.
- The five drugs prescribed the most during the calendar year:
    - Methylphenidate
    - Vyvanse
    - Risperdal
    - Trazodone HCL
    - Clonidine
- The five classes of drugs prescribed the most during the calendar year:

	Drug Class	Drug1	Drug2
6)	Anti-depressants	Trazodone HCL	Zoloft
7)	Anti-psychotic	Risperdal	Seroquel
8)	Stimulants	Vyvanse	Methylphenidate
9)	Mood Stabilizers	Depakote	Lamotrigine
10)	Antihistamine	Hydroxyzine	Diphenhydramine

- A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect and approximately thirteen years of age; and the child is prescribed approximately two drugs (1.8) per month.

Brian A Children

- The average number of DCS children prescribed at least one drug per month was 1446 children (23.8%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
    - Twenty-nine percent (29.1%) of the children were prescribed at least one drug.
    - A child's average age was eleven years (11.4).

- A child's average length of time in custody for the calendar month was ten months (10.1).
- A child's average number of months being prescribed at least one drug was approximately six months (5.6).
- The child's average number of drugs being prescribed each month was approximately two prescriptions (1.8).
- Approximate fourteen percent (13.6%) of the children prescribed at least one drug were prescribed a medication every month of the calendar year.
    - The average age of the child was 11.9 years.
    - The average number of months the child had 4 or more medications prescribed was 6.4 months.
    - The average number of drugs prescribed each month was 2.6 drugs.

- Fifteen percent (14.6%) of the children prescribed at least one drug were prescribed 4 or more drugs for at least one month of the calendar year.
    - Average age of the child was 13.4 years.
    - The average number of months the child had 4 or more medications prescribed was 4.3 months.
    - Thirty-one percent (31.3%) of the children were prescribed 4 medications only one month during the calendar year.
    - Four percent (4.2%) of the children were prescribed four or more drugs all twelve months of the calendar year.
    - The average length of stay in custody for the calendar month was10.6 months.
    - The average number of drugs prescribed each month was 4.3 drugs.
- The five drugs prescribed the most during the calendar year were
    6. Vyvanse
    7. Risperdal
    8. Methylphenidate
    9. Clonodine
    10. Hydroxyzine
- The five classes of drugs prescribed the most during the calendar year:

Drug Class	Drug1	Drug2
6) Anti-depressants	Trazodone HCL	Zoloft
7) Stimulants	Vyvanse	Methylphenidate
8) Anti-psychotic	Risperdal	Abilify
9) Mood Stabilizers	Lamotrigine	Depakote
10) Antihistamines	Hydroxyzine	Diphenhydramine

- A Brian A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect, eleven years of age; and the child was prescribed approximately two drugs (1.8) per month.

Chart 1

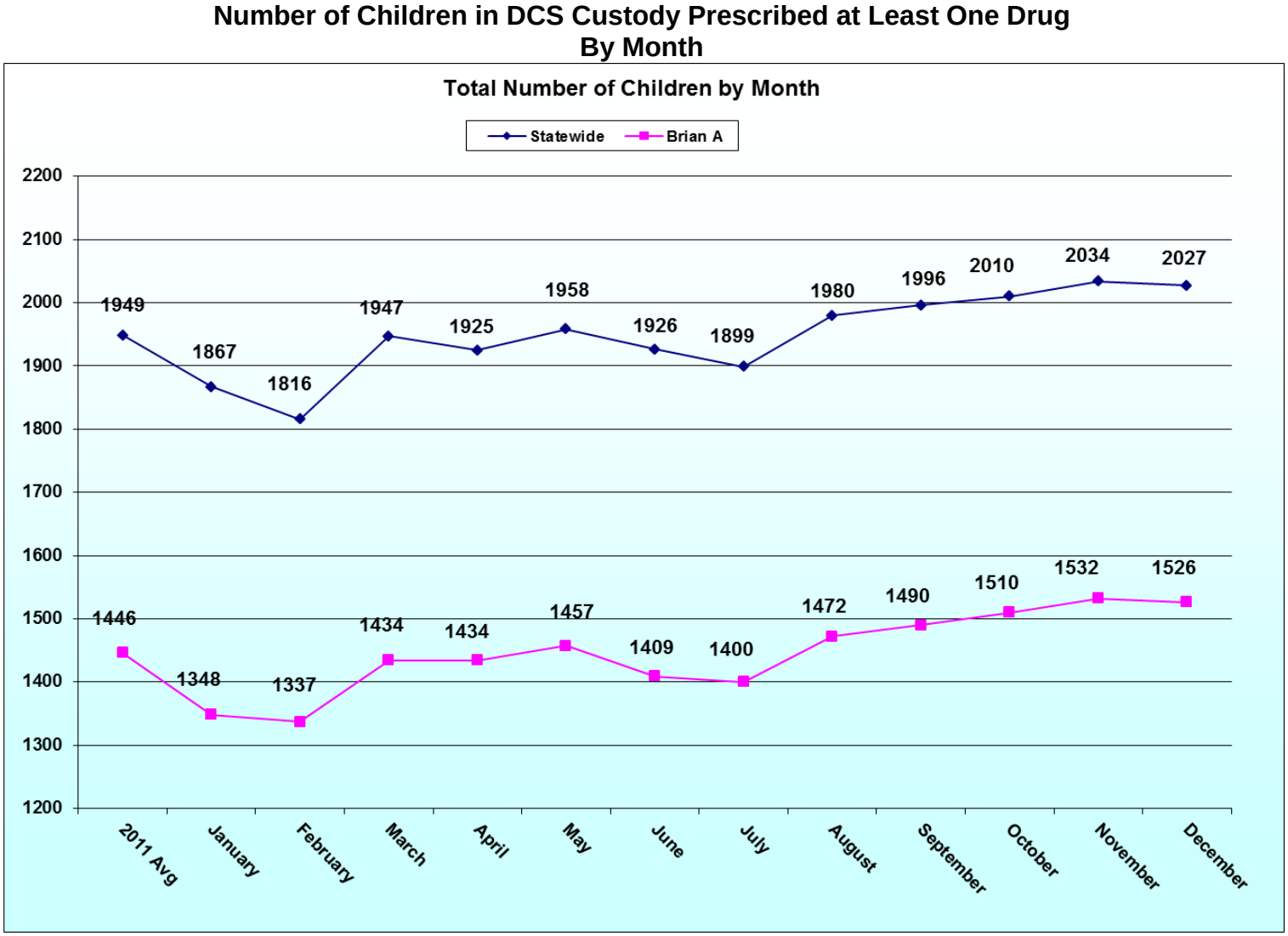
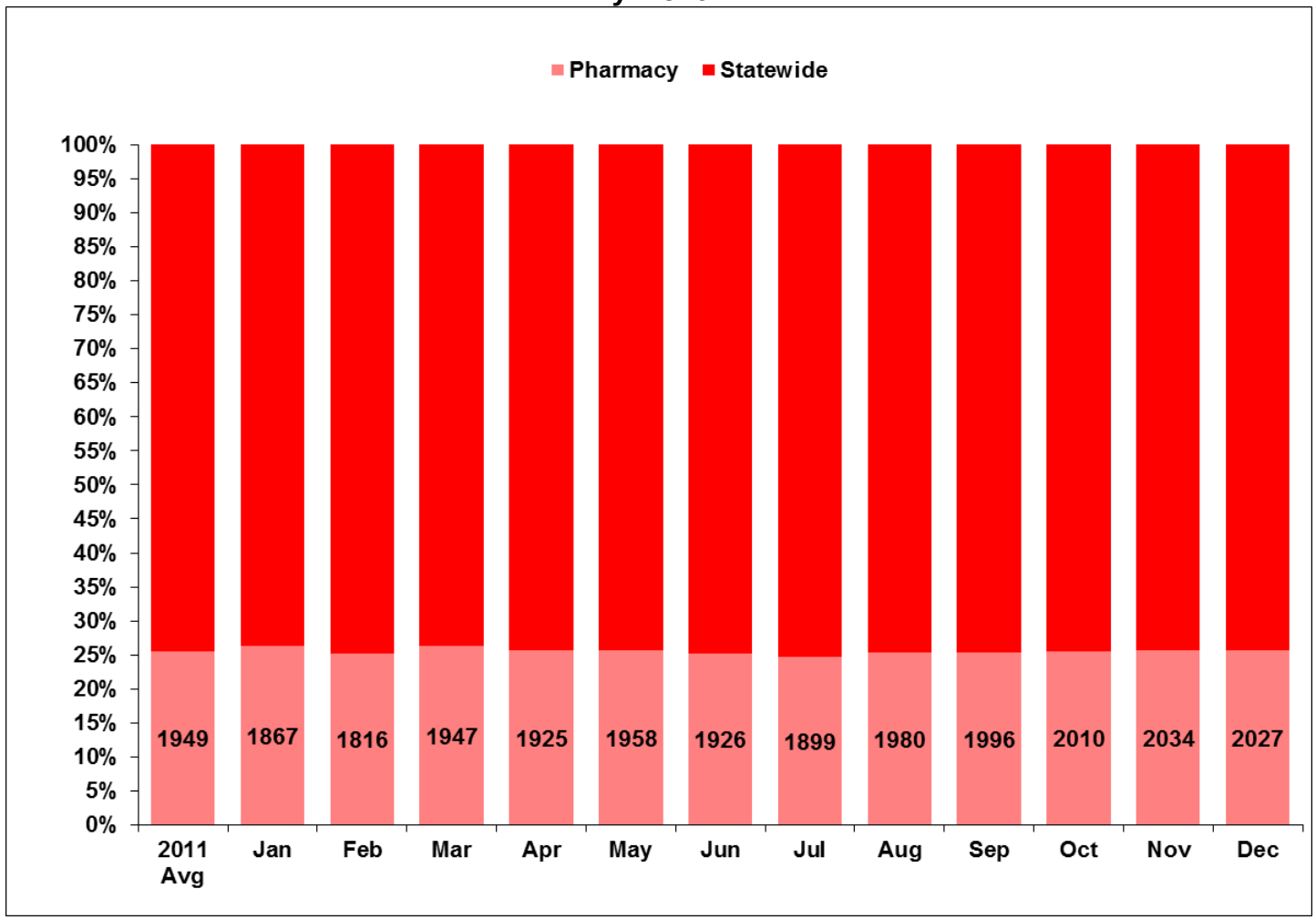

Number of Children in DCS Custody Prescribed at Least One Drug
By Month
Total Number of Children by Month
Statewide
Brian A
2200
2100
2000
1900
1800
1700
1600
1500
1400
1300
1200
1949
1867
1816
1947
1925
1958
1926
1899
1980
1996
2010
2034
2027
1446
1348
1337
1434
1434
1457
1409
1400
1472
1490
1510
1532
1526
2011 Avg
January
February
March
April
May
June
July
August
September
October
November
December

Chart 2A

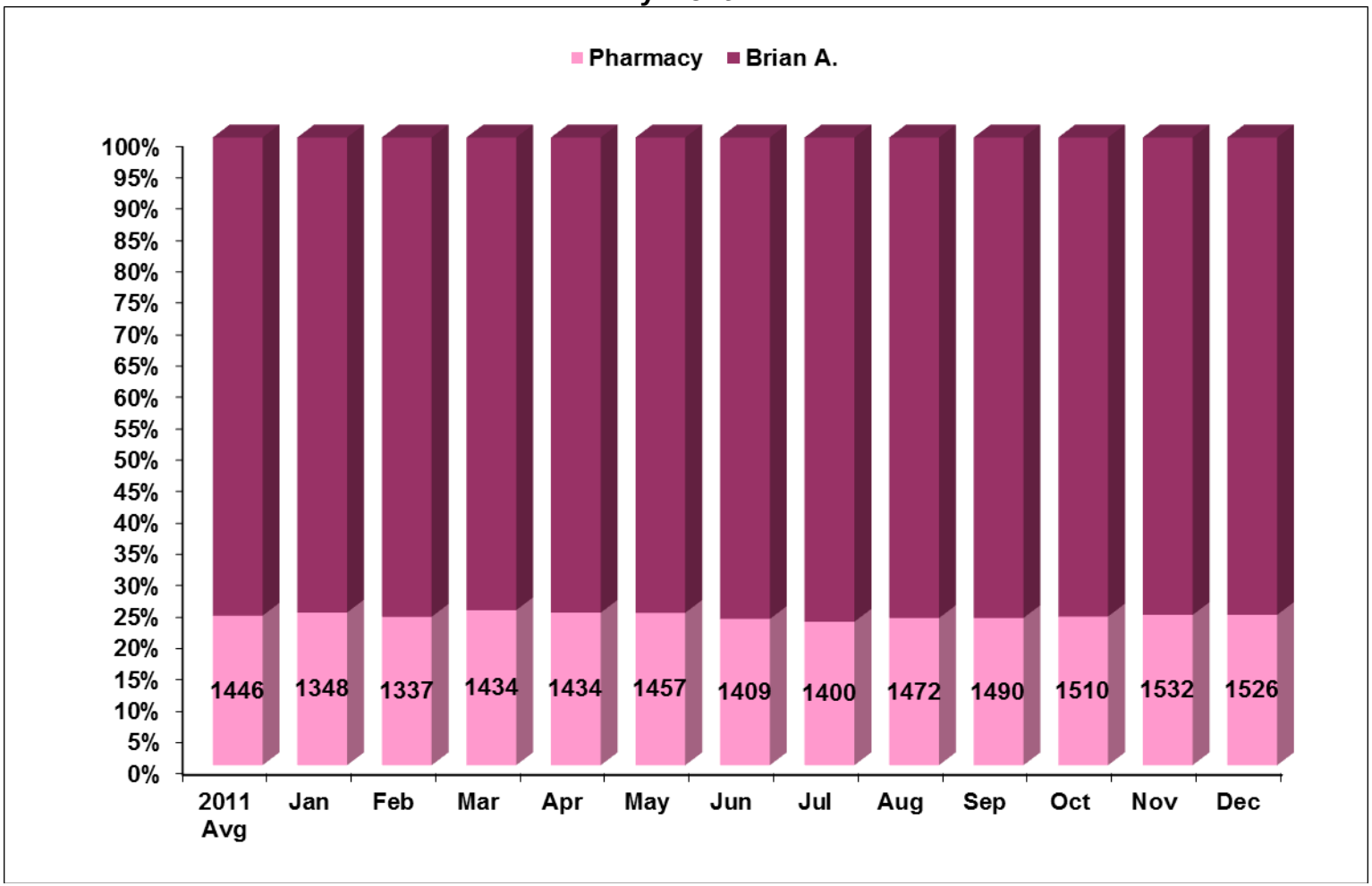
Percentage of Children in DCS Custody Prescribed at Least One Drug
By Month



2011 Average Number of Children - 7628

Chart 2B

Percentage of Brian A Children in DCS Custody Prescribed at Least One Drug By Month



2011 Average Number of Brian A. Children - 6073

Table 1A

--Statewide-Demographics--
January-December 2011

Number of Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**1949**	**1867**	**1816**	**1947**	**1925**	**1958**	**1926**	**1899**	**1980**	**1996**	**2010**	**2034**	**2027**
Adjudication													
Dependent/Neglect	1400	1305	1295	1393	1390	1408	1359	1355	1425	1442	1469	1487	1476
Delinquent	502	516	479	511	491	501	516	497	508	506	498	500	499
Unruly	47	46	42	43	44	49	51	47	47	48	43	47	52
Gender													
Male	1244	1186	1161	1255	1212	1229	1224	1203	1261	1285	1280	1305	1323
Female	704	680	654	691	712	728	701	695	718	710	729	729	704
Age Range													
<= 5	125	100	118	131	122	124	114	113	131	132	135	146	139
6 - 10	352	331	345	369	364	349	350	321	347	355	361	358	370
11 - 14	492	473	452	482	473	487	485	479	503	505	524	517	521
15 - 17	932	903	842	907	913	947	931	947	966	968	946	962	955
18 +	48	60	59	58	53	51	46	39	33	36	44	51	42
Race													
White	1312	1250	1213	1323	1294	1315	1294	1289	1347	1341	1349	1371	1353
Black/African American	476	479	479	479	473	482	476	460	464	480	486	477	471
American Indian/Alaska Native	2	2	2	2	0	3	2	1	3	3	2	4	4
Asian	1	2	1	2	1	1	2	1	1	1	1	1	1
Multi Racial	70	72	63	64	73	71	64	65	74	76	74	75	72
Native Hawaiian/Other Pacific Islander	1	0	0	0	0	0	0	1	1	1	1	1	1
Unable to Determine	49	50	48	53	50	49	48	49	48	48	47	53	50

Table 1B

--Brian A-Demographics--
January-December 2011

Brian A. Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**1446**	**1348**	**1337**	**1434**	**1434**	**1457**	**1409**	**1400**	**1472**	**1490**	**1510**	**1532**	**1526**
Adjudication													
Dependent/Neglect	1399	1302	1295	1391	1390	1408	1358	1353	1425	1442	1467	1485	1474
Unruly	47	46	42	43	44	49	51	47	47	48	43	47	52
Gender													
Male	866	794	801	863	849	856	842	831	880	906	902	925	937
Female	580	554	536	571	585	601	567	569	592	584	608	607	589
Age Range													
<= 5	125	100	118	131	122	124	114	113	131	132	135	146	139
6 - 10	320	330	344	368	363	348	349	320	346	354	0.59	355	368
11 - 14	418	398	383	402	402	415	413	412	427	427	449	443	445
15 - 17	552	520	492	533	547	570	533	555	568	577	567	588	574
Race													
White	1009	929	931	1014	996	1017	990	985	1040	1036	1048	1063	1064
Black/African American	302	304	299	297	302	306	294	291	295	310	311	313	304
American Indian/Alaska Native	2	2	2	2	0	3	1	0	2	2	2	2	1
Asian	1	1	1	2	1	1	2	1	1	1	1	1	1
Multi Racial	60	60	52	51	65	59	54	56	64	66	65	64	62
Native Hawaiian/Other Pacific Islander	1	0	0	0	0	0	0	1	1	1	1	1	1
Unable to Determine	42	44	42	49	44	43	39	42	38	39	39	45	42

Table 1C

--Statewide-Children in DCS Custody--
January-December 2011

Number of Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**7628**	**7084**	**7209**	**7385**	**7507**	**7637**	**7642**	**7668**	**7805**	**7870**	**7891**	**7937**	**7900**
Adjudication													
Dependent/Neglect	5950	5430	5542	5689	5786	5863	5918	5999	6163	6228	6254	6277	6245
Delinquent	1551	1540	1551	1573	1597	1634	1588	1538	1521	1514	1510	1527	1519
Unruly	127	114	116	123	124	140	136	131	121	128	127	133	136
Gender													
Male	4400	4148	4217	4303	4356	4431	4413	4403	4496	4510	4502	4510	4506
Female	3236	2948	2997	3086	3154	3209	3232	3271	3316	3375	3402	3437	3405
Age Range													
<= 5	2331	2028	2085	2179	2225	2250	2312	2375	2463	2504	2533	2523	2500
6 - 10	1228	1142	1162	1189	1196	1214	1214	1244	1264	1278	1268	1272	1292
11 - 14	1251	1161	1197	1220	1236	1253	1249	1241	1279	1286	1294	1302	1296
15 - 17	2578	2520	2511	2532	2585	2652	2635	2576	2570	2584	2571	2615	2581
18 +	243	238	252	264	264	267	232	235	232	227	234	232	241
Race													
White	4732	4432	4510	4604	4662	4708	4739	4749	4844	4884	4892	4912	4844
Black/African American	2069	2033	2038	2079	2094	2137	2081	2066	2062	2070	2042	2054	2066
American Indian/Alaska Native	18	11	12	15	16	14	20	20	22	20	20	20	20
Asian	10	9	8	8	9	12	11	10	12	12	13	9	9
Multi Racial	249	230	231	239	242	238	237	242	253	258	270	270	276
Native Hawaiian/Other Pacific Islander	6	6	6	6	6	4	5	4	4	5	6	8	11
Unable to Determine	553	375	409	438	481	527	552	583	615	636	661	675	686

Table 1D

--Brian A-Children in DCS Custody--
January-December 2011

Number of Brian A. Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**6073**	**5543**	**5656**	**5807**	**5905**	**6000**	**6051**	**6127**	**6281**	**6352**	**6374**	**6403**	**6373**
Adjudication													
Dependent/Neglect	5945	5429	5540	5684	5781	5860	5915	5996	6160	6224	6247	6270	6237
Unruly	127	114	116	123	124	140	136	131	121	128	127	133	136
Gender													
Male	3102	2860	2913	2984	3021	3062	3078	3121	3223	3250	3243	3237	3237
Female	2970	2683	2743	2823	2884	2938	2973	3006	3058	3102	3131	3166	3136
Age Range													
<= 5	2327	2021	2084	2178	2225	2250	2312	2372	2459	2496	2524	2516	2491
6 - 10	1226	1141	1162	1188	1194	1212	1212	1242	1263	1275	1264	1269	1288
11 - 14	1099	1005	1039	1058	1077	1097	1101	1099	1132	1137	1148	1149	1143
15 - 17	1420	1375	1370	1382	1408	1440	1426	1414	1427	1444	1438	1469	1451
Race													
White	4027	3728	3817	3884	3927	3961	4028	4050	4149	4189	4206	4220	4163
Black/African American	1333	1287	1277	1324	1342	1369	1321	1338	1354	1368	1339	1335	1345
American Indian/Alaska Native	15	11	12	14	14	12	18	18	19	16	16	16	16
Asian	6	6	6	6	6	8	7	7	7	7	7	3	3
Multi Racial	219	198	199	206	210	207	207	217	225	228	237	243	247
Native Hawaiian/Other Pacific Islander	4	4	4	4	4	2	3	3	3	4	5	7	10
Unable to Determine	468	309	341	369	402	441	467	494	524	540	564	579	589

Table 1E

--Statewide-Placement Type Information--
January-December 2011

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total …	**7628**	**1949**	**1867**	**1816**	**1947**	**1925**	**1958**	**1926**	**1899**	**1980**	**1996**	**2010**	**2034**	**2027**
Contract Foster Care	732	80	80	75	94	84	81	79	66	65	82	81	85	87
DCS Foster Care	2477	259	236	250	278	279	289	229	223	247	257	263	278	275
DCS Foster Care-Expedited	512	45	39	46	46	56	49	41	35	56	40	52	43	42
DCS Group Home	31	7	22	20	22	9	7	0	0	0	0	0	0	0
In-Home	52	7	4	6	7	5	5	9	8	9	6	7	6	6
Independent Living Placement	2	1	2	2	2	2	2	0	0	1	1	1	1	0
Inpatient	12	1	1	0	0	0	1	2	1	1	2	0	0	4
Instate County Jail Placment	6	0	0	0	0	0	0	1	0	0	0	0	0	0
Judicial Detention	68	9	5	3	7	7	12	10	13	12	10	5	17	12
Level 2	22	8	14	13	10	7	6	6	4	5	6	7	6	7
Level 2 Continuum	1256	506	491	465	497	482	499	503	497	525	529	532	526	528
Level 2 Enhanced	16	6	6	5	3	5	4	6	8	5	4	8	9	7
Level 2 Special Needs	8	7	5	6	7	8	8	7	7	7	7	7	6	5
Level 2 Special Population	171	74	54	50	62	60	67	70	77	79	83	97	88	100
Level 3	131	102	97	109	111	116	116	116	113	109	103	81	75	77
Level 3 Continuum	142	100	114	96	92	91	89	100	94	105	105	103	112	101
Level 3 Continuum Special Needs	759	532	512	504	541	527	527	534	539	536	535	554	543	532
Level 3 Enhanced	54	44	46	39	41	42	45	43	43	47	43	39	46	51
Level 4	68	61	44	46	42	47	56	55	57	66	74	70	81	91
Level 4 Special Needs	9	9	6	5	4	4	4	8	12	13	13	11	14	13
Medically Fragile Foster Home	53	20	20	20	17	19	23	23	23	18	20	20	17	17
Out of State Jail	2	0	0	0	0	1	1	0	0	0	0	0	0	0
Primary Treatment Center (PTC)	41	14	8	12	12	17	16	17	14	14	15	14	16	11
Residential Treatment	0	0												
Runaway	133	2	1	1	0	1	1	5	5	3	2	2	5	3
Trial Home Visit	437	54	54	43	52	54	48	58	56	56	57	53	58	56
Youth Development Center Placement	429	2	6	0	0	2	2	4	3	1	2	2	2	2
Unknown/Missing	22													

Table 1F

--Brian A-Placement Type Information--
January-December 2011

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total ...	**6073**	**1446**	**1348**	**1337**	**1434**	**1434**	**1457**	**1409**	**1400**	**1472**	**1490**	**1510**	**1532**	**1526**
Contract Foster Care	726	79	79	75	93	84	81	77	65	64	80	78	84	85
DCS Foster Care	2438	247	224	238	269	264	271	218	211	238	247	252	268	266
DCS Foster Care-Expedited	501	42	35	42	42	53	45	37	35	52	37	49	40	37
In-Home	47	5	4	5	6	5	2	7	6	8	6	5	5	3
Inpatient	10	1	0	0	0	0	1	2	0	1	2	0	0	4
Judicial Detention	4	0	0	0	1	1	0	1	1	0	0	0	0	1
Level 2	6	2	7	6	4	4	4	1	0	0	0	0	0	1
Level 2 Continuum	1032	422	407	392	412	410	422	419	416	435	446	445	428	432
Level 2 Enhanced	5	2	1	1	0	0	0	2	3	3	1	3	4	1
Level 2 Special Needs	8	6	5	6	6	7	7	6	6	6	6	6	5	5
Level 2 Special Population	51	21	11	13	17	17	22	15	18	25	25	29	31	32
Level 3	72	65	59	67	70	70	72	68	66	65	64	58	58	59
Level 3 Continuum	82	62	62	50	53	55	53	67	63	68	66	71	73	66
Level 3 Continuum Special Needs	486	348	334	328	350	338	341	337	353	347	348	365	368	367
Level 3 Enhanced	26	21	19	18	18	23	22	19	23	24	22	19	21	24
Level 4	53	47	33	35	32	34	42	44	44	55	57	52	66	72
Level 4 Special Needs	6	6	2	1	2	2	2	6	9	10	11	9	10	9
Medically Fragile Foster Home	53	20	20	20	17	19	23	23	23	18	20	20	17	17
Primary Treatment Center (PTC)	19	9	5	6	4	9	10	13	11	9	10	10	11	6
Runaway	56	1	1	1	0	1	1	0	1	0	0	0	1	1
Trial Home Visit	374	40	40	33	38	38	36	47	45	44	42	39	42	38
Unknown/Missing	17													

Table 2A

--Statewide-Number of Prescriptions--
January-December 2011

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**7628**	**1949**	**799**	**597**	**358**	**203**
January	7084	1867	818	545	313	191
February	7209	1816	805	537	297	177
March	7385	1947	809	593	338	207
April	7507	1925	916	603	316	190
May	7637	1958	790	607	360	201
June	7642	1926	764	582	365	215
July	7668	1899	702	616	366	215
August	7805	1980	775	615	397	193
September	7870	1996	776	626	368	226
October	7891	2010	793	618	377	222
November	7937	2034	831	615	386	202
December	7900	2027	811	606	411	199

Table 2B

--Brian A-Number of Prescriptions--
January-December 2011

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**6073**	**1446**	**591**	**429**	**265**	**161**
January	5543	1348	573	384	244	149
February	5656	1337	590	383	226	138
March	5807	1434	595	432	245	162
April	5905	1434	625	421	239	149
May	6000	1457	592	438	269	158
June	6051	1409	558	415	262	175
July	6127	1400	526	437	272	165
August	6281	1472	591	447	280	154
September	6352	1490	586	454	271	179
October	6374	1510	606	456	278	171
November	6403	1532	631	442	293	166
December	6373	1526	617	444	301	164

Table 3A

--Statewide-Number of Children with 4+ Prescriptions by Age Group-- January-December 2011

Number of Children By Age Group With 4+ Prescriptions	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**7628**	**1949**	**1**	**19**	**65**	**116**	**3**
January	7084	1867	1	15	67	103	5
February	7209	1816	1	13	59	98	6
March	7385	1947	1	16	68	115	7
April	7507	1925	2	15	62	109	2
May	7637	1958	0	13	71	114	3
June	7642	1926	0	17	74	123	1
July	7668	1899	0	17	67	126	5
August	7805	1980	1	20	59	110	3
September	7870	1996	2	23	73	125	2
October	7891	2010	0	23	68	129	2
November	7937	2034	0	27	57	118	0
December	7900	2027	0	23	59	116	1

Table 3B

--Brian A-Number Children with 4+ Prescriptions by Age Group-- January-December 2011

Number of Brian A. Children By Age Group With 4+ Prescriptions	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**6073**	**1446**	**1**	**19**	**56**	**69**	**86**
January	5543	1348	1	15	57	76	76
February	5656	1337	1	13	47	56	77
March	5807	1434	1	16	59	63	86
April	5905	1434	2	15	52	66	80
May	6000	1457	0	13	61	63	84
June	6051	1409	0	17	67	71	91
July	6127	1400	0	17	56	77	92
August	6281	1472	1	20	53	75	80
September	6352	1490	2	23	62	69	92
October	6374	1510	0	23	55	70	93
November	6403	1532	0	27	51	66	88
December	6373	1526	0	23	53	77	88

Table 3C

--Statewide-Children in DCS Custody with 4+ Prescriptions--
January-December 2011

Number of Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**203**	**191**	**177**	**207**	**190**	**201**	**215**	**215**	**193**	**226**	**222**	**202**	**199**
Adjudication													
Dependent/Neglect	156	144	134	157	142	151	166	158	148	176	167	163	162
Delinquent	42	42	39	45	41	43	40	49	39	47	51	36	35
Unruly	5	5	4	5	7	7	9	8	6	3	4	3	2
Gender													
Male	125	117	101	128	115	125	136	131	120	144	139	124	124
Female	78	74	76	79	75	76	79	84	73	82	83	78	75
Age Range													
<= 5	1	1	1	1	2	0	0	0	1	2	0	0	0
6 - 10	19	15	13	16	15	13	17	17	20	23	23	27	23
11 - 14	65	67	59	68	62	71	74	67	59	73	68	57	59
15 - 17	116	103	98	115	109	114	123	126	110	125	129	118	116
18 +	3	5	6	7	2	3	1	5	3	3	2	0	1
Race													
White	150	139	130	153	136	149	153	158	142	170	176	147	145
Black/African American	40	43	38	42	40	39	47	43	38	41	33	39	37
American Indian/Alaska Native	0	0	0	0	0	0	0	0	1	0	0	0	0
Asian	0	1	1	1	0	0	0	0	0	0	0	0	0
Multi Racial	5	5	5	6	6	8	7	6	4	4	3	5	6
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	3	4	3	6	6	3	6	4	3	4	6	5	5

Table 3D

--Brian A-Children in DCS Custody with 4+ Prescriptions--
January-December 2011

Brian A. Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**161**	**149**	**138**	**162**	**149**	**158**	**175**	**165**	**154**	**179**	**171**	**166**	**164**
Adjudication													
Dependent/Neglect	156	144	134	157	142	151	166	157	148	176	167	163	162
Unruly	5	5	4	5	7	7	9	8	6	3	4	3	2
Gender				5									
Male	98	91	79	99	88	98	108	99	97	115	106	100	101
Female	62	58	59	63	61	60	67	66	57	64	65	66	63
Age Range													
<= 5	1	1	1	1	2	0	0	0	1	2	0	0	0
6 - 10	19	15	13	16	15	13	17	17	20	23	23	27	23
11 - 14	56	57	47	59	52	61	67	56	53	62	55	51	53
15 - 17	86	76	77	86	80	84	91	92	80	92	93	88	88
Race													
White	118	110	102	122	107	115	124	116	113	132	134	121	119
Black/African American	32	31	28	29	30	31	38	36	30	35	27	32	31
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	5	5	5	6	6	8	7	6	4	4	3	4	5
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	3	3	2	5	4	2	4	3	1	1	3	3	3

Table 4A

--Statewide-Unique Children in DCS Custody--
January-December 2011

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2011) Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	**13570***	**4414**	**613**	**500**	**19**	**12.7**	**10.0**	**5.3**	**4.0**	**1.8**
Adjudication										
Dependent/Neglect	10435	3007	435	418	19	11.3	10.1	5.7	4.3	1.8
Delinquent	2837	1290	156	75	0	15.9	9.6	4.7	3.2	1.8
Unruly	243	117	22	7	0	15.3	9.4	4.9	3.2	1.8
Unknown/Missing	55									
Gender										
Male	7795	2784	378	337	12	12.7	9.9	5.4	4.0	1.8
Female	5775	1629	235	163	7	12.7	10.1	5.3	4.0	1.8
Age Range										
<= 5	4314	474	7	19	0	2.6	10.1	3.6	2.0	1.2
6 - 10	2137	728	83	119	0	8.1	10.1	6.2	3.1	1.7
11 - 14	2193	955	186	180	7	12.9	9.9	6.5	4.7	2.0
15 - 17	4636	2133	326	182	12	16.1	9.8	5.0	3.9	1.8
18 +	290	124	11	0	0	18.0	10.8	2.9	3.0	1.7
Race										
White	8264	2897	456	368	15	12.5	9.9	5.4	3.9	1.8
Black/African American	3652	1127	116	98	3	13.5	10.1	5.1	4.1	1.7
American Indian/Alaska Native	26	9	0	0	0	13.1	9.9	3.1		1.3
Asian	18	4	0	1	0	14.5	11.0	3.8		1.0
Multi Racial	422	147	17	18	1	11.4	10.0	5.7	3.8	1.6
Native Hawaiian/Other Pacific Islander	13	1	0	0	0	6.0	12.0	6.0		1.8
Unable to Determine	1175	173	13	15	0	12.6	10.1	5.6	4.2	1.7

***This number was obtained by selecting all children in DCS custody on January 1, 2011 and adding all admissions to DCS from January 1 – December 31, 2011.**

Table 4B

--Brian A-Unique Children in DCS Custody--
January-December 2011

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2011) Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	**10721***	**3121**	**457**	**425**	**19**	**11.4**	**10.1**	**5.6**	**4.3**	**1.8**
Adjudication										
Dependent/Neglect	10432	3004	435	418	19	11.2	10.1	5.7	4.3	1.8
Unruly	232	117	22	7	0	15.3	9.4	4.9	3.2	1.8
Unknown	47									
Gender										
Male	5440	1780	271	283	12	10.9	10.1	5.9	4.4	1.8
Female	5281	1341	186	142	7	12.0	10.1	5.3	4.1	1.7
Age Range										
<= 5	4312	474	7	19	0	2.6	10.1	3.6	2.0	1.2
6 - 10	2132	725	83	118	0	8.1	10.2	6.2	3.1	1.6
11 - 14	1854	776	152	155	7	12.7	10.0	6.7	4.9	2.0
15 - 17	2423	1146	215	133	12	16.1	10.1	5.4	4.4	1.9
Race										
White	6942	2140	333	319	15	11.3	10.0	5.7	4.3	1.8
Black/African American	2327	667	87	73	3	11.8	10.3	5.5	4.4	1.7
American Indian/Alaska Native	21	7	0	0	0	12.6	11.0	2.9		1.3
Asian	10	3	0	1	0	14.0	10.7	4.7		1.1
Multi Racial	375	120	16	17	1	10.5	10.2	6.0	3.9	1.7
Native Hawaiian/Oth Pacific Isl.	11	1	0	0	0	6.0	12.0	6.0		1.8
Unable to Determine	1035	142	10	15	0	11.8	10.4	6.0	3.4	1.7

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2011 and adding all Brian A admissions to DCS from January 1 – December 31, 2011.**

Table 4C

--Unique Children in DCS Custody - 4+ Prescriptions--
January-December 2011

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2011)				
				Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**13570***	**4414**	**613**	**14.0**	**10.5**	**8.5**	**4.0**	**4.3**
Adjudication								
Dependent/Neglect	10435	3007	435	13.3	10.6	8.9	4.3	4.3
Delinquent	2837	1290	156	15.7	10.0	7.5	3.2	4.2
Unruly	243	117	22	15.8	10.6	7.8	3.2	4.4
Unknown/Missing	55							
Gender								
Male	7795	2784	378	13.5	10.3	8.6	4.0	4.2
Female	5775	1629	235	14.8	10.6	8.4	4.0	4.3
Age Range								
<= 5	4314	474	7	4.1	10.1	8.9	2.0	4.1
6 - 10	2137	728	83	8.4	9.8	8.5	3.1	4.2
11 - 14	2193	955	186	13.0	10.8	9.5	4.7	4.3
15 - 17	4636	2133	326	16.0	10.4	8.1	3.9	4.3
18 +	290	124	11	18.0	11.6	5.9	3.0	4.2
Race								
White	8264	2897	456	13.9	10.4	8.4	3.9	4.3
Black/African American	3652	1127	116	14.1	10.9	8.9	4.1	4.3
American Indian/Alaska Native	26	9	0					
Asian	18	4	0					
Multi Racial	422	147	17	13.6	10.1	9.0	3.8	4.4
Native Hawaiian/Other Pacific Islander	13	1	0					
Unable to Determine	1175	173	13	14.3	10.5	8.9	4.2	4.1

***This number was obtained by selecting all children in DCS custody on January 1, 2011 and adding all admissions to DCS from January 1 – December 31, 2011.**

Table 4D

--Unique Children in DCS Custody – Brian A 4+ Prescriptions--
January-December 2011

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2011) Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**10721***	**3121**	**457**	**13.4**	**10.6**	**8.9**	**4.3**	**4.3**
Adjudication								
Dependent/Neglect	10432	3004	435	13.3	10.6	8.9	4.3	4.3
Unruly	232	117	22	15.8	10.6	7.8	3.2	4.4
Unknown	47							
		1780	271	12.6	10.6	9.1	4.4	4.3
Male	5440	1341	186	14.5	10.6	8.6	4.1	4.3
Female	5281							
Age Range		474	7	4.1	10.1	8.9	2.0	4.1
<= 5	4312	725	83	8.4	9.8	8.5	3.1	4.2
6 - 10	2132	776	152	12.8	11.0	9.7	4.9	4.3
11 - 14	1854	1146	215	16.0	10.7	8.5	4.4	4.3
15 - 17	2423							
		2140	333	13.3	10.5	8.8	4.3	4.3
White	6942	667	87	13.7	10.9	9.2	4.4	4.3
Black/African American	2327	7	0					
American Indian/Alaska Native	21	3	0					
Asian	10	120	16	13.6	10.6	9.4	3.9	4.4
Multi Racial	375	1	0					
Native Hawaiian/Oth Pacific Isl.	11	142	10	13.9	11.1	9.3	3.4	4.1

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2011 and adding all Brian A admissions to DCS from January 1 – December 31, 2011**

Table 4E

--Unique Children in DCS Custody – Prescription(s) All 12 Months--
January-December 2011

Unique Number of Children by Demographics	Statewide	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2011)				
					Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**13570***	**4414**	**500**	**19**	**12.3**	**12.0**	**12.0**	**6.2**	**2.6**
Adjudication									
Dependent/Neglect	10435	3007	418	19	11.8	12.0	12.0	6.4	2.7
Delinquent	2837	1290	75	0	14.8	12.0	12.0	5.2	2.6
Unruly	243	117	7	0	14.4	12.0	12.0	4.0	2.5
Unknown/Missing	55								
Gender									
Male	7795	2784	337	12	11.9	12.0	12.0	6.1	2.6
Female	5775	1629	163	7	13.2	12.0	12.0	6.5	2.8
Age Range									
<= 5	4314	474	19	0	3.5	12.0	12.0	2.5	1.9
6 - 10	2137	728	119	0	8.2	12.0	12.0	3.5	2.2
11 - 14	2193	955	180	7	12.6	12.0	12.0	6.7	2.7
15 - 17	4636	2133	182	12	15.6	12.0	12.0	6.9	2.9
18 +	290	124	0	0					
Race									
White	8264	2897	368	15	12.1	12.0	12.0	6.2	2.6
Black/African American	3652	1127	98	3	13.2	12.0	12.0	6.9	2.7
American Indian/Alaska Native	26	9	0	0					
Asian	18	4	1	0	12.0	12.0	12.0		1.2
Multi Racial	422	147	18	1	13.1	12.0	12.0	5.3	2.6
Native Hawaiian/Other Pacific Islander	13	1	0	0					
Unable to Determine	1175	173	15	0	10.8	12.0	12.0	4.8	2.6

***This number was obtained by selecting all children in DCS custody on January 1, 2011 and adding all admissions to DCS from January 1 – December 31, 2011.**

Table 4F

--Unique Children in DCS Custody – Brian A. Prescription(s) All 12 Months-- January-December 2011

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2011) Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total …	**10721***	**3121**	**425**	**19**	**11.9**	**12.0**	**12.0**	**6.4**	**2.6**
Adjudication									
Dependent/Neglect	10432	3004	418	19	11.8	12.0	12.0	6.4	2.7
Unruly	232	117	7	0	14.4	12.0	12.0	4.0	2.5
Unknown	47								
		1780	283	12	11.4	12.0	12.0	6.3	2.6
Male	5440	1341	142	7	12.9	12.0	12.0	6.6	2.8
Female	5281								
Age Range		474	19	0	3.5	12.0	12.0	2.5	1.9
<= 5	4312	725	118	0	8.2	12.0	12.0	3.5	2.2
6 - 10	2132	776	155	7	12.5	12.0	12.0	6.8	2.8
11 - 14	1854	1146	133	12	15.5	12.0	12.0	7.4	3.0
15 - 17	2423								
		2140	319	15	11.7	12.0	12.0	6.4	2.6
White	6942	667	73	3	12.7	12.0	12.0	6.9	2.7
Black/African American	2327	7	0	0					
American Indian/Alaska Native	21	3	1	0	12.0	12.0	12.0		1.2
Asian	10	120	17	1	12.9	12.0	12.0	5.3	2.7
Multi Racial	375	1	0	0					
Native Hawaiian/Oth Pacific Isl.	11	142	15	0	10.8	12.0	12.0	4.8	2.6

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2011 and adding all Brian A admissions to DCS from January 1 – December 31, 2011**

Table 5 Drug Listing

Drug Class	Drug Name	Drug Listed on TennCare File
	Anti-Hypertensives	
Anti-Hypertensives	**CAPTOPRIL**	
Anti-Hypertensives	CAPTOPRIL	CAPTOPRIL
Anti-Hypertensives	**CLONIDINE**	
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL
Anti-Hypertensives	**GUANFACINE**	
Anti-Hypertensives	GUANFACINE	INTUNIV
	Antidepressants	
Antidepressants	**AMITRIPTYLINE HCL**	
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL
Antidepressants	**CELEXA**	
Antidepressants	CELEXA	CITALOPRAM HBR
Antidepressants	**CYMBALTA**	
Antidepressants	CYMBALTA	CYMBALTA
Antidepressants	**DOXEPIN HCL**	
Antidepressants	DOXEPIN HCL	DOXEPIN HCL
Antidepressants	**EFFEXOR**	
Antidepressants	EFFEXOR	EFFEXOR XR
Antidepressants	EFFEXOR	VENLAFAXINE HCL
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER
Antidepressants	**FLUOXETINE**	
Antidepressants	FLUOXETINE	FLUOXETINE HCL
Antidepressants	**FLUVOXAMINE**	
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE
Antidepressants	FLUVOXAMINE	LUVOX CR
Antidepressants	**IMIPRAMINE**	
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL
Antidepressants	**LEXAPRO**	
Antidepressants	LEXAPRO	LEXAPRO
Antidepressants	**MIRTAZAPINE**	
Antidepressants	MIRTAZAPINE	MIRTAZAPINE
Antidepressants	**NORTRIPTYLINE**	
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL
Antidepressants	**PAXIL**	
Antidepressants	PAXIL	PAROXETINE HCL
Antidepressants	**TRAZODONE HCL**	
Antidepressants	TRAZODONE HCL	TRAZODONE HCL
Antidepressants	**WELLBUTRIN**	

Drug Class	Drug Name	Dug Listed on TennCare File
Antidepressants	WELLBUTRIN	BUDEPRION SR
Antidepressants	WELLBUTRIN	BUDEPRION XL
Antidepressants	WELLBUTRIN	BUPROPION HCL
Antidepressants	WELLBUTRIN	BUPROPION HCL SR
Antidepressants	WELLBUTRIN	BUPROPION XL
Antidepressants	**ZOLOFT**	
Antidepressants	ZOLOFT	SERTRALINE HCL
Antihistamines		
Antihistamines	**DIPHENHYDRAMINE**	
Antihistamines	DIPHENHYDRAMINE	ALLERGY
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF
Antihistamines	DIPHENHYDRAMINE	ALTARYL
Antihistamines	DIPHENHYDRAMINE	BANOPHEN
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL ALLERGY
Antihistamines	DIPHENHYDRAMINE	DIPHEN AF
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE
Antihistamines	DIPHENHYDRAMINE	Q-DRYL
Antihistamines	DIPHENHYDRAMINE	SILADRYL
Antihistamines	**HYDROXYZINE**	
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE
Antipsychotics		
Antipsychotics	**ABILIFY**	
Antipsychotics	ABILIFY	ABILIFY
Antipsychotics	ABILIFY	ABILIFY DISCMELT
Antipsychotics	**CHLORPROMAZINE**	
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL
Antipsychotics	**CLOZAPINE**	
Antipsychotics	CLOZAPINE	CLOZAPINE
Antipsychotics	**FANAPT**	
Antipsychotics	FANAPT	FANAPT
Antipsychotics	**FLUPHENAZINE HCL**	
Antipsychotics	FLUPHENAZINE HCL	FLUPHENAZINE HCL
Antipsychotics	**GEODON**	
Antipsychotics	GEODON	GEODON
Antipsychotics	**HALOPERIDOL**	
Antipsychotics	HALOPERIDOL	HALOPERIDOL
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE
Antipsychotics	**INVEGA**	
Antipsychotics	INVEGA	INVEGA

Drug Class	Drug Name	Dug Listed on TennCare File
Antipsychotics	INVEGA	INVEGA SUSTENNA
Antipsychotics	**LOXAPINE**	
Antipsychotics	LOXAPINE	LOXAPINE
Antipsychotics	**PERPHENAZINE**	
Antipsychotics	PERPHENAZINE	PERPHENAZINE
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE
Antipsychotics	**PROCHLORPERAZINE**	
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE
Antipsychotics	**RISPERDAL**	
Antipsychotics	RISPERDAL	RISPERDAL CONSTA
Antipsychotics	RISPERDAL	RISPERIDONE
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB
Antipsychotics	RISPERDAL	RISPERIDONE ODT
Antipsychotics	**SAPHRIS**	
Antipsychotics	SAPHRIS	SAPHRIS
Antipsychotics	**SEROQUEL**	
Antipsychotics	SEROQUEL	SEROQUEL
Antipsychotics	SEROQUEL	SEROQUEL XR
Antipsychotics	**ZYPREXA**	
Antipsychotics	ZYPREXA	ZYPREXA
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS
Miscellaneous		
Miscellaneous	**BUSPIRONE**	
Miscellaneous	BUSPIRONE	BUSPIRONE HCL
Miscellaneous	**MELATONIN**	
Miscellaneous	MELATONIN	MELATONIN
Miscellaneous	**STRATTERA**	
Miscellaneous	STRATTERA	STRATTERA
Mood Stabilizers		
Mood Stabilizers	**CARBAMAZEPINE**	
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR
Mood Stabilizers	CARBAMAZEPINE	CARBATROL
Mood Stabilizers	CARBAMAZEPINE	EPITOL
Mood Stabilizers	CARBAMAZEPINE	TEGRETOL XR
Mood Stabilizers	**DEPAKOTE**	
Mood Stabilizers	DEPAKOTE	DEPAKOTE SPRINKLE
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER
Mood Stabilizers	DEPAKOTE	VALPROIC ACID
Mood Stabilizers	**GABAPENTIN**	
Mood Stabilizers	GABAPENTIN	GABAPENTIN
Mood Stabilizers	GABAPENTIN	NEURONTIN

Drug Class	Drug Name	Dug Listed on TennCare File
Mood Stabilizers	**KEPPRA**	
Mood Stabilizers	KEPPRA	KEPPRA
Mood Stabilizers	KEPPRA	KEPPRA XR
Mood Stabilizers	KEPPRA	LEVETIRACETAM
Mood Stabilizers	**LAMOTRIGINE**	
Mood Stabilizers	LAMOTRIGINE	LAMICTAL (ORANGE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (BLUE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (GREEN)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (ORANGE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE
Mood Stabilizers	**LITHIUM CARBONATE**	
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE
Mood Stabilizers	**SABRIL**	
Mood Stabilizers	SABRIL	SABRIL
Mood Stabilizers	**TOPAMAX**	
Mood Stabilizers	TOPAMAX	TOPAMAX
Mood Stabilizers	TOPAMAX	TOPIRAMATE
Mood Stabilizers	**TRILEPTAL**	
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE
Mood Stabilizers	TRILEPTAL	TRILEPTAL
Sedative-Hypnotics		
Sedative-Hypnotics	**ALPRAZOLAM**	
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM
Sedative-Hypnotics	**AMBIEN**	
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE
Sedative-Hypnotics	**CHLORAL HYDRATE**	
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE
Sedative-Hypnotics	**CHLORDIAZEPOXIDE**	
Sedative-Hypnotics	CHLORDIAZEPOXIDE	CHLORDIAZEPOXIDE HCL
Sedative-Hypnotics	**CLONAZEPAM**	
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM
Sedative-Hypnotics	**DIAZEPAM**	
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM
Sedative-Hypnotics	**FLURAZEPAM**	
Sedative-Hypnotics	FLURAZEPAM	FLURAZEPAM HCL
Sedative-Hypnotics	**LORAZEPAM**	
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM
Sedative-Hypnotics	**LORAZEPAM INTENSO**	
Sedative-Hypnotics	LORAZEPAM INTENSO	LORAZEPAM INTENSOL
Sedative-Hypnotics	**LUNESTA**	
Sedative-Hypnotics	LUNESTA	LUNESTA
Sedative-Hypnotics	**RESTORIL**	
Sedative-Hypnotics	RESTORIL	TEMAZEPAM

Drug Class	Drug Name	Dug Listed on TennCare File
Sedative-Hypnotics	**TRIAZOLAM**	
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM
Stimulants		
Stimulants	**ADDERALL**	
Stimulants	ADDERALL	ADDERALL XR
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO
Stimulants	**DEXEDRINE**	
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE
Stimulants	**DEXMETHYLPHENIDATE**	
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL
Stimulants	DEXMETHYLPHENIDATE	FOCALIN
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR
Stimulants	**METHYLPHENIDATE**	
Stimulants	METHYLPHENIDATE	CONCERTA
Stimulants	METHYLPHENIDATE	DAYTRANA
Stimulants	METHYLPHENIDATE	METADATE CD
Stimulants	METHYLPHENIDATE	METHYLIN
Stimulants	METHYLPHENIDATE	METHYLIN ER
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL
Stimulants	METHYLPHENIDATE	RITALIN LA
Stimulants	**VYVANSE**	
Stimulants	VYVANSE	VYVANSE

Table 6

Total Number of Unique Drugs Prescribed - Statewide
January - December 2011

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	637
Anti-Hypertensives	CLONIDINE	KAPVAY	7
Anti-Hypertensives	GUANFACINE	INTUNIV	230
Anti-Hypertensives	CAPTOPRIL	CAPTOPRIL	1
Antidepressants			
Antidepressants	TRAZODONE HCL	TRAZODONE HCL	723
Antidepressants	ZOLOFT	SERTRALINE HCL	451
Antidepressants	CELEXA	CITALOPRAM HBR	388
Antidepressants	FLUOXETINE	FLUOXETINE HCL	344
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	298
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	112
Antidepressants	WELLBUTRIN	BUPROPION XL	102
Antidepressants	WELLBUTRIN	BUDEPRION XL	35
Antidepressants	WELLBUTRIN	BUPROPION HCL	25
Antidepressants	WELLBUTRIN	BUDEPRION SR	4
Antidepressants	PAXIL	PAROXETINE HCL	78
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	52
Antidepressants	EFFEXOR	EFFEXOR XR	27
Antidepressants	EFFEXOR	VENLAFAXINE HCL	5
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	30
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	23
Antidepressants	LEXAPRO	LEXAPRO	22
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	19
Antidepressants	FLUVOXAMINE	LUVOX CR	1
Antidepressants	DOXEPIN HCL	DOXEPIN HCL	16
Antidepressants	CYMBALTA	CYMBALTA	5
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	4
Antidepressants	PRISTIQ ER	PRISTIQ ER	1
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	362
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	272
Antihistamines	DIPHENHYDRAMINE	Q-DRYL	212
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	154
Antihistamines	DIPHENHYDRAMINE	BANOPHEN	64
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST	37
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF	4

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY	4
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL	2
Antihistamines	DIPHENHYDRAMINE	WAL-DRYL	2
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICATION	1
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S WAL-DRYL	1
Antihistamines	DIPHENHYDRAMINE	DIPHEN AF	1
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE	1
Antihistamines	DIPHENHYDRAMINE	SILADRYL	1
Antipsychotics			
Antipsychotics	RISPERDAL	RISPERIDONE	723
Antipsychotics	RISPERDAL	RISPERIDONE ODT	6
Antipsychotics	RISPERDAL	RISPERDAL	1
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB	1
Antipsychotics	SEROQUEL	SEROQUEL	457
Antipsychotics	SEROQUEL	SEROQUEL XR	119
Antipsychotics	ABILIFY	ABILIFY	570
Antipsychotics	ABILIFY	ABILIFY DISCMELT	1
Antipsychotics	GEODON	GEODON	107
Antipsychotics	ZYPREXA	ZYPREXA	61
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS	7
Antipsychotics	INVEGA	INVEGA	33
Antipsychotics	INVEGA	INVEGA SUSTENNA	4
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL	31
Antipsychotics	SAPHRIS	SAPHRIS	29
Antipsychotics	OLANZAPINE	OLANZAPINE	26
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	1
Antipsychotics	HALOPERIDOL	HALOPERIDOL	18
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE	3
Antipsychotics	HALOPERIDOL	HALOPERIDOL LACTATE	1
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE	9
Antipsychotics	RISPERDAL CONSTA	RISPERDAL CONSTA	9
Antipsychotics	LATUDA	LATUDA	5
Antipsychotics	FANAPT	FANAPT	4
Antipsychotics	PERPHENAZINE	PERPHENAZINE	3
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE	1
Antipsychotics	CLOZAPINE	CLOZAPINE	3
Antipsychotics	LOXAPINE	LOXAPINE	3
Antipsychotics	RISPERDAL M-TAB	RISPERDAL M-TAB	1
Antipsychotics	THIOTHIXENE	THIOTHIXENE	1

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Miscellaneous			
Miscellaneous	STRATTERA	STRATTERA	188
Miscellaneous	BUSPIRONE	BUSPIRONE HCL	89
Miscellaneous	MELATONIN	MELATONIN	8
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	5
Miscellaneous	NICOTINE GUM	NICOTINE GUM	3
Mood Stabilizers			
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	226
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	134
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	3
Mood Stabilizers	DEPAKOTE	STAVZOR	2
Mood Stabilizers	DEPAKOTE	DEPAKOTE SPRINKLE	1
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	352
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	6
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT	1
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	299
Mood Stabilizers	TRILEPTAL	TRILEPTAL	19
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	174
Mood Stabilizers	TOPAMAX	TOPIRAMATE	102
Mood Stabilizers	KEPPRA	LEVETIRACETAM	76
Mood Stabilizers	KEPPRA	KEPPRA XR	6
Mood Stabilizers	GABAPENTIN	GABAPENTIN	40
Mood Stabilizers	GABAPENTIN	NEURONTIN	2
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	28
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	9
Mood Stabilizers	CARBAMAZEPINE	CARBATROL	1
Mood Stabilizers	CARBAMAZEPINE	TEGRETOL XR	1
Mood Stabilizers	SABRIL	SABRIL	1
Sedative-Hypnotics			
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM	54
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	36
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE	27
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM	25
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM	12
Sedative-Hypnotics	LUNESTA	LUNESTA	10
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE	8
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM	7
Sedative-Hypnotics	RESTORIL	TEMAZEPAM	5
Sedative-Hypnotics	LORAZEPAM INTENSO	LORAZEPAM INTENSOL	1
Sedative-Hypnotics	ZALEPLON	ZALEPLON	1

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Stimulants			
Stimulants	METHYLPHENIDATE	CONCERTA	493
Stimulants	METHYLPHENIDATE	FOCALIN XR	189
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	53
Stimulants	METHYLPHENIDATE	METHYLIN	29
Stimulants	METHYLPHENIDATE	RITALIN LA	20
Stimulants	METHYLPHENIDATE	METHYLIN ER	18
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	8
Stimulants	METHYLPHENIDATE	METADATE CD	6
Stimulants	METHYLPHENIDATE	DAYTRANA	5
Stimulants	VYVANSE	VYVANSE	749
Stimulants	ADDERALL	ADDERALL XR	391
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	101
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	42
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	17

Table7

Total Number of Unique Drugs Prescribed - Brian A
January - December 2011

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Anti-hypertensives	CLONIDINE	CLONIDINE HCL	503
Anti-hypertensives	CLONIDINE	KAPVAY	6
Anti-hypertensives	GUANFACINE	INTUNIV	167
Anti-hypertensives	CAPTOPRIL	CAPTOPRIL	1
Antidepressants			
Antidepressants	TRAZODONE HCL	TRAZODONE HCL	376
Antidepressants	ZOLOFT	SERTRALINE HCL	301
Antidepressants	CELEXA	CITALOPRAM HBR	262
Antidepressants	FLUOXETINE	FLUOXETINE HCL	256
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	164
Antidepressants	WELLBUTRIN	BUPROPION XL	62
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	54
Antidepressants	WELLBUTRIN	BUDEPRION XL	28
Antidepressants	WELLBUTRIN	BUPROPION HCL	17
Antidepressants	WELLBUTRIN	BUDEPRION SR	3
Antidepressants	PAXIL	PAROXETINE HCL	49
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	46
Antidepressants	EFFEXOR	EFFEXOR XR	15
Antidepressants	EFFEXOR	VENLAFAXINE HCL	3
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	16
Antidepressants	FLUVOXAMINE	LUVOX CR	1
Antidepressants	LEXAPRO	LEXAPRO	16
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	15
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	15
Antidepressants	DOXEPIN HCL	DOXEPIN HCL	9
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	4
Antidepressants	CYMBALTA	CYMBALTA	2
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	298
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	144
Antihistamines	DIPHENHYDRAMINE	Q-DRYL	208
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	93
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST	36
Antihistamines	DIPHENHYDRAMINE	BANOPHEN	30
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF	4
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY	4

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL	2
Antihistamines	DIPHENHYDRAMINE	WAL-DRYL	2
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICATION	1
Antihistamines	DIPHENHYDRAMINE	CHILDREN'S WAL-DRYL	1
Antihistamines	DIPHENHYDRAMINE	DIPHEN AF	1
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE	1
Antihistamines	DIPHENHYDRAMINE	SILADRYL	1
Antipsychotics			
Antipsychotics	RISPERDAL	RISPERIDONE	523
Antipsychotics	RISPERDAL	RISPERIDONE ODT	5
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	4
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB	1
Antipsychotics	ABILIFY	ABILIFY	393
Antipsychotics	ABILIFY	ABILIFY DISCMELT	1
Antipsychotics	SEROQUEL	SEROQUEL	251
Antipsychotics	SEROQUEL	SEROQUEL XR	72
Antipsychotics	GEODON	GEODON	77
Antipsychotics	ZYPREXA	ZYPREXA	36
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS	6
Antipsychotics	INVEGA	INVEGA	29
Antipsychotics	INVEGA	INVEGA SUSTENNA	1
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL	26
Antipsychotics	HALOPERIDOL	HALOPERIDOL	15
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE	3
Antipsychotics	HALOPERIDOL	HALOPERIDOL LACTATE	1
Antipsychotics	OLANZAPINE	OLANZAPINE	15
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	1
Antipsychotics	SAPHRIS	SAPHRIS	15
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE	7
Antipsychotics	CLOZAPINE	CLOZAPINE	3
Antipsychotics	FANAPT	FANAPT	3
Antipsychotics	LOXAPINE	LOXAPINE	3
Antipsychotics	PERPHENAZINE	PERPHENAZINE	2
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE	1
Antipsychotics	LATUDA	LATUDA	1
Miscellaneous			
Miscellaneous	STRATTERA	STRATTERA	121
Miscellaneous	BUSPIRONE	BUSPIRONE HCL	56
Miscellaneous	MELATONIN	MELATONIN	5
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	3

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Mood Stabilizers			
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	249
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	5
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	148
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	85
Mood Stabilizers	DEPAKOTE	STAVZOR	2
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	2
Mood Stabilizers	DEPAKOTE	DEPAKOTE SPRINKLE	1
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	209
Mood Stabilizers	TRILEPTAL	TRILEPTAL	18
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	135
Mood Stabilizers	KEPPRA	LEVETIRACETAM	70
Mood Stabilizers	KEPPRA	KEPPRA XR	4
Mood Stabilizers	TOPAMAX	TOPIRAMATE	74
Mood Stabilizers	GABAPENTIN	GABAPENTIN	20
Mood Stabilizers	GABAPENTIN	NEURONTIN	2
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	15
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	4
Mood Stabilizers	CARBAMAZEPINE	CARBATROL	1
Mood Stabilizers	SABRIL	SABRIL	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	32
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM	27
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM	22
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM INTENSOL	1
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE	18
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE	8
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM	6
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM	5
Sedative-Hypnotics	LUNESTA	LUNESTA	4
Sedative-Hypnotics	RESTORIL	TEMAZEPAM	3
Sedative-Hypnotics	ZALEPLON	ZALEPLON	1
Stimulants			
Stimulants	VYVANSE	VYVANSE	558
Stimulants	METHYLPHENIDATE	CONCERTA	399
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	46
Stimulants	METHYLPHENIDATE	METHYLIN	29
Stimulants	METHYLPHENIDATE	METHYLIN ER	19
Stimulants	METHYLPHENIDATE	RITALIN LA	19
Stimulants	METHYLPHENIDATE	METADATE CD	6

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Stimulants	METHYLPHENIDATE	DAYTRANA	5
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	5
Stimulants	ADDERALL	ADDERALL XR	303
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	83
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	165
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	12
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	14

Psychotropic Pharmacy Data
January-December 2010

The Tennessee Department of Children's Services has received Psychotropic Pharmacy Claims Data for 2006 to the present. Initially, the data was sent by the Managed Care Organization for DCS (TennCare Select aka Blue Cross/Blue Shield). Currently the claims data is being provided by the Bureau of TennCare. The information each month used in the annual aggregated analysis includes:

- the name of child
- social security number of the child
- the date of birth
- the age of child
- the prescriber's name, specialty, and address
- the date the drug was dispensed
- the drug's name, strength, and the quantity dispensed
- amount paid
- the pharmacy's name and address

The information within the pharmacy claims data provided for each month is matched with data from TFACTS.

- Summary information is calculated on demographic information, such as adjudication, gender, and race.
- Summary information on the physician prescribing the medication, as well as, drug information is also provided.

The information from each month is totaled and averaged for the year. Please note the following:

- TFACTS was implemented in August 2010; therefore, some of the demographic information may be incomplete.
- Average number of drugs is based on the number of unique drugs prescribed for a child each month.

Principal 2010 findings:

Statewide

- The average number of DCS children prescribed at least one drug per month is 1860 children (27%).
- For all children (d/n, unruly, and delinquent) who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
    - Thirty-four percent (33.9%) of the children were prescribed at least one drug.
    - A child's average age was thirteen years (12.9).
    - A child's average length of time in custody during the calendar year was ten months (10.0).
    - A child's average number of months being prescribed at least one drug was five months (5.2).
    - The child's average number of drugs being prescribed each month was approximately two prescriptions (1.7).
    - Ten percent (10.4%) of the children prescribed at least one drug were prescribed a medication every month of the calendar year.
        - The average age of the child was 12.2 years.
        - The average number of months the child had 4 or more medications prescribed was 5.8 months.
        - The average number of drugs prescribed each month was 2.6 drugs.
    - Thirteen percent (12.8%) of the children prescribed at least one drug were prescribed 4 or more medications for at least one month of the calendar year.
        - Average age of the child was 14.1 years.
        - The average number of months the child had 4 or more medications prescribed was 3.9 months.
        - One third (33.5%) of the children were prescribed 4 medications only one month during the calendar year.
        - Three percent (3.3%) of the children were prescribed four or more drugs all twelve months of the calendar year.
        - The average length of stay in custody for the calendar year was 10.7 months.
        - The average number of drugs prescribed each month was 4.2 drugs.
- The five drugs prescribed the most during the calendar year:
    - Vyvanse
    - Risperdal
    - Trazodone HCL
    - Methylphenidate
    - Clonidine
- The five classes of drugs prescribed the most during the calendar year:

	Drug Class	Drug1	Drug2
11)	Anti-depressants	Trazodone HCL	Zoloft
12)	Anti-psychotic	Risperdal	Seroquel
13)	Stimulants	Vyvanse	Methylphenidate
14)	Mood Stabilizers	Depakote	Lamotrigine
15)	Antihistamine	Hydroxyzine	Diphenhydramine

- A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect and thirteen years of age; and the child is prescribed approximately two drugs (1.7) per month.

Brian A Children (d/n and unruly)

- The average number of DCS children prescribed at least one drug per month was 1339 children (25%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
  - Approximately thirty-one percent (30.7%) of the children were prescribed at least one drug.
  - A child's average age was twelve years (11.5).
  - A child's average length of time in custody for the calendar year was ten months (10.2).
  - A child's average number of months being prescribed at least one drug was six months (5.5).
  - The child's average number of drugs being prescribed each month was approximately two prescriptions (1.7).
- Thirteen percent (13.3%) of the children prescribed at least one drug were prescribed a medication every month of the calendar year.
  - The average age of the child was 11.8 years.
  - The average number of months the child had 4 or more medications prescribed was 6.1 months.
  - The average number of drugs prescribed each month was 2.6 drugs.
- Thirteen percent (13.0%) of the children prescribed at least one drug were prescribed 4 or more drugs for at least one month of the calendar year.
  - Average age of the child was 13.4 years.
  - The average number of months the child had 4 or more medications prescribed was 4.2 months.
  - Thirty-one percent (30.9%) of the children was prescribed 4 medications only one month during the calendar year.
  - Five percent (4.5%) of the children were prescribed four or more drugs all twelve months of the calendar year.
  - The average length of stay in custody for the calendar year was 10.6 months.
  - The average number of drugs prescribed each month was 4.2 drugs.
- The five drugs prescribed the most during the calendar year were
  11. Methylphenidate
  12. Risperdal
  13. Clonodine
  14. Vyvanse
  15. Hydroxyzine
- The five classes of drugs prescribed the most during the calendar year:

	Drug Class	Drug1	Drug2
11)	Anti-depressants	Trazodone HCL	Zoloft
12)	Stimulants	Vyvanse	Methylphenidate
13)	Anti-psychotic	Risperdal	Abilify
14)	Mood Stabilizers	Depakote	Lamotrigine
15)	Antihistamines	Hydroxyzine	Diphenhydramine

- A Brian A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect, thirteen years of age; the child was prescribed two drugs per month.

Chart 1

Number of Children in DCS Custody Prescribed at Least One Drug By Month

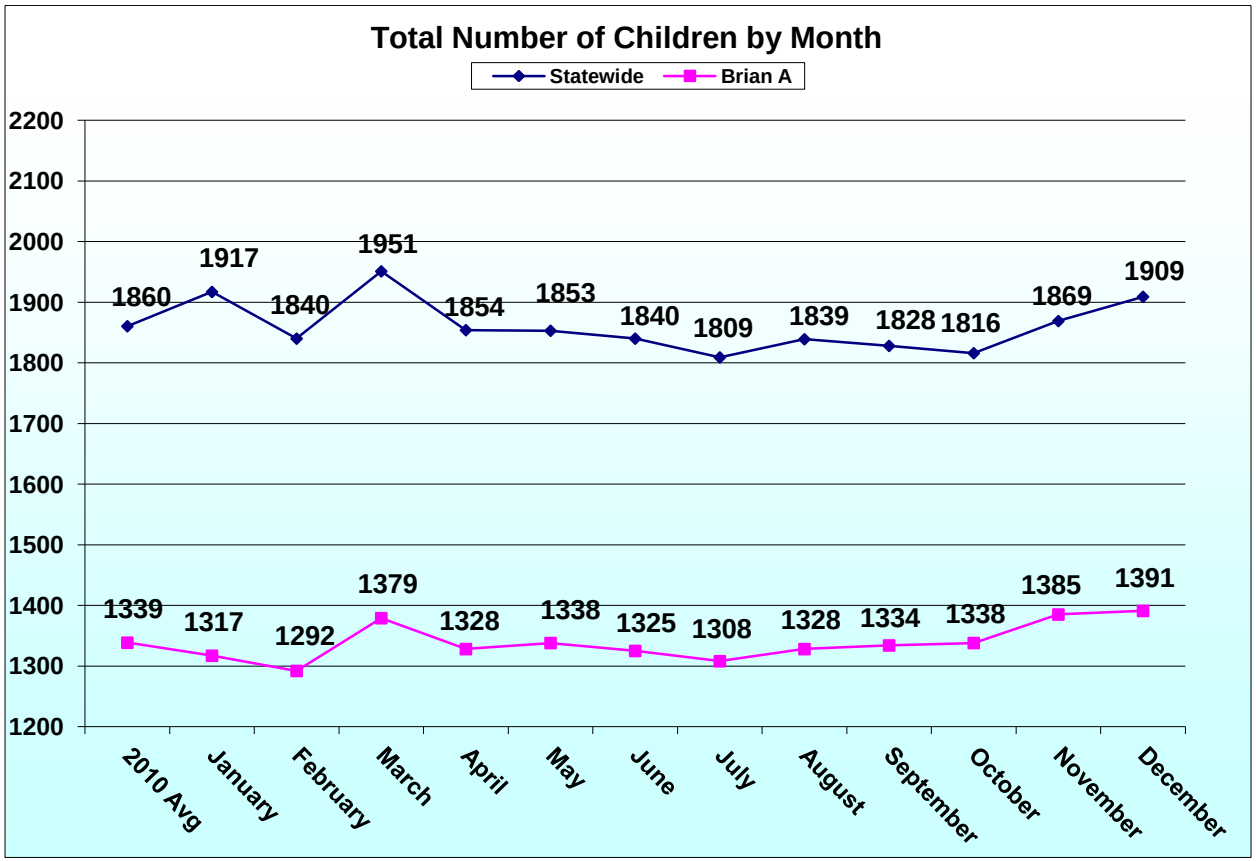
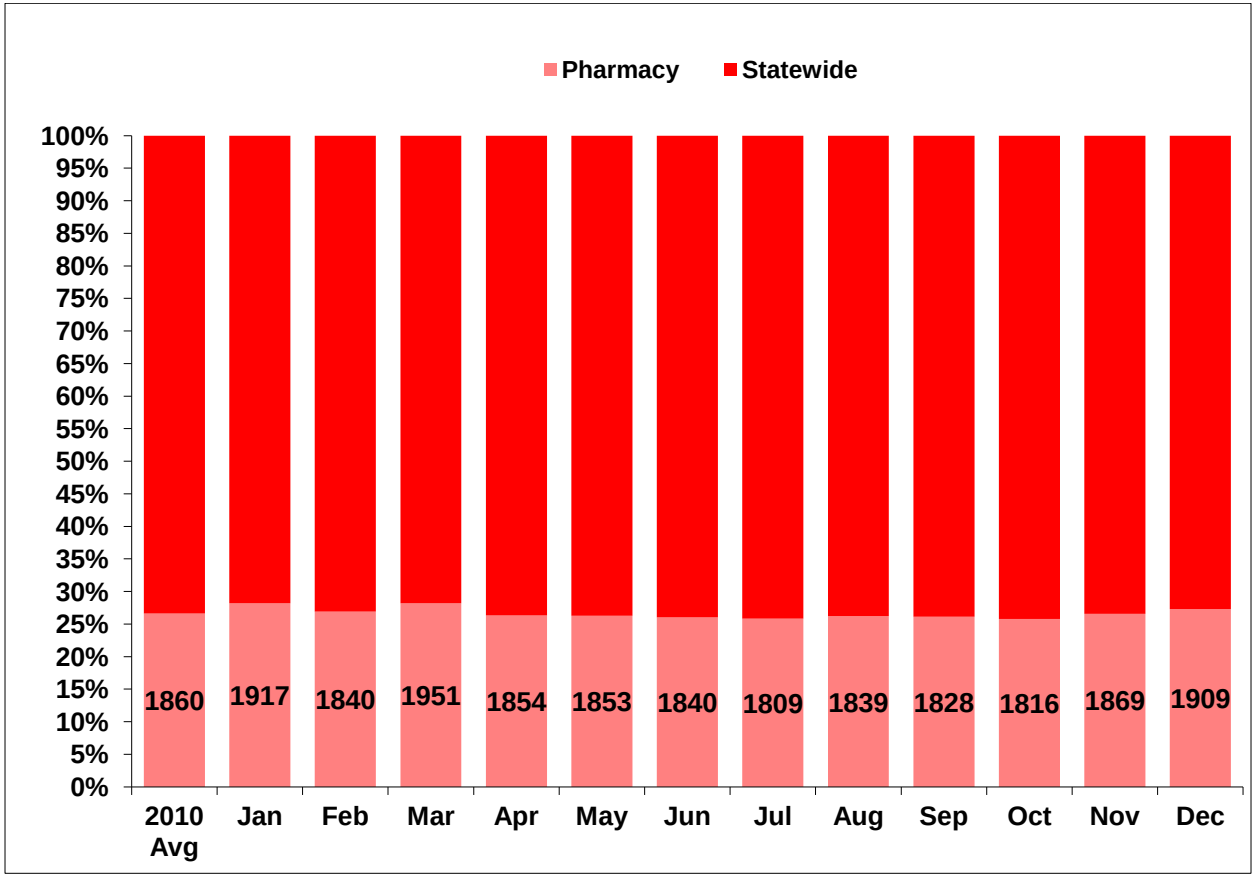


Chart 2A

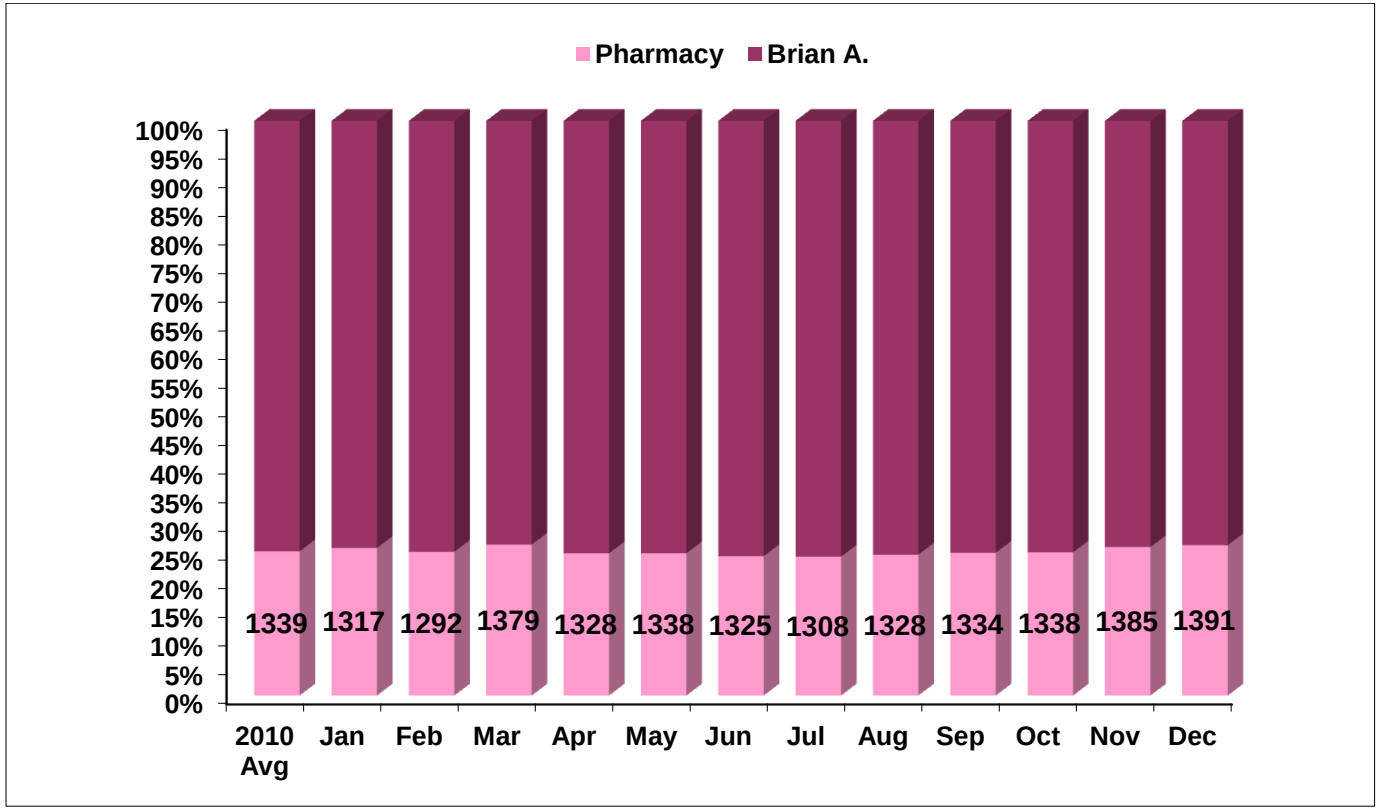
Percentage of Children in DCS Custody Prescribed at Least One Drug
By Month



2010 Average Number of Children - 6986

Chart 2B

Percentage of Brian A Children in DCS Custody Prescribed at Least One Drug By Month



2010 Average Number of Brian A. Children - 5336

Table 1A

--Statewide-Demographics--
January-December 2010

Number of Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**1860**	**1917**	**1840**	**1951**	**1854**	**1853**	**1840**	**1809**	**1839**	**1828**	**1816**	**1869**	**1909**
Adjudication													
Dependent/Neglect	1291	1269	1246	1334	1280	1295	1278	1266	1280	1288	1294	1327	1343
Delinquent	521	599	547	573	525	514	514	500	508	492	477	483	516
Unruly	49	49	47	44	49	44	48	43	51	48	45	59	50
Gender													
Male	1184	1218	1181	1235	1182	1198	1173	1127	1158	1156	1168	1192	1216
Female	675	698	658	716	672	655	666	680	679	670	646	675	691
Age Range													
<= 5	100	99	99	107	94	105	103	101	94	94	87	111	109
6 - 10	319	295	295	319	317	314	311	306	323	327	340	334	342
11 - 14	462	452	428	462	444	469	464	463	467	465	461	488	481
15 - 17	927	1018	960	1004	951	915	909	887	905	885	881	882	925
18 +	53	53	58	59	48	50	53	52	50	57	47	54	52
Race													
White	1264	1299	1227	1295	1258	1256	1260	1229	1256	1266	1246	1272	1306
Black/African American	477	517	499	539	487	481	466	463	450	440	451	464	472
American Indian/Alaska Native	5	7	6	6	6	6	5	4	5	4	2	3	3
Asian	2	3	5	5	4	2	2	0	0	0	0	2	3
Multi Racial	64	56	64	65	57	66	64	65	74	62	63	72	64
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	1	0	0	0	0	0	0	1
Unable to Determine	44	35	39	41	42	41	43	48	54	56	54	56	61

Table 1B

--Brian A-Demographics--
January-December 2010

Brian A. Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**1339**	**1317**	**1292**	**1378**	**1328**	**1338**	**1325**	**1308**	**1328**	**1334**	**1338**	**1385**	**1391**
Adjudication													
Dependent/Neglect	1290	1268	1245	1334	1279	1294	1277	1265	1277	1286	1293	1326	1341
Unruly	48	49	47	44	49	44	48	43	51	48	45	59	50
Gender													
Male	784	758	757	795	775	795	778	753	770	781	799	826	819
Female	555	559	535	583	553	543	547	555	558	553	539	559	572
Age Range													
<= 5	100	99	99	107	94	105	103	101	94	94	87	111	109
6 - 10	318	294	294	318	316	313	310	305	322	326	339	333	341
11 - 14	380	366	353	383	368	388	380	376	380	384	382	406	397
15 - 17	540	558	546	570	550	532	532	526	532	530	530	535	544
Race													
White	941	939	912	960	940	945	930	910	926	943	945	964	982
Black/African American	303	300	296	331	303	305	305	306	294	293	294	312	299
American Indian/Alaska Native	4	5	4	4	5	5	4	3	4	3	2	3	3
Asian	2	2	3	3	3	2	2	0	0	0	0	2	3
Multi Racial	52	46	48	49	45	51	53	54	63	51	52	58	54
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	37	25	29	31	32	30	31	35	41	44	45	46	50

Table 1C

--Statewide-Children in DCS Custody--
January-December 2010

Number of Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**6986**	**6805**	**6833**	**6923**	**7040**	**7061**	**7074**	**7004**	**7018**	**6997**	**7041**	**7036**	**6994**
Adjudication													
Dependent/Neglect	5249	5028	5061	5149	5263	5283	5345	5297	5324	5292	5323	5328	5298
Delinquent	1592	1651	1644	1643	1641	1627	1574	1549	1537	1548	1567	1566	1562
Unruly	118	108	109	111	114	130	128	127	117	122	118	117	114
Unknown	26	18	19	20	22	21	27	30	40	35	33	25	20
Gender													
Male	4058	3967	3984	4021	4082	4080	4080	4060	4061	4059	4105	4112	4081
Female	2928	2838	2849	2902	2958	2981	2994	2944	2957	2938	2936	2924	2913
Age Range													
<= 5	1907	1800	1822	1837	1866	1886	1918	1929	1965	1951	1971	1971	1964
6 - 10	1096	1019	1027	1070	1097	1095	1112	1097	1107	1124	1137	1138	1123
11 - 14	1135	1061	1084	1096	1148	1160	1191	1164	1138	1141	1142	1159	1139
15 - 17	2613	2683	2655	2686	2699	2706	2634	2597	2588	2557	2526	2511	2513
18 +	234	240	243	232	228	212	218	216	219	223	264	256	254
Race													
White	4395	4200	4223	4341	4435	4465	4470	4436	4474	4455	4447	4425	4373
Black/African American	2048	2085	2073	2064	2089	2070	2071	2047	2004	1990	2033	2028	2024
American Indian/Alaska Native	17	25	25	23	20	20	16	16	14	12	9	11	11
Asian	13	15	16	16	12	11	15	16	15	15	9	9	9
Multi Racial	248	254	261	260	249	257	264	256	248	236	234	229	225
Native Hawaiian/Other Pacific Islander	6	5	5	4	7	8	8	7	8	6	6	5	6
Unable to Determine	258	221	230	215	228	229	230	226	255	283	303	329	346

Table 1D

--Brian A-Children in DCS Custody--
January-December 2010

Number of Brian A. Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	**5336**	**5130**	**5164**	**5254**	**5368**	**5407**	**5463**	**5413**	**5417**	**5372**	**5371**	**5360**	**5317**
Adjudication													
Dependent/Neglect	5219	5022	5055	5143	5254	5277	5335	5286	5300	5250	5254	5244	5204
Unruly	118	108	109	111	114	130	128	127	117	122	117	116	113
Gender													
Male	2712	2581	2595	2638	2699	2718	2764	2758	2760	2757	2771	2765	2734
Female	2625	2549	2569	2616	2669	2689	2699	2655	2657	2615	2600	2595	2583
Age Range													
<= 5	1882	1795	1817	1832	1861	1881	1907	1915	1938	1916	1918	1907	1897
6 - 10	1085	1012	1020	1063	1090	1088	1104	1090	1095	1110	1118	1121	1106
11 - 14	961	890	904	919	963	981	1012	991	966	975	976	982	971
15 - 17	1408	1432	1422	1439	1453	1456	1439	1416	1417	1370	1358	1349	1342
Race													
White	3614	3396	3423	3524	3615	3650	3687	3668	3695	3688	3689	3688	3647
Black/African American	1297	1308	1302	1308	1333	1323	1336	1313	1285	1257	1274	1263	1263
American Indian/Alaska Native	14	20	20	19	16	16	12	12	11	10	9	11	11
Asian	11	11	12	12	11	9	13	14	13	13	8	8	6
Multi Racial	214	218	222	221	213	223	229	224	219	206	203	200	195
Native Hawaiian/Other Pacific Islander	5	5	5	4	6	7	7	6	7	5	5	4	4
Unable to Determine	181	172	180	166	174	179	179	176	187	193	183	186	191

Table 1E

--Statewide-Placement Type Information--
January-December 2010

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total …	**6986**	**1860**	**1917**	**1840**	**1951**	**1854**	**1853**	**1840**	**1809**	**1839**	**1828**	**1816**	**1869**	**1909**
Contract Foster Care	635	65	49	53	67	74	72	62	57	65	74	63	75	67
DCS Foster Care	2175	240	223	227	251	231	237	248	224	238	243	244	256	260
DCS Foster Care-Expedited	297	24	16	14	16	15	21	20	27	29	29	29	32	42
DCS Group Home	60	20	25	21	15	17	16	14	15	17	24	20	28	24
DCS Overnight Office Placement	1	0	0	0	0	1	0	1	1	0	0	0	0	0
In-Home	66	5	8	4	7	11	3	6	4	4	5	4	4	5
Independent Living Placement	2	2	1	1	1	1	1	1	1	2	2	3	3	2
Inpatient	14	1	2	0	0	1	0	0	3	1	0	1	2	4
Instate County Jail Placment	4													
Judicial Detention	48	6	9	10	7	7	9	5	5	5	2	1	5	8
Level 2	27	17	25	24	21	19	11	8	7	15	15	20	17	16
Level 2 Continuum	1179	468	445	431	462	444	475	464	475	485	477	481	486	489
Level 2 Enhanced	14	4	2	2	1	2	5	6	5	2	5	3	5	7
Level 2 Special Needs	8	6	6	6	6	6	6	6	7	7	6	5	6	5
Level 2 Special Population	160	72	74	72	85	86	75	78	66	62	61	68	69	63
Level 3	72	57	15	18	24	27	31	38	80	86	89	84	93	98
Level 3 Continuum	294	211	453	384	338	280	212	186	126	117	112	105	108	112
Level 3 Continuum Special Needs	595	406	160	205	279	316	391	424	512	524	517	512	514	523
Level 3 Continuum Special Needs, PRE 2010 CUSTODY	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Level 3 Continuum, PRE 2010 CUSTODY	13	9	11	14	17	17	20	27	1	1	0	0	0	0
Level 3 Enhanced	45	37	39	34	32	39	37	37	35	38	34	39	38	40
Level 3, PRE 2010 CUSTODY	52	42	121	97	85	75	65	53	12	1	0	0	0	0
Level 4	53	47	56	61	54	56	51	49	45	42	38	39	37	41
Level 4 Special Needs	13	13	20	17	17	17	15	14	15	12	8	7	7	9
Medically Fragile Foster Home	49	16	13	12	15	15	23	21	17	15	15	12	17	21
Out of State Jail	1													
Primary Treatment Center (PTC)	32	11	14	19	13	12	13	10	4	6	7	9	17	11
Residential Treatment	1													
Runaway	150	3	2	6	2	1	2	1	3	4	3	5	4	1
Therapeutic Foster Care Home	55	19	60	48	60	38	19	4	0	0	0	0	0	0
Trial Home Visit	400	55	65	58	74	43	42	53	58	58	58	58	43	54
Youth Development Center Placement	420	3	3	2	2	3	1	3	4	3	3	4	3	7
Unknown/Missing	28													

Table 1F

--Brian A-Placement Type Information--
January-December 2010

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total ...	**5336**	**1339**	**1317**	**1292**	**1378**	**1328**	**1338**	**1325**	**1308**	**1328**	**1334**	**1338**	**1385**	**1391**
Contract Foster Care	623	64	48	53	65	72	71	62	56	65	74	63	75	67
DCS Foster Care	2118	230	215	220	242	221	227	235	214	227	231	232	245	247
DCS Foster Care-Expedited	284	23	16	14	15	14	21	19	25	28	28	28	31	37
DCS Group Home	1													
DCS Overnight Office Placement	1	0	0	0	0	1	0	1	1	0	0	0	0	0
In-Home	59	4	6	2	5	8	1	3	4	4	3	4	3	3
Inpatient	11	1	2	0	0	1	0	0	3	1	0	1	0	2
Instate County Jail Placment	2													
Judicial Detention	5	1	0	1	1	2	2	2	1	0	1	0	0	1
Level 2	10	6	8	8	8	7	5	5	4	6	7	9	5	5
Level 2 Continuum	935	377	348	343	356	354	381	368	377	390	391	395	413	408
Level 2 Enhanced	3	1	0	1	1	1	0	0	1	0	2	1	1	1
Level 2 Special Needs	8	6	6	6	6	6	6	6	7	7	6	5	6	5
Level 2 Special Population	40	17	14	16	22	26	27	22	11	7	9	13	20	21
Level 3	41	35	11	14	16	18	20	24	51	54	56	50	55	56
Level 3 Continuum	177	132	278	240	206	185	143	124	82	72	67	61	66	61
Level 3 Continuum Special Needs	386	275	113	142	190	212	257	279	347	355	349	356	353	351
Level 3 Continuum, PRE 2010 CUSTODY	9	6	7	10	11	12	15	20	1	1	0	0	0	0
Level 3 Enhanced	18	16	16	15	16	16	16	12	13	15	16	19	19	16
Level 3, PRE 2010 CUSTODY	1	21	59	47	44	38	33	30	5	0	0	0	0	0
Level 4	40	35	42	44	39	40	37	34	33	30	29	32	29	31
Level 4 Special Needs	8	8	15	13	10	10	9	8	7	6	4	4	4	4
Medically Fragile foster home	48	16	13	12	15	15	23	21	17	15	15	12	17	21
Primary Treatment Center (PTC)	11	5	7	6	5	7	3	8	1	3	1	5	8	9
Runaway	68	1	0	2	1	1	0	1	1	1	0	3	1	0
Therapeutic Foster Care Home	47	16	51	40	48	31	14	3	0	0	0	0	0	0
Trial Home Visit	338	41	42	43	56	30	27	38	46	41	45	45	34	45

Table 2A

--Statewide-Number of Prescriptions--
January-December 2010

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**6986**	**1860**	**750**	**588**	**346**	**177**
January	6805	1917	805	603	348	161
February	6833	1840	749	576	364	151
March	6923	1951	762	616	388	185
April	7040	1854	710	623	334	187
May	7061	1853	747	574	354	178
June	7074	1840	703	614	344	179
July	7004	1809	714	596	315	184
August	7018	1839	779	530	343	187
September	6997	1828	712	593	343	180
October	7041	1816	744	559	332	181
November	7036	1869	764	583	354	168
December	6994	1909	813	587	329	180

Table 2B

--Brian A-Number of Prescriptions--
January-December 2010

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**5336**	**1339**	**536**	**413**	**258**	**132**
January	5130	1317	525	420	259	113
February	5164	1292	522	388	272	110
March	5254	1379	534	424	294	126
April	5368	1328	516	428	246	138
May	5407	1338	536	411	262	129
June	5463	1325	514	425	249	137
July	5413	1308	509	437	221	143
August	5417	1328	559	375	259	136
September	5372	1334	517	412	266	139
October	5371	1338	543	399	260	136
November	5360	1385	571	422	259	133
December	5317	1391	588	411	248	144

Table 3A

--Statewide-Number of Children with 4+ Prescriptions by Age Group-- January-December 2010

Number of Children By Age Group With 4+ Prescriptions	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**6986**	**1860**	**1**	**18**	**54**	**97**	**7**
January	6805	1917	0	13	46	94	8
February	6833	1840	1	18	42	82	8
March	6923	1951	1	18	54	100	12
April	7040	1854	1	25	55	94	12
May	7061	1853	2	19	53	94	10
June	7074	1840	0	19	55	97	8
July	7004	1809	0	17	58	103	6
August	7018	1839	0	14	58	110	5
September	6997	1828	0	19	60	96	5
October	7041	1816	0	21	55	99	6
November	7036	1869	1	18	55	90	4
December	6994	1909	0	14	60	103	3

Table 3B

--Brian A-Number Children with 4+ Prescriptions by Age Group-- January-December 2010

Number of Brian A. Children By Age Group With 4+ Prescriptions	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**5336**	**1339**	**1**	**17**	**46**	**68**	**0**
January	5130	1317	0	12	42	59	0
February	5164	1292	1	17	36	56	0
March	5254	1379	1	17	45	63	0
April	5368	1328	1	24	47	66	0
May	5407	1338	2	18	46	63	0
June	5463	1325	0	18	48	71	0
July	5413	1308	0	17	49	76	0
August	5417	1328	0	14	47	75	0
September	5372	1334	0	19	50	70	0
October	5371	1338	0	21	45	70	0
November	5360	1385	1	18	48	66	0
December	5317	1391	0	14	53	77	0

Table 3C

--Statewide-Children in DCS Custody with 4+ Prescriptions--
January-December 2010

Number of Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	**177**	**161**	**151**	**185**	**187**	**178**	**179**	**184**	**187**	**180**	**181**	**168**	**180**
Adjudication													
Dependent/Neglect	129	109	105	123	135	128	135	139	134	135	132	128	140
Delinquent	45	48	41	59	49	49	42	42	51	41	45	35	36
Unruly	3	4	5	3	3	1	2	3	2	4	4	5	4
Gender													
Male	113	99	105	117	128	117	118	110	119	110	109	104	114
Female	64	62	46	68	59	61	61	73	68	70	72	64	66
Age Range													
<= 5	1	0	1	1	1	2	0	0	0	0	0	1	0
6 - 10	18	13	18	18	25	19	19	17	14	19	21	18	14
11 - 14	54	46	42	54	55	53	55	58	58	60	55	55	60
15 - 17	97	94	82	100	94	94	97	103	110	95	99	90	103
18 +	7	8	8	12	12	10	8	6	5	5	6	4	3
Race													
White	134	116	107	135	136	137	139	146	145	136	143	128	135
Black/African American	35	38	36	40	39	36	30	30	34	38	32	36	36
American Indian/Alaska Native	0	0	0	0	0	0	0	0	1	0	0	0	0
Asian	0	1	1	1	0	0	0	0	0	0	0	0	0
Multi Racial	5	5	6	6	6	3	6	5	5	3	4	3	5
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	3	2	1	3	5	2	4	3	2	3	2	1	4

Table 3D

--Brian A-Children in DCS Custody with 4+ Prescriptions--
January-December 2010

Brian A. Children with 4+ Prescriptions by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total …	**132**	**113**	**110**	**126**	**138**	**129**	**137**	**142**	**136**	**139**	**136**	**133**	**144**
Adjudication													
Dependent/Neglect	129	109	105	123	135	128	135	139	134	136	132	128	140
Unruly	3	4	5	3	3	1	2	3	2	4	4	5	4
Gender				5									
Male	82	65	71	79	94	83	88	83	84	82	81	80	88
Female	50	48	39	47	44	46	49	59	52	57	55	53	56
Age Range													
<= 5	1	0	1	1	1	2	0	0	0	0	0	1	0
6 - 10	17	12	17	17	24	18	18	17	14	19	21	18	14
11 - 14	46	42	36	45	47	46	48	49	47	50	45	48	53
15 - 17	68	59	56	63	66	63	71	76	75	70	70	66	77
Race													
White	101	87	83	93	101	103	107	113	103	103	106	101	108
Black/African American	25	20	21	25	27	21	22	24	26	31	25	28	27
American Indian/Alaska Native	0	0	0	0	0	0	0	0	1	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	4	4	5	5	5	3	5	3	4	3	3	3	5
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	2	2	1	3	5	2	3	2	2	2	2	1	4

Table 4A

--Statewide-Unique Children in DCS Custody--
January-December 2010

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2010) Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	**12746***	**4316**	**553**	**448**	**18**	**12.9**	**10.0**	**5.2**	**3.8**	**1.7**
Adjudication										
Dependent/Neglect	9394	2791	366	378	17	11.4	10.2	5.6	4.2	1.7
Delinquent	3067	1404	175	62	1	15.9	9.8	4.4	3.1	1.8
Unruly	217	121	12	8	0	15.2	9.4	4.8	3.3	1.7
Unknown/Missing	68									
Gender										
Male	7456	2728	350	300	8	13.0	10.0	5.2	3.9	1.8
Female	5290	1586	202	148	10	12.9	10.1	5.1	3.8	1.7
Age Range										
<= 5	3791	420	3	21	0	2.6	10.1	3.4	4.0	1.2
6 - 10	1854	635	70	111	4	8.2	10.2	6.2	3.6	1.7
11 - 14	2075	978	172	155	6	12.9	9.8	6.2	4.3	1.9
15 - 17	4764	2174	295	161	8	16.1	10.0	4.9	3.6	1.8
18 +	262	109	13	0	0	18.0	10.8	2.8	3.4	1.7
Race										
White	7790	2828	405	322	13	12.7	10.0	5.4	4.0	1.8
Black/African American	3858	1204	118	97	5	13.6	10.2	4.8	3.6	1.7
American Indian/Alaska Native	33	9	1	1	0	14.0	11.8	6.3	1.0	1.4
Asian	30	10	1	0	0	15.5	9.9	2.6	3.0	1.4
Multi Racial	428	132	15	20	0	11.8	10.0	5.8	3.8	1.7
Native Hawaiian/Other Pacific Islander	12	1	0	0	0	14.0	8.0	1.0		1.0
Unable to Determine	595	132	11	8	0	12.8	9.3	4.6	2.7	1.6

***This number was obtained by selecting all children in DCS custody on January 1, 2010 and adding all admissions to DCS from January 1 – December 31, 2010.**

Table 4B

--Brian A.-Unique Children in DCS Custody--
January-December 2010

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2010)				
						Average				
						Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	**9465***	**2909**	**378**	**386**	**17**	**11.5**	**10.2**	**5.5**	**4.2**	**1.7**
Adjudication										
Dependent/Neglect	9249	2778	366	378	17	11.4	10.2	5.6	4.2	1.7
Unruly	216	121	12	8	0	15.0	7.3	5.0	3.1	1.7
Gender										
Male	4795	1627	228	255	7	11.0	10.2	5.8	4.3	1.8
Female	4670	1282	150	131	10	12.2	10.2	5.2	4.0	1.7
Age Range										
<= 5	3677	420	3	21	0	2.6	10.1	3.4	4.0	1.2
6 - 10	1815	633	69	110	3	8.2	10.2	6.2	3.5	1.7
11 - 14	1663	755	137	140	6	12.7	9.9	6.4	4.6	1.9
15 - 17	2310	1101	169	115	8	16.0	10.3	5.4	4.1	1.9
Race										
White	6247	2012	282	283	13	11.4	10.2	5.6	4.3	1.8
Black/African American	2442	678	72	77	4	11.8	10.3	5.4	4.1	1.7
American Indian/Alaska Native	27	6	1	1	0	12.7	12.0	7.5	1.0	1.4
Asian	23	7	0	0	0	15.1	9.0	2.9		1.1
Multi Racial	361	104	12	19	0	10.6	10.1	6.0	4.0	1.7
Native Hawaiian/Oth Pacific Isl.	11	0	0	0	0					
Unable to Determine	354	102	10	6	0	12.0	9.3	4.6	2.8	1.6

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2010 and adding all Brian A admissions to DCS from January 1 – December 31, 2010.**

Table 4C

--Statewide-Unique Children in DCS Custody - 4+ Prescriptions--
January-December 2010

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2010) Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total …	**12746***	**4316**	**553**	**14.1**	**10.7**	**8.5**	**3.8**	**4.2**
Adjudication								
Dependent/Neglect	9394	2791	366	13.3	10.6	9.1	4.2	4.2
Delinquent	3067	1404	175	15.8	10.8	7.4	3.1	4.3
Unruly	217	121	12	15.3	10.2	7.8	3.3	4.2
Unknown/Missing	68							
Gender								
Male	7456	2728	350	13.9	10.8	8.6	3.9	4.2
Female	5290	1586	202	14.5	10.5	8.4	3.8	4.3
Age Range								
<= 5	3791	420	3	3.7	11.0	8.7	4.0	4.0
6 - 10	1854	635	70	8.7	10.6	9.3	3.6	4.2
11 - 14	2075	978	172	12.9	10.5	9.3	4.3	4.2
15 - 17	4764	2174	295	16.1	10.7	8.0	3.6	4.3
18 +	262	109	13	18.0	11.7	5.8	3.4	4.2
Race								
White	7790	2828	405	14.0	10.7	8.7	4.0	4.3
Black/African American	3858	1204	118	14.4	10.6	8.0	3.6	4.2
American Indian/Alaska Native	33	9	1	13.0	12.0	10.0	1.0	4.0
Asian	30	10	1	17.0	12.0	3.0	3.0	4.0
Multi Racial	428	132	15	13.5	11.0	9.5	3.8	4.1
Native Hawaiian/Other Pacific Islander	12	1	0					
Unable to Determine	595	132	11	14.1	9.5	8.1	2.7	4.1

***This number was obtained by selecting all children in DCS custody on January 1, 2010 and adding all admissions to DCS from January 1 – December 31, 2010.**

Table 4D

--Unique Children in DCS Custody - Brian A 4+ Prescriptions--
January-December 2010

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2010)				
				Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	**9465***	**2909**	**378**	**13.4**	**10.6**	**9.0**	**4.2**	**4.2**
Adjudication								
Dependent/Neglect	9249	2778	366	13.3	10.6	9.1	4.2	4.2
Unruly	216	121	12	15.3	10.2	7.8	3.3	4.2
Gender								
Male	4795	1627	228	12.9	10.8	9.3	4.3	4.2
Female	4670	1282	150	14.1	10.4	8.6	4.0	4.2
Age Range								
<= 5	3677	420	3	3.7	11.0	8.7	4.0	4.0
6 - 10	1815	633	69	8.6	10.5	9.2	3.5	4.2
11 - 14	1663	755	137	12.8	10.5	9.6	4.6	4.2
15 - 17	2310	1101	169	15.9	10.8	8.5	4.1	4.3
Race								
White	6247	2012	282	13.3	10.7	9.1	4.3	4.2
Black/African American	2442	678	72	13.8	10.2	8.7	4.1	4.2
American Indian/Alaska Native	27	6	1	13.0	12.0	10.0	1.0	4.0
Asian	23	7	0					
Multi Racial	361	104	12	12.6	11.1	10.4	4.0	4.2
Native Hawaiian/Oth Pacific Isl.	11	0	0					
Unable to Determine	354	102	10	14.0	9.4	8.2	2.8	4.1

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2010 and adding all Brian A admissions to DCS from January 1 – December 31, 2010.**

Table 4E

--Unique Children in DCS Custody - Prescription(s) All 12 Months--
January-December 2010

Unique Number of Children by Demographics	Statewide	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2010)				
					Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	**12746***	**4316**	**448**	**18**	**12.2**	**12.0**	**12.0**	**5.8**	**2.6**
Adjudication									
Dependent/Neglect	9394	2791	378	17	11.7	12.0	12.0	6.1	2.6
Delinquent	3067	1404	62	1	15.1	12.0	12.0	4.3	2.5
Unruly	217	121	8	0	14.4	12.0	12.0	5.7	2.5
Unknown/Missing	68								
Gender									
Male	7456	2728	300	8	12.0	12.0	12.0	5.8	2.6
Female	5290	1586	148	10	12.8	12.0	12.0	5.9	2.6
Age Range									
<= 5	3791	420	21	0	3.9	12.0	12.0	10.0	1.7
6 - 10	1854	635	111	4	8.1	12.0	12.0	5.4	2.4
11 - 14	2075	978	155	6	12.8	12.0	12.0	6.0	2.8
15 - 17	4764	2174	161	8	15.6	12.0	12.0	5.8	2.7
18 +	262	109	0	0					
Race									
White	7790	2828	322	13	12.1	12.0	12.0	6.0	2.7
Black/African American	3858	1204	97	5	13.0	12.0	12.0	5.8	2.5
American Indian/Alaska Native	33	9	1	0	15.0	12.0	12.0		1.2
Asian	30	10	0	0					
Multi Racial	428	132	20	0	11.8	12.0	12.0	4.3	2.5
Native Hawaiian/Other Pacific Islander	12	1	0	0					
Unable to Determine	595	132	8	0	11.0	12.0	12.0	4.7	2.5

***This number was obtained by selecting all children in DCS custody on January 1, 2010 and adding all admissions to DCS from January 1 – December 31, 2010.**

Table 4F

--Unique Children in DCS Custody - Brian A. Prescription(s) All 12 Months--
January-December 2010

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2010)				
					Average				
					Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	**9465***	**2909**	**386**	**17**	**11.8**	**12.0**	**12.0**	**6.1**	**2.6**
Adjudication									
Dependent/Neglect	9249	2778	378	17	12.0	12.0	6.1	2.6	2.7
Unruly	216	121	8	0	12.0	12.0	5.7	2.5	2.5
Gender									
Male	4795	1627	255	7	11.4	12.0	12.0	6.0	2.7
Female	4670	1282	131	10	12.5	12.0	12.0	6.3	2.6
Age Range									
<= 5	3677	420	21	0	3.9	12.0	12.0	10.0	1.7
6 - 10	1815	633	110	3	8.1	12.0	12.0	5.2	2.3
11 - 14	1663	755	140	6	12.8	12.0	12.0	6.1	2.9
15 - 17	2310	1101	115	8	15.6	12.0	12.0	6.5	2.8
Race									
White	6247	2012	283	13	11.6	12.0	12.0	6.2	2.7
Black/African American	2442	678	77	4	12.5	12.0	12.0	6.5	2.5
American Indian/Alaska Native	27	6	1	0	15.0	12.0	12.0		1.2
Asian	23	7	0	0					
Multi Racial	361	104	19	0	11.6	12.0	12.0	4.3	2.5
Native Hawaiian/Oth Pacific Isl.	11	0	0	0					
Unable to Determine	354	102	6	0	9.7	12.0	12.0	4.7	2.8

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2010 and adding all Brian A admissions to DCS from January 1 – December 31, 2010.**

Table 5 Drug Listing

Drug Class	*Drug Name*	*Dug Listed on TennCare File*
	Anti-Hypertensives	
Anti-Hypertensives	**CAPTOPRIL**	
Anti-Hypertensives	CAPTOPRIL	CAPTOPRIL
Anti-Hypertensives	**CLONIDINE**	
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL
Anti-Hypertensives	**GUANFACINE**	
Anti-Hypertensives	GUANFACINE	INTUNIV
	Antidepressants	
Antidepressants	**AMITRIPTYLINE HCL**	
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL
Antidepressants	**CELEXA**	
Antidepressants	CELEXA	CITALOPRAM HBR
Antidepressants	**CYMBALTA**	
Antidepressants	CYMBALTA	CYMBALTA
Antidepressants	**DOXEPIN HCL**	
Antidepressants	DOXEPIN HCL	DOXEPIN HCL
Antidepressants	**EFFEXOR**	
Antidepressants	EFFEXOR	EFFEXOR XR
Antidepressants	EFFEXOR	VENLAFAXINE HCL
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER
Antidepressants	**FLUOXETINE**	
Antidepressants	FLUOXETINE	FLUOXETINE HCL
Antidepressants	**FLUVOXAMINE**	
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE
Antidepressants	FLUVOXAMINE	LUVOX CR
Antidepressants	**IMIPRAMINE**	
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL
Antidepressants	**LEXAPRO**	
Antidepressants	LEXAPRO	LEXAPRO
Antidepressants	**MIRTAZAPINE**	
Antidepressants	MIRTAZAPINE	MIRTAZAPINE
Antidepressants	**NORTRIPTYLINE**	
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL
Antidepressants	**PAXIL**	
Antidepressants	PAXIL	PAROXETINE HCL
Antidepressants	**TRAZODONE HCL**	
Antidepressants	TRAZODONE HCL	TRAZODONE HCL
Antidepressants	**WELLBUTRIN**	

Drug Class	Drug Name	Dug Listed on TennCare File
Antidepressants	WELLBUTRIN	BUDEPRION SR
Antidepressants	WELLBUTRIN	BUDEPRION XL
Antidepressants	WELLBUTRIN	BUPROPION HCL
Antidepressants	WELLBUTRIN	BUPROPION HCL SR
Antidepressants	WELLBUTRIN	BUPROPION XL
Antidepressants	**ZOLOFT**	
Antidepressants	ZOLOFT	SERTRALINE HCL
Antihistamines		
Antihistamines	**DIPHENHYDRAMINE**	
Antihistamines	DIPHENHYDRAMINE	ALLERGY
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF
Antihistamines	DIPHENHYDRAMINE	ALTARYL
Antihistamines	DIPHENHYDRAMINE	BANOPHEN
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL ALLERGY
Antihistamines	DIPHENHYDRAMINE	DIPHEN AF
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE
Antihistamines	DIPHENHYDRAMINE	Q-DRYL
Antihistamines	DIPHENHYDRAMINE	SILADRYL
Antihistamines	**HYDROXYZINE**	
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE
Antipsychotics		
Antipsychotics	**ABILIFY**	
Antipsychotics	ABILIFY	ABILIFY
Antipsychotics	ABILIFY	ABILIFY DISCMELT
Antipsychotics	**CHLORPROMAZINE**	
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL
Antipsychotics	**CLOZAPINE**	
Antipsychotics	CLOZAPINE	CLOZAPINE
Antipsychotics	**FANAPT**	
Antipsychotics	FANAPT	FANAPT
Antipsychotics	**FLUPHENAZINE HCL**	
Antipsychotics	FLUPHENAZINE HCL	FLUPHENAZINE HCL
Antipsychotics	**GEODON**	
Antipsychotics	GEODON	GEODON
Antipsychotics	**HALOPERIDOL**	
Antipsychotics	HALOPERIDOL	HALOPERIDOL
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE
Antipsychotics	**INVEGA**	
Antipsychotics	INVEGA	INVEGA

Drug Class	Drug Name	Dug Listed on TennCare File
Antipsychotics	INVEGA	INVEGA SUSTENNA
Antipsychotics	**LOXAPINE**	
Antipsychotics	LOXAPINE	LOXAPINE
Antipsychotics	**PERPHENAZINE**	
Antipsychotics	PERPHENAZINE	PERPHENAZINE
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE
Antipsychotics	**PROCHLORPERAZINE**	
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE
Antipsychotics	**RISPERDAL**	
Antipsychotics	RISPERDAL	RISPERDAL CONSTA
Antipsychotics	RISPERDAL	RISPERIDONE
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB
Antipsychotics	RISPERDAL	RISPERIDONE ODT
Antipsychotics	**SAPHRIS**	
Antipsychotics	SAPHRIS	SAPHRIS
Antipsychotics	**SEROQUEL**	
Antipsychotics	SEROQUEL	SEROQUEL
Antipsychotics	SEROQUEL	SEROQUEL XR
Antipsychotics	**ZYPREXA**	
Antipsychotics	ZYPREXA	ZYPREXA
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS
Miscellaneous		
Miscellaneous	**BUSPIRONE**	
Miscellaneous	BUSPIRONE	BUSPIRONE HCL
Miscellaneous	**MELATONIN**	
Miscellaneous	MELATONIN	MELATONIN
Miscellaneous	**STRATTERA**	
Miscellaneous	STRATTERA	STRATTERA
Mood Stabilizers		
Mood Stabilizers	**CARBAMAZEPINE**	
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR
Mood Stabilizers	CARBAMAZEPINE	CARBATROL
Mood Stabilizers	CARBAMAZEPINE	EPITOL
Mood Stabilizers	CARBAMAZEPINE	TEGRETOL XR
Mood Stabilizers	**DEPAKOTE**	
Mood Stabilizers	DEPAKOTE	DEPAKOTE SPRINKLE
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER
Mood Stabilizers	DEPAKOTE	VALPROIC ACID
Mood Stabilizers	**GABAPENTIN**	
Mood Stabilizers	GABAPENTIN	GABAPENTIN
Mood Stabilizers	GABAPENTIN	NEURONTIN

Drug Class	Drug Name	Dug Listed on TennCare File
Mood Stabilizers	**KEPPRA**	
Mood Stabilizers	KEPPRA	KEPPRA
Mood Stabilizers	KEPPRA	KEPPRA XR
Mood Stabilizers	KEPPRA	LEVETIRACETAM
Mood Stabilizers	**LAMOTRIGINE**	
Mood Stabilizers	LAMOTRIGINE	LAMICTAL (ORANGE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (BLUE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (GREEN)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (ORANGE)
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE
Mood Stabilizers	**LITHIUM CARBONATE**	
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE
Mood Stabilizers	**SABRIL**	
Mood Stabilizers	SABRIL	SABRIL
Mood Stabilizers	**TOPAMAX**	
Mood Stabilizers	TOPAMAX	TOPAMAX
Mood Stabilizers	TOPAMAX	TOPIRAMATE
Mood Stabilizers	**TRILEPTAL**	
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE
Mood Stabilizers	TRILEPTAL	TRILEPTAL
Sedative-Hypnotics		
Sedative-Hypnotics	**ALPRAZOLAM**	
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM
Sedative-Hypnotics	**AMBIEN**	
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE
Sedative-Hypnotics	**CHLORAL HYDRATE**	
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE
Sedative-Hypnotics	**CHLORDIAZEPOXIDE**	
Sedative-Hypnotics	CHLORDIAZEPOXIDE	CHLORDIAZEPOXIDE HCL
Sedative-Hypnotics	**CLONAZEPAM**	
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM
Sedative-Hypnotics	**DIAZEPAM**	
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM
Sedative-Hypnotics	**FLURAZEPAM**	
Sedative-Hypnotics	FLURAZEPAM	FLURAZEPAM HCL
Sedative-Hypnotics	**LORAZEPAM**	
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM
Sedative-Hypnotics	**LORAZEPAM INTENSO**	
Sedative-Hypnotics	LORAZEPAM INTENSO	LORAZEPAM INTENSOL
Sedative-Hypnotics	**LUNESTA**	
Sedative-Hypnotics	LUNESTA	LUNESTA
Sedative-Hypnotics	**RESTORIL**	
Sedative-Hypnotics	RESTORIL	TEMAZEPAM

Drug Class	Drug Name	Dug Listed on TennCare File
Sedative-Hypnotics	**TRIAZOLAM**	
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM
Stimulants		
Stimulants	**ADDERALL**	
Stimulants	ADDERALL	ADDERALL XR
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO
Stimulants	**DEXEDRINE**	
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE
Stimulants	**DEXMETHYLPHENIDATE**	
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL
Stimulants	DEXMETHYLPHENIDATE	FOCALIN
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR
Stimulants	**METHYLPHENIDATE**	
Stimulants	METHYLPHENIDATE	CONCERTA
Stimulants	METHYLPHENIDATE	DAYTRANA
Stimulants	METHYLPHENIDATE	METADATE CD
Stimulants	METHYLPHENIDATE	METHYLIN
Stimulants	METHYLPHENIDATE	METHYLIN ER
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL
Stimulants	METHYLPHENIDATE	RITALIN LA
Stimulants	**VYVANSE**	
Stimulants	VYVANSE	VYVANSE

Table 6

Total Number of Unique Drugs Prescribed – Statewide
January – December 2010

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	683
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1	3
Anti-Hypertensives	GUANFACINE	INTUNIV	145
Anti-Hypertensives	CAPTOPRIL	CAPTOPRIL	3
Antidepressants			
Antidepressants	TRAZODONE HCL	TRAZODONE HCL	724
Antidepressants	ZOLOFT	SERTRALINE HCL	413
Antidepressants	CELEXA	CITALOPRAM HBR	387
Antidepressants	FLUOXETINE	FLUOXETINE HCL	379
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	301
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	76
Antidepressants	WELLBUTRIN	BUPROPION XL	53
Antidepressants	WELLBUTRIN	BUDEPRION XL	24
Antidepressants	WELLBUTRIN	BUPROPION HCL	17
Antidepressants	WELLBUTRIN	BUDEPRION SR	14
Antidepressants	PAXIL	PAROXETINE HCL	73
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	51
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	27
Antidepressants	EFFEXOR	EFFEXOR XR	15
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	3
Antidepressants	EFFEXOR	VENLAFAXINE HCL	1
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	14
Antidepressants	FLUVOXAMINE	LUVOX CR	1
Antidepressants	DOXEPIN HCL	DOXEPIN HCL	12
Antidepressants	LEXAPRO	LEXAPRO	11
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	6
Antidepressants	CYMBALTA	CYMBALTA	2
Antidepressants	AMOXAPINE	AMOXAPINE	1
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	1
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	344
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	224
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	177
Antihistamines	DIPHENHYDRAMINE	Q-DRYL	176
Antihistamines	DIPHENHYDRAMINE	BANOPHEN	57
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST	31

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE	6
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY	5
Antihistamines	DIPHENHYDRAMINE	ALLERGY	3
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF	2
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL	2
Antihistamines	DIPHENHYDRAMINE	ALLERGY MEDICINE	1
Antihistamines	DIPHENHYDRAMINE	ALTARYL	1
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL ALLERGY	1
Antihistamines	DIPHENHYDRAMINE	DIPHEN AF	1
Antihistamines	DIPHENHYDRAMINE	SILADRYL	1
Antihistamines	DIPHENHYDRAMINE	WAL-DRYL	1
Antipsychotics			
Antipsychotics	RISPERDAL	RISPERIDONE	720
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB	6
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	5
Antipsychotics	RISPERDAL	RISPERIDONE ODT	4
Antipsychotics	SEROQUEL	SEROQUEL	500
Antipsychotics	SEROQUEL	SEROQUEL XR	131
Antipsychotics	ABILIFY	ABILIFY	541
Antipsychotics	ABILIFY	ABILIFY DISCMELT	3
Antipsychotics	GEODON	GEODON	131
Antipsychotics	ZYPREXA	ZYPREXA	65
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS	7
Antipsychotics	INVEGA	INVEGA	44
Antipsychotics	INVEGA	INVEGA SUSTENNA	1
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL	24
Antipsychotics	SAPHRIS	SAPHRIS	21
Antipsychotics	HALOPERIDOL	HALOPERIDOL	17
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE	1
Antipsychotics	PERPHENAZINE	PERPHENAZINE	5
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE	3
Antipsychotics	CLOZAPINE	CLOZAPINE	5
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE	5
Antipsychotics	FANAPT	FANAPT	4
Antipsychotics	FLUPHENAZINE HCL	FLUPHENAZINE HCL	2
Antipsychotics	LOXAPINE	LOXAPINE	1
Antipsychotics	THIORIDAZINE	THIORIDAZINE HCL	1
Miscellaneous			
Miscellaneous	STRATTERA	STRATTERA	224
Miscellaneous	BUSPIRONE	BUSPIRONE HCL	90
Miscellaneous	MELATONIN	MELATONIN	8

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Mood Stabilizers			
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	276
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	154
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	13
Mood Stabilizers	DEPAKOTE	DEPAKOTE SPRINKLE	1
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	345
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (ORANGE)	31
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	10
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT	6
Mood Stabilizers	LAMOTRIGINE	LAMICTAL (ORANGE)	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (GREEN)	1
Mood Stabilizers	TRILEPTAL	TRILEPTAL	257
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	51
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	208
Mood Stabilizers	TOPAMAX	TOPIRAMATE	81
Mood Stabilizers	TOPAMAX	TOPAMAX	4
Mood Stabilizers	KEPPRA	LEVETIRACETAM	69
Mood Stabilizers	KEPPRA	KEPPRA XR	3
Mood Stabilizers	KEPPRA	KEPPRA	2
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	29
Mood Stabilizers	CARBAMAZEPINE	TEGRETOL XR	10
Mood Stabilizers	CARBAMAZEPINE	CARBATROL	3
Mood Stabilizers	CARBAMAZEPINE	EPITOL	1
Mood Stabilizers	GABAPENTIN	GABAPENTIN	31
Mood Stabilizers	GABAPENTIN	NEURONTIN	2
Mood Stabilizers	SABRIL	SABRIL	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	35
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM	27
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE	25
Sedative-Hypnotics	AMBIEN	AMBIEN CR	1
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM	13
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM INTENSOL	1
Sedative-Hypnotics	LUNESTA	LUNESTA	13
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM	10
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM	9
Sedative-Hypnotics	RESTORIL	TEMAZEPAM	5
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE	3
Sedative-Hypnotics	CHLORDIAZEPOXIDE H	CHLORDIAZEPOXIDE HCL	3
Sedative-Hypnotics	FLURAZEPAM	FLURAZEPAM HCL	2

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Stimulants			
Stimulants	VYVANSE	VYVANSE	690
Stimulants	METHYLPHENIDATE	CONCERTA	458
Stimulants	METHYLPHENIDATE	METHYLIN	41
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	40
Stimulants	METHYLPHENIDATE	METADATE CD	36
Stimulants	METHYLPHENIDATE	RITALIN LA	24
Stimulants	METHYLPHENIDATE	DAYTRANA	14
Stimulants	METHYLPHENIDATE	METHYLIN ER	8
Stimulants	ADDERALL	ADDERALL XR	401
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	76
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	177
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	6
Stimulants	DEXMETHYLPHENIDATE	FOCALIN	1
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	12

Table7

Total Number of Unique Drugs Prescribed – Brian A
January – December 2010

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	502
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1	3
Anti-Hypertensives	GUANFACINE	INTUNIV	105
Anti-Hypertensives	CAPTOPRIL	CAPTOPRIL	3
Antidepressants			
Antidepressants	TRAZODONE HCL	TRAZODONE HCL	320
Antidepressants	ZOLOFT	SERTRALINE HCL	274
Antidepressants	FLUOXETINE	FLUOXETINE HCL	267
Antidepressants	CELEXA	CITALOPRAM HBR	255
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	155
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	34
Antidepressants	WELLBUTRIN	BUPROPION XL	26
Antidepressants	WELLBUTRIN	BUDEPRION XL	14
Antidepressants	WELLBUTRIN	BUDEPRION SR	9
Antidepressants	WELLBUTRIN	BUPROPION HCL	9
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	47
Antidepressants	PAXIL	PAROXETINE HCL	42
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	19
Antidepressants	EFFEXOR	EFFEXOR XR	12
Antidepressants	EFFEXOR	VENLAFAXINE HCL	1
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	1
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	13
Antidepressants	FLUVOXAMINE	LUVOX CR	1
Antidepressants	LEXAPRO	LEXAPRO	6
Antidepressants	DOXEPIN HCL	DOXEPIN HCL	4
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	4
Antidepressants	CYMBALTA	CYMBALTA	2
Antidepressants	AMOXAPINE	AMOXAPINE	1
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	1
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	270
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	106
Antihistamines	DIPHENHYDRAMINE	Q-DRYL	170
Antihistamines	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	97
Antihistamines	DIPHENHYDRAMINE	DIPHENHIST	30
Antihistamines	DIPHENHYDRAMINE	BANOPHEN	20

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Antihistamines	DIPHENHYDRAMINE	HYDRAMINE	6
Antihistamines	DIPHENHYDRAMINE	COMPLETE ALLERGY	5
Antihistamines	DIPHENHYDRAMINE	ALLERGY RELIEF	2
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL	2
Antihistamines	DIPHENHYDRAMINE	ALLERGY	1
Antihistamines	DIPHENHYDRAMINE	DIPHEDRYL ALLERGY	1
Antihistamines	DIPHENHYDRAMINE	DIPHEN AF	1
Antihistamines	DIPHENHYDRAMINE	SILADRYL	1
Antipsychotics			
Antipsychotics	RISPERDAL	RISPERIDONE	511
Antipsychotics	RISPERDAL	RISPERIDONE M-TAB	4
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	2
Antipsychotics	RISPERDAL	RISPERIDONE ODT	2
Antipsychotics	ABILIFY	ABILIFY	359
Antipsychotics	ABILIFY	ABILIFY DISCMELT	1
Antipsychotics	SEROQUEL	SEROQUEL	277
Antipsychotics	SEROQUEL	SEROQUEL XR	62
Antipsychotics	GEODON	GEODON	89
Antipsychotics	ZYPREXA	ZYPREXA	38
Antipsychotics	ZYPREXA	ZYPREXA ZYDIS	3
Antipsychotics	INVEGA	INVEGA	24
Antipsychotics	INVEGA	INVEGA SUSTENNA	1
Antipsychotics	CHLORPROMAZINE	CHLORPROMAZINE HCL	17
Antipsychotics	HALOPERIDOL	HALOPERIDOL	11
Antipsychotics	HALOPERIDOL	HALOPERIDOL DECANOATE	1
Antipsychotics	SAPHRIS	SAPHRIS	11
Antipsychotics	PERPHENAZINE	PERPHENAZINE-AMITRIPTYLINE	3
Antipsychotics	PERPHENAZINE	PERPHENAZINE	2
Antipsychotics	CLOZAPINE	CLOZAPINE	3
Antipsychotics	PROCHLORPERAZINE	PROCHLORPERAZINE MALEATE	2
Antipsychotics	FANAPT	FANAPT	1
Antipsychotics	FLUPHENAZINE HCL	FLUPHENAZINE HCL	1
Antipsychotics	LOXAPINE	LOXAPINE	1
Antipsychotics	THIORIDAZINE	THIORIDAZINE HCL	1
Miscellaneous			
Miscellaneous	STRATTERA	STRATTERA	138
Miscellaneous	BUSPIRONE	BUSPIRONE HCL	52
Miscellaneous	MELATONIN	MELATONIN	4
Mood Stabilizers			

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	170
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	102
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	8
Mood Stabilizers	DEPAKOTE	DEPAKOTE SPRINKLE	1
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	237
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (ORANGE)	16
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	5
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT	4
Mood Stabilizers	LAMOTRIGINE	LAMICTAL ODT (GREEN)	1
Mood Stabilizers	TRILEPTAL	TRILEPTAL	172
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	31
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	145
Mood Stabilizers	KEPPRA	LEVETIRACETAM	61
Mood Stabilizers	KEPPRA	KEPPRA	2
Mood Stabilizers	KEPPRA	KEPPRA XR	2
Mood Stabilizers	TOPAMAX	TOPIRAMATE	57
Mood Stabilizers	TOPAMAX	TOPAMAX	3
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	16
Mood Stabilizers	CARBAMAZEPINE	TEGRETOL XR	4
Mood Stabilizers	CARBAMAZEPINE	CARBATROL	3
Mood Stabilizers	GABAPENTIN	GABAPENTIN	15
Mood Stabilizers	GABAPENTIN	NEURONTIN	2
Mood Stabilizers	SABRIL	SABRIL	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	30
Sedative-Hypnotics	DIAZEPAM	DIAZEPAM	17
Sedative-Hypnotics	AMBIEN	ZOLPIDEM TARTRATE	12
Sedative-Hypnotics	AMBIEN	AMBIEN CR	1
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM	9
Sedative-Hypnotics	LORAZEPAM	LORAZEPAM INTENSOL	1
Sedative-Hypnotics	LUNESTA	LUNESTA	9
Sedative-Hypnotics	ALPRAZOLAM	ALPRAZOLAM	8
Sedative-Hypnotics	TRIAZOLAM	TRIAZOLAM	7
Sedative-Hypnotics	CHLORAL HYDRATE	CHLORAL HYDRATE	3
Sedative-Hypnotics	CHLORDIAZEPOXIDE H	CHLORDIAZEPOXIDE HCL	3
Sedative-Hypnotics	RESTORIL	TEMAZEPAM	3
Stimulants			
Stimulants	VYVANSE	VYVANSE	502
Stimulants	METHYLPHENIDATE	CONCERTA	359
Stimulants	METHYLPHENIDATE	METHYLIN	35
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	33

Drug Class	Drug Name	Drug Listed on TennCare File	Total
Stimulants	METHYLPHENIDATE	METADATE CD	32
Stimulants	METHYLPHENIDATE	RITALIN LA	16
Stimulants	METHYLPHENIDATE	DAYTRANA	10
Stimulants	METHYLPHENIDATE	METHYLIN ER	8
Stimulants	ADDERALL	ADDERALL XR	293
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	62
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	150
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	5
Stimulants	DEXMETHYLPHENIDATE	FOCALIN	1
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	9

APPENDIX L

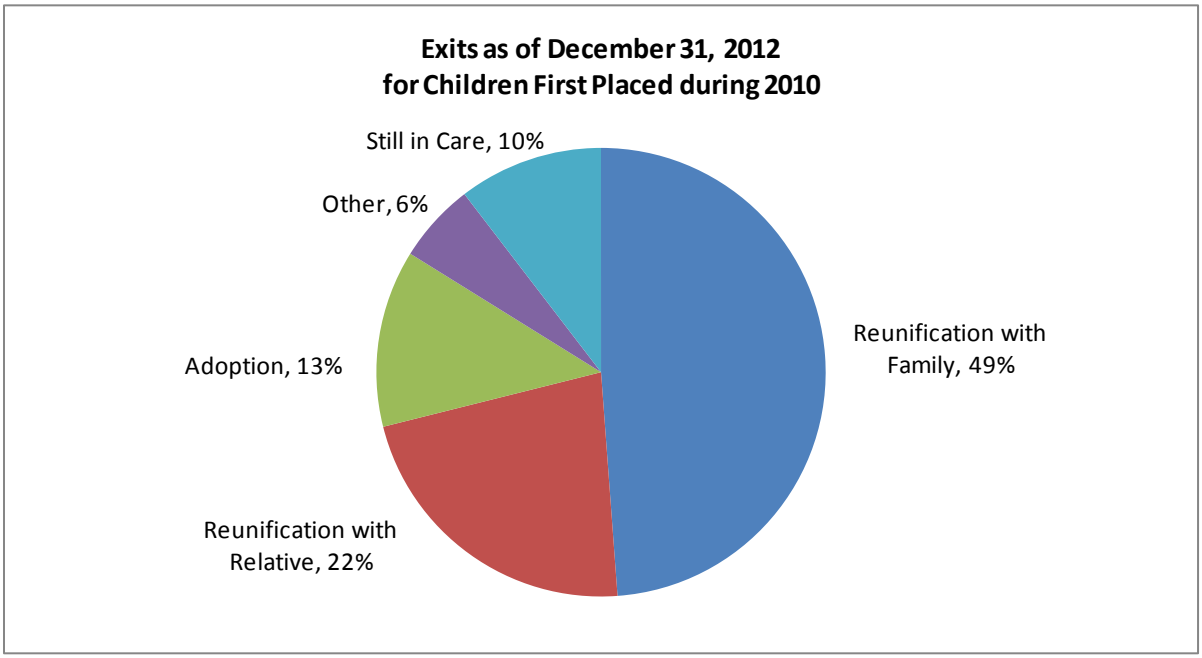
Supplemental Information on Exits to Permanency

This appendix presents additional information supplementing the data discussion on pages 88-95 of this monitoring report regarding exits to permanency.

A. Exits for 2010 Entry Cohort by Exit Type

The Department tracks and reports on the permanency outcomes for children entering foster care during a particular year. For example, the figure below shows the percentage of children first entering out-of-home placement in 2010 who have exited to each exit type as of December 31, 2012. Children exiting to reunification represent by far the largest percentage of exits. As of December 31, 2012, 49% of the children entering care in 2010 had exited to reunification with family, 22% had exited to reunification with relatives, 13% had exited to adoption, 6% had experienced some other non-permanent exit, and 10% remained in care.[15]

This data both helps the Department understand the range and frequency of exit types generally and allows comparison of entry cohorts as one possible indicator of changes in performance related to permanency.[16]



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

[15] It is important to note that, as discussed further below, for those who remain in care, the percentage of those children exiting to adoption will likely be greater than the percentage of those who have already exited and the percentage of those exiting to reunification will likely be lower. For this reason, the ultimate "exit type" percentages for the 2010 entry cohort (calculated after the last child in that cohort exits custody) will be different than the percentages to date.

[16] The June 2012 Monitoring Report presented these data as of December 31, 2011 for children entering out-of-home placement in 2009. By December 31, 2011, 41% of children entering in 2009 had exited to reunification with family, 21% to reunification with a relative, and 13% to adoption. Seven percent experienced some other non-permanent exit, and 10% were still in out-of-home placement.

B. Interrelationship between Exit Type and Length of Stay for Children Placed 2004 to 2012

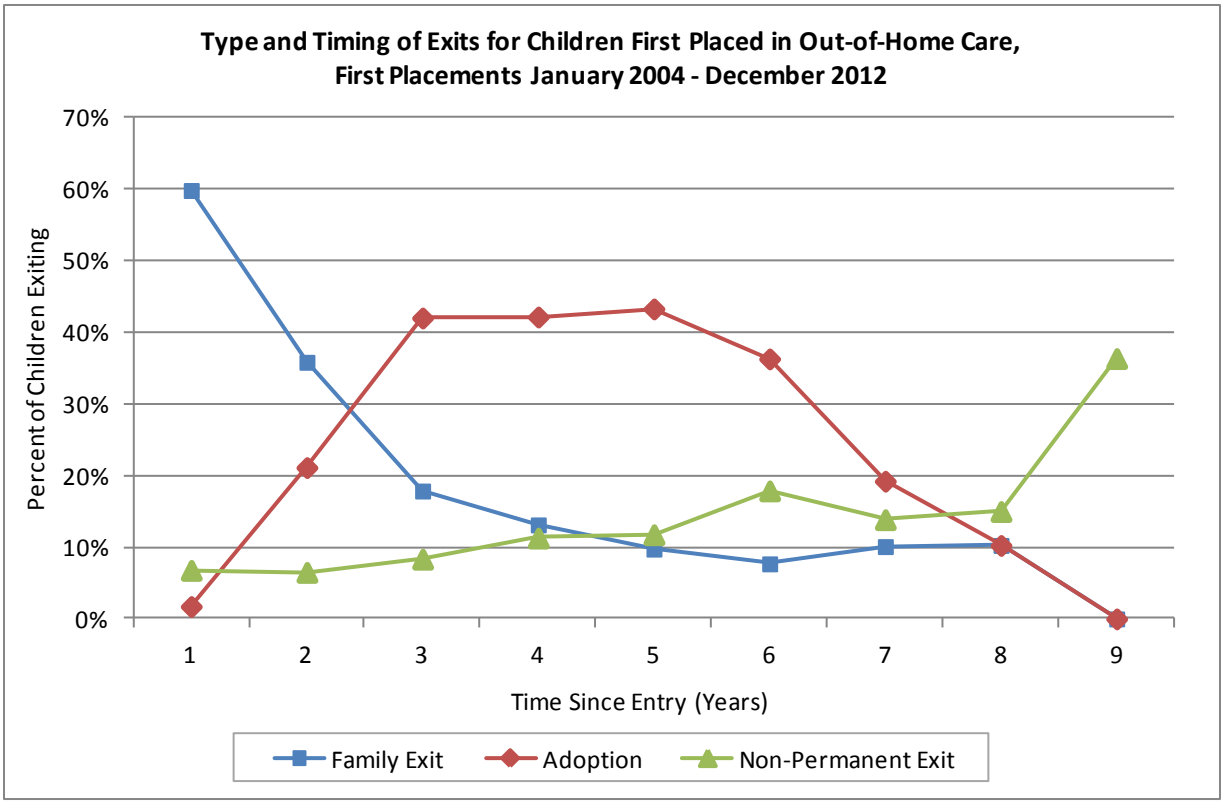
The Department tracks and reports data that reflect the interrelationship between length of stay and exit type. The figure below shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. The points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and so on.

Displaying the three exit probabilities together—adoption, reunification with family or relative (permanent exits), and other exits (non-permanent exits, primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the blue line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the first year and drops significantly in subsequent years. Adoptions (the red line), on the other hand, occur more slowly, but the probability of adoption increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a "family exit"—a return to the child's birth family or a relative. Around 50% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, only a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is about 10% in each yearly interval, though it generally increases over time.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2013.

APPENDIX M

Supplemental Information on CPS Caseloads

Percentiles are a helpful way to understand the range in size of case managers' total caseloads (keeping in mind that for caseloads with a mix of case types, caseloads of identical size may not necessarily represent equivalent workloads). The table below shows total caseload size for three percentiles—50th, 75th, and 90th—at the state level for each month from June 2012 through March 2013. As shown in the table, statewide as of March 2013, 50% of case managers carrying at least one CPS investigation or assessment had 20 or fewer cases on their caseloads, 75% had 29 or fewer cases on their caseloads, and 90% had 38 or fewer cases on their caseloads. The largest caseload in the state at the beginning of March 2013 was 66 cases. Statewide CPS caseloads have been at these levels between June 2012 and March 2013, with some small fluctuation from month to month.

Statewide CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013

Month	50th Percentile (Median)	75th Percentile	90th Percentile	Maximum Caseload
June 2012 (n=647)	18	26	34	62
July 2012 (n=662)	19	26	35	79
August 2012 (n=665)	18	25	34	80
September 2012 (n=660)	17	25	33	62
October 2012 (n=649)	18	25	34	64
November 2012 (n=656)	17	25	35	72
December 2012 (n=657)	19	26	36	77
January 2013 (n=656)	19	27	35	81
February 2013 (n=639)	20	27	35	75
March 2013 (n=654)	20	29	38	66

Source: DCS Manual Caseload Tracking Spreadsheets, May 27, 2012 through February 28, 2013.

The table below displays this information at the regional level as of the beginning of March 2013. Fifty percent of case managers had more than 25 cases on their caseloads in Mid-Cumberland (27), Knox (26.5), and Smoky Mountain (26). Northwest was the only region in which 90% of case managers had fewer than 25 cases on their caseloads. The maximum caseload was 40 or above in every region except for Northwest and Northeast.

Regional CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads as of the Beginning of March 2013				
Region	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
Davidson (n=51)	19	29	34	40
East (n=41)	18	22	33	42
Knox (n=36)	27	33	48	66
Mid-Cumberland (n=102)	27	41	53	64
Northeast (n=60)	20	27	31	35
Northwest (n=31)	11	18	20	23
Shelby (n=91)	20	26	30	43
Smoky Mountain (n=41)	26	32	35	43
South Central (n=44)	17	23	33	58
Southwest (n=39)	15	20	30	54
Tennessee Valley (n=66)	23	29	38	55
Upper Cumberland n=52)	21	30	37	42
Statewide (n=654)	**20**	**29**	**38**	**66**

Source: DCS Manual Caseload Tracking Spreadsheet for the beginning of March 2013 (dated February 28, 2013).

Regional percentiles over time show that CPS caseloads fluctuate from month to month, but some regions struggle with high CPS caseloads more than others. Mid-Cumberland in particular seems to consistently struggle with high CPS caseloads, and Knox and Tennessee Valley seem to have struggled with high caseloads more often than other regions, at least since May 2012.

Davidson CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=63)	17	22	32	45
July 2012 (n=56)	16	21	31	48
August 2012 (n=57)	16	21	23	38
September 2012 (n=52)	17	21	25	38
October 2012 (n=53)	16	20	27	39
November 2012 (n=51)	17	23	30	35
December 2012 (n=56)	19	23	29	39
January 2013 (n=54)	16	24	31	40
February 2013 (n=52)	16	24	29	37
March 2013 (n=51)	18	27	30	35

East Tennessee CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=39)	16	25	32	36
July 2012 (n=40)	19	25	29	33
August 2012 (n=40)	17	24	28	38
September 2012 (n=40)	16	24	28	32
October 2012 (n=40)	16	19	28	33
November 2012 (n=39)	18	23	33	37
December 2012 (n=42)	17	24	33	40
January 2013 (n=43)	16	23	35	42
February 2013 (n=42)	17	22	29	42
March 2013 (n=41)	18	22	33	42

Knox CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=37)	18	23	26	35
July 2012 (n=35)	16	22	25	30
August 2012 (n=34)	18	23	27	32
September 2012 (n=34)	23	29	32	38
October 2012 (n=33)	25	30	32	42
November 2012 (n=36)	21	28	40	49
December 2012 (n=40)	24	32	40	54
January 2013 (n=36)	23	29	38	52
February 2013 (n=36)	23	29	45	62
March 2013 (n=36)	27	33	48	66

Mid-Cumberland CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=90)	11	13	21	43
July 2012 (n=104)	24	35	46	79
August 2012 (n=107)	23	33	44	80
September 2012 (n=109)	24	33	45	62
October 2012 (n=98)	24	35	39	64
November 2012 (n=107)	23	33	41	72
December 2012 (n=105)	23	36	44	77
January 2013 (n=107)	24	37	44	81
February 2013 (n=94)	27	40	49	75
March 2013 (n=102)	27	41	53	64

Northeast CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=63)	20	27	36	47
July 2012 (n=64)	20	25	32	39
August 2012 (n=63)	17	22	25	34
September 2012 (n=61)	14	20	25	33
October 2012 (n=65)	15	21	26	29
November 2012 (n=61)	14	23	29	35
December 2012 (n=60)	18	24	29	35
January 2013 (n=61)	18	25	27	36
February 2013 (n=61)	18	25	30	36
March 2013 (n=60)	20	27	31	35

Northwest CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=28)	14	17	19	25
July 2012 (n=25)	13	16	19	21
August 2012 (n=31)	14	18	20	24
September 2012 (n=30)	16	18	20	25
October 2012 (n=29)	15	18	22	22
November 2012 (n=30)	15	17	19	21
December 2012 (n=31)	13	17	19	21
January 2013 (n=24)	13	19	21	23
February 2013 (n=31)	13	16	19	22
March 2013 (n=31)	11	18	20	23

Shelby CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=90)	19	25	34	50
July 2012 (n=88)	19	26	32	48
August 2012 (n=89)	17	23	30	48
September 2012 (n=90)	17	22	33	54
October 2012 (n=89)	18	22	33	61
November 2012 (n=90)	18	25	32	55
December 2012 (n=86)	19	25	32	50
January 2013 (n=86)	20	26	30	40
February 2013 (n=90)	18	28	33	45
March 2013 (n=91)	20	26	30	43

Smoky Mountain CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=44)	23	29	42	60
July 2012 (n=47)	21	29	36	45
August 2012 (n=44)	21	28	35	50
September 2012 (n=40)	19	26	34	39
October 2012 (n=41)	19	22	31	44
November 2012 (n=40)	18	26	37	39
December 2012 (n=36)	19	28	36	50
January 2013 (n=41)	19	27	32	36
February 2013 (n=34)	21	31	36	40
March 2013 (n=41)	26	32	35	43

South Central CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=43)	22	31	38	58
July 2012 (n=44)	15	23	31	44
August 2012 (n=46)	14	19	26	43
September 2012 (n=49)	13	18	24	41
October 2012 (n=45)	14	19	23	51
November 2012 (n=45)	14	17	21	50
December 2012 (n=45)	16	17	23	44
January 2013 (n=46)	15	20	26	35
February 2013 (n=44)	15	22	27	42
March 2013 (n=44)	17	23	33	58

Southwest CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=40)	19	26	34	39
July 2012 (n=39)	18	24	31	41
August 2012 (n=40)	13	19	27	37
September 2012 (n=40)	13	19	28	44
October 2012 (n=40)	14	17	25	49
November 2012 (n=43)	14	18	27	49
December 2012 (n=39)	17	22	34	49
January 2013 (n=40)	16	23	29	58
February 2013 (n=38)	18	23	29	54
March 2013 (n=39)	15	20	30	54

Tennessee Valley CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=66)	26	34	40	62
July 2012 (n=68)	23	33	40	69
August 2012 (n=65)	23	35	43	59
September 2012 (n=67)	18	29	39	58
October 2012 (n=69)	19	26	34	57
November 2012 (n=65)	18	24	36	55
December 2012 (n=67)	21	28	35	59
January 2013 (n=67)	23	27	39	61
February 2013 (n=64)	22	28	34	39
March 2013 (n=66)	23	29	38	55

Upper Cumberland CPS Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, June 2012 through March 2013				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=44)	24	29	34	40
July 2012 (n=52)	18	27	33	38
August 2012 (n=49)	16	27	35	50
September 2012 (n=48)	21	32	38	54
October 2012 (n=47)	23	32	38	57
November 2012 (n=49)	19	34	38	63
December 2012 (n=50)	21	32	38	61
January 2013 (n=51)	24	34	38	62
February 2013 (n=53)	20	29	34	42
March 2013 (n=52)	21	30	37	42

APPENDIX N

Summary of Caseload Data from the Fall 2012 Case Manager Survey

Summary of Caseload Data from the TAC's Fall 2012 Case Manager Survey

Review sample:

Nineteen case managers were *Brian A.* case managers (defined as having at least one *Brian A.* case on their caseload), and all 19 had primarily *Brian A.* cases on their caseloads.

One additional case manager was a Juvenile Justice case manager who had two dually-adjudicated children on her caseload. This case manager was a CM2 from Mid-Cumberland.

Region	CM Position	# of CMs	# of CMs over Caseload Cap
East	CM2	1	0
Knox	CM2	2	1 of 2 (caseload of 24 children)
Mid-Cumberland	CM2	1	0
Northeast	CM1	1	0
	CM2	1	0
Northwest	CM2	1	0
South Central	CM2	1	0
Shelby	CM2	5	0
Smoky	CM2	4	1 of 4 (caseload of 23 children)
Southwest	CM2	1	1 of 1 (caseload of 23 children)
TN Valley	CM2	1	0
Upper Cumberland	CM2	1	1 of 1 (caseload of 21 children)
TOTAL		**20**	**4 of 20 (20%)**

APPENDIX O

Contracts for Regional Community-Based Services and Foster Care and Adoption Support

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
30359	Delegated Contracts	DA - Special Needs Adoption	Adoption Services - children with special needs	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$75,345,700.00	$75,345,700.00
31639	Renewal House, Inc.	Family Preservation	Alcohol & Drug Assessment & Treatment	Grant	Grant	7/1/2012	6/30/2013	2.0	$68,000.00	$68,000.00
31692	Renewal House, Inc.	Drug and Alcohol technical	Alcohol & Drug Assessment & Treatment	Grant	Grant	7/1/2012	6/30/2013	2.0	$63,750.00	$63,750.00
20250	Exchange Club-Carl Perkin Center	Relative Caregiver - SW	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$191,250.00	$573,750.00
20251	Exchange Club-Carl Perkin Center	Relative Caregiver - NW	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$170,000.00	$510,000.00
20245	Family And Children's Services, Inc.	Relative Caregiver - Davidson	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$499,000.00	$1,497,000.00
20248	Foothills Care, Inc.	Relative Caregiver - Knox	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$212,500.00	$637,500.00
20249	Foothills Care, Inc.	Relative Caregiver - Northeast	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$191,250.00	$573,750.00
22582	Foothills Care, Inc.	Relative Care Giver - East & Smoky	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$297,500.00	$892,500.00
20246	New Vision, Inc.	Relative Caregiver - MC	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$276,250.00	$828,750.00
20228	Southeast Tennessee Development District	Relative Caregiver- Tennessee Valley	Assessment, Case Management, Facilitation & Outreach	Governmental Grant	Grant	7/1/2010	6/30/2013	3.0	$361,250.00	$1,083,750.00
20244	The Center For Family Development	Relative Caregiver - SC	Assessment, Case Management, Facilitation & Outreach	Grant	Grant	7/1/2010	6/30/2013	3.0	$170,000.00	$510,000.00
20227	University Of Tennessee	Relative Caregiver - Shelby	Assessment, Case Management, Facilitation & Outreach	Educational Grant	Grant	7/1/2010	6/30/2013	3.0	$637,500.00	$1,912,500.00
20239	Upper Cumberland Development District	Relative Caregiver - UC	Assessment, Case Management, Facilitation & Outreach	Governmental Grant	Grant	7/1/2010	6/30/2013	3.0	$276,250.00	$828,750.00
19833	East Tennessee State University Center of Excellence	Center of Excellence	Behavioral Health Services	Educational Grant	Grant	7/1/2010	6/30/2013	3.0	$454,788.00	$1,364,364.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
19835	Focus Psychiatric Services, PC	Center of Excellence	Behavioral Health Services	Grant	Grant	7/1/2010	6/30/2013	3.0	$473,191.00	$1,419,573.00
19834	University Of Tennessee	Center of Excellence	Behavioral Health Services	Educational Grant	Grant	7/1/2010	6/30/2013	3.0	$918,893.00	$2,756,679.00
19837	University Of Tennessee	Center of Excellence	Behavioral Health Services	Educational Grant	Grant	7/1/2010	6/30/2013	3.0	$621,175.00	$1,863,525.00
19836	Vanderbilt University, Inc.	Center of Excellence	Behavioral Health Services/CANS/QSR reliability	Grant	Grant	7/1/2010	6/30/2013	3.0	$2,777,420.00	$5,034,426.00
30329	Delegated Contracts	DP - Burial Services	Burial Services	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$70,000.00	$70,000.00
28514	Florence Crittenton Agency, Inc.	Blount County Project	Case Management Services	Fee-for-service	Non-competitive	9/21/2011	9/20/2012	1.0	$31,160.00	$139,080.00
28696	Omni Visions, Inc.	Blount County Project	Case Management Services	Fee-for-service	Non-competitive	9/21/2011	9/20/2012	1.0	$63,640.00	$373,320.00
33428	Omni Visions, Inc.	Blount County Project	Case Management Services	Fee-for-service	Non-competitive	9/21/2012	11/30/2012	0.2	$373,320.00	$373,320.00
28515	Smoky Mountains Childrens Home, Inc.	Blount County Project	Case Management Services	Fee-for-service	Non-competitive	9/21/2011	9/20/2012	1.0	$50,840.00	$226,920.00
30332	Delegated Contracts	DA - Bright Futures	Chafee Post Secondary Education	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$500,000.00	$500,000.00
17216	10th Judicial District Children's Advocacy Center - HOPE Center, Inc	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
31793	Anderson County Child Advocacy Center	Child Advocacy Center	Child Interview & Multidisciplinary Teams	Grant	Grant	7/1/2012	6/30/2013	1.0	$50,000.00	$50,000.00
16409	Campbell County Children's Advocacy Center	Child Advocacy Center - Campbell	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
16925	Child Advocacy Center 15th Judicial District	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
24380	Child Advocacy Center For the 23rd District	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2010	6/30/2015	5.0	$50,000.00	$250,000.00
17182	Child Advocacy Center of the 9th Judicial District	Child Advocacy Center - Lenoir	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
31780	Child Advocacy Ctr Of The 3rd Judicial	Child Advocacy Center	Child Interview & Multidisciplinary Teams	Grant	Grant	7/1/2012	6/30/2013	1.0	$50,000.00	$50,000.00
16385	ChildHelp USA	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
31798	Childrens Advocacy Center 31st District	Child Advocacy Center	Child Interview & Multidisciplinary Teams	Grant	Grant	7/1/2012	6/30/2013	1.0	$50,000.00	$50,000.00
21636	Coffee County Children's Advocacy Center 14th Judicial District	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2010	6/30/2015	5.0	$50,000.00	$250,000.00
17378	Exchange Club-Carl Perkin	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
17614	Exchange Club-Carl Perkin Center	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
21639	Exchange Club-Carl Perkins Center (Crockett County) 28th Judicial District	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2010	6/30/2015	5.0	$50,000.00	$250,000.00
16397	Robertson County Child Advocacy Center	Child Advocacy Center - Robertson	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
17385	Upper Cumberland Child Advocacy Center 13th Judicial District	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
16408	Ashley's Place Sumner County Child Advocacy Center	Child Advocacy Center - Sumner County	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
17190	Blount County Childrens Advocacy Center	Child Advocacy Center - Blount	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
16396	Children's Advocacy Center of Hamilton County	Child Advocacy Center - Hamilton	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
16410	Childrens Advocacy Center of Rutherford County	Child Advocacy Center - Rutherford	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
16399	Childrens Advocacy Center of Sullivan County	Child Advocacy Center - Sullivan	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
16256	County of Montgomery Office of County Judge	Child Advocacy Center	Child interview & multidisciplinary teams	Governmental Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
17213	Exchange Club-Carl Perkin - 27th Judicial District	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
16416	Exchange Club-Carl Perkin Center	Child Advocacy Center - Carroll County	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
16940	Exchange Club-Carl Perkin Center	Child Advocacy Center - Jackson	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
16391	Kids Place A Child Advocacy Center	Child Advocacy Center - Lewisburg	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
16947	Memphis Child Advocacy Center	Child Advocacy Center-	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
16392	Nashville Childrens Alliance, Inc.	Child Advocacy Center - Davidson	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
16927	Safe Harbor Child Advocacy Center	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
16402	Williamson Co Child Advocacy Center	Child Advocacy Center	Child interview & multidisciplinary teams	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00
31924	Cathedral Of Faith Community	Family Preservation	Collaborative Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$75,000.00	$75,000.00
32020	South Memphis Alliance, Inc.	Needs Assessment	Collaborative Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$25,000.00	$25,000.00
21414	Blount County Child Advocacy Center 5th Judicial District	Child Advocacy Center	Co-location of staff	Grant (Governmental)	Grant	7/1/2010	6/30/2015	5.0	$4,257.00	$60,805.00
17615	Campbell County Childrens Center	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2008	6/30/2013	5.0	$5,880.00	$29,400.00
16406	Child Advocacy Center Of Anderson County	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2008	6/30/2013	5.0	$12,876.00	$64,380.00
31968	ChildHelp USA	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,151.00	$35,151.00
17195	Childrens Advocacy Center of Hamilton County	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2009	6/30/2014	5.0	$27,984.00	$139,920.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
16393	Exchange Club-Carl Perkin	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2008	6/30/2013	5.0	$20,705.20	$103,526.00
21560	Exchange Club-Carl Perkin - (Located in Chester County)	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2010	6/30/2015	5.0	$15,579.97	$77,899.85
21576	Exchange Club-Carl Perkin - (Located in Hardiman County)	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2010	6/30/2015	5.0	$15,873.50	$79,367.50
31617	Exchange Club-Carl Perkin Center	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2012	6/30/2013	1.0	$14,949.08	$14,949.08
21638	Exchange Club-Carl Perkin Center (Located in Tipton County)	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2010	6/30/2015	5.0	$15,281.03	$76,405.15
21449	Exchange Club-Carl Perkins Center (Located in Henderson County)	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2010	6/30/2015	5.0	$13,088.87	$65,444.35
17612	Memphis Child Advocacy Center	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2009	6/30/2014	5.0	$88,231.00	$441,155.00
31620	Safe Harbor Child Advocacy Center	Child Advocacy Center	Co-location of staff	Grant	Grant	7/1/2012	6/30/2013	1.0	$5,310.41	$5,310.41
30754	Individual Contractor	External Case Review	Consultant - Adoption services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$5,000.00	$5,000.00
30755	Romney Ridge Counseling	External Case Review	Consultant - Adoption services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$5,000.00	$5,000.00
34566	Center For Nonprofit Management	Administration	Consultant - Foster Care Advocacy Program	Fee-for-service	Non-competitive	1/1/2013	8/30/2013	0.9	$23,900.00	$23,900.00
30895	University Of Tennessee	Child Protective Services	CPS Risk Assessment/Advisory	Educational Grant	Grant	7/1/2012	6/30/2017	5.0	$156,922.00	$784,610.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
30909	Tennessee Voices for Children, Inc	Needs Assessment	Crisis Intervention & Mediation	Grant	Grant	7/1/2012	6/30/2013	1.0	$254,200.00	$254,200.00
33168	Individual Contractor	Training	Curriculum Writing	Fee-for-service	Non-competitive	7/15/2012	9/30/2012	0.3	$6,000.00	$6,000.00
30374	Delegated Contracts	DP - Custodial/Non-custodial Child and Family	Custodial reunification and non-custodial support services	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$10,000,000.00	$10,000,000.00
25848	Delegated Grant Authority - Special Education	Educational reimbursement to schools	Education	DGA	DG	7/1/2012	6/30/2016	4.0	$400,000.00	$2,000,000.00
SPED13004	Carroll County Juvenile Court	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$8,800.00	$8,800.00
SPED13034	Centerstone Community Mental Health Center, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13012	Child and Family Tennessee	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13013	Child and Family Tennessee	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13023	Florence Crittenton Agency, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,800.00	$2,800.00
SPED13025	Freewill Baptist Home for Children, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,800.00	$2,800.00
SPED13019	Genesis Learning Center	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13027	Genesis Learning Center	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,400.00	$2,400.00
SPED13030	Group Effort Foundation	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$3,200.00	$3,200.00
SPED13009	Helen Ross McNabb Center, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13026	Helen Ross McNabb Center, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,800.00	$2,800.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
SPED13002	Holston United Methodist Home for Children, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$5,200.00	$5,200.00
SPED13011	Kings' Daughters School, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$19,600.00	$19,600.00
SPED13018	Memphis Recovery Center	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,400.00	$2,400.00
SPED13021	Natchez Trace	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$10,800.00	$10,800.00
SPED13029	Omni Visions, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13038	Omni Visions, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13031	Parkridge Medical Center, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$13,200.00	$13,200.00
SPED13015	Res-Care	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13016	Res-Care	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13017	Res-Care	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13001	Smoky Mountains Childrens Home, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13028	Steppenstone Youth Treatment Center	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$7,200.00	$7,200.00
SPED13006	TN Children's Home	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$4,000.00	$4,000.00
SPED13022	TN Children's Home	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$4,800.00	$4,800.00
SPED13005	Upper Cumberland Human Resource Agency	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
SPED13007	Upper Cumberland Human Resource Agency	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13010	Upper Cumberland Human Resource Agency	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13032	Varangon	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$5,600.00	$5,600.00
SPED13033	Wayne Halfway House	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,800.00	$2,800.00
SPED13014	Woodridge	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$9,200.00	$9,200.00
SPED13035	Youth Dimensions, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$3,200.00	$3,200.00
SPED13036	Youth Town of Tennessee	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,000.00	$2,000.00
SPED13003	Youth Villages, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$12,000.00	$12,000.00
SPED13020	Youth Villages, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$13,600.00	$13,600.00
SPED13024	Youth Villages, Inc.	Spec. Education School	Education Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$48,400.00	$48,400.00
30333	Delegated Contracts	DA - Independent Living	Extension of Foster Care Support	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$720,000.00	$720,000.00
21594	10th Judicial District Children's Advocacy Center - HOPE Center, Inc	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2010	6/30/2015	5.0	$35,000.00	$175,000.00
34183	Ashley's Place Sumner County Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
32112	Blount County Childrens Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
31875	Campbell County Childrens Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
31838	Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
16407	Child Advocacy Center of Anderson County	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$35,000.00	$175,000.00
31917	Child Advocacy Center of the 23rd Judicial District	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
31852	Child Advocacy Ctr Of The 3rd Judicial	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
21607	ChildHelp USA	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2010	6/30/2015	5.0	$35,000.00	$175,000.00
31966	Childrens Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
31965	Childrens Advocacy Center 31st District	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
16398	Childrens Advocacy Center of Hamilton County	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$70,000.00	$350,000.00
31882	Childrens Advocacy Center of Sullivan County	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
16394	Children's Advocacy Center of the 1st District	Child Advocacy Center - Northeast	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$50,000.00	$250,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
21641	Childrens Advocacy of the 1st Judicial District	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2010	6/30/2015	5.0	$35,000.00	$175,000.00
16389	Childrens Center Of The Cumberlands	Child Advocacy Center - Scott	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$35,000.00	$175,000.00
17217	Childrens Center Of The Cumberlands	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
32101	Coffee County Children's Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
18090	County of Montgomery Office of County Judge	Child Advocacy Center	Forensic Child Interviewer	Grant (Governmental)	Grant	7/1/2009	6/30/2014	5.0	$35,000.00	$175,000.00
17241	Exchange Club-Carl Perkin Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2009	6/30/2014	5.0	$70,000.00	$350,000.00
32114	Exchange Club-Carl Perkin Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
31889	Juniors House Inc	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
17218	Juniors House Inc - Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2009	6/30/2014	5.0	$50,000.00	$250,000.00
17606	Kids Place A Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2009	6/30/2014	5.0	$35,000.00	$175,000.00
16386	Memphis Child Advocacy Center	Child Advocacy Center - Shelby	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$70,000.00	$350,000.00
16390	Nashville Childrens Alliance, Inc.	Child Advocacy Center - Davidson	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$70,000.00	$350,000.00
31890	Robertson County Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
16400	Safe Harbor Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2008	6/30/2013	5.0	$35,000.00	$175,000.00
16929	Upper Cumberland Child Advocacy Center 13th Judicial District	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2009	6/30/2014	8.9	$35,000.00	$175,000.00
32019	Williamson Co Child Advocacy Center	Child Advocacy Center	Forensic Child Interviewer	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
30325	Delegated Contracts	DA - Foster Care Homes	Foster Care Services	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$20,000,000.00	$20,000,000.00
30362	Delegated Contracts	DA - IV-E Subsidized Guardianship	Guardianship Support Payments	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$3,600,000.00	$6,500,000.00
30765	Child & Family Tennessee	Independent Living	Independent Living	Grant	Grant	7/1/2012	6/30/2013	1.0	$98,875.00	$98,875.00
34556	Child & Family Tennessee	Independent Living	Independent Living	Grant	Grant	1/1/2013	6/30/2013	0.6	$45,000.00	$45,000.00
30725	Monroe Harding, Inc.	Independent Living	Independent Living	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,125.00	$35,125.00
30727	Monroe Harding, Inc.	Independent Living	Independent Living	Grant	Grant	7/1/2012	12/31/2012	0.6	$43,954.00	$43,954.00
30700	South Memphis Alliance, Inc.	Independent Living	Independent Living	Grant	Grant	7/1/2012	12/31/2012	0.6	$45,000.00	$45,000.00
34414	South Memphis Alliance, Inc.	Independent Living	Independent Living	Grant	Grant	1/1/2013	6/30/2013	0.6	$49,375.00	$49,375.00
30814	Youth Villages, Inc.	Independent Living	Independent Living	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,165,000.00	$2,165,000.00
32045	Individual Contractor	Project Manager	In-Home Tennessee	Fee-for-service	Non-competitive	7/1/2012	9/30/2012	0.3	$14,137.50	$14,137.50
35739	Foothills, Inc.	Custody Services	Intensive In-Home Services	Grant	Grant	12/22/2013	6/30/2013	0.6	$100,000.00	$100,000.00
31983	Youth Villages, Inc.	Custodial in-home services	Intensive In-Home Services	Grant	Grant	7/1/2012	6/30/2013	1.0	$2,497,950.00	$2,497,950.00
30328	Delegated Contracts	DA - Kinship Care	Kinship Assessment & Support	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$513,000.00	$513,000.00
30305	Delegated Contracts	DP - Court Reporting	Legal Services	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$450,000.00	$450,000.00
30276	James E Maurer & Associates	Custody Services	Legal Services	Fee-for-service	Non-competitive	2/6/2012	2/5/2013	1.0	$2,500.00	$5,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
16232	Tennessee Alliance For Legal Services	TennCare Appeals (Grier)	Legal Services	Fee-for-service	Non-competitive	7/1/2008	6/30/2013	5.0	$150,000.00	$750,000.00
31306	G4S Secure Solutions, Inc.	Residential Treatment Services	Level III Continuum-Enhanced	Fee-for-service	Competitive	6/15/2012	6/30/2016	4.0	$2,629,800.00	$10,634,400.00
30365	Delegated Contracts	DP - Medical& Behavioral Services - Custody	Medical Services for custodial children & families	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$1,283,400.00	$1,283,400.00
30368	Delegated Contracts	DP - Medical & Behavioral - Non-Custody	Medical Services for non-custodial children & families	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$700,000.00	$700,000.00
32047	Advantage Support Services Inc	Child & Family Management	Medication Admin CPR First Aid	Fee-for-service	Competitive	7/1/2012	6/30/2013	1.0	$184,000.00	$184,000.00
24881	Harmony Adoptions Of Tennessee, Inc.	Adoption & Foster Care Support	Needs Assessment	Fee-for-service	Competitive	2/15/2011	6/30/2013	2.4	$60,500.00	$192,500.00
16229	Agape, Inc.	Adoption & Foster Care Support - South Central	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/20/2008	6/19/2013	5.0	$24,382.36	$159,725.09
16223	Camelot Care Centers, Inc.	Adoption & Foster Care Support - NE Region	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/15/2008	6/14/2013	5.0	$100,833.34	$550,000.00
16224	Children's Home Chambliss Shelter	Adoption & Foster Care Support - SE Region	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/15/2008	6/14/2013	5.0	$55,000.00	$383,333.33
16225	Children's Home Chambliss Shelter	Adoption & Foster Care Support - Hamilton	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/15/2008	6/14/2013	5.0	$30,250.00	$210,833.33
16226	Family And Children's Services, Inc.	Adoption & Foster Care Support - Shelby	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/20/2008	6/19/2013	5.0	$58,773.70	$387,015.53
16230	Family And Children's Services, Inc.	Adoption & Foster Care Support - UC	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/15/2008	6/14/2013	5.0	$23,045.00	$160,616.66
16228	Harmony Adoptions Of Tennessee, Inc.	Adoption & Foster Care Support - East	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/15/2008	6/14/2013	5.0	$86,166.67	$470,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
16221	New Vision, Inc.	Adoption & Foster Care Support - Davidson	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	5/23/2008	5/22/2013	5.0	$34,771.00	$235,119.07
16227	New Vision, Inc.	Adoption & Foster Care Support - MC	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/20/2008	6/19/2013	5.0	$83,653.85	$553,230.77
16431	Mid-West Community Services Agency	Adoption & Foster Care Support - Northwest	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/20/2008	6/19/2013	5.0	$10,170.00	$99,900.00
16429	Tennessee Community Services Agency	Adoption & Foster Care Support - Knox	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/15/2008	6/14/2013	5.0	$22,165.00	$154,483.33
16430	Tennessee Community Services Agency	Adoption & Foster Care Support - Southwest	Needs Assessment - Home Study/PATH	Fee-for-service	Competitive	6/20/2008	6/19/2013	5.0	$22,752.99	$149,051.34
30585	Delegated Contracts	DP - Supplemental Support - Non-reoccurring	Non-recurring Services - medical, legal, transportation, etc.	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$1,002,100.00	$1,002,100.00
30367	Delegated Contracts	DP - Legal Services	Paralegal & other legal services	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$675,000.00	$675,000.00
31773	Exchange Club - Holland J Stephens	Child Abuse Prevention	Parent Support/Education, In-home	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31802	Agape Child And Family Services, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31767	Associated Catholic Charities of East Tennessee	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$40,000.00	$80,000.00
31764	Behavioral Research Institute Inc	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31655	Campbell County Childrens Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$20,600.00	$41,200.00
31632	Catholic Charities Of Tennessee, Inc	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$30,900.00	$61,800.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
31635	Catholic Charities Of Tennessee, Inc	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$30,900.00	$61,800.00
31711	Catholic Charities Of Tennessee, Inc	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31759	Catholic Charities Of Tennessee, Inc	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$40,000.00	$80,000.00
31707	Child & Family Tennessee	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$45,000.00	$90,000.00
31790	Childrens Advocacy Center of Hamilton County	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$40,000.00	$80,000.00
31757	Coffee County Children's Advocacy Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$10,000.00	$20,000.00
31653	Exchange Club Family Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31770	Exchange Club-Carl Perkin Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$18,000.00	$36,000.00
31772	Exchange Club-Carl Perkin Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31669	Florence Crittenton Agency, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31703	Florence Crittenton Agency, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$45,000.00	$90,000.00
31748	Florence Crittenton Agency, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31761	Juniors House, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$10,000.00	$20,000.00
31636	Nashville Childrens Alliance, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$17,000.00	$34,000.00
31709	Nurses for Newborns of Tennessee	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
31657	Prevent Child Abuse Tennessee, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$30,000.00	$60,000.00
31701	Prevent Child Abuse Tennessee, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$34,000.00	$68,000.00
31769	Prevent Child Abuse Tennessee, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
35723	Prevent Child Abuse Tennessee, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	3/15/2013	6/30/2014	1.3	$64,960.00	$189,960.00
31751	Prevent Child Abuse Tennessee, Inc. (Terminated combined 35723)	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31763	Prevent Child Abuse Tennessee, Inc. (Terminated combined 35723)	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$25,000.00	$50,000.00
31775	Tennessee Voices for Children, Inc	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31808	The Center For Family Development	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$37,800.00	$75,600.00
31810	University Of Tennessee	Child Abuse Prevention	Parenting Education	Educational Grant	Educational Grant	7/1/2012	6/30/2014	2.0	$46,400.00	$92,800.00
31812	University Of Tennessee	Child Abuse Prevention	Parenting Education	Educational Grant	Educational Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31713	Exchange Club Family Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31731	Exchange Club-Carl Perkin Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31742	Exchange Club-Carl Perkin Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$14,800.00	$29,600.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
31729	Frontier Health, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31743	Le Bonheur Community Health & Well-Being	Child Abuse Prevention	Parenting Education	Grant	Grant	5/9/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31744	Le Bonheur Community Health & Well-Being	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31746	Memphis Child Advocacy Center	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31717	New Vision, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31715	Prevent Child Abuse Tennessee, Inc.	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
31730	Prevent Child Abuse Tennessee, Inc. (Terminated combined 35723)	Child Abuse Prevention	Parenting Education	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
32283	Associated Catholic Charities of East Tennessee	Child Abuse Prevention	Parenting Education & in-home visitation	Grant	Grant	7/1/2012	6/30/2014	2.0	$50,000.00	$100,000.00
32274	Catholic Charities Of Tennessee, Inc	Child Abuse Prevention	Parenting Education & in-home visitation	Grant	Grant	7/1/2012	6/30/2014	2.0	$40,000.00	$80,000.00
35306	Exchange Club Family Center of the Mid-South	Child Abuse Prevention	Parenting Education, In-Home, Parent Support	Grant	Grant	1/1/2013	12/31/2014	2.0	$50,000.00	$100,000.00
31237	Children's Home Chambliss Shelter	PATH Training	PATH Training	Grant	Grant	5/15/2012	6/30/2014	2.2	$235,000.00	$562,500.00
31197	Family And Children's Services, Inc.	PATH - Shelby, SW, NW & UC	PATH Training	Grant	Grant	5/15/2012	6/30/2014	2.2	$445,000.00	$1,050,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
31184	Harmony Adoptions Of Tennessee, Inc.	PATH Training Smoky, NE, East & Knox	PATH Training	Grant	Grant	5/15/2012	6/30/2014	2.2	$415,000.00	$985,000.00
31199	New Vision, Inc.	PATH - Davidson & MC	PATH Training	Grant	Grant	5/15/2012	6/30/2014	2.2	$280,000.00	$662,500.00
30630	Omni Visions, Inc.	Residential Treatment Services	PBC Residential Out-of-home Services	Delegated Purchase (DP)	Non-competitive	7/1/2012	6/30/2013	1.0	$55,000,000.00	$55,000,000.00
32698	Tennessee Alliance For Children & Families	Technical Assistance	PBC Technical Assistance	Grant	Grant	7/1/2012	6/30/2013	1.0	$75,000.00	$75,000.00
31007	State Of Tennessee	TN Admin Office of the Courts	Peer Advocate for Foster Care Review Board	Interdepartmental Grant	Grant	7/1/2012	6/30/2017	5.0	$55,500.00	$277,500.00
30330	Delegated Contracts	DA - Education & Training Voucher (Independent Living)	Post Secondary Education services & Support	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$873,456.00	$873,456.00
32573	Child & Family Tennessee	Pregnant and Parenting - Knox	Pregnant Prevention	Grant	Grant	7/1/2012	12/31/2012	0.6	$30,000.00	$30,000.00
32978	Martha O'Bryan Center	Tied Together	Prevention services	Grant	Grant	7/1/2012	6/30/2013	1.0	$100,000.00	100,000.00
17384	Tennessee Chapter Of Children's Advocacy Centers	Child Advocacy Center	Promote, assist, development of Child Advocacy Center	Grant	Grant	7/1/2009	6/30/2014	5.0	$257,024.00	$1,285,120.00
24164	Individual Contractor	Assessments - Tennessee Valley Region	Psychological Evaluation & Counseling Services	Fee-for-service	Competitive	11/15/2010	6/30/2015	4.6	$31,000.00	$155,000.00
24608	Florence Crittenton Agency, Inc.	Assessments - Knox	Psychological Services	Fee-for-service	Competitive	7/1/2010	6/30/2015	5.0	$9,000.00	$45,000.00
33978	Children's Advocacy Center of Sullivan County	Child Abuse Prevention	Public Awareness Program	Grant	Grant	7/1/2012	6/30/2014	2.0	$44,300.00	$88,600.00
31118	Harmony Adoptions Of Tennessee, Inc.	Adoption Support and Preservation	Recruitment, Placement & Finalization	Grant	Grant	7/1/2012	6/30/2013	1.0	$3,152,544.00	$3,152,544.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
PBC000045	Alternative Youth Services	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,738,106.50	$2,738,106.50
PBC000046	Camelot Care Centers, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,177,826.00	$2,177,826.00
PBC000072	Camelot Care Centers, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$5,120,640.00	$5,120,640.00
PBC000073	Camelot Care Centers, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,781,350.00	$2,781,350.00
PBC000047	Centerstone Community Mental Health Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,039,485.50	$2,039,485.50
PBC000074	Centerstone Community Mental Health Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$3,052,480.00	$3,052,480.00
PBC000048	CFT Continuum Services, LLC	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$757,408.65	$757,408.65
PBC000049	ChildHelp USA	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,343,784.00	$1,343,784.00
PBC000050	Children's Home Chambliss Shelter	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$947,613.00	$947,613.00
PBC000051	Counseling & Consultation Services, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,307,075.00	$2,307,075.00
30634	Delegated Contracts	DA - Performance Base Contract (PBC)	Residential Care	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$79,439,000.00	$79,439,000.00
PBC000052	Florence Crittenton Agency, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$3,973,474.50	$3,973,474.50
PBC000053	Freewill Baptist Home for Children, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,987,595.15	$2,987,595.15
PBC000054	Frontier Health, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,568,564.20	$2,568,564.20

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
PBC000055	Goodwill Homes Community Services, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$804,005.50	$804,005.50
PBC000056	Helen Ross McNabb Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,852,232.50	$1,852,232.50
PBC000075	Helen Ross McNabb Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$3,012,000.00	$3,012,000.00
PBC000057	Holston United Methodist Home for Children, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,179,763.10	$2,179,763.10
PBC000076	Holston United Methodist Home for Children, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,165,555.00	$2,165,555.00
PBC000058	Keys Group Holdings, LLC	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$4,657,231.00	$4,657,231.50
PBC000077	Keys Group Holdings, LLC	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,507,500.00	$1,507,500.00
PBC000059	Kings' Daughters School, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$3,311,020.00	$3,311,020.00
PBC000060	Memphis Recovery Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,003,875.00	$2,003,875.00
PBC000061	Middle Tennessee Collaborative	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$3,382,491.50	$3,382,491.50
PBC000062	New Vision Fellowship, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,589,004.50	$1,589,004.50
PBC000063	Parkridge Medical Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,146,055.00	$2,146,055.00
PBC000078	Parkridge Medical Center, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$4,277,100.00	$4,277,100.00
PBC000064	Partnership for Families & Children, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$838,965.00	$838,965.00
PBC000065	Porter Leath, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,179,716.50	$1,179,716.50

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
PBC00006 6	Smoky Mountains Childrens Home, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,120,030.50	$1,120,030.50
PBC00007 9	Smoky Mountains Childrens Home, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$3,919,940.00	$3,919,940.00
PBC00006 7	Tennessee Children's Home, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,356,455.00	$2,356,455.00
PBC00006 8	Upper Cumberland Human Resource Agency	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$1,785,945.00	$1,785,945.00
PBC00006 9	Wayne Halfway House, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$2,288,929.60	$2,288,929.60
30631	Youth Villages, Inc.	Residential Treatment Services	Residential Care	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$47,000,000.00	$47,000,000.00
PBC00007 0	Youthtown of Tennessee, Inc.	PBC - Residential Treatment	Residential Care	Fee-for-service	Rate set by level	7/1/2012	6/30/2013	1.0	$220,522.50	$220,522.50
30458	Childrens Advocacy Center	SSBG	Sex Abuse	Grant	Grant	7/1/2012	6/30/2013	1.0	$42,500.00	$42,500.00
30457	Exchange Club-Carl Perkin Center	SSBG	Sex Abuse	Grant	Grant	7/1/2012	6/30/2013	1.0	$42,500.00	$42,500.00
30459	Nashville Children's Alliance, Inc.	SSBG	Sex Abuse	Grant	Grant	7/1/2012	6/30/2013	1.0	$35,665.00	$35,665.00
30460	Childrens Advocacy Center of Sullivan County	SSBG	Sex Abuse Assessment & Counseling	Grant	Grant	7/1/2012	6/30/2013	1.0	$42,500.00	$42,500.00
30454	Memphis Child Advocacy Center	SSBG	Sex Abuse Assessment & Counseling	Grant	Grant	7/1/2012	6/30/2013	1.0	$55,250.00	$55,250.00
31866	Exchange Club-Carl Perkin Center	Therapeutic Visitation	Supervised Visitation	Grant	Grant	7/1/2012	6/30/2013	1.0	$50,000.00	$50,000.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
30237	East Tennessee State University Center of Excellence	Prevention	Teen Outreach Program	Educational Grant	Grant	2/1/2012	9/30/2013	1.9	$33,509.00	$50,043.00
31562	Florence Crittenton Agency, Inc.	Prevention	Teen Outreach Program	Grant	Grant	2/1/2012	9/30/2013	1.8	$35,308.00	$67,800.00
33464	Group Effort Foundation	Prevention	Teen Outreach Program	Grant	Grant	2/1/2012	9/30/2013	1.8	$9,520.00	$28,000.00
33091	Monroe Harding, Inc.	Prevention	Teen Outreach Program	Grant	Grant	2/1/2012	9/20/2013	1.8	$17,800.00	$35,600.00
33984	Omni Visions, Inc.	Independent Living	Teen Outreach Program	Grant	Grant	9/24/2012	9/30/2013	1.0	$33,800.00	$37,900.00
34653	Porter Leath, Inc.	Independent Living	Teen Outreach Program	Grant	Grant	11/15/2012	9/30/2013	1.0	$28,000.00	$28,000.00
33562	Smoky Mountains Childrens Home, Inc.	Prevention	Teen Outreach Program	Grant	Grant	2/1/2011	8/30/2013	1.7	$48,710.00	$75,850.00
29075	University Of Tennessee	Prevention	Teen Outreach Program	Educational Grant	Grant	10/1/2011	9/30/2013	2.0	$602,082.00	$1,204,164.00
32048	Upper Cumberland Human Resource Agency	Prevention	Teen Outreach Program	Grant	Grant	2/1/2012	9/30/2013	1.8	$23,924.00	$56,000.00
30232	Vanderbilt University, Inc.	Prevention	Teen Outreach Program	Grant	Grant	2/1/2012	9/30/2013	1.8	$25,199.00	$56,586.00
17265	Tennessee Family and Child Alliance	Non-custodial Services	Therapeutic Family Preservation - MC	Fee-for-service	Competitive	6/15/2009	6/14/2014	5.0	$686,449.91	$3,373,480.00
16217	Alliance for Quality Child Care	Non-custodial Services	Therapeutic Family Preservation - Upper Cumberland	Fee-for-service	Competitive	1/1/2008	8/31/2012	4.8	$92,310.00	$3,133,200.00
16246	Tennessee Family and Child Alliance	Non-custodial Services	Therapeutic Family Preservation - Davidson Region	Fee-for-service	Competitive	8/1/2009	7/31/2014	5.0	$340,000.00	$1,675,000.00
16240	Foothills Care, Inc.	Non-custodial Services	Therapeutic Family Preservation - East Region	Fee-for-service	Competitive	6/15/2009	6/14/2014	5.0	$467,500.00	$2,267,000.00
16247	Family Menders	Non-custodial Services	Therapeutic Family Preservation - Hamilton Region	Fee-for-service	Competitive	7/1/2009	6/30/2014	5.0	$200,000.00	$1,000,000.00
17476	Foothills Care, Inc.	Non-custodial Services	Therapeutic Family Preservation - Knox	Fee-for-service	Competitive	7/1/2009	6/30/2014	5.0	$590,000.00	$2,900,000.00
16241	Community Impact Alliance, LLC	Non-custodial Services	Therapeutic Family Preservation - Northeast	Fee-for-service	Competitive	6/15/2009	6/14/2014	5.0	$512,500.00	$2,605,585.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
33216	Health Connect America, Inc.	Needs Assessment	Therapeutic Family Preservation - Northwest	Fee-for-service	Competitive	9/1/2012	6/30/2017	4.1	$393,664.18	$2,361,985.00
33510	SS Wolfe Counseling	Non-custodial Services	Therapeutic Family Preservation - Northwest	Fee-for-service	Competitive	9/1/2012	6/30/2017	4.1	$310,000.00	$1,550,000.00
16216	SS Wolfe Counseling	Non-custodial Services	Therapeutic Family Preservation - NW	Fee-for-service	Competitive	1/1/2008	8/31/2012	4.8	$43,750.00	$1,550,000.00
16248	Exchange Club Family Center - Mid-South	Non-custodial Services	Therapeutic Family Preservation - Shelby Region	Fee-for-service	Competitive	8/1/2009	7/31/2014	5.0	$650,000.00	$3,150,000.00
16250	Child & Family Tennessee	Non-custodial Services	Therapeutic Family Preservation - Smoky Mountain Region	Fee-for-service	Competitive	7/1/2009	6/30/2014	5.0	$420,000.00	$2,100,000.00
16245	Tennessee Family and Child Alliance	Non-custodial Services	Therapeutic Family Preservation - South Central	Fee-for-service	Competitive	8/1/2009	7/31/2014	5.0	$445,000.00	$2,187,500.00
16244	Family Menders	Non-custodial Services	Therapeutic Family Preservation - Southeast	Fee-for-service	Competitive	7/1/2009	6/30/2014	5.0	$118,000.00	$590,000.00
17365	SS Wolfe Counseling	Non-custodial Services	Therapeutic Family Preservation - Southwest	Fee-for-service	Competitive	8/1/2009	7/31/2014	5.0	$420,000.00	$2,040,000.00
26356	Tennessee Department of Education	TennCare Reimburseme nt	TN Early Intervention Services	ID	Grant	7/1/2011	6/30/2016	5.0	$15,000,000.00	$75,000,000.00
30555	Delegated Contracts	DA - Pre Service Foster & Adoptive Parent Training	Training	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$35,000.00	$35,000.00
35493	Individual Contractor	Education	Training	Fee-for-service	Non-competitive	3/1/2013	6/30/2013	0.4	$4,000.00	$4,000.00
35494	Individual Contractor	Education	Training	Fee-for-service	Non-competitive	3/1/2013	6/30/2013	0.4	$4,000.00	$4,000.00
33087	Stan B. Walters & Associates, Inc.	Child Interviewing Techniques	Training - CPS Investigations	Fee-for-service	Competitive	8/1/2012	6/30/2017	4.1	$47,000.00	$235,000.00
33817	Northwest Media, Inc	Training	Training Foster Parents	Fee-for-service	Non-competitive	10/1/2012	6/30/2013	0.9	$5,000.00	$5,000.00
30244	Weakley County Juvenile Court	Custody Prevention	Truancy services	Governmental Grant	Grant	7/1/2012	6/30/2013	1.0	$62,747.00	$62,747.00
35373	Maurer & Gardner, PLLC	Legal Services	Trust Accounts	Fee-for-service	Non-competitive	2/6/2013	6/30/2017	4.5	$2,500.00	$22,500.00
UL3000285	Acadia Village, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$136,875.00	$136,875.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
U3C00009 6	Camelot Care Centers, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$73,000.00	$73,000.00
U3C00009 8	Camelot Care Centers, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	9/4/2012	6/30/2013	0.10	$60,000.00	$60,000.00
U3C00009 9	Camelot Care Centers, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	8/23/2012	2/23/2013	0.60	$30,800.00	$62,400.00
UL3000280	Centerstone Community Mental Health Center, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$73,000.00	$73,000.00
UL3000295	Compassionat e Care Adult Services	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/29/2012	6/30/2013	1.0	$96,045.00	$96,045.00
UL3000296	Compassionat e Care Adult Services	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	12/31/201 2	0.6	$62,650.00	$62,650.00
UL3000315	Compassionat e Care Adult Services	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	2/25/2013	6/30/2013	0.5	$8,835.00	$8,835.00
30931	Delegated Contracts	DA - Highly Specialized & Post Adoptive Res Care & Treatment	Unique Care Services	Delegated Authority (DA)	Delegated Authority (DA)	7/1/2012	6/30/2013	1.0	$6,000,000.00	$6,000,000.00
U3C00012 0	Holston United Methodist Home for Children, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	9/17/2012	6/30/2013	0.9	$51,660.00	$51,660.00
UL3000313	Indian Oaks Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	2/6/2013	6/30/2013	0.5	$71,775.00	$71,775.00
U3SN0003 0	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/202	12/31/201 2	0.6	$57,408.00	$57,408.00
UL3000282	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$113,880.00	$113,880.00
UL3000283	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$147,825.00	$147,825.00
UL3000284	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$109,500.00	$109,500.00
UL3000292	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$113,880.00	$113,880.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
UL3000293	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$109,500.00	$109,500.00
UL3000297	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	8/27/2012	2/27/2013	0.7	$92,400.00	$92,400.00
UL3000298	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	8/15/2012	6/30/2013	1.0	$96,000.00	$96,000.00
UL3000304	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	10/4/2012	6/30/2013	0.8	$81,000.00	$81,000.00
UL3000306	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	10/19/2012	6/30/2013	0.8	$76,500.00	$76,500.00
UL3000307	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$109,500.00	$109,500.00
UL3000308	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	11/28/2012	6/30/2013	0.7	$64,500.00	$64,500.00
UL3000312	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	1/15/2013	6/30/2013	0.6	$50,100.00	$50,100.00
UL3000316	Kings' Daughters School, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	2/19/2013	6/30/2013	0.5	$39,600.00	$39,600.00
UL4000123	Laurel Heights Hospital	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$237,250.00	$237,250.00
UL4000124	Laurel Heights Hospital	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	8/3/2012	8/31/2012	0.1	$13,775.00	$13,775.00
UL3000291	National Deaf Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$228,125.00	$228,125.00
UL3000289	Norris Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	9/30/2012	0.3	$51,980.00	$51,980.00
UL3000294	Norris Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$206,590.00	$206,590.00
U3SN00031	Omni Visions, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	8/15/2012	8/16/2012	2 days	$539.90	$539.90
UL3000286	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$109,500.00	$109,500.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
UL3000287	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$206,225.00	$206,225.00
UL3000299	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	9/17/2012	6/30/2013	0.9	$162,155.00	$162,155.00
UL3000300	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	9/21/2012	6/30/2013	0.10	$130,180.00	$130,180.00
UL3000302	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	10/16/2012	6/30/2013	0.8	$145,770.00	$145,770.00
UL3000303	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	9/13/2012	10/4/2012	0.01	$10,488.00	$10,488.00
UL3000309	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	10/4/2012	6/30/2013	0.9	$152,550.00	$152,550.00
UL3000310	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	12/20/2012	6/30/2013	0.7	$109,045.00	$109,045.00
UL3000311	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	1/3/2013	3/31/2013	0.3	$49,720.00	$49,720.00
UL3000314	Sequel Schools DBA Kingston Academy	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	2/1/2013	6/30/2013	0.6	$69,000.00	$69,000.00
UL2000200	Smoky Mountains Childrens Home, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	6/30/2013	1.0	$73,000.00	$73,000.00
UL4000125	UHS of Lakeside, LLC	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	07/27/202	7/30/2012	0.1	$1,275.00	$1,275.00
UL4000126	UHS of Lakeside, LLC	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	12/27/2012	3/31/2013	0.3	$40,375.00	$40,375.00
UL4000127	UHS of Lakeside, LLC	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	12/23/2012	1/25/2013	0.1	$14,450.00	$8,925.00

Contract	Vendor Name	Program Description	Service Type	Contract Type	Procurement Method	Begin Date	End Date	Duration	FY - 2013	Max. Amt
UL3000317	Village Behavioral Health, LLC	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	3/1/2013	6/30/2013	0.4	$45,750.00	$45,750.00
U4S000051	Youth Villages, Inc.	Residential Treatment Services	Unique Care Services	Fee-for-service	Non-competitive	7/1/2012	9/28/2012	0.3	$63,000.00	$63,000.00
17214	Memphis Child Advocacy Center	Child Advocacy Center	Web-Based Tracking System	Grant	Grant	7/1/2009	6/30/2014	5.0	$35,000.00	$175,000.00
30586	Delegated Contracts	DP - Supplemental Support Wrap Around	Wrap Around Services	Delegated Purchase (DP)	Delegated Purchase (DP)	7/1/2012	6/30/2013	1.0	$1,535,000.00	$1,535,000.00

APPENDIX P

Flex Funds Budget

This appendix presents tables showing the Department's flex fund budget and expenditures, by region, for fiscal year 2011-12 and the budget, by region, for fiscal year 2012-13. The first table presents the custodial and non-custodial flex funds budget and expenditures for 2011-12,[17] and the second table presents the custodial and non-custodial flex funds budget for 2012-13.[18]

FY 2011-12	**Custodial**		**Non-Custodial**	
	Budget	*Expenditures*	*Budget*	*Expenditures*
Davidson	280,600	328,684	659,500	592,407
East	235,700	196,123	554,100	243,304
Hamilton	164,800	87,323	387,400	97,263
Knox	248,700	332,629	584,500	485,128
Mid-Cumberland	527,000	502,771	1,238,800	416,881
Northeast	276,800	377,854	650,600	435,303
Northwest	126,400	128,181	297,100	206,938
Shelby	526,200	339,509	1,236,900	422,953
Smoky Mountain	278,000	366,252	653,400	58,444
South Central	246,300	152,290	578,900	122,912
Southeast	180,900	105,776	425,400	139,952
Southwest	194,200	168,445	456,500	223,397
Upper Cumberland	203,900	228,740	479,400	302,131
Central Office	--	--	--	2,977
Total	**3,489,500**	**3,314,577**	**8,202,500**	**3,749,990**

[17] The flex funds budgets for Education and Independent Living spending are figured separately and not included in these tables. The 2012 and 2013 budgets are as follows: Education, $1,350,000.00 and Independent Living, $1,281,900.00. In 2012, the expenditures totaled: Education, $1,246,959.00 and Independent Living, $420,375.40 (the other Independent Living monies are statewide funds for transitional living services through a contract with a private provider agency and for staffing, and are in addition to the aforementioned total expenditures).

[18] The TAC will report on flex funds expenditures for fiscal year 2012-13 in the next monitoring report.

FY 2012-13	Custodial		Non-Custodial	
	Budget	*Expenditures*	*Budget*[19]	*Expenditures*
Davidson	240,800	--	463,700	--
East	190,300	--	366,600	--
Knox	223,200	--	429,800	--
Mid-Cumberland	476,600	--	917,700	--
Northeast	247,900	--	477,400	--
Northwest	111,400	--	214,500	--
Shelby	492,500	--	948,300	--
Smoky Mountain	269,700	--	519,500	--
South Central	215,800	--	415,700	--
Southwest	172,400	--	332,000	--
Tennessee Valley	323,000	--	622,000	--
Upper Cumberland	209,000	--	402,500	--
Total	**3,172,600**	**--**	**6,109,700**	--

[19] The budget for Family Support Services Network was reduced by $729,200.00 from fiscal year 2012 to fiscal year 2013.

APPENDIX Q

Program Accountability Review
Fiscal Year 2011-12 Performance Based Contracts
Annual Report
and Monitoring Guides

Date Issued: December 13, 2012

Program Accountability Review Annual Report for Performance Based Contracts (PBC)

Fiscal Year 2011-2012

The Department of Children's Services
Office of Performance Excellence

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PAR Monitoring Guides

I. Introduction

This is the Fiscal Year 2011-12 annual report of activities and findings for Performance Based Contract (PBC) providers and subcontractors by the Tennessee Department of Children's Services, Office of Performance Excellence, Program Accountability Review (PAR) team. PBC private provider performances are monitored annually. PAR conducts on-site reviews to evaluate services provided to DCS custodial children and their families. The reviews assess adherence to: the DCS contract, DCS Provider Policy, and DCS Policies. The attached report shows statewide areas of strengths and weakness, which may be improved through additional trainings and consults from DCS staff and Community Partners.

Beginning the FY 2011-12, PAR partnered with the Vanderbilt University Center of Excellence (VU COE) to develop a collaborative monitoring and consultation process that has resulted in:

a). Fewer on-site monitoring visits for providers;
b). Use of data driven results and recognized quality measures; and
c). The most efficient use of available resources.

The focus of this partnership is to strengthen PAR monitoring and reporting methods, while emphasizing consultative and constructive interactions with Providers. Additional strengths of the partnership with VU COE include improved methods to better organize, maintain, and report data collected, as well as the incorporation of quality CANS consistency measures, modeled from the previous VU ASQ review process.

The following data are results of PAR reports issued FY 2011-12 for each agency. PAR reports are distributed at the time of issuance and stored for general access on the Integrated Monitoring Drive. Each area of service included in this report (Staffing and Caseloads, Scopes, Background Checks, Qualifications, etc.) is referred to as an "Indicator" of service provision, and represents a grouping of related review "Items" of service provision. Likewise, a group of related "Indicators" represents a "Domain" of service (Agency Level, Personnel, Well Being, CANS Consistency). Data or "Items" informing the graphs for each "Indicator" are results from on-site monitoring activities of agency records and documentation. Monitoring data is recorded through use of PAR monitoring guides (or tools). Monitoring questions and responses are recorded in the VU COE Research Electronic Database Capture (REDCap) software consortium; and are specific and consistent for each agency reviewed. The annual report and individual agency reports include numbered references to the specific guide "Items" informing each "Indicator" and graph. The references are listed in the "Figure" description preceding each graph. PAR monitoring guides, including numbered "items", are attached as supplements to view the elements of data presented within this report.

Please note some "Indicators" of service included in individual PAR agency reports are not included in this annual report. The "Indicators" included in this report are PAR primary review "Indicators" of agency performance. As the FY 2011-12 is the first year for use of the PAR-ASQ method of scoring agency performance, we hope that with the next years of data collection and skills building, PAR will develop and offer to the Department a tool for assessing not only current need for correction and improvement, but also a means for trending both agency level and system level function for targeted areas of performance.

III. Monitoring Activities

Agency Name	Resource Parent	# of Children Reviewed	# of Personnel Reviewed
Provider Agency 1	21	25	18
Provider Agency 2	N/A	5	5
Provider Agency 3	8	8	7
Provider Agency 4	2	8	12
Provider Agency 5	7	10	9
Provider Agency 6	5	10	13
Provider Agency 7	7	11	13
Provider Agency 8	7	9	6
Provider Agency 9	6	11	20
Provider Agency 10	5	10	15
Provider Agency 11	N/A	5	11
Provider Agency 12	9	10	5
Provider Agency 13	N/A	5	7
Provider Agency 14	N/A	10	10
Provider Agency 15	N/A	15	18
Provider Agency 16	N/A	5	6
Provider Agency 17	N/A	5	7
Provider Agency 18	13	25	25
TOTAL	**90**	**187**	**207**

IV. Results

A. Agency Level Domain

The agency level domain includes the "Staffing and Caseloads" and "Scopes" Indicators. "Staffing and Caseloads" are reviewed for compliance to specific case management level and supervision requirements. "Scopes" is an Indicator addressing contract level scopes of service requirements. Not all service types are clearly appropriate for the "Scopes" measure of scoring. Agencies without a graphed response were not scored in this Indicator. The following graphs display positive ratings for the evidence of compliance with specific standards of supervision and level specific care.

Figure 1 Staffing and Caseloads – (monitoring guide items sto1-sto5) – evidence of compliance with caseload and supervision standards statewide.

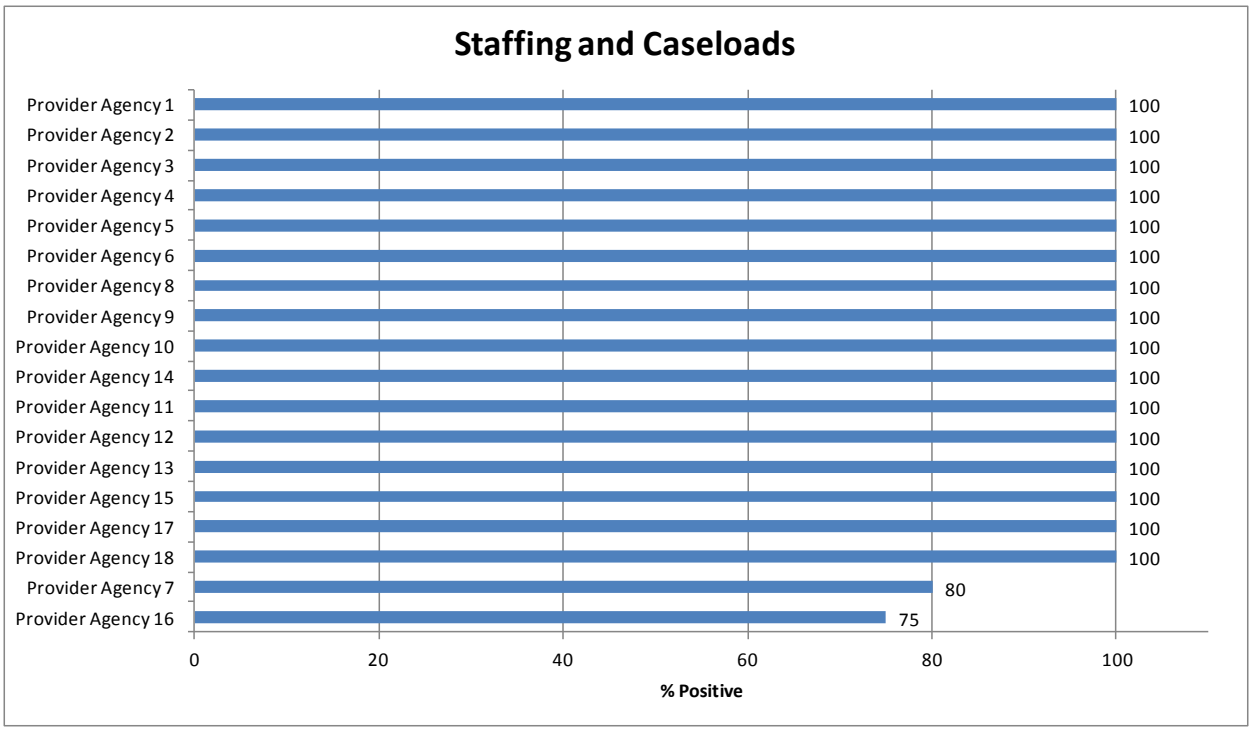
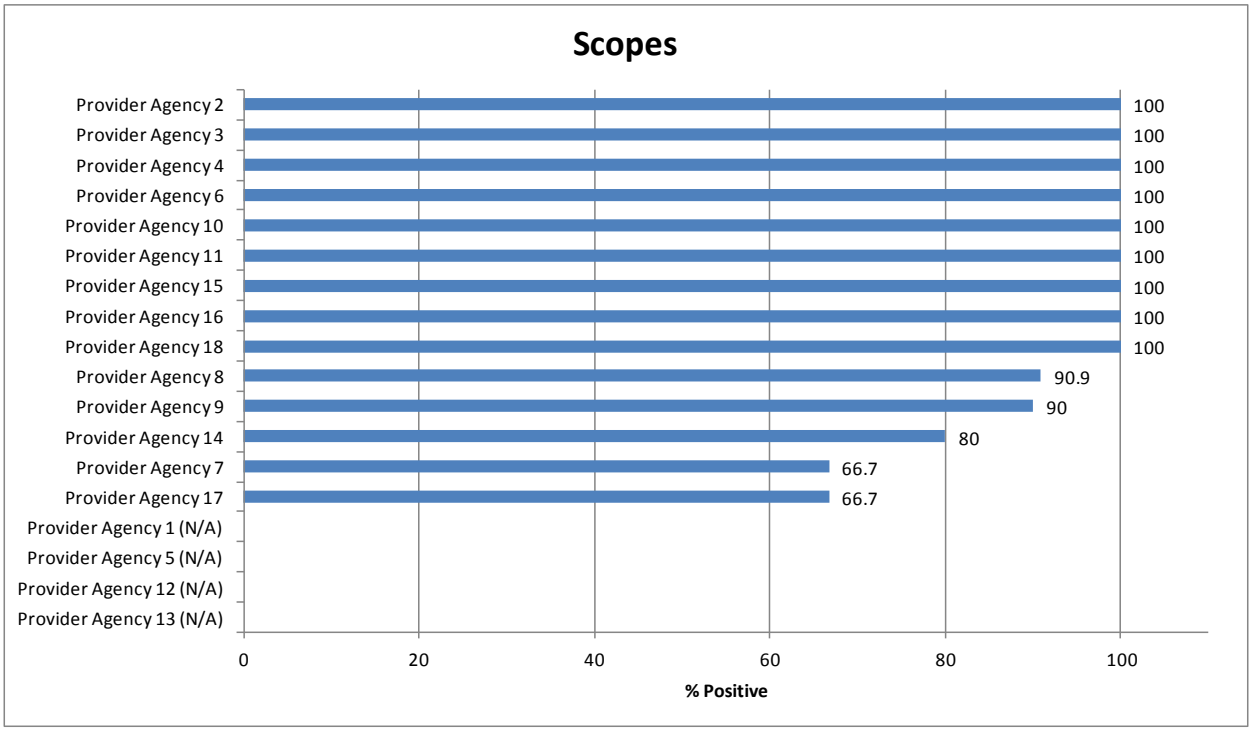


Figure 2 Scopes - (monitoring guide items sco1-sco20) – evidence to show that the agency meets level specific standards of care. Agencies with no measurable percentage rating did not have applicable level of scopes.



B. Personnel Domain

The Personnel domain includes the "Background Checks", "Qualifications", "Job Training", and "Resource Parents" Indicators. The first three Indicators address: staff and volunteer pre-hire; on-going qualifications; and preparedness for the job. PAR does monitor staff background checks in coordination with DCS RHET, but does not duplicate items of RHET review. PAR review of staff personnel records also includes competency testing (post training) for case managers and annual performance evaluation for all staff. The "Resource Parent" Indicator consists of a review of resource parent initial and on-going training, as well as regular assessment of safety features of the home. The following graphs display evidence of compliance with specific requirements for these Indicators. Agencies without foster care services were not rated in this Indicator.

Figure 3 Background Checks – (monitoring guide items bc1-bc6, bca1-bca5) – evidence that required background checks were completed. Agencies with no measurable percentage rating did not have applicable background checks.

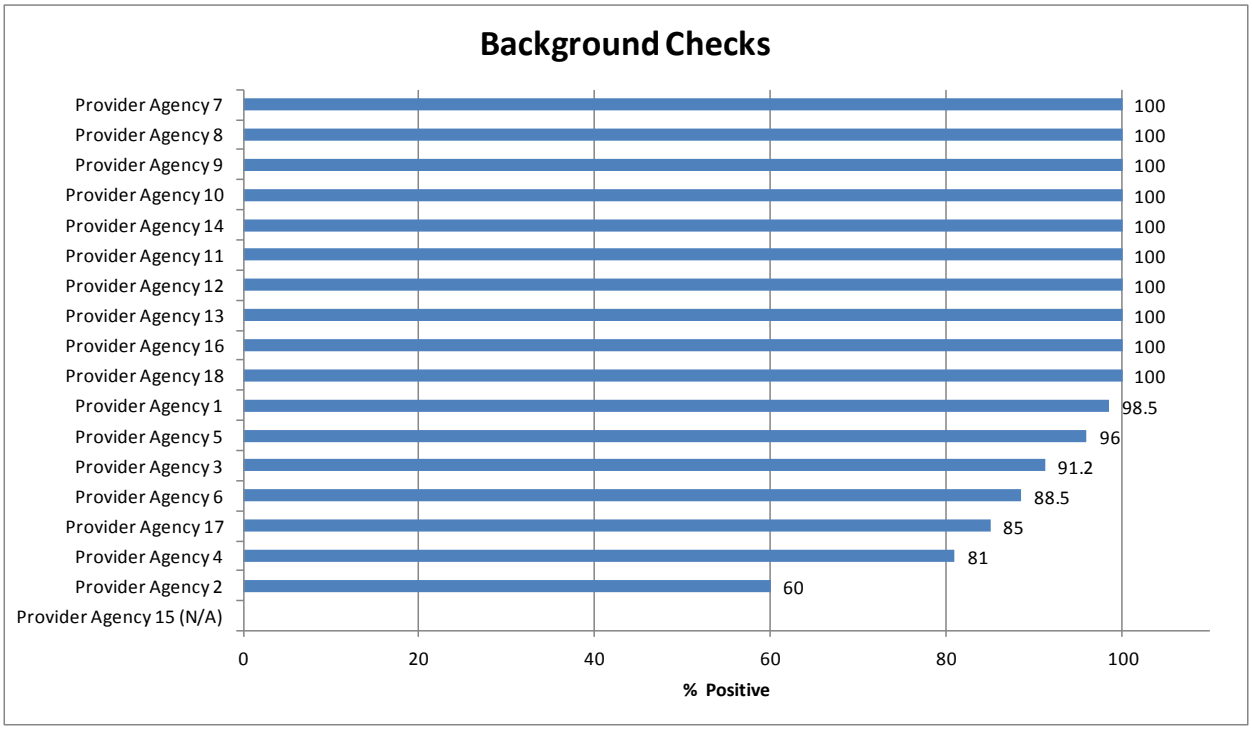


Figure 4 Qualifications – (monitoring guide items jr1-jr3) – evidence that all necessary job qualification requirements were met.

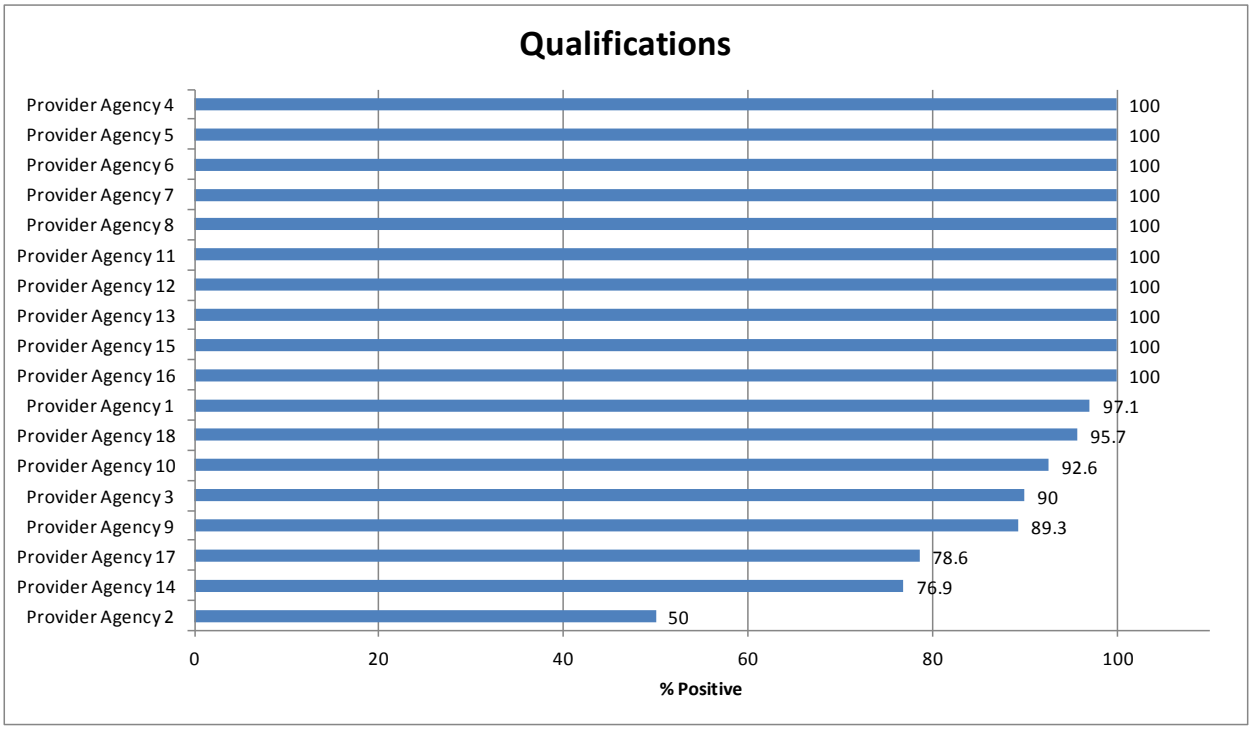


Figure 5 Job Training – (monitoring guide items tdc1-tdc17, tcm1-tcm16, cms1-cms5) – evidence to show that job training requirements have been met.

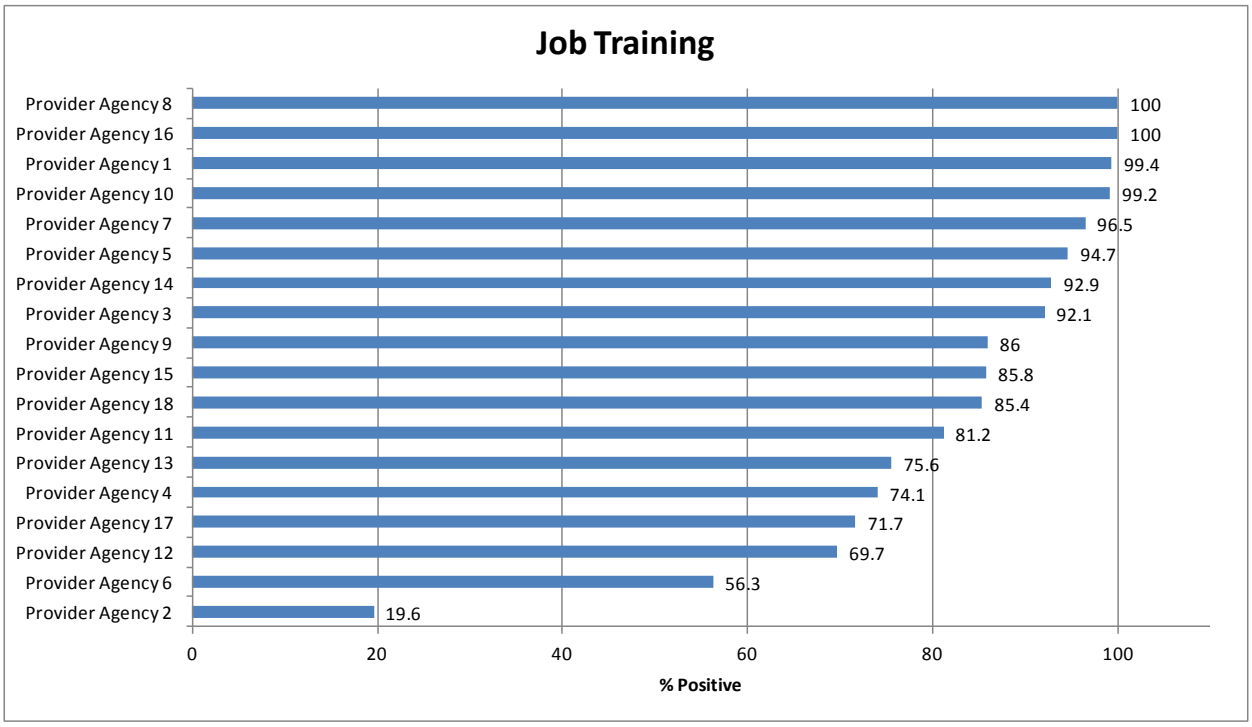
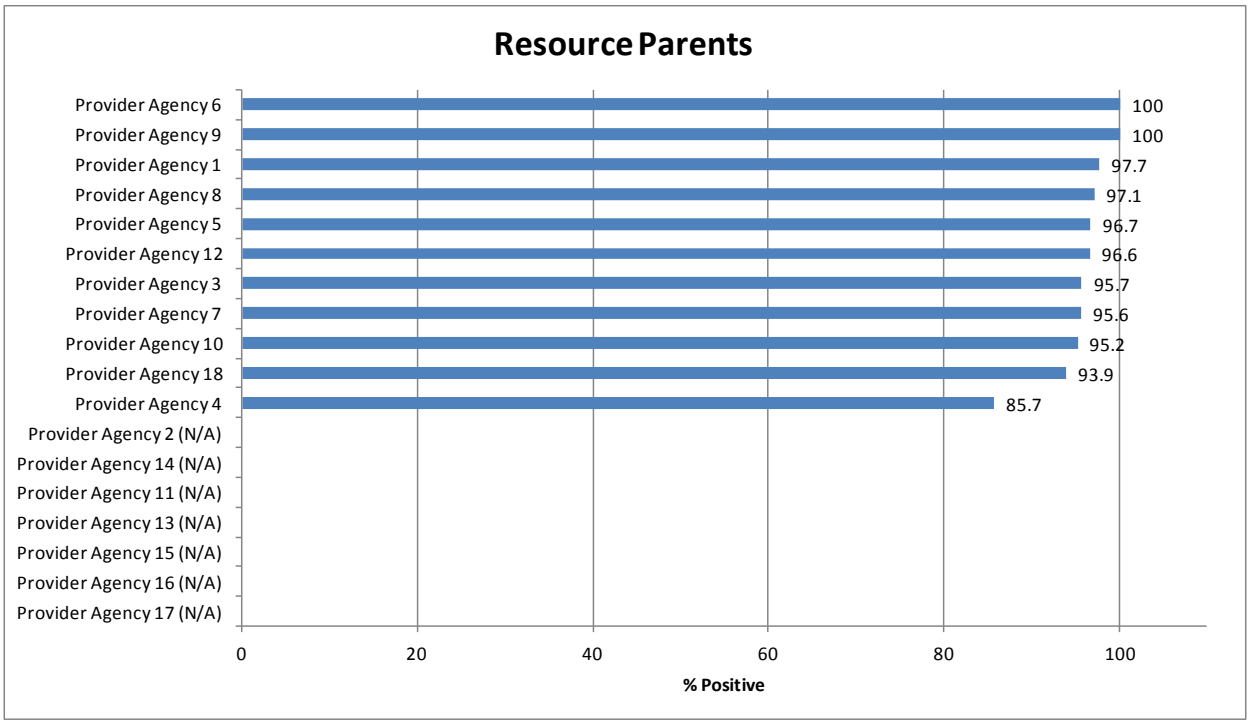


Figure 6 Resource Parents – (monitoring guide items rp1-rp15) – evidence that training and home safety standards for resource parents were met. Agencies with no measurable percentage rating did not offer foster care services.



C. Well-Being Domain

The Well-Being Domain includes the "Health Services Provision," "Independent Living," and "Transitional Living" Indicators. "Health Services Provision" focuses on agency compliance with needed client health services, as directed by the child's latest Early Periodic Screening, Diagnosis, and Treatment Standards (EPSDT); signed consent and regular medical evaluation for the use of psychotropic medication, and safe and documented medication administration. "Independent Living" and "Transitional Living" is monitor for treatment services to address assessed needs for age appropriate youth. Agencies where age appropriate (17 years) clients were not sampled for review were not rated for the "Transitional Living" Indicator.

Figure 7 Health Services Provision – (monitoring guide items hsp1-8) – evidence that the agency followed through with EPSD&T recommendations for medical services and that medication standards were met.

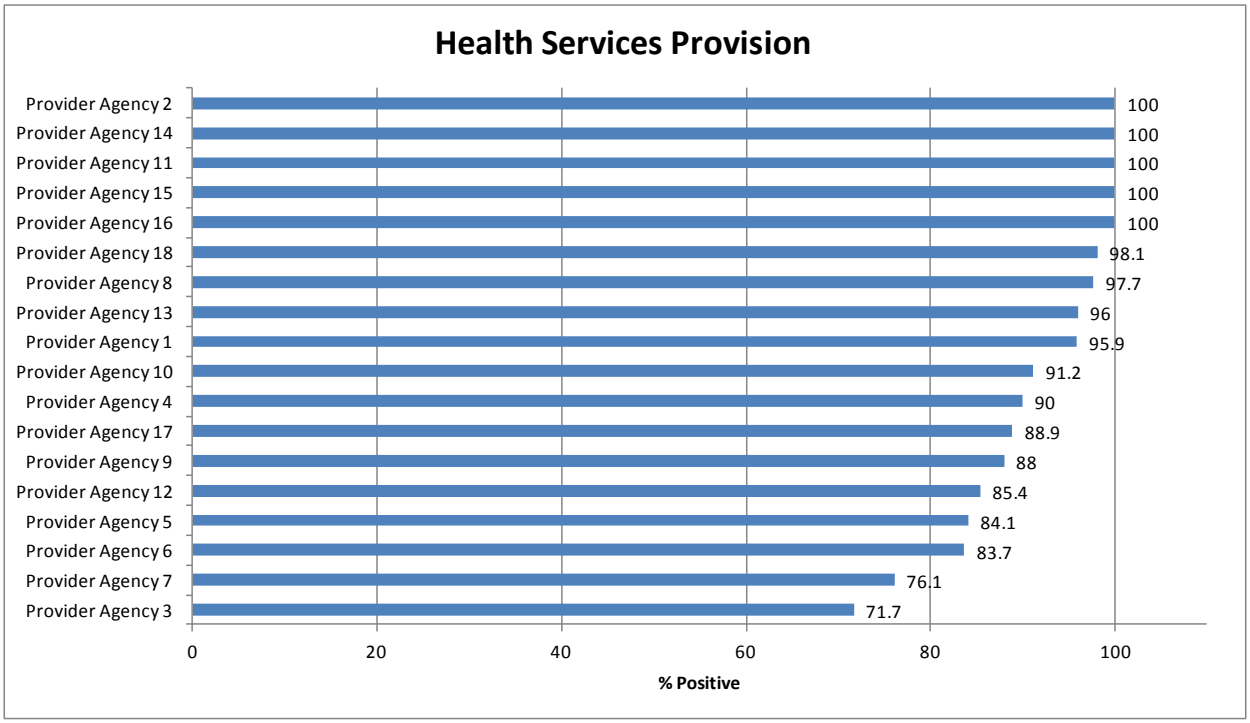


Figure 8 Independent Living - (monitoring guide items il1-il4) – evidence that services address independent living needs for age appropriate youth 14-16 years.

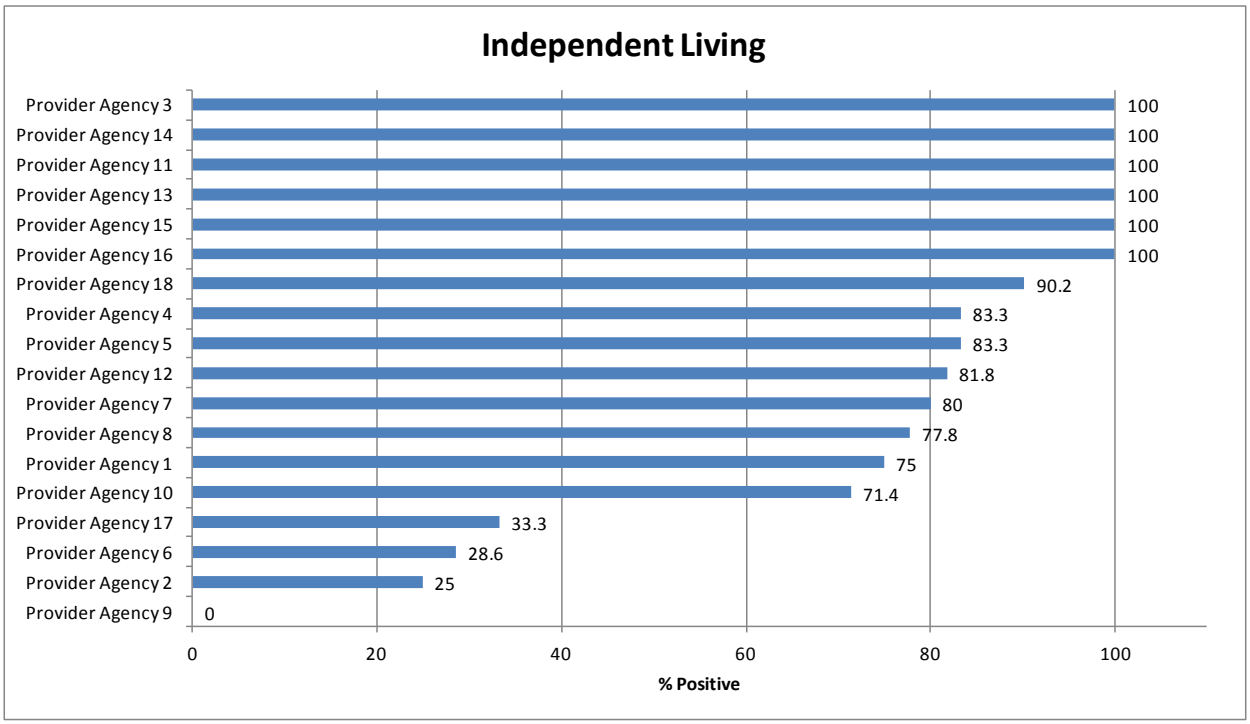
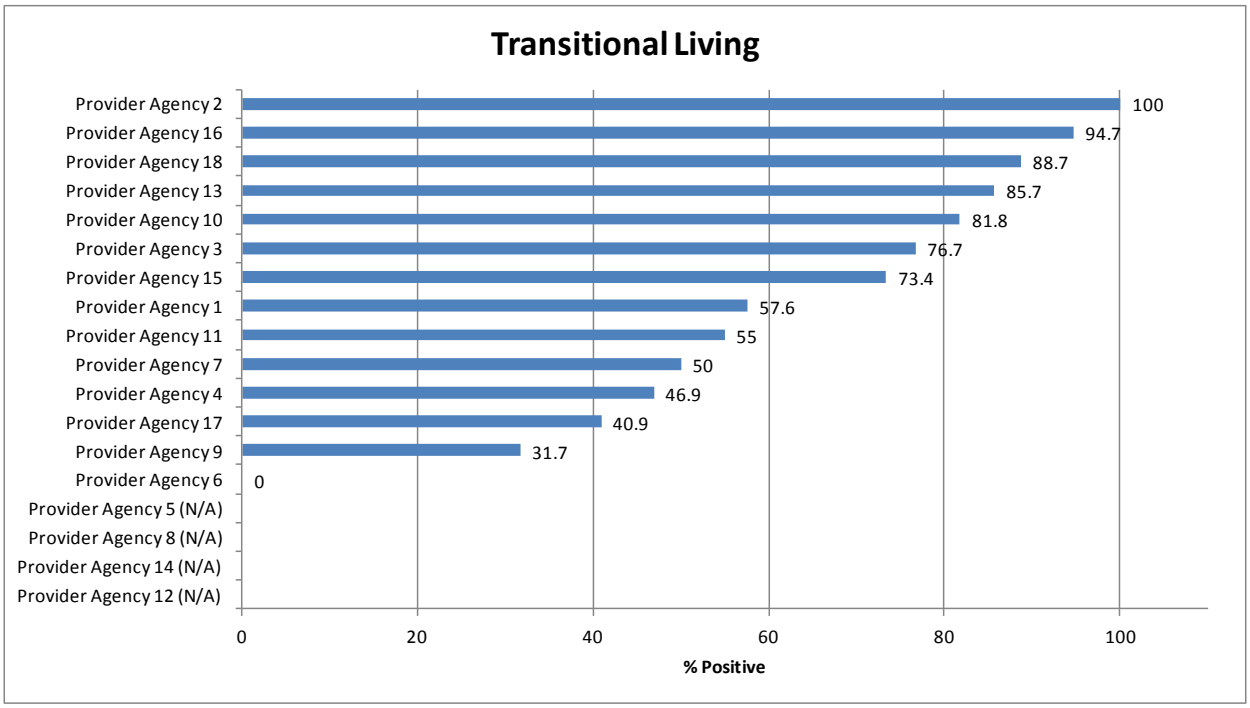


Figure 9 Transitional Living - (monitoring guide items tl1-tl11) – evidence that services address the transitional living needs for age appropriate youth 17 and older. Agencies with no measurable percentage rating did not have clients requiring this service.



D. Child Adolescent Needs and Strengths (CANS) Consistency Domain

The CANS Consistency Domain includes: "Teaming," "Planning," "Implementation," and "Tracking and Adaptation" Indicators. Ratings evaluate the extent to which there is evidence that the assessed CANS needs and strengths for the child and family are addressed with a treatment team approach (including the family and the DCS- Family Service Worker (FSW); are included in treatment planning; are addressed with clear multi-faceted treatment services; and that treatment is adjusted regularly to adapt to the progress and continuing needs of the child. The following graphs display the percentage of items rated as "No evidence of a need to improve."

Figure 10 Teaming - (actionable CANS items on CC monitoring guide) – Extent to which efforts to engage the child and family treatment team, including but not limited to the DCS Family Service Worker (FSW), are consistent with actionable child and family needs and strengths.

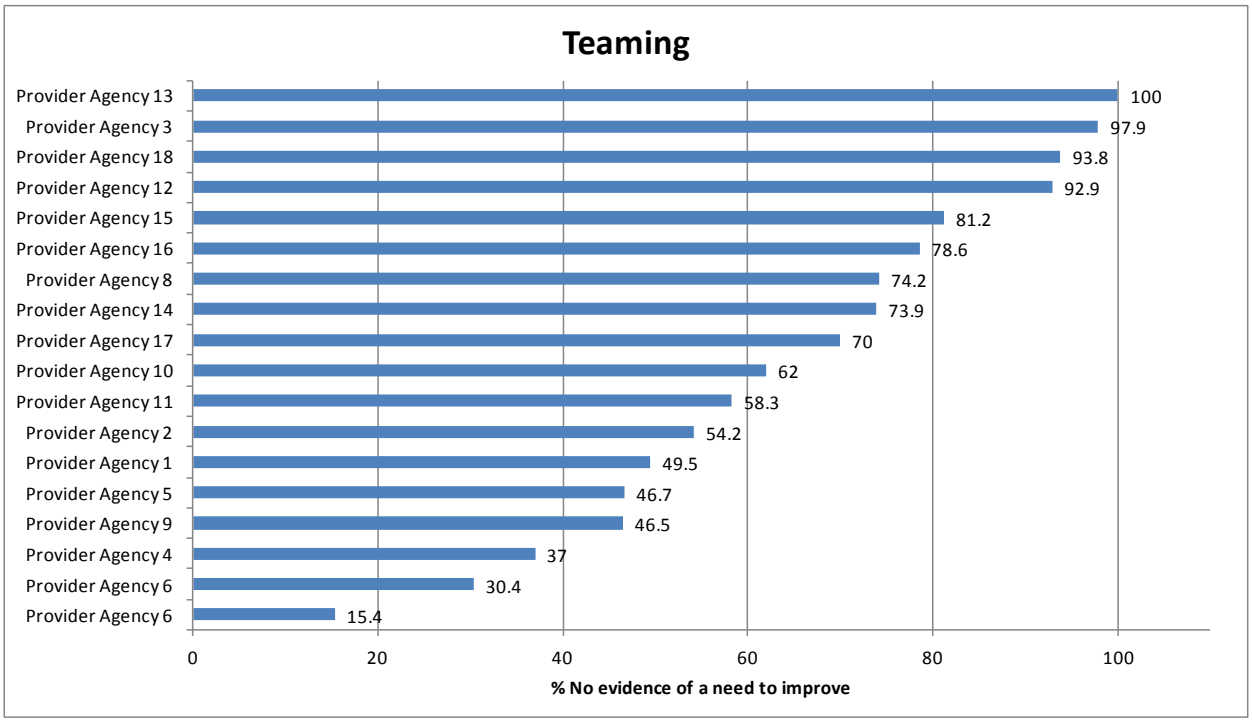


Figure 11 Planning – (actionable CANS items on CC monitoring guide) – Extent to which the planning of treatment interventions address actionable child and family needs and strengths.

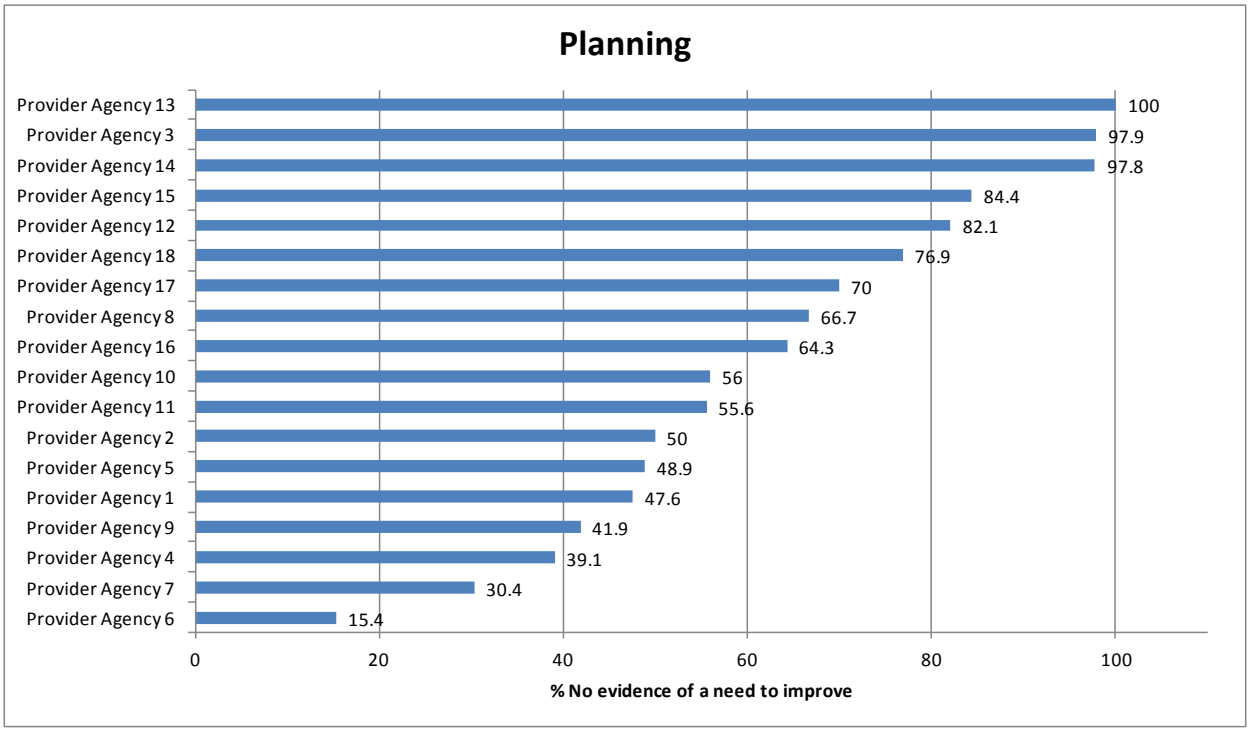


Figure 12 Implementation – (actionable CANS items on CC monitoring guide) – Extent to which the planned interventions delivered are consistent with CANS-identified child and family needs and strengths.

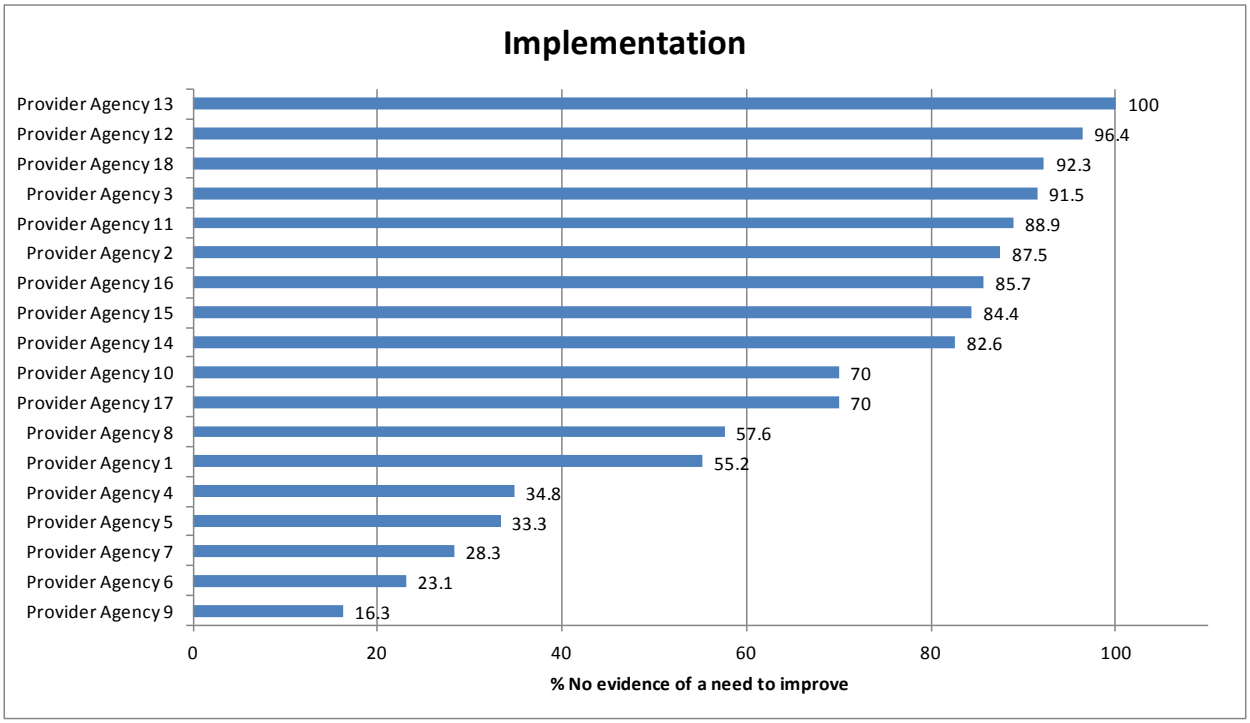
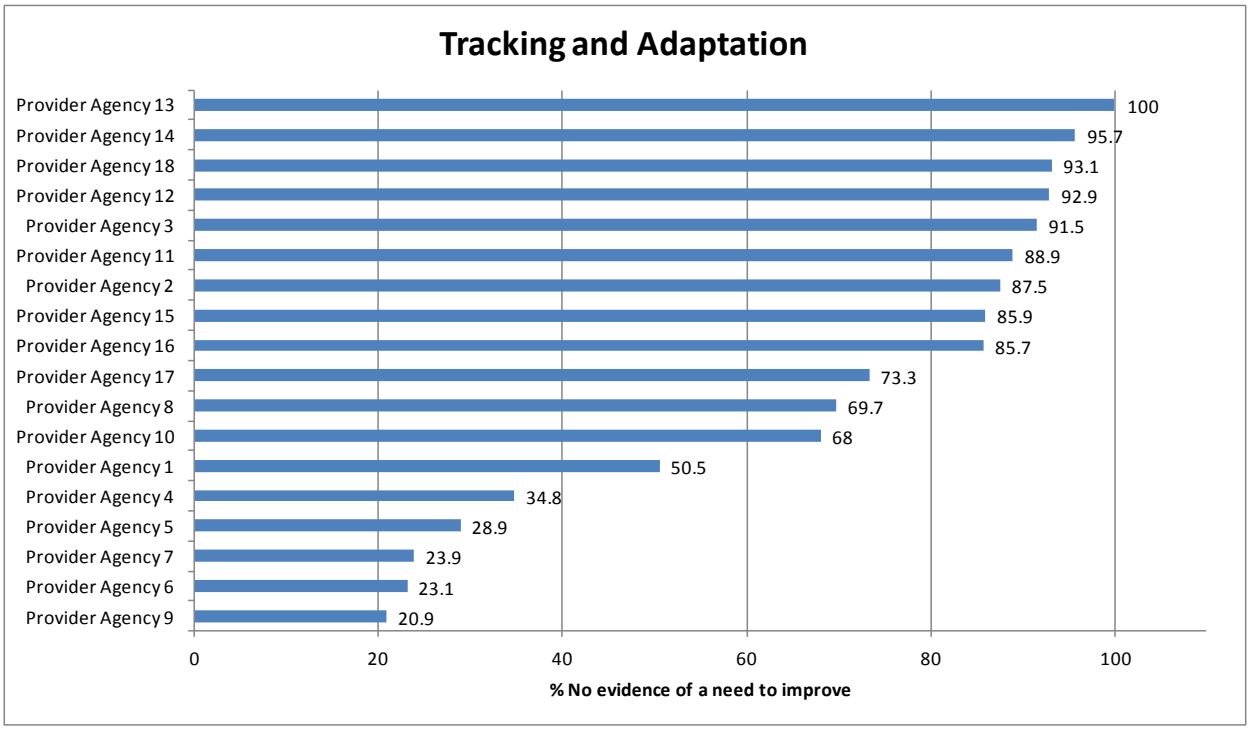


Figure 13 Tracking and Adaptation – (actionable CANS items on CC monitoring guide) – Extent to which CANS-identified child and family needs and strengths are tracked, changed, or adapted as necessary.



V. Summary

In an effort to promote performance improvements, PAR has implemented a "Consultation Call" in its new monitoring process. The "Consultation Call" is designed to follow up, touch base on any improvements and implementations, and discuss any solutions or actions intended by the agency. During this time, PAR also informs the agency of DCS standards, new policies, and links the agency to DCS Specialists (e.g. Regional IL and TL Coordinators, CANS Consultants, and TFACTS Helpdesk) for training and consults.

PAR will to continue collecting data to compare agency performance levels and track agency Quality Assurance (QA) process to implement changes and/ or improvements. PAR strives to promote performance improvements and focus on strengths while allowing the agency to improve on their weaknesses. This new monitoring approach aids PAR in strengthening community partnerships to better service custodial youth throughout the State of Tennessee; allowing PAR to carry out the Department's mission to foster partnerships to protect children, develop youth, strengthen families, and build safe communities.

PAR staff appreciates the support and cooperation from DCS Program and Policy Stakeholders. The new monitoring cycle of the PBC provider population is schedule to begin in January 2013. If you have suggestions, questions or concerns with PAR reports, results or monitoring process, please contact our team members below:

AGENCY LEVEL QUESTIONS	
Placement Resource Name	
Monitor ei# of the monitor that completed the form	
STAFFING RATIOS, PATTERNS, AND STAFF TURNOVER	
STO1: Do agency records indicate that foster care case management caseloads meet the requirements of the PPM?(weighted ratio – 20 regular foster care to 10 therapeutic/medically fragile foster care)	Yes No NA
STO1: supplemental information – number of case mangers	
STO1: supplemental information – number of case managers over caseload limits	
STO2: Do agency records indicate that congregate care caseloads are no more than 15?	Yes No NA
STO2sup1: supplemental information – number of case mangers	
STO2sup2: supplemental information – number of case managers over caseload limits	
STO3: Do agency records indicate that the case management supervisor is supervising 5 or fewer case managers?	Yes No NA
STO3sup1: supplemental information – number of case mangers supervised	
STO3sup2: supplemental information – number of case managers being supervised over the limit	
STO4: Do all cases reviewed have an identified case manager?	Yes No NA
STO5: Of the cases reviewed, if a case manager resigns or is transferred, are the cases being reassigned within 24 hours?	Yes No NA
SUBCONTRACTS	
SUB1: Do sub-contracted services have written approval from DCS?	Yes No NA
SUB2: Is there evidence that the subcontractor monitors subcontracts quarterly?	Yes No NA
SUB3: Does the contractor's case manger make monthly visits to children at the sub-contracted placement?	Yes No NA
QUALITY ASSURANCE AND OVERSIGHT	
QA1: Does the agency have a QA/CQI policy? (Behavior management scorecard)	Yes No NA
QA2: Does the agency use data to inform the Quality Assurance process? (Behavior management scorecard)	Yes No NA
QA3: Did the agency use the QA/CQI process to track progress of needed improvement from previous PAR or DCS reviews?	Yes No NA

QA4: Is there evidence that all incident reports are reported through the DCS automated Incident Report system in TFACTS?	Yes No NA
AGENCY POLICY ON SECLUSION AND RESTRAINT	
Does the agency allow the use of seclusion?	Yes No
Did the agency have any seclusion events in the past 3 months (the sampling period)?	Yes No
Does the agency allow the use of physical restraint?	Yes No
Did the agency have any physical restraint events in the past 3 months (the sampling period)?	Yes No
SCOPES LEVEL 4 CONGREGATE CARE	
DO LEVEL 4 SCOPES APPLY TO THIS AGENCY/PLACEMENT?	Yes No
SCO1: Level 4 congregate care- At least 2 awake direct care staff members on duty/on site per ward per shift?	Yes No NA
SCO2: Level 4 congregate care- Supervision by a registered nurse 24 hours per day, with at least one nurse per building per shift.	Yes No NA
SCO3: Level 4 congregate care- Individual Therapy 2X week	Yes No NA
SCO4: Level 4 congregate care- Family Therapy 1X week, or as advised by the CFT (F/F or telephone)	Yes No NA
SCO5: Level 4 congregate care- Psychiatric evaluation by treating psychiatrist within 3 days of admission	Yes No NA
SCO6: Level 4 congregate care- At least weekly contact with the psychiatrist on an ongoing basis	Yes No NA
SCO7: Level 4 congregate care- Progress summaries are entered into TFACTS at 14-day intervals	Yes No NA
SCOPES LEVEL 3 CONGREGATE CARE	
DO LEVEL 3 SCOPES APPLY TO THIS AGENCY/PLACEMENT?	Yes No
SCO8: Level 3 congregate care- 1/5 staff-client ratio days, 1/8 ratio nights, awake staff	Yes No NA
SCO9: Level 3 congregate care- Psychiatrist – initial psychiatric evaluation of all clients within two weeks of admit date	Yes No NA
SC10: Level 3 congregate care- Psychiatrist – onsite face to face medication evaluations monthly	Yes No NA
SCO11: Are monthly psychiatric medication evaluation/services paid for through the agency per diem?	Yes No NA
SC12: Level 3 congregate care- Psychiatrist – documented participation with the treatment team for all clients.	Yes No NA
SC13: Level 3 congregate care- Medications administered by licensed medical or nursing staff.	Yes No NA

SC14: Level 3 congregate care- Individual Therapy 1X week at least 30 minutes	Yes No NA
SC15: Level 3 congregate care- Family therapy 2X month, at least 1 hour	Yes No NA
SC16: Level 3 congregate care- Clinical services provided weekly by a licensed therapist	Yes No NA
SC17: Level 3 congregate care- Are clinical services provided by the licensed therapist paid through the per diem?	Yes No NA
SCOPES LEVEL 2 CONGREGATE CARE	
DO LEVEL 2 SCOPES APPLY TO THIS AGENCY/PLACEMENT?	Yes No
SCO18: Level 2 congregate care – 1/8 staff client ratio and awake night staff	Yes No NA
SCO19: Individual Therapy 2X month (TennCare)	Yes No NA
SCO20: Family Therapy 1X month (TennCare)	Yes No NA
POSTINGS	
POS01: Is the Comptroller's hotline posted as required?	Yes No NA
POS02: Deficit Reduction Act – Fraud and Abuse – The agency has policy including whistle blower provision?	Yes No NA
POS03: Deficit Reduction Act – Fraud and Abuse – The agency annually trains all staff in fraud ans abuse policy including whistle blower information? (ref personnel guide)	Yes No NA
POS04: Deficit Reduction Act – Fraud and Abuse – The Office of Inspector General sign is posted as required?	Yes No NA

PERSONNEL	
Placement Resource Name	
Personnel Name: Last, First	
Date of Hire	
Job Classification	Case Manager, Case Manager Supervisor, Clinical Director, Clinical Services Provider/Therapist, Direct Care, Direct Care Supervisor, Program Director, Other
Monitor ei# of the monitor that completed the form	
PRE-SERVICE CHECKS for FOSTER/RESOURCE CARE ONLY – Does the personnel file include a background check completed PRIOR TO THE FIRST DAY OF WORK (PRE-SERVICE) for:	
BC1: fingerprints (prior to independent contact)?	Yes No NA
BC2: criminal records?	Yes No NA
BC3: child protective services?	Yes No NA
BC4: methamphetamine?	Yes No NA
BC5: TN felony offender?	Yes No NA
BC6: national sex offender registry?	Yes No NA
BC7: department of health abuse registry?	Yes No NA

ANNUAL BACKGROUND CHECKS Does the personnel file include ANNUAL BACKGROUND checks for:	
BCA1: methamphetamines?	Yes No NA
BCA2: TN felony offender?	Yes No NA
BCA3: national sex offender registry?	Yes No NA
BCA4: department of health abuse registry?	Yes No NA
BCA5: driving records check?	Yes No NA
QUALIFICATIONS That staff met their job requirements through:	
JR1: verification of required education prior to hire (case manager, direct care)?	Yes No NA
JR2: documentation of work experience prior to hire (case manager)?	Yes No NA
JR3: verification of license (nurse, therapist)?	Yes No NA
DIRECT CARE STAFF Does the personnel file include documentation of pre-service development and training for DIRECT CARE STAFF in the following areas:	
TDC1: first aid	Yes No NA
TDC2: de-escalation	Yes No NA
TDC3: recognition of substance abuse	Yes No NA
TDC4: child abuse prevention and reporting	Yes No NA
TDC5: suicide prevention	Yes No NA
TDC6: HIPPA/confidentiality	Yes No NA
TDC7: sexual harassment prevention	Yes No NA
TDC8: cultural awareness	Yes No NA
TDC9: CPR (if applicable)	Yes No NA
TDC10: fostering positive behavior (DCS CD Optional)	Yes No NA
TDC11: medication administration (if applicable)	Yes No NA
TDC12: psychotropic medication training	Yes No NA
TDC13: Does the personnel file show that the direct congregate care staff received a minimum of 30 pre-service hours?	Yes No NA
TDC14: Does the personnel file show that congregate care staff received a minimum of 24 hours of annual training?	Yes No NA
TDC15: Does the annual training include yearly Deficit Reduction Act – Fraud and Abuse Training including whistle blower information?	Yes No NA
TDC16: Does the personnel file show that direct care staff had an annual performance evaluation? (within prior year)	Yes No NA
CASE MANAGER PRE-SERVICE TRAINING	
TCM1: building a trusting relationship? (Engagement, Teaming)	Yes No NA
TCM2: family centered assessment? (Assessment)	Yes No NA
TCM3: family centered planning? (Planning, Implementation, Tracking, and Adjusting)	Yes No NA
TCM4: foster positive behavior?	Yes No NA
TCM5: Did the case manager complete a pre-service competency assessment process prior to	Yes No NA

having an independent caseload?	
TCM6: serious incident reporting?	Yes No NA
TCM12: Did the case manager complete at least 80 hours of pre-service training?	Yes No NA
TCM13: Did the case manager complete at least 80 hours OJT hours of supervised field training?	Yes No NA
CASE MANAGER ANNUAL TRAINING	
TCM7: annual education training? (2 hours for foster care case managers)	Yes No NA
TCM8: CPR (if applicable)?	Yes No NA
TCM9: restraint training (if applicable)?	Yes No NA
TCM10: psychiatric medication policy?	Yes No NA
TCM11: medication administration training (if applicable)?	Yes No NA
TCM14: Did the case manager complete at least 40 hours of annual training?	Yes No NA
TCM15: Does the annual training include yearly Deficit Reduction Act – Fraud and Abuse Training including whistle blower information?	Yes No NA
TCM16: Does the personnel file show that the case manager had an annual performance evaluation?	Yes No NA
CASE MANAGER SUPERVISOR	
CMS1: Did the case manager supervisor complete 40 hours of supervisory training beginning within two weeks of initiating responsibility and completed within six months?	
CMS2: Did the case manager supervisor complete an competency assessment process for initial training?	
CMS3: Did the case manager supervisor complete at least 24 hours of annual training?	Yes No NA
CMS4: Does the annual training include yearly Deficit Reduction Act – Fraud and Abuse Training including whistle blower information? (within prior year)	Yes No NA
CMS5: Does the personnel file show that the case manager supervisor had an annual performance evaluation?	Yes No NA

RESOURCE PARENT	
Placement Resource Name	
Monitor ei# of the monitor that completed the form	
Resource Parent Name	
Date of Approval	
RP1: Is there evidence that all household members of the resource family have submitted the required medical statements?	Yes No NA
RP2: PRE-placement and every two yrs, Is their	Yes No NA

evidence that the resource parent/s was/were trained in a minimum of 4 hours in CPR/first aid?	
RP3: Is their evidence that the resource parent was trained in a minimum of 4 hours in medication administration?	Yes No NA
RP4: Annual - Is their evidence that the resource parent was trained in Working with Education system – 2 hr.?	Yes No NA
RP5: First and second yrs - Is their evidence that the resource parent was trained in Cultural Awareness – 1 hr.?	Yes No NA
RP6: First year - Is their evidence that the resource parent was trained in Fostering Positive Behavior – 3 hr.?	Yes No NA
RP7: First year - Is their evidence that the resource parent was trained in Child Development – 2 hr.?	Yes No NA
RP8: First year (D/N, unruly -3 hr.s)(Delinquent – 2 hr.s) - Is their evidence that the resource parent was trained in Helping Children Make Transitions?	Yes No NA
RP9: First year D/N, unruly - Is their evidence that the resource parent was trained in Working with Birth Parents – 3 hr.s?	Yes No NA
RP10: First year Delinquent - Is their evidence that the resource parent was trained in Parenting the Youthful Offender – 3 hr.s?	Yes No NA
RP11: Is their evidence that the MF resource parent was trained in medical conditions and specific care needs of a medically fragile child?	Yes No NA
RP12: Second year - Is their evidence that the resource parent was trained in Parenting the Sexually Abused Child – 3 hr.s?	Yes No NA
RP13: First year D/N, unruly -14 hr. First year Delinquent – 20 hr. Second year ALL 14 hr. Annual ALL 15 hr.	Yes No NA
RP14: Does the resource parent record show that the contractor is conducting safety inspections as part of the annual reassessment?	Yes No NA
RP15: Did the resource family sign the annual discipline plan?	Yes No NA

INDIVIDUAL CLIENT REVIEW	
Placement Resource Name	
Person/ Client ID	
Client Date of Birth	
Placement Setting	
Placement Type	
Placement Location	
Resource Parent Name	

Assignment Region	
Assignment County	
Placement Level of Care	
Placement Begin Date	
Monitor ei# of the monitor that completed the form	
BEHAVIOR MANAGEMENT	
BM1: Is there a parent/caregiver signature in the child's treatment record to show that a DCS compliant behavior management policy was discussed with the family within 30 days of the date of admission?	Yes No NA
BM2: Is the child's signature present in the treatment record showing that a DCS compliant behavior management policy was discussed with the child within 30 days of the date of admission?	Yes No NA
BM3: Does the child's treatment record indicate that the agency only uses authorized forms of discipline to address behavior?	Yes No NA
CAREGIVER CONTACT Rate how much Improvement is needed to address each item below:	
CC1: The client's treatment plan contains a written plan of family involvement including visitation, visitation restrictions, and supervision guidelines.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
CC2: The parent/identified caregiver was invited to and participated in the tx planning process as evidenced by a signature and/or the mailing of documentation.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
CC3: The parent/identified caregiver was involved in the tx plan reassessment/update process as evidenced by a signature and/or the mailing of documentation.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
CC4: The agency engaged the parent/caregiver in therapy or made diligent efforts to engage the parent/caregiver in therapy.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
CC5: The parent/guardian was contacted following all Incident Reports.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
CC6: A hard copy of the monthly progress report and copies of all incident reports have been sent to the parent and TNCare advocacy for all clients served through continuum contracts. (Grier)	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TEAMING CONTACTS	
T1: The DCS FSW was involved in the development of the child's initial treatment plan (signature on tx plan or mailed)	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
T2: The DCS FSW was involved in the development of the child's quarterly updates	No evidence of a need to improve Evidence of a need to improve

(signature on tx plan or mailed)	Significant evidence of a need to improve NA
T3: The child was involved in the development of the treatment plan (signature).	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
T4: The child was involved in the reassessment of the treatment plan (signature).	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
PLANNING STRUCTURE	
TP1: (LEVEL 3 OR 4 RESIDENTIAL) The initial treatment plan (initial needs assessment) was completed within 72 hours.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP2: A treatment plan was completed within 30 days of admission (7 days for Level 4).	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP3: Treatment plans include treatment goals.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP4: Treatment plans include treatment interventions.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP5: Treatment plans designate staff responsible for the interventions.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP6: Treatment plan includes timeframes for treatment goals.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP7: The client's treatment plan includes a quarterly reassessment update.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP8: Treatment plan includes goals that address emotional behavior needs.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP9: Treatment plan includes goals that address Educational/Vocational needs.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
TP10: Treatment plan includes goals that address Health/Medical needs.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve

	NA
TP11: Treatment Plan goals address the Permanency Plan goals.	No evidence of a need to improve Evidence of a need to improve Significant evidence of a need to improve NA
HEALTH SERVICES PROVISION	
HSP1: Does the child's record show that the agency followed through with EPSD&T recommendations for medical services?	Yes No NA
HSP2: Does the child's record show that the agency followed through with EPSD&T recommendations for dental services?	Yes No NA
HSP3: Does the child's record show that the agency followed through with EPSD&T recommendations for eye exam?	Yes No NA
HSP4: Does the child's record show that regarding medication administration a parent/guardian consented for all current psychotropic medications administered?	Yes No NA
HSP5: Were medications only dispensed by licensed staff in Level 3 and 4 residential treatment settings?	Yes No NA
HS6: Is there documentation showing that all medication administration/s was/were in compliance with DCS policy? (MARs, etc)	Yes No NA
HSP7: Is there documentation showing that the regional health nurse was notified of all health appointments?	Yes No NA
HSP8: Is there documentation to show that the regional health nurse was notified of all psychotropic medications administered?	Yes No NA
INDEPENDENT LIVING May need to add credit check in IL, TL, or Both	
Is the child 14- 16 years old?	Yes No
IL1: Does the treatment plan include IL goals and interventions in the area of life skills as directed by the permanency plan – IL plan?	Yes No NA
IL2: Does the treatment plan include IL goals and interventions in the area of social skills as directed by the permanency plan – IL plan?	Yes No NA
IL3: Does the child's treatment record document the implementation of services to address the child's IL indicators and action steps?	Yes No NA
IL4: Does the treatment plan include IL updates as needed?	Yes No NA
TRANSITIONAL LIVING	
Is the child 17 years old or older?	Yes No
TL1: Housing	Yes No NA
TL2: Employment	Yes No NA
TL3: Education (Financial Aid, Scholarship)	Yes No NA
TL4: Health (referral to TDMH or DIDD)	Yes No NA

TL5: Communication Skills (essential documents)	Yes No NA
TL6: Finances (access to benefits)	Yes No NA
TL7: Social Skills (identified mentor/ support person)	Yes No NA
TL8: Life Skills	Yes No NA
TL9: Transportation	Yes No NA
TL10: Does the child's treatment record document the implementation of services to address the child's TL indicators, goals, and action steps?	Yes No NA
TL11: Does the treatment plan include TL updates as needed?	Yes No NA

SECLUSION AND RESTRAINT	
Placement Resource Name	
SECLUSION	
SECLUSION NUMBER	
SEC1: Is there evidence that the agency is conducting seclusions according to DCS standards?	Yes No NA
SEC2: Is there evidence that all staff involved in the seclusion incident were in compliance with training required by DCS policy?	Yes No NA
PHYSICAL RESTRAINT	
RESTRAINT NUMBER	
PR1: Is there evidence that two certified staff members were involved in the restraint?	Yes No NA
PR2: For level 3 and 4 residential treatment facilities, is there evidence that an appropriate licensed practitioner ordered the restraint?	Yes No NA
PR3: Was the duration of the restraint within the appropriate timeframe?	Yes No NA
PR4: Is there evidence that staff used de-escalation techniques to try and avoid the restraint?	Yes No NA
PR5: Is there evidence that a debriefing took place after the restraint?	Yes No NA
PR6: Is there evidence that a supervisor not involved in the restraint monitored the restraint?	Yes No NA
PR7: Is there evidence that medical personnel evaluated the child for injury after the restraint?	Yes No NA
PR8: Is there evidence that all staff participating in the restraint had current CPR certification?	Yes No NA
PR9: Is there evidence that all staff participating in the restraint had certification in a nationally recognized restraint technique?	Yes No NA

APPENDIX R

The DCS Background Check Process

BACKGROUND CHECKS FOR NEW HIRES

Background checks are completed on new employees during the hiring process pursuant to DCS Policy 4.1. Applicants recommended for new hire or transfer to a DCS position which involves contact with children must submit to a full background check after the acceptance of a conditional offer of employment but prior to the first day of work. The background check is completed by the local DCS Human Resources (HR) staff and results must be maintained in the employee's official personnel file.

Initially, local HR staff have the employee complete *CS-0668, Authorization for Release of Information to DCS* once a conditional offer of employment has been made. The following is a detailed listing of the documentation and background checks to be completed:

a) A Criminal history check to include local criminal records check from local law enforcement records for all residences of the employee within the immediate six months preceding the application for employment. All criminal charges listed in the local criminal history check for which there is no final disposition identified in the local criminal history check must be clarified by obtaining additional official documentation from the local court with jurisdiction. *Local HR staff are responsible for completing the forms required by local law enforcement in all residence jurisdictions in which the employee has lived for the six months preceding employment with DCS. All results received must be attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

b) A TBI/FBI fingerprint check. *Local HR staff are responsible for registering employees with the current contractor to complete the electronic fingerprint process. Results are returned via DCS Internal Affairs to the local HR office. All results received must be attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

c) A driving records check to include current valid driver license and a check of moving violations records. *Each regional HR office has access to the Moving Violation System to check driving records directly through the Tennessee Department of Safety. Results are printed and must be documented on and attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

d) A DCS records check to include a check of Child Protective Services (CPS) records in the current child welfare information system and in the Social Service Management System (SSMS). This search must be completed by the appropriate designated DCS staff member on form *CS-0741 Database Search Results* to determine if there is a past CPS indication identifying the applicant as an indicated perpetrator of child abuse or neglect. *Local HR staff request a CPS records check through the DCS Office of Child Safety, who checks the Social Service Management System (SSMS) and TFACTS by completing CS-0741, and results are forwarded back to the local HR office. All results must be documented on DCS Form CS-0687. Any confidential CPS records are maintained in the Confidential Section of the employee's official personnel file.*

e) An Internet Records Clearance, which must be documented in the employee's official personnel file. The internet records clearance involves a background check of the following:

   i. National Sexual Offender Registry Clearance
   ii. Department of Health Abuse Registry Clearance

All registry checks are completed by local HR staff by visiting the website and completing the required information. Results must be printed, documented on and attached to DCS Form CS-0687.

Regional HR staff must review the results of all background checks to determine if the applicant is free of any criminal activity. If results indicate a criminal offense that is appropriate for a waiver based on DCS Policy 4.1, a waiver form (CS-0921) must be completed and approved as follows:

a) Prior misdemeanor convictions eligible for waiver under DCS Policy 4.1 require approval of the DCS Regional Administrator.

b) Felony convictions eligible for waiver under DCS Policy 4.1 require approval of both the DCS Regional Administrator and the Executive Director of Human Resources.

The approved waiver form and attached documentation must be maintained in the employee's official personnel file.

Local HR staff utilize the Requisition Checklist when working the requisition to hire a career service employee. Page 3 of 4 of the checklist references verification of driver's license and background checks. This checklist is maintained in the Requisition File as a part of the hiring process.

ANNUAL BACKGROUND CHECKS

DCS/ will conduct annual background checks on all employees in positions that involve contact with children. The following is a detailed listing of the documentation and background checks that must be completed annually with results to be maintained in the employee's personnel file:

a) Driving records check to include validation of current driver license and a check of moving violations records. *Each regional HR office has access to the Moving Violation System to check driving records directly through the TN Department of Safety. Results are printed and must be documented on and attached to DCS Form CS-0687 and filed in the employee's official personnel file.*

b) An Internet Records Clearance, which must be documented in the employee's official personnel file. The internet records clearance involves a background check of the following:

i. Methamphetamine Offender Registry Clearance.
ii. TN Felony Offender Database Clearance.
iii. A national Sexual Offender Registry Clearance
iv. Department of Health Abuse Registry Clearance

All registry checks are completed by local HR staff by visiting the website and completing the required information. Results must be printed, documented on and attached to DCS Form CS-0687.

APPENDIX S

Supplemental Information on *Brian A*. Caseloads

Percentiles are a helpful way to understand the range in size of case managers' total caseloads (keeping in mind that for mixed caseloads, total caseloads of identical size may not necessarily represent equivalent workloads and the actual number of children on those caseloads is likely to be higher than reflected in the data).[20] The table below shows total caseload size for three percentiles—50th, 75th, and 90th—for all *Brian A.* case managers as of the beginning of March 2013, statewide and by region.[21] As shown in the table, statewide as of March 2013, 50% of the 519 case managers carrying at least one *Brian A.* case had 16 or fewer cases on their caseloads, 75% had 19 or fewer cases on their caseloads, and 90% had 20 or fewer cases on their caseloads (or conversely, 50% had 16 or more cases on their caseloads, 25% had 19 or more cases on their caseloads, and 10% had 20 or more cases on their caseloads). The largest caseload in the state at the beginning of March 2013 was 27 cases.

No case manager had a total caseload higher than 20 in seven regions: Davidson, East Tennessee, Northeast, Northwest, Shelby, South Central, and Tennessee Valley. While the maximum caseload in Smoky Mountain and in Southwest was 23, 90% of case managers in both regions had 20 or fewer cases on their caseloads. The maximum caseload in Knox was also 23, but 25% of case managers had caseloads of 21 or more cases, and 10% had caseloads of 22 and 23. The maximum caseload in Upper Cumberland was 24; 25% of case managers had at least 20 cases on their caseloads and 10% of case managers had caseloads between 21 and 24. The maximum caseload in Mid-Cumberland was 27; 25% of case managers had at least 20 cases on their caseloads and 10% of case managers had caseloads between 22 and 27.

[20] See the discussion of the findings of the TAC's survey of case managers discussed in Section Five and in Appendix T.

[21] For reasons having to do with the complexity of the analysis, the data in these tables do not account for the different caseload caps of case manager 1s, case manager 2s, and case managers 3s.

Regional *Brian A.* Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads at the Beginning of March 2013				
Region	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
Davidson (n=34)	13	15	17	20
East Tennessee (n=38)	16	17	19	20
Knox (n=44)	19	21	22	23
Mid-Cumberland (n=56)	18	20	22	27
Northeast (n=48)	16	18	19	20
Northwest (n=26)	14	15	17	20
Shelby (n=64)	15	17	19	20
Smoky Mountain (n=49)	17	20	20	23
South Central (n=34)	15	17	18	20
Southwest (n=28)	15	18	20	23
Tennessee Valley (n=51)	14	18	19	20
Upper Cumberland (n=47)	18	20	21	24
Statewide (n=519)	**16**	**19**	**20**	**27**

Source: DCS Manual Caseload Tracking Spreadsheet dated February 28, 2013.

To show the range in performance between June 2012 and March 2013, the table below presents these percentiles and maximum caseloads at the statewide level for each month during this period. The data suggest that statewide, caseloads have decreased slightly over this period. As of June 2012, 25% of case managers had caseloads of 20 or more, but that number has remained at 19 since November 2012 (except for February 2013, when it was 18). Ten percent of case managers had caseloads of 22 or more as of June 2012, but that number fell to 20 by March 2013. The maximum caseload was over 30 in every month until March 2013.

***Brian A.* Caseloads at the 50th, 75th, and 90th Percentiles and Maximum Caseloads, at the Beginning of Each Month from June 2012 through March 2013**				
Month	**50th Percentile (Median)**	**75th Percentile**	**90th Percentile**	**Maximum Caseload**
June 2012 (n=512)	17	20	22	32
July 2012 (n=522)	17	20	22	38
August 2012 (n=519)	16	19	21	34
September 2012 (n=511)	16	19	21	33
October 2012 (n=500)	17	20	22	38
November 2012 (n=505)	16	19	21	34
December 2012 (n=506)	16	19	21	31
January 2013 (n=500)	15	19	20	37
February 2013 (n=506)	16	18	20	32
March 2013 (n=519)	16	19	20	27

Source: DCS Manual Caseload Tracking Spreadsheets for the months of June 2012 through March 2013.

APPENDIX T

Summary of Caseload Findings from the Spring 2013 Case Manager Survey

Caseload Findings from the TAC's Spring 2013 Case Manager Survey

Methodology

TAC monitoring staff identified the population of case managers (604) who had at least one *Brian A.* case assigned to their caseload according to the January 3, 2013 Mega Report. TAC monitoring staff then randomly selected 83 case managers from that population—a statistically significant sample with a 95% confidence level and a plus/minus 10 confidence interval that was stratified by region. TAC monitoring staff, in consultation with the TAC, developed a survey instrument to collect information about case managers' caseload and experience with TFACTS. TAC monitoring staff conducted interviews with the case managers in the sample using the survey instrument during the first quarter of 2013. TAC monitoring staff did not interview (and replaced in the sample) 19 case managers included in the original sample who did not have a *Brian A.* case on their caseloads on the date of the interview.[22] TAC monitoring staff did interview (and also replaced in the sample) an additional four case managers who do not typically carry *Brian A.* cases but who had a few *Brian A.* cases on their caseloads on the date of the interview for various reasons (these are discussed in detail at the end of this report).

[22] Some of these case managers were no longer with the Department or were on leave at the time of the interview, some had been temporarily carrying a few *Brian A.* cases for a brief transition period or as part of a strategy to manage high caseloads but were no longer carrying those cases at the time of the interview, and some incorrectly appeared on the Mega Report as the *Brian A.* case manager because of the complexities in reporting case assignments resulting from the transition to the "family case" in TFACTS. In the TFACTS family case, multiple workers performing different functions are assigned to the same family case but are not assigned to the individual children in the family. The function performed by a particular worker for the family is indicated through the assignment of a specific role. The Department developed the "primary case worker" (PCW) assignment role to designate the worker who holds primary responsibility for the case, and guardrails have been added to ensure that one—and only one—PCW is assigned to every case. However, for cases in which multiple workers are providing services simultaneously to the same family (sometimes to different children within the family), it is a significant challenge to develop logic for reporting purposes that can accurately select the worker providing the service that is the focus of a given report. Another complicating factor is that multiple cases may be open for a family simultaneously (sometimes because a new family case is created for a CPS investigation rather than connecting the investigation to an existing family case). All of this is compounded by the lack of clear and consistent communication within the Department about the way in which the various roles, including the PCW role, are intended to be used.
Some examples may best illustrate this complexity. If a new family case is opened for an investigation concerning a child already in custody instead of linking the newly opened investigation to the current family case where the child's custody episode is documented, the CPS worker would appear as the assigned FSW on the Mega Report because it pulls the "Primary Case Worker" or Family Service Worker assignment information for the most recently opened case (the CPS worker would appropriately be assigned the "Primary Case Worker" role on the investigation). Similarly, if a case involves two or more children with different adjudications (*i.e.*, if one is a *Brian A.* child and the other is a delinquent child), the Mega Report would pull the Juvenile Justice worker as the FSW for the *Brian A.* child if that worker were assigned the Primary Case Worker role (only one Primary Case Worker may be assigned to a family case, and it would be appropriate for the Juvenile Justice worker to have this role if the children all had delinquent adjudications—this is one area in which additional clarity is needed about how assignment roles are intended to be used when multiple services are being provided to one family).

Summary of Findings

Compliance with Brian A. Settlement Agreement Requirements Regarding Caseloads

Case Manager Position	No. of Case Managers Interviewed	*Brian A.* Caseload Cap	No. & Percent Compliant: Count of custody children only	No. & Percent Compliant: Count of BOTH custody and non-custody children	No. & Percent Compliant: Count of custody children and non-custody cases
CM1[23]	11	15	9 (81.8%)	6 (54.5%)	9 (81.8%)
CM2	65	20	60 (92.3%)	55 (84.6%)	59 (90.8%)
CM3 supervising 0 lower-level CMs	3[24]	20	3 (100%)	3 (100%)	3 (100%)
CM3 supervising 1-2 lower-level CMs	4	10	4 (100%)	3 (75%)	3 (75%)
TOTAL	**83**	**-**	**76 (91.6%)**	**67 (80.7%)**	**74 (89.2%)**

[23] Included here are three "graduate associates." Until October 1, 2012, there was a "graduate associate" registry from which the Department hired qualified applicants (who had completed both the specified child welfare coursework in their Bachelor of Social Work program and a field placement with the Department). These applicants are not required to go through pre-service training and receive a higher salary than applicants hired from the case manager 1 registry. The Department considers graduate associates to be case manager 1s during their first year (and they therefore have a *Brian A.* caseload cap of 15.) Like applicants hired from the case manager 1 registry, after one year, they promote to case manager 2s and have a caseload cap of 20. All three graduate associates in the sample had been with the Department for less than a year at the time of the interview.

[24] Included here are two case manager 3s with some supervision responsibilities that do not fit neatly into the Settlement Agreement standards. One case manager 3 (with 19 total children on her caseload) goes on "stand-in" rotation as a supervisor daily so that a supervisor is always available to assist staff. (She had previously been a TL for many years.) The other case manager 3 (with 20 total children on her caseload) had previously supervised other case managers and did not carry her own caseload. But when a case manager 2 on the team left without notice, the team leader took over supervision of the case manager who had been under the case manager 3 and gave the case manager 3 the departing case manager's full caseload. Two new workers were hired the day before the interview who, when they complete training, will be moved under the case manager 3 and will assume the caseload she carries. Currently, she continues to "co-supervise" with the team leader the case manager who used to be under her because she knows the families well already, having been the case manager's supervisor up until responsibilities had to be shifted to accommodate the sudden vacancy.

Non-Compliance Detail

CM1—Caseload Cap 15				
CM	**No. of Custody Children**	**No. of Custody Children + No. of Non-Custody Children**	**No. of Custody Children + No. of Non-Custody Cases**	**Notes**
1 Shelby	16	16	16	The CM explained that 2 of these children had entered custody 2 days prior to the interview and did not appear on her tree because her supervisor told her she would be assigning the case to someone else if the children remain in care, but they were expecting the children to be released home at court 4 days later. So she was "working" the case for the few days that the children were expected to remain in care.
2 SM	13	16	14	The CM has 13 *Brian A.* children and 1 non-custody case involving 3 children.
3 SC	12	17	14	The CM has 12 *Brian A.* children and 2 non-custody cases involving 5 children.
4 SC	9	16	15	The CM has 9 *Brian A.* children, 5 ICPC children (each with his/her own case), and 1 non-custody case involving 2 children.
5 Knox	16	16	16	This graduate associate had been with the Department for less than 1 year at the time of the interview, so her caseload cap should be 15. The graduate associate, however, believed she was a CM2 and did not consider her caseload of 16 to be above caps.

CM2—Caseload Cap 20				
CM	No. of Custody Children	No. of Custody Children + No. of Non-Custody Children	No. of Custody Children + No. of Non-Custody Cases	Notes
1 MC	21	21	21	The CM has 21 *Brian A.* children.
2 MC	21	24	24	The CM has 20 *Brian A.* children, 1 dually adjudicated (Dependent/Neglected and Juvenile Justice) youth, 2 post-custody youth, and 1 non-custody case with 1 child. For one of the *Brian A.* cases counted in the 20, the child had exited and the CM said she was not working with the family anymore but still had to complete documentation to close out the case in TFACTS.
3 NE	19	22	20	The CM has 19 *Brian A.* children and 1 non-custody case with 3 children.
4 SM	21	22	22	The CM has 21 *Brian A.* children and 1 post-custody youth.
5 SM	13	22	18	The CM has 13 *Brian A.* children and 5 non-custody cases involving 6 children she "primarily" works with and an additional 3 children she makes sure to see when she visits. All 9 children are counted in the total of 22 at right because the CM considered them all on her workload.
6 SW	14	23	17	The CM has 14 *Brian A.* children and 3 non-custody cases involving 9 children.
7 SW	8	22	14	The CM has 8 *Brian A.* children and 6 non-custody cases involving 14 children.
8 UC	22	23	23	The CM has 22 *Brian A.* children and 1 post-custody youth.
9 UC	20	38	28	The CM has 20 *Brian A.* children and 8 non-custody cases involving 18 children.
10 UC	22	22	22	The CM has 22 *Brian A.* children. There is an additional case with 2 *Brian A.* children still on the CM's tree that was transferred to another worker in December, and the CM was not sure whether she still might have some documentation to do on the case.

CM3 Supervising 1 or 2—Caseload Cap 10				
CM	No. of Custody Children	No. of Custody Children + No. of Non-Custody Children	No. of Custody Children + No. of Non-Custody Cases	Notes
1 NW	10	15	14	The CM has 10 *Brian A.* children and 4 non-custody cases involving 5 children.

High Caseload Trends

Have you been over the caseload caps for your position during the past six months?

- 57 of the 83 case managers interviewed (68.6%) said that they had not been over caseload caps during the past 6 months. If the non-custody workload is counted by child, four of these case managers (three case manager 2s and one case manager 1) were over caseload caps at the time of the interview, but if it is counted by case, they were within caps as they said. Also included in the 57 is one supervising case manager 3 (with a caseload cap of 10) who said she had not been over caps even though she had 10 *Brian A.* children and four non-custody cases (involving five children) on her caseload at the time of the interview. TAC monitoring staff heard several comments from case managers about their confusion regarding how mixed caseloads were supposed to be counted for *Brian A.* purposes, and some expressed frustration that they were considered within caps even though the number of children on their mixed caseload was above 20—a caseload they felt was too high to allow quality work. Several CMs also made comments about their experience that the non-custody work can be more time-consuming than the custody work, depending on the case.

- One of the 83 case managers said she had been two to three cases over caps before, but she could not remember whether it was within the past six months.

- 25 of the 83 case managers (30.1%) said they had been over caps within the past six months. Six of these 25 were also over caps on the date of the interview regardless of how non-custody work is counted, and an additional case manager was over caps on the date of the interview if the non-custody work is counted by child. All seven of these case managers who currently have high caseloads and also reported being over caps in the last six months indicated that it was typical for them to be above caps. Four of the case managers who reported being over caps in the past six months but were not currently over caps described how high caseloads have been an ongoing struggle on their teams.

Has a teammate been over the caseload caps for their position during the past 6 months?

- 19 of the 25 case managers who reported being over caseload caps themselves during the past six months also reported that one or more of their teammates had also been over caps during the past six months. Two of the 25 who had been over caps reported that their teammates had not been over caps

during the past six months, and four reported that they did not know whether their teammates had been over caps.

- Six case managers who had not been over caps themselves during the past six months reported that a teammate had been over caps during that period. Three reported that one of their teammates had been over for a brief period; two reported that one of the teammates seemed to go over caps from time to time, and the sixth case manager reported that her teammates were over caps a lot.

Situations resulting in high caseloads and strategies to address them

- Case managers described a range of situations resulting in caseloads over the *Brian A.* caps. Some described temporary situations, such as a new child added to a caseload a few days before another child on that same caseload exits custody or a large sibling group entering care that puts a case manager over caps for a little while. Some described being over caps for a few weeks or months while a vacancy on the team was filled. Many described the juggling act that goes into keeping everyone's cases at or under caps, and the fluidity of the circumstances in the field that can thwart the best-laid plans. Case managers from specific regions that have been struggling with high caseloads (particularly Mid-Cumberland, Knox, and Upper Cumberland) described a feeling of being continually over caps.

- As mentioned previously, in addition to the 83 *Brian A.* case managers, TAC monitoring staff interviewed four case managers who do not typically carry *Brian A.* cases but who did have a few *Brian A.* cases on their caseloads on the date of the interview.

    - A CPS assessment worker in Shelby had a *Brian A.* case on her caseload temporarily. She had been working the case on a non-custodial basis since October 2012 when the Judge brought the child into custody unexpectedly on December 19th. The child remains on the worker's caseload while she transfers it to a *Brian A.* case manager. This is an example of a temporary situation of a caseload above caps and is also an illustration of one reason that CPS workers sometimes appear on the aggregate caseload reports. With 37 CPS assessments assigned to her on this date in addition to this *Brian A.* child, her caseload would certainly temporarily exceed the *Brian A.* caseload caps by quite a bit.

    - A Permanency Specialist case manager 3 in Davidson had three *Brian A.* cases on her caseload. She said she typically does not carry *Brian A.* cases, but instead is responsible for assisting the assigned case manager with the adoption work on their full guardianship cases. She said that she is occasionally assigned *Brian A.* cases when the caseloads are getting to high on her team. She mentioned that she has previous experience doing foster care work, but the two permanency specialists she supervises have not had this experience. They were recently also assigned a couple of *Brian A.* cases each while a team member was out on medical leave, and the case manager 3 considered those cases to be on her workload too because she had to do the TFACTS foster care documentation that her permanency specialists did not know how to do. (TAC monitoring staff also interviewed one of her supervisees a couple of weeks after the interview with the case manager 3, and by that time, the *Brian A.* cases that had been temporarily on his

caseload had been transferred back to the teammate who had by then returned from medical leave.)

- A Permanency Specialist in Mid-Cumberland also had three *Brian A.* cases on her caseload. Because of the high caseloads in her region, a few cases in full guardianship were assigned to her. A couple of other Mid-Cumberland case managers interviewed by TAC monitoring staff expressed their anger and frustration that the full guardianship cases on their caseloads, on which they had worked very hard to bring to that point, were taken from them before finalization.

- A Permanency Specialist in Northwest had one *Brian A.* case on her caseload. She explained that the previous worker had left suddenly, and she was given the case because both of the child's parents planned to surrender and the child is expected to be adopted by March 2013.

APPENDIX U

Description of the Manual Caseload Tracking Process

The Manual Caseload Tracking Process

The manual caseload tracking process was implemented at the beginning of April 2012. The Executive Director of Permanency and In-Home/Out-of-Home Services sends the template for the manual tracking process to the regions at the beginning of each month. The regions are allowed a couple of weeks to enter their caseload data as of the beginning of the month and return the spreadsheets to Central Office. The caseload information is typically collected and entered into the spreadsheets by supervisors (team leaders or team coordinators), some of whom (but not all) ask the case managers to provide or verify his or her caseload count.[25] Because it is a manual process, a certain degree of human error is expected.

Throughout 2012, the template was the TFACTS aggregate caseload report as of the end of the previous month, listing each case manager and supervisor carrying a case and containing the number of cases according to TFACTS (case types included were "Family Case," Investigation, *Brian A.* Child, and Juvenile Justice Child). Columns were inserted into the aggregate report for the regions to enter their manual numbers (the "Family Case" column heading was changed to "Non-Custody."

After discontinuation of that particular aggregate report, the template was changed to a blank spreadsheet with the same column headers for the manual caseload counts, but the columns for the numbers from the aggregate report were removed.

Inconsistency in counting non-custody case types contributes to the error in the manual tracking process because the total caseload count for mixed caseloads may include certain non-custody caseload types for some teams or regions that are not included in the total caseload counts for mixed caseloads in other regions. In the reports for April 2012 through January 2013, the "Non-Custody" column heading did not specify which types of non-custody cases were to be counted in that column (with the exception of CPS investigations and assessments, for which there was a specific column), and some regions included types of non-custody cases that others did not. Beginning with the report for February 2013, multiple columns were added for several non-custody case types: Interstate Compact on Placement of Children (ICPC), Family Support Services (FSS), Family Crisis Intervention Program (FCIP), Interstate Compact on Juveniles (ICJ), Juvenile Justice Aftercare, Juvenile Justice Probation, and Juvenile Justice Pre-trial Diversion. However, there are still several non-custody case types that, without a specific column for entry, may be counted inconsistently despite instruction from Central Office that other case types should be noted in the "Comments" column if the region thinks the information is relevant for understanding workloads. Among the other case types captured by some regions in the "notes" column for the months of February and March 2013 are: Post-Custody, Extension of Foster Care, Court-Ordered Home Studies, Non-Custody Assessment, Order of Reference, Resource Linkage, and Resource Parent Support caseloads.

[25] As part of a TAC survey of case managers about caseloads (discussed in Section Five in the report and in Appendix T), TAC monitoring staff asked the case managers interviewed about how the manual caseload tracking process worked within their regions. This statement is a summary of the information collected from case managers in response to those questions.

APPENDIX V

DCS Office of Independent Living
December 2012 Review of Transition Plans

DCS Office of Independent Living

Review of Transition Plans

Findings and Next Steps

December 2012

Background:
Tennessee Code Annotated (37-2-409) and the Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) require that all young people 17 and older exit foster care with a transition plan. The plan must be developed with the young person and be individual to their unique needs, strengths and goals. Among the issues to be addressed are specific options on housing, health insurance, education, permanency and mentors, and workforce supports and employment services.

Overview:
As a follow up to a statewide "Back to Basics" training and the implementation of Extension of Foster Care Services to age 21, the Office of Independent Living, in partnership with the DCS regional offices, conducted file reviews of Independent Living and Transition plans. In order to assure staff have the tools they need to develop quality independent living (IL) and transition plans, the following actions were implemented:

1) Training: In addition to numerous community partners, over 3000 DCS staff were trained on development of quality IL and Transition plans, both in-person and online.
2) Tools: Tip Sheets and guides on developing IL and Transition Plans were developed and disseminated.
3) Evaluation: A new file review tool focused on the quality of IL and transition plans was implemented statewide and over 100 transition plans were reviewed by IL staff and regional leadership.

Goal of the Transition Plan File Review: The goal of the Transition Plan File review is to assure that all youth exiting care at 17 or older have quality, personalized plans for their adulthood that have been developed by the youth and their team. Because this is a new tool, these findings should be seen as a baseline. The findings from the Transition Plan review will allow DCS to identify key strengths and opportunities related to Independent Living, and develop specific regional and team-level plans to enhance the provision of Independent Living planning and services for transitioning youth.

The Office of Independent Living greatly appreciates the support that regional leadership gave to this process and anticipates great improvements in the follow up file reviews.

Strengths:
- 100% of cases reviewed had an Independent Living/Transition Plan.
- Youth were present for the most recent Perm Planning CFTM 95% of the time.
- A current life skills assessment was in the file in 85% of cases.
- Staff felt that the file review process was a learning experience that would improve practice.
- The youth had prospects for legal permanency in 58% of cases.
- There were many great examples of plans that were personalized and individualized to the youth.
- Many regions had developed tools and resource kits to assist youth with transition.

Opportunities:
- Only one (1) IL indicator should be used per concern record to assure a complete plan
- Team members other than the youth need responsibility for action steps
- Specific resources and services needed to transition to adulthood should be identified in the plan
- Move focus beyond life skills and into more tangible needs and outcomes for young adults.
- Increase focus on relational permanency and informal/formal mentors
- 40% of cases had no evidence that Extension of Foster Care Services or other services had been explained to an eligible youth.

Projected Outcomes:
A set of recommendations for each region that will lead to:

- Plans that are individualized to the youth and based on their strengths, needs and goals.
- Increased focus in the plans on what resources the youth needs to be successful as an independent adult.
- Consistent evidence of the use of the Life Skills Assessment and team input
- Identification and referral to specific resources and services to assist the team with the youth's transition to adulthood.
- Increased responsibility for team members in the youth's transition plan
- Transition Plans in TFACTS will use only one (1) IL indicator per Concern Record and reflect only one (1) participant per concern record.
- Increased use of Independent Living Wraparound
- Youth will have caring adults engaged in their Child and Family Team who can serve as legal or relational permanency for the youth.
- All Transition Plans will show evidence that Extension of Foster Care Services and other appropriate adult services have been explained to qualified youth.
- Improved outcomes for young people aging out of Tennessee's foster care system.

Next Steps:
This report focuses on statewide findings from the Transition plan file review process. Each region is in the process of identifying next steps based on the file review process and will use their individual regional findings to further inform their strategies. The IL Specialists will partner with the regions to support their unique needs and strengths and to assist in the implementation of strategies to improve the quality of transition planning for youth.

Following the Brian A. monitor's review in 2012, the Office of Independent Living will again partner with the regions to regularly review IL and Transition plans at least twice a year, with findings recorded and shared with regional and central office staff.

Timeframe:

October 2011-February 2012:	Back to Basics training implementation
March 2012-June 2012:	Extension of Foster Care Services training implementation
July 2012:	Implementation of Extension of Foster Care Services to 21
September-December 2012:	Implementation of new Transition Plan file review process
December 2012:	File Review findings shared with regions and Central Office
TBD 2013:	Brian A monitors review of Independent Living
TBD 2013:	Twice-annual file review by IL and regional staff
December 2013:	Follow up report by Office of Independent Living

Outline of the Report:
The Transition Plan file review tool used in the regional offices had over 200 potential items. For the sake of this report, twenty (20) items that were the most significant will be shared. This report specifically focuses on the quality of transition plans, as this was identified as the area of greatest need. Over 100 transition plans for 17 year old youth in custody were reviewed.

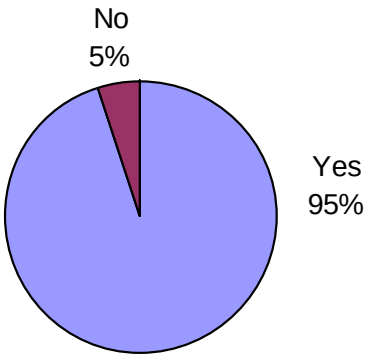
Transition Plan File Review Statewide Summary:

Region	# Transition Plans Reviewed
Mid-Cumberland	3
East	16
Shelby	11
Upper Cumberland	7
Tennessee Valley	6
Knox	8
South Central	3
Davidson	6
Smoky Mountain	7
Northeast	18
Southwest	8
Northwest	10
Total Transition Plans Reviewed	**103**

1. Did the young person attend the most recent Permanency Planning Child and Family Team meeting?

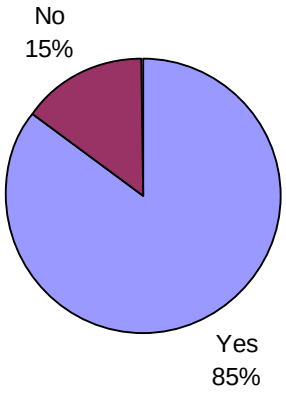
Yes: 95%

No: 5%

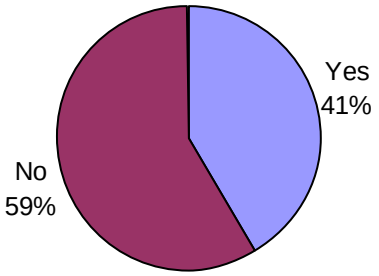


2. Is the Life Skills Assessment in the youth's file?

Yes: 85%



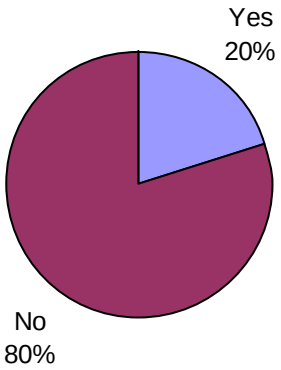
3. The plan reflects that the team knows where the youth will live as an adult.



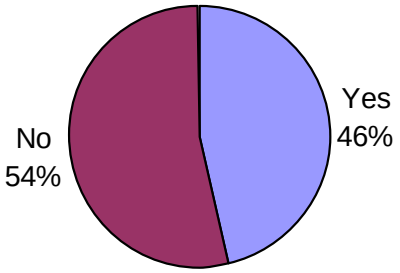
Yes: 41%

No: 59%

4. There is a plan for how the youth will pay for their housing as an adult.



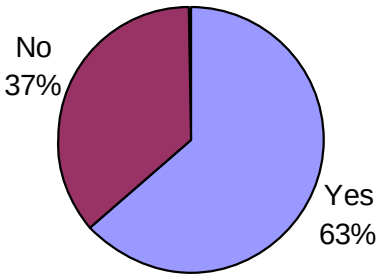
5. The youth's employment goals are identified.



Yes: 46%

No: 54%

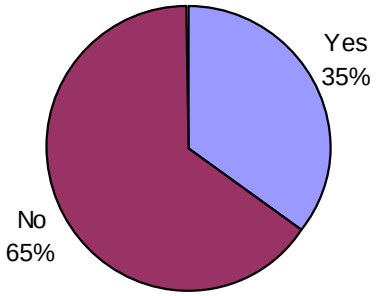
6. The youth's secondary educational needs and goals are identified.



Yes: 63%

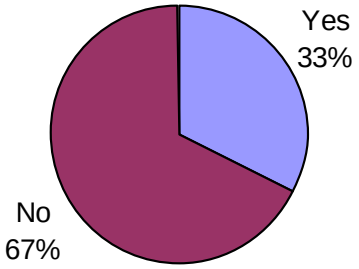
7. The youth's Post-Secondary Educational or Vocational needs and goals are identified.

Yes: 35%
No: 65%



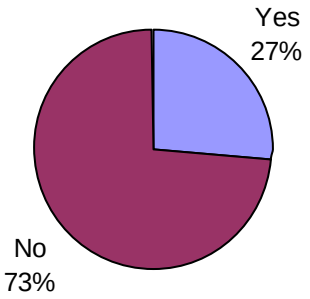
8. The plan addresses steps to reapply for TennCare 30 days prior to exiting care.

Yes: 33%
No: 67%



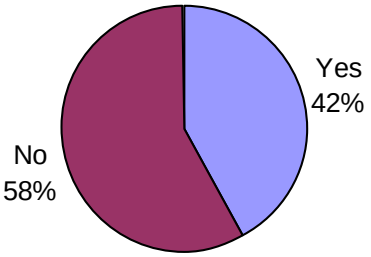
9. The plan addresses the youth's plan for how to support themselves financially as an adult.

Yes: 27%
No: 73%



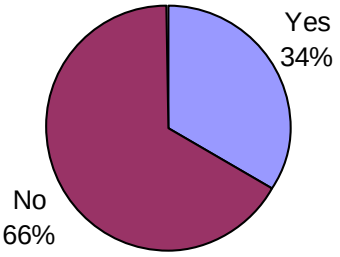
10. The youth has prospects for legal permanency

Yes: 42%
No: 58%



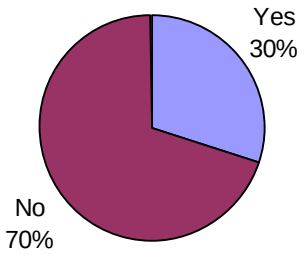
11. The youth has an adult mentor/support outside of the agency who is involved in the Child and Family Team.

Yes: 34%
No: 66%



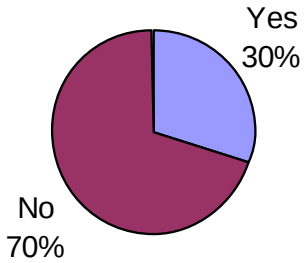
12. There is a plan for how and when the youth will access essential documents (birth certificate, social security card, etc.)

Yes: 30%
No: 70%



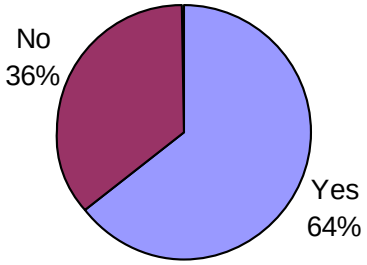
13. Does the youth have a state-issued photo ID?

Yes: 30%
No: 70%



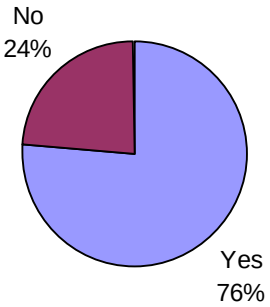
14. The desired outcomes for EACH IL Indicator are personal and individualized to the youth.

Yes: 64%
No: 36%



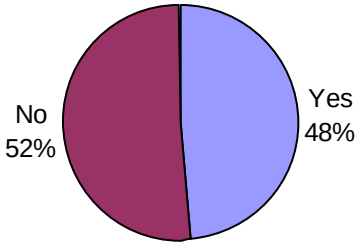
15. The youth is the only person listed as being responsible for Transition Plan action steps.

Yes: 76%
No: 24%



16. Only one (1) IL indicator is used per concern record

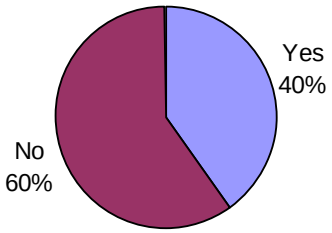
Yes: 48%
No, multiple indicators per concern record: 52



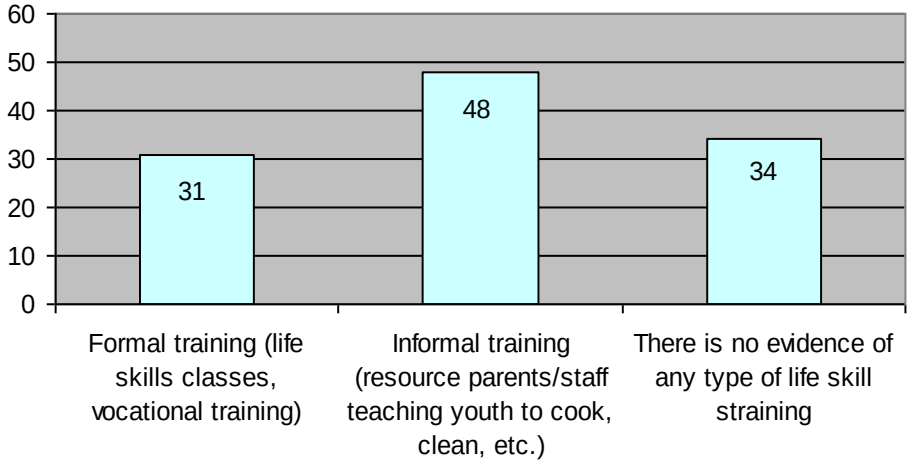
17. IL Action Steps list specific resources and services.

Yes: 40%

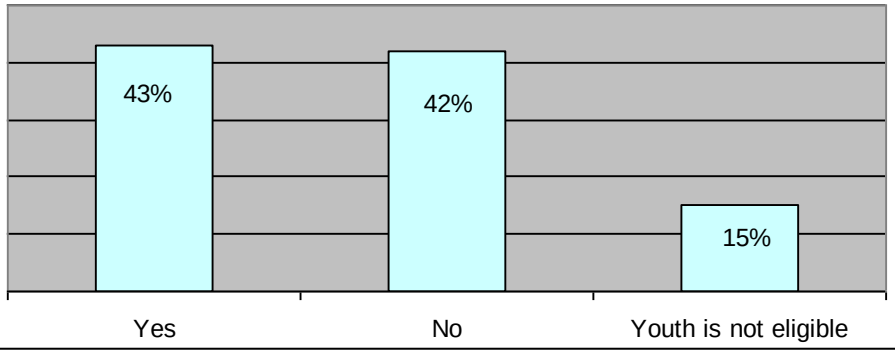
No: 60%



18. What types of Life Skills Training has the youth received?
(Numbers, not percentages—some youth had both formal and informal life skills training)



19. Is it clear that Extension of Foster Care Services has been explained to eligible youth?



20. Does the youth plan to accept Extension of Foster Care Services or other adult services?

Yes	**21%**
Maybe, EFCS have been discussed with the youth but the youth has not made a decision.	**17%**
No, youth plans to refuse EFCS or other adult supportive services	**6%**
No, no documentation of any services for adults	**41%**
Not applicable, youth is not expected to age out	**15%**