Department of Children's Services

Annual Progress and Services Report 2015 - 2016

Tennessee Department of Children's Services| June 2016

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Introduction

Tennessee's Department of Children's Services (DCS) administers funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program (CFCILP). DCS provides services in twelve (12) regions totaling 95 counties across the state.

The population served by DCS includes children/youth in the custody of the state and their families, and non-custodial children/youth and their families receiving prevention, and intervention services to ensure overall safety, permanency and wellbeing. Children in the custody of the state include those who are determined to be dependent and neglected, as well as, children adjudicated delinquent or unruly by the courts. Non-custodial populations include children and families served through Child Protective Services who receive services through one of the Multiple Response System (MRS) tracks including Investigations, Assessments, Resource Linkage, and ongoing Family Support Services. Through the Independent Living Program, DCS serves youth who have reached the age of majority, have exited care or remain on a voluntary contract. DCS provides services to non-custodial youth and families of youth placed on state probation and aftercare supervision by the courts.

Tennessee DCS uses the Continuous Quality Improvement (CQI) program to involve internal and external collaborators in the improvements planned in DCS's CFSP 2015-2019 and as updated in the APSR FY 2016 - 2017.

Under the leadership of Commissioner Bonnie Hommrich, the Tennessee Department of Children's Services identified five strategic priorities as part of the agency's mission and vision (see Figure 1) for the coming years including: Safety, Health, and Permanency; Learning Organization; Customer-Focused, High-Performing Workforce; Partnerships; and Communication. It is a priority to ensure Safety, Permanency and Health for every child to be in a forever home. Learning Organization seeks to use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable, and produce the best outcomes. DCS strives to develop a customer-focused, high-performing workforce by ensuring high-quality customer service that is responsive, engaged and customer-focused. Partnerships strengthen work through collaborating with stakeholders and community partners. DCS Communications fosters trust and credibility with internal and external audiences through reliable, accurate, transparent, and timely two-way communication. Through these strategic priorities, DCS accomplishes the objectives outlined in the Child and Family Service Plan for 2015-2019.

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

Strategies outlined in the Department's Child and Family Service Plan 2015-2019 and Annual Service Progress Report for fiscal year 2016-2017 support the agency in achieving positive outcomes in the Child and Family Service Review planned for 2017.

Figure 1. Tennessee Department of Children's Services Stategic Plan, Mission, and Vision

State of Tennessee Department of Children's Services
Strategic Plan 2014-2016

VISION & MISSION

Vision:
Tennessee's children and youth are safe, healthy and back on track for success.

Mission:
Ensure forever families for children and youth by delivering high-quality, evidence-based services in partnership with the community.

STRATEGIC PRIORITIES

1. Safety, Health & Permanency	2. Learning Organization	3. Customer-Focused, High-Performing Workforce	4. Partnerships	5. Communications
STRATEGIC GOALS				
Ensure every child is safe, healthy and supported in a forever home through quality practice and case management	Use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable and produce the best outcomes	Ensure high-quality customer service that is responsive, engaged, and customer-focused	Strengthen our work through collaboration with community partners	Foster trust and credibility with internal and external audiences through reliable, accurate, transparent, and timely two-way communication
OBJECTIVES				
1.1 Ensure timely CPS Assessments and Investigations 1.2 Properly assess needs and develop permanency plans unique to each child and family 1.3 Ensure service array and delivery meets the needs of children, youth and families 1.4 Reduce maltreatment, recidivism and reentry through prevention and intervention 1.5 Ensure youth have the resources and support needed to successfully transition to adulthood 1.6 Provide resources and funding to ensure the safety and security of committed youth in YDCs and to support needed physical facility improvements	2.1 Enhance capacity of DCS staff to use and analyze data to inform and improve practice 2.2 Collaborate between Child Welfare Professionals and the Office of Information Technology to build and enhance effective data systems 2.3 Strengthen ability of staff and partners to appropriately identify and implement evidence-based practice 2.4 Ensure DCS policies and procedures are aligned with Best Practice 2.5 Incorporate DCS data systems with other resources to improve data informed decision-making	3.1 Foster a respectful, responsive, engaged, and customer-focused culture of excellence 3.2 Identify and hire the right people in the right job 3.3 Retain and develop quality employees through continuous professional development, coaching and training 3.4 Foster a resilient workforce 3.5 Ensure sustainability of efforts through thoughtful succession planning 3.6 Acknowledge and support well-being of DCS staff	4.1 Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision-making 4.2 Tailor partnerships and services to reflect the unique needs of each community 4.3 Foster a culture among DCS staff that embraces community input	5.1 Ensure communication messages are aligned with the Department's Vision, Mission and Strategic Priorities 5.2 Foster a culture of transparency while ensuring a right to privacy for families 5.3 Build systems to achieve timely response in communications efforts and foster an appropriate sense of urgency 5.4 Tell our story about the achievements and challenges of DCS children, youth, families, staff and stakeholders 5.5 Develop effective two-way communication channels that allow DCS to communicate key decisions, benchmarks, and need for organizational change while soliciting on-going input from stakeholders 5.6 Develop capacity for consistent communications across multiple platforms

Collaboration with Community Partners and Stakeholders

Tennessee Department of Children's Services collaborates with a wide array of community partners and stakeholders. To accomplish the goals set in the CFSP, all levels of DCS staff coordinate with multi-disciplinary stakeholders in law enforcement, healthcare, education, social service and private providers and throughout the state. The Department meets regularly with stakeholders to discuss initiatives under the CFSP and presents data elements on child welfare issues to track, adjust, and plan collaboratively. For the development of this APSR, community program contacts and court liaisons informed the work of this APSR provided program information, successes, opportunities and strategies for improvement. On-going collaboration efforts on a variety of initiatives are incorporated throughout the narrative of the APSR.

Preventing Sex Trafficking and Strengthening Families

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

Discussions of policy and practice changes are written in detail within the APSR; however, a list of policies is as follows:

- Office of Child Safety, Identification and reporting of survivors: Policy 14.1, 14.7, Work Aid CSEM (Supplemental to 14.7) and Work Aid 1
- Policy Enhancements on Runaways: Policy 31.25 and associated protocols
- Prudent Parenting Standards: Policies 16.3 and 16.8
- Providing notification to all grandparents/parents of any siblings, diligent search and sibling definition: Policy 16.48
- Providing important documents to youth aging out of foster care: Independent Living guides, manuals, grids, were updated.
- Successor Guardians: Policy 15.15,
- Policy developed to support LGBQT youth: Policy 20.20
- Training classes for foster parents: Developed new attachment to Policy 16.8 "Required Foster Parent In-Service Training Chart
- Reasonable Efforts Enhanced PPLA Protocol: (attached to Policy 16.31)

Services to Substance Exposed Newborns

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

Court Improvement Program (CIP)

DCS works with the Court Improvement Program, Administrative Office of the Courts, on a number of initiatives:

Court Improvement Program (CIP) Work Group

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

Model Foster Care Review Boards

DCS and CIP engage in ongoing work to make improvements to the Foster Care Review Board (FCRB) procedures and hearings. In 2009, CIP implemented Specialized FCRBs to address the increased number of children in foster care who are 14 years and older and enhance the reviews of cases of older youth. DCS and CIP meet regularly to address issues that are identified through the process of implementing the boards. While the original focus of the Specialized Foster Care Review Boards were to address the needs of older youth in foster care, there has been a shift for the boards to focus on well-being for all children in foster care.

The boards are now referred to as Model Foster Care Review Boards, and focus on the well-being categories of health, education, visitation, independent living, and transition planning as follows:

- Support is provided to FCRBs to develop a strong focus on Independent Living for youth aging out of care to improve transition planning and ensure ratification of those plans. FCRBs assist with supporting youth and DCS in increasing the number of participating youth in Extension of Foster Care Services and reviewing these cases routinely by the FCRB. There is ongoing work with DCS legal and local staff to ensure permanency hearings are set for youth over age 17 prior to discharge or aging out of care.
- The FCRBs monitor the education of children and youth in DCS custody. One strategy is to assess school transcripts to track student progress and ensure youth remain or get back on track for timely graduation. The FCRBs increase monitoring and

support for children and youth through review of Individual Education Plans (IEPs) and 504 plans as applicable to the child or youth. FCRBs work with child and family teams to ensure placement changes that minimize impact on academic achievement when possible.

- Another focus for the FCRBs is to ensure that referable conditions/recommendations from Early Periodic Screenings, Diagnosis and Testing (EPSD&Ts), also known as well child check-ups, are addressed. FCRBs also monitor child/youth psychotropic medication prescriptions. The FCRB collaboration works to consider case circumstances and the child's developmental status, when reviewing the status of parent/child visitation.
- The model foster care review board forms were amended to include questions that promote the Prudent Parent and Normalcy initiative in conjunction with the enactment of DCS policy and efforts of the Office in Independent Living.

There are 17 counties with model foster care review boards; Henry County was added this past year. The boards in other counties are using the model foster care review board forms, but are not model boards.

A new initiative with the model boards began in the fall of 2015 with the establishment of Extension of Foster Care (EFC) review boards. These boards focus on the cases of young adults enrolled in EFC. The intent of these boards is two-fold: increase the number of young adults who remain academically eligible for EFC, and increase the number of young adults who acquire a diploma, certificate or degree while enrolled in EFC. As a result of collaboration with the Tennessee Board of Regents, a regents' staff member is assigned to each EFC board bringing invaluable post-secondary knowledge and expertise to improve the well-being outcomes for this population. Three juvenile courts established EFC boards in 2015: Davidson, Maury and Johnson City. Four more courts are scheduled to establish EFC boards in 2016.

Peer Advocates

Many of the model boards have a peer advocate who is a young adult who was previously in foster care and received extension of foster care services. Peer advocates are trained and supervised by CIP staff. Peer Advocates speak with older youth prior to the youth's FCRB hearings and advocate for the youth at the hearings. Peer advocates are paid a stipend to advocate for foster children at the review hearings and receive on-going training. In 2012, DCS and the AOC entered into a five-year contact to fund the peer advocate program. DCS provides $55,500.00 per year to compensate the peer advocates, and to provide quarterly training to the advocates. There are currently nine peer advocates serving nine counties.

Three retreats that included peer advocate training were conducted. The number of peer advocates fluctuates based on class scheduling conflicts since many peer advocates are enrolled in post-secondary education. There are several openings for additional advocates mainly in the rural counties. Because of budget constraints, the counties with larger number of foster youth ages 14 – 21 were selected to have a peer advocate assigned. Judges and court staff continue to request that a peer advocate be assigned to their foster care review board.

Sharing Data

DCS shares the DCS Mega Report of children in DCS custody with CIP on a quarterly basis. This report contains data elements, including three of the timeliness measures required by the ACF PI ACYF-CB-PI-12-02. CIP uses the data to provide county-specific reports to the juvenile court judges. The data is used to develop county-specific dashboards for the model foster care review boards

informing practice. The dashboard contains aggregate data on children in DCS custody specific to each county, including demographics, timeliness, and other custody information. DCS also provides CIP with extension of foster care data.

CIP staff began collaborating with DCS this year during the annual Quality Service Reviews (QSR) by participating as a shadow reviewer in several regions. At the QSRs, CIP assisted in piloting the Onsite Review Instrument in preparation for the 2017 Child and Family Service Reviews (CSFR).

Memorandum of Understanding/Border Agreement with Other States

Over the next five years, DCS and CIP will review and re-activate application of the current Border Agreements between Tennessee/Virginia and Tennessee/Georgia; establish consistent tracking mechanism to support progress made within the agreements; amend both agreements through the local management committee to establish the ability to withdraw from the agreement if data supports; and maintain reporting of activities with the state departments and judiciary. Joint training on the Tennessee/Kentucky/Ft. Campbell Border Agreement was provided in November 2014 with support from Casey Family Programs; operations were effective December 1, 2014. Additional revisions in the Tennessee/Kentucky Border Agreement were implemented effective May 1, 2015.

The feasibility of marketing expanded Border Agreements with Georgia, Virginia and Kentucky and initiating border agreement discussions with key partners in other states will be determined over the next five years to meet a priority for safe and timely placements and permanency. Additional State partners include the Alabama Department of Human Resources, Arkansas Department of Social Services, Mississippi Department of Social Services and the AOC equivalent in each state.

Citizen's Review Panel

Tennessee has four (4) CRP's located in Montgomery County (Clarksville), Shelby County (Memphis), Hamilton County (Chattanooga) and the Northwest Region of Tennessee (including nine rural counties). The Office of Child Safety (OCS) works closely with University of Tennessee, College of Social Work Office of Research and Public Service (UTSWORPS) to ensure the CRPs meet federal requirements. Over the last year, DCS enhanced and strengthened its relationship with the CRPs in a number of areas. Representatives from the OCS attended quarterly CRP meetings in each region to show support and provide statewide updates. Additionally, the Commissioner and the Deputy Commissioner of Child Safety met with the Chairs of the CRPs to discuss areas of improvement for collaboration between DCS and the CRPs. This led to a productive Annual Statewide CRP meeting, and a renewed focus and set of goals for the coming year.

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

connections to people and resources which will help to ensure their successful transition from youth to adulthood. *Reality Check* was replicated in the DCS Upper Cumberland region in 2015, and several DCS representatives from the region also attended the 2016 event.
DCS and the CRPs also collaborate to provide ongoing training for child welfare professionals. The Northwest CRP collaborated with the local DCS staff to offer training on trauma. The *Neurochemistry of Trauma and Evidence-Based Models of Recovery* training was held in Martin, Tennessee on November 20, 2015. The training included presentations on how brain development is altered when trauma occurs and included illustrations on the effect of the interaction between the brain and hormones found throughout the body. The training informed attendees that children with histories of child abuse and neglect often respond excessively to minor triggers and may appear highly reactive, responding to threats even if they are not present. The training also provided descriptions of cases of children who have experienced trauma and information on evidence-based therapeutic modalities being used to facilitate the recovery of abused and neglected children. As a result of this training, the Northwest CRP developed a list of resources that provide trauma-informed support and provided this list to DCS staff and local service providers.

The statewide CRPs also collaborated with DCS to review regional child welfare data, revise curriculum for training for foster parents, and assist the Department in planning methods to combat burnout and turnover, through techniques such as supporting staff with accessing self-care resources, connecting staff to education and training opportunities, and setting up a system of supervision through peer mentors.

Finally, the CRPs coordinate with DCS in the completion of case reviews and case consultations to promote best practice and improved outcomes. In the past year, the Shelby County CRP reviewed cases involving domestic violence to assess the availability and quality of service provision for children who witness domestic violence. The CRP collaborates with DCS and local service providers to discuss and identify service-based opportunities for domestic violence prevention and coordination of services for victims. As a result of the case reviews, the panel decided to develop and facilitate a domestic violence/dating violence training in local high schools in the coming year.

Consultation and Coordination between States and Tribes

Mississippi Band of Choctaw Indians

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

There have been no revisions to Tennessee DCS policy regarding the Indian Child Welfare Act (ICWA) policy 16.24, Native American Children since January 2012. The state is in compliance with the ICWA law with the most recent Title IV-E plan, pending approval in 2016. This grants a retroactive approval for the Fostering Connections Act, to October 1, 2010, and included a revised policy 31.3, Case Transfer Guidelines Between Regions, Agencies, and Facilities, that demonstrates the Department's compliance to ensure seamless transfer of Native American child to a Tribal title IV-E agency or an Indian Tribe with a Title IV-E agreement.

ICWA Compliance

DCS continues to maintain Policy 16.24: Children of Native American Heritage. The policy ensures compliance with the ICWA law as it was submitted with the most recent Title IV-E plan, with pending approval in 2016. This approval grants a retroactive approval to October 1, 2010 for the Fostering Connections Act. DCS enacted new Policy 31.3: Case Transfer Guidelines between Regions, Agencies and Facilities as of November 2013, which demonstrates the Department's compliance to ensure the seamless transfer of Native American children to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement. DCS continues to make improvements to any policies, procedures or practices as identified throughout the CFSP cycle.

Assessment of Performance, Plan for Improvement, and Progress Made to Improve Outcomes

This section of the report addresses the Update on Assessment of Performance and Update to the Plan for Improvement and Progress to Improve Outcomes. DCS integrates federal Outcomes and Systemic Factors, with the DCS Strategic Plan. In this way, CFSR objectives are weaved into the goals of DCS, promoting integrated efforts throughout program areas and community partnerships. In order to ensure all outcome and systemic factors items are addressed this section of the APSR is organized with three reporting components. This was done to ensure the APSR serves as a foundation for CFSR Statewide Assessment work. The department uses the APSR as an update to ongoing performance and improvement work conducted by DCS, which will lead us through successful work on the CFSR Performance Improvement Plan (PIP).

Three reporting components:

1) Narratives describing program areas and initiatives with program updates from the past year.
2) Identification of DCS Strategic Plan Goals and Objectives and data elements used to measure federal and state outcomes.
3) Updates on the goals, objectives, and interventions set in the 2015-2019 CFSP.

Each component addresses recent state performance regarding program areas, data updates, and improvement plans for programs, services, and outcomes for children and families.

Outcomes

Safety

Child Protective Services (CPS) Investigations and Assessments

The Office of Child Safety (OCS) Investigations and Child Protective Services Assessments (CPSA) identified specific data metrics that assist in monitoring, tracking and trending the response timeframes for allegations of abuse or neglect as well as the time it takes to close a CPS case. These metrics are available in regularly produced automated reports and provide data at the individual, supervisor, team, regional, and statewide levels to ensure that compliance requirements are met and identify policy and practice needs. Additionally, a contract is awarded to an external vendor to develop a data dashboard for use by all program areas of DCS to track and monitor compliance requirements at all levels and on a daily basis. The dashboard currently provides twenty-nine (29) finalized reports including at least one report for every program area participating in statewide services.

The OCS Training and Professional Development Division partners with the Tennessee Bureau of Investigation (TBI) to provide the CPS Investigator Training Academy (Academy). To date, thirteen classes have graduated from the Academy, which include over 300 investigations staff and over 100 other DCS staff and community partners. The Academy is approved by the Peace Officers Standards and Training (POST) Commission, National Association of Social Work (NASW), and Tennessee Commission on Continuing Legal Education and Specialization. With these approvals law enforcement, licensed social workers and attorneys receive continuing education hours for their respective disciplines. Ongoing changes are made to curriculum content and the overall program agenda is based upon feedback provided by Academy participants. The feedback is critical to enhancing training opportunities, providing the most current information, and best practice curriculum.

CPSA identified areas of need which led to the establishment of the CPS Assessment Training Academy through a contract with Vanderbilt University. The effectiveness of the Academy is credited to the support from the Tennessee Bureau of Investigations (TBI), Prevent Child Abuse Tennessee, DCS's legal, training, and Child Programs divisions. The Assessment Training Academy provides CPSA workers with skills and knowledge in Structured Brief Intervention and Referral to Treatment (SBIRT) including drug identification, recognizing and documenting drug impairment/use, and the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit. To enhance the learning, there are consult calls with a focus on SBIRT and Trauma Toolkit. These calls, which are now required for attendance, incorporate coverage of homework to further engage the participants. This addition to the Academy's structure has been beneficial and staff continues to report a better understanding in the use of the SBIRT and trauma skills and knowledge. The Academy also offers other relevant topics such as CPS policies and procedures, juvenile court systems, and understanding motivational interviewing in child welfare practice. The CPS Assessment Training Academy also includes an overview of understanding and mitigating complex systems, failures as it relates to child welfare. One of the latest additions to the Academy is the session on Counter Response and Children with Sexual Behavior Problems, which has received very positive feedback. The goal is to have all CPSA staff graduated from the Academy by the end of calendar year 2018. To date, eight (8) classes have graduated from the Assessment Training Academy, which includes over 240 Assessment staff. The ninth group is scheduled to begin in July 2016. By the close of fiscal year 2016, the total number of graduates will be 234. CPSA management and regional

representatives continue to use participant surveys, feedback, and forums to pinpoint methods and strategies to empower and prepare CPSA case workers to meet the needs of children and families.

The OCS strives to produce best quality casework in investigations, and the Internal Quality Control Division provides an internal quality review process for Investigations. Tools and evaluation methods have been developed to assist supervisors and improve performance. The Quality Review Tool has been developed to assess the quality of work within Investigations by gathering quantitative and qualitative data and using that information to make individual, team and statewide improvements. In an effort to improve collaboration with community partners, the Child Protective Investigative Team (CPIT) and Court Performance Evaluation Tools have been created, with input from community partners, to outline consistent statewide procedures, expectations, and best practices as it relates to involvement with community partners and local court systems by Investigative staff. Additionally, the Internal Quality Control Division is in the process of implementing a Continuous Quality Improvement (CQI) process with the purpose of utilizing the results of the quality reviews and providing supervisors with the necessary tools to mentor Investigators and improve overall outcomes in a continued commitment to excellence.

The OCS Community Partnerships Division works with OCS partners around the state in an effort to establish partnerships and open lines of communication to address issues and promote improved outcomes. The Statewide CPIT Advisory Board meets regularly to address issues across the state related to the investigative process for the statutorily mandated multi-disciplinary team. The CPIT Advisory Board provides guidance and consultation on practice and protocol standardization to CPITs across Tennessee. The Community Partnerships Division has also worked to solidify partnerships with the multi-disciplinary teams by increasing co-locations with CPIT partners. Currently, 102 CPS Investigators are co-located with CPIT partners in 18 CPIT partner facilities across the state. By the end of calendar year 2017, 192 CPS Investigators are expected to be co-located at 24 CPIT partner facilities, including 3 Family Justice Centers, across the state. Senior leadership from the Office of Child Safety continues to visit CACs to meet with directors, staff, and community partners to discuss emerging issues and then escalating them to the CPIT Advisory Board.

Family Advocacy and Strengths Tool (FAST) Assessment

The FAST 2.0 rollout in the DCS SACWIS system, TFACTS consisted of four main phases. The first phase was the rollout of the FAST and Safety component of the FAST in TFACTS. FAST and the Safety component of the FAST are now being used by all regions within TFACTS. The Safety component of the FAST 2.0 is made up of a selected group of FAST 2.0 items that are completed within 3 business days of the first visit with the youth. When this subset of FAST items are completed and submitted for approval, a Safety algorithm is generated. When the full FAST is completed, the Safety algorithm is calculated again, along with the FAST/risk algorithm and a trauma algorithm for all youth assessed. The technical component of this phase was completed in July of 2015. Because of the new changes to the FAST, additional training was provided to all staff using the FAST assessment tool occurring between September and mid-November. Staff began using FAST in TFACTS after they received the training and obtained access. REDCap was disabled for FAST in mid-November.

The second phase involved adding prepopulated scores for FAST assessments completed in TFACTS. This was incorporated into the rollout of FAST 2.0 in July 2015. Once a FAST assessment is completed in TFACTS for a family, the FAST item scores prepopulate into subsequent assessments for up to one year from the last assessment. This helps staff complete assessments more frequently and also to see previous

scores and justifications of those scores. This is especially helpful when cases are transferred or if a family is involved in a new investigation or event.

The third phase was to include a FAST 2.0 summary section added to the FAST 2.0. After further review and collaboration with our OIT group, we determined that this phase was no longer necessary. There are many upcoming changes to TFACTS that will allow us to discontinue the use of the FFA for both non-custodial and custodial cases.

Structured Decision Making (SDM) Intake Assessment

The SDM Intake Assessment, developed in collaboration with the Children's Research Center (CRC) in 2008, is a tool that assists the Child Abuse Hotline (CAH) in making screening decisions on child abuse and neglect reports. The screening tool guides the decision in determining if the report meets the criteria for assignment and if so, the appropriate track assignment (Investigation or Assessment). The tool also assists the CAH in assigning a timeframe for responding to the CPS Investigation or Assessment. The SDM tool determines what reports are appropriate for Resource Linkage and identifies those appropriate to send to external agencies, such as law enforcement or daycare licensing.

DCS began a second collaboration with the CRC in November 2013 with a review of the SDM. The CRC held several meetings with the CAH and frontline CPS staff to revise the tool. Inter-rater reliability testing, field testing and staff training occurred between January and October of 2014 and the updated tool was implemented at the CAH on November 3, 2014. DCS is currently collaborating with Casey Family Foundation and the Children's Research Center to conduct additional work at the Child Abuse Hotline to validate the intake assessment tool and implement appropriate recommendations surrounding reconsiderations and screening decisions.

Family Advocacy and Support Tool (FAST)

In August 2015, the Family Advocacy and Support Tool (FAST) was revised to integrate a new Safety Assessment replacing the former Structure Decision Making tool. The Safety Assessment component is comprised of 16 items of the FAST. These 16 items focus on immediate safety for the child and, once addressed, will recommend if immediate intervention may be needed. The outcome to the Safety Assessment is designed to be used as a safety decision support tool to support planning and/or protective measures implemented for the child(ren). This Safety Assessment was developed to assist staff in the decision making process surrounding the immediate safety of the child. When the tool was finalized, it replaced the existing SDM Safety Assessment Tool and is completed as a piece of the FAST.

Child Death and Near-Death/Safety Analysis

DCS reports all investigated child deaths on our website: http://www.tn.gov/dcs/topic/child-death-and-near-death-public-notifications. DCS examines child deaths that are the result of abuse or neglect when there is a prior history. The DCS Child Death Review process involves a comprehensive, multidisciplinary review of child death and near death cases. The process uses a true systems approach to better understand those factors which influence the quality and delivery of service provided to children and their families. The systems approach guides reviewers to analyze incidents as emerging from interactions of components and processes within systems. It contributes to

organizational learning, addressing issues discovered in individual events, and understanding the underlying systemic issues that influence adverse outcomes. Also, critical to the process are debriefings conducted on each case.

Debriefings are conducted with frontline staff and supervisors involved with the subject case. These debriefings explain actions, decisions and provide a comprehensive understanding of case context. Additionally, debriefings promote a safe environment for staff to revisit cases with Safety Analysts and review their work. This provides critical learning opportunities for all staff involved through this robust process.

There were 123 death and near death cases reviewed in 2015. A total of 95 deaths were reviewed. This includes 85 non-custody deaths and 10 custody deaths. Of the 85 non-custody deaths, 76 had relevant history within the past three years. During this review period, there were 28 near death cases reviewed. This includes 1 custody near death and 27 non-custody near deaths. Of the 27 non-custody near death cases, 15 had relevant history.

Also in 2015, 140 debriefings were conducted. During these debriefings, 214 different findings were discussed. Each debriefing lasts a minimum of one hour; therefore, at least 140 hours of discussion with frontline workers and supervisors contributed to the Department's evaluation and analysis of practice through the Child Death Review in 2015.

In order to provide greater transparency to the public, DCS created the Public Notifications Website in 2013. The website provides information regarding custody deaths, non-custody deaths, custody near deaths, and non-custody near deaths.
In accordance with Tennessee Code Annotated 37-5-107 (c)(4), DCS releases, when possible and as available, the following information regarding a child death investigation to the Public Notifications website within five business days: (1) the child's age, (2) the child's gender, and (3) whether the Department had history with the child. Following case closure, the Department publishes the final disposition of the case, whether the case meets criteria for a child death review, and the full case file.

With respect to near death cases, DCS releases the full case file following the closure of the case. For both death and near death investigations, full case files are redacted in order to protect the identities of those involved and to adhere to state and federal confidentiality requirements.

Since the OCS was established, over 27,000 pages of full case files of child deaths and near deaths have been posted to the Public Notifications Website. Additionally, in 2015 a Child Death Near Death (CDND) enhancement was created for Tennessee's SACWIS system, TFACTS, to improve the efficiency of tracking and verification processes for deaths and near deaths. The CDND enhancement underwent a successful trial period and was fully transitioned from a manual process in November 2015. This transition was two full months ahead of schedule.

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

DCS Strategic Plan: Goals and Objectives

Goal: Ensure every child is safe, healthy, and supported in a forever home through quality practice and case management.
Objectives: 1.1 Ensure timely CPS Assessments and Investigations, 1.6 Provide resources and funding to ensure the safety and security of committed youth in YDCs and to support needed physical facility improvements.

Table 1. Measure of Progress Safety Outcome 1 Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015-2016	Target/Goal
Timeliness of Priority Response 1	78% CPSI	79% CPSI	91.2% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
	86% CPSA	88% CPSA	93.3% CPSA	
Timeliness of Priority Response 2	75% CPSI	77% CPSI	89.3% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
	75% CSPA	82% CPSA	91.0% CPSA	
Timeliness of Priority Response 3	74% CPSI	75% CPSI	89.6% CPSI	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
	76% CPSA	86% CPSA	92.1% CPSA	
Timeliness of classification for CPSI	Still in Development	Still in Development	44.24%	55% by Jan 2016 65% by Jan 2017 80% by Jan 2019
Timeliness of classification for CPSA	Still in Development	Still in Development	44.67%	55% by Jan 2016 65% by Jan 2017 80% by Jan 2019
Average time to case closure for CPSI/% overdue	25.60%	31%	34%	<20%

			Current % overdue (as of May 2016) statewide for CPSI is 13.3%	
Average time to case closure for CPSA/% overdue	7.70%	6.60%	19% Current % overdue (as of May 2016) statewide for CPSA is 4.2%	<20%
Improve the number of calls to the Child Abuse Hotline to an average answer time under 20 seconds	89.70%	86.60%	80.34%	80%
Safety QSR Scores	98%	96%	97%	100%

Table 2. Statewide Data Indicators (CFSR Round 3) Supports Safety Outcome 1 and TN DCS Strategic Plan

Statewide Data Indicators (CFSR Round 3)	National Standard	TN Risk Standardized Performance (FFY2013)
Incidence of Maltreatment while in DCS Custody (Using new CFSR Round3 Measure)	8.5	10.04
Recurrence of Maltreatment (Using new CFSR Round3 Measure)	9.1	Not reported due to data quality

Table 3. Office, Objectives, and Action Steps Supports Safety Outcome 1 and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Office of Child Safety and Child Programs-Assessments 1. OCS Investigations leadership will hold weekly conference calls with all Investigations Coordinators to focus on areas of improvement, report % of overdue cases, #'s of cases closed weekly, cases classified within 30 days, successful actions taken and the plan for going forward.	Regular Tiered Meetings	**Child Protective Services** 1. The Office of Child Safety (OCS) began a series of meetings with each of the twelve regions to provide guidance and assistance tailored to their unique needs. A tripartite system was created to designate the level and intensity of support. The highest tier meets once every other month (although they often meet monthly). These regions are considered to be in maintenance with a focus on increasing best practices and piloting new methods of addressing investigations. The middle tier meets every other week using both in person meetings and conference calls. The focus of these meetings is to overcome barriers that may be influencing the quantity and/or quality of case work. Factors may include turnover, unexpected influx of cases, staff morale and community issues. The final tier meets every week as multiple intersecting factors represent not only temporary barriers but potential systemic issues for OCS to engage on both the regional and statewide level. Each region in the middle and last tier operate with Strategic Action Plans that are supplemented by individual plans for each leader and supervisor in the region. Data points, such as overdue cases, cases closed, and cases classified, are reviewed and goals are set to address specific needs and resources to overcome any challenges. In an effort to build morale and support for the regions, strategic questions are asked in each of the meetings of every leader to identify ways that he/she has supported their staff and leadership team.
2. CPS Assessment Central Office leadership will hold monthly conference calls with identified CPS regional staff to focus on areas of improvement, report % of overdue cases, #'s of cases closed weekly, cases classified within 30 days, successful actions taken and the plan for going forward.	Monthly Meetings	2. Information and data are shared and discussed at the monthly Policy and Practice (P & P) meetings. Central Office staff and regional staff focus on the areas of improvements and brainstorm methods to make advances. The P & P meeting s allow for face- time with regional staff, which proved to be more effective than the standard conference calls. In addition, conference calls are held as necessary between Central Office and regional leadership to address specific areas of need. With the use of Sharepoint and now SafeMeasures reports/data, the conversations are geared toward compliance and strategies

		to improve the practice and data. CPSA Central Office staff pulls data weekly to prioritize regional discussions and regional technical assistance.
3. Regions were divided and assigned to OCS Investigations leadership for mentoring and monitoring.	Ongoing	3. The twelve regions of DCS are currently divided among four Regional Investigations Directors (RIDs). Under this structure, the four (4) RIDs oversee fourteen (14) Investigations Coordinators, who directly supervise the Lead Investigators, who in turn supervise the frontline Investigators. This model of increased Investigations Coordinators allows for more direct supervision of the Lead Investigators in an effort to provide added support and case management staff.
4. The OCS Internal Quality Control division will complete a weekly trending report to inform OCS leadership the overall trending data of overdue cases as well as cases that were compliant with classification requirements and priority response timeframes.	Ongoing Reports	4. The OCS Internal Quality Control division continues to develop and maintain a monthly trending report, known as the Activity Management Report, to inform OCS leadership of the overall trending data of overdue cases, priority response timeframes, overtime hours worked, and case load activity. This report is reviewed and discussed by Executive Leadership of OCS on a monthly basis and is distributed at a Grand Regional level to the RIDs. CPSA has an Activity Management Report that is used to inform Central Office and regional leadership of the data related to caseloads, new referrals, and number of cases closed. This report displays the data to reflect the number and percentage of overdue cases and cases classified within the required timeframe. Additionally, this Activity Management Report is built into the data dashboard contract the Department has with SafeMeasures and the report is currently accessible to frontline supervisors on a team and regional level.
5. The OCS and CPS Assessments will receive a weekly report regarding the # of overdue cases and compliance in response timeframes regionally.	Weekly Reports	5. The OCS Investigations and CPS Assessments receive a weekly report with regional data regarding the number of overdue cases and compliance in response timeframes.
6. The OCS will develop a spreadsheet to use consistent statewide reporting information for classification dates.	Ongoing	6. A contract was awarded to the National Council on Crime and Delinquency (NCCD) for implementation of SafeMeasures. This contract included development of a data dashboard for use among all levels of DCS.

		SafeMeasures is an innovative internet-based reporting service which uses analytics to help child welfare agencies achieve better outcomes, improve service, and operate more effectively. SafeMeasures is a Department-wide initiative and a core team within DCS that is responsible for ongoing report verification. The SafeMeasures dashboard currently provides 29 finalized reports including at least one report for every program area participating in the service. Among the provided reports is a statewide report providing consistent information concerning classification dates. This report is currently being verified by the core team and will be finalized and accessible statewide shortly thereafter.
7. The OCS and CPS Assessments have requested that the Office of Information Technology develop a classification report for statewide monitoring and trending.	Ongoing	7. A classification report is developed by the Office of Information Technology for statewide monitoring and trending. Testing on the report was completed and approved in July 2015. Additionally, a report has been recently developed through the data contract company, SafeMeasures. This report is currently in the verification process and once verified the report will provide frontline case managers and supervisors the ability to track classification compliance on a daily basis. Additionally, classification compliance is monitored and addressed during regularly scheduled leadership meetings to increase focus and improve future compliance measures. CPSA Central Office and regional staff have regular meetings to assess and address classification compliance. Discussions occur during regional phone calls, right-sizing conversations and Practice and Policy meetings. Currently, the report housed in Sharepoint (Timeliness of Allegation Classification) serves as a foundation for these discussions. Once vetted and verified, SafeMeasures will afford an avenue to assess the data. These reports and the timeliness of the information will serve as a management tool which will lead to improved classification compliance.
Office of Child Safety and Child Programs-Assessments **Child Protective Services** 1. All OCS investigators and supervisors will complete the CPS Investigator Training Academy.	Ongoing	**Child Protective Services** 1. To date, thirteen (13) classes have graduated from the CPS Investigator Training Academy which includes over 300 investigations staff and over 100 other DCS staff and partners. Including the class currently in training, the CPS Investigator Training Academy has currently trained 317 CPSI employees. CPS

		Investigations currently has 460 positions allocated to the division. Due to attrition, there will continue to be a need for CPSI employees to complete the CPSI Training Academy.
2. All CPS Assessment staff and supervisors will complete the CPS Investigative Assessment Training Academy.	Ongoing	2. To date, eight (8) classes have graduated from the Assessment Training Academy, which include over 240 Assessment staff. The ninth group is scheduled to begin in July, 2016. By the close of fiscal year 2016, the total number of graduates will be 234. DCS is on a path for all current CPSA staff to complete the Academy by the close of calendar year 2018.
3. Review and revise the Structured Decision Making (SDM) Intake Assessment Tool for the Child Abuse Hotline.	Ongoing	3. During 2015, the current version of the SDM Intake Assessment Tool for the Child Abuse Hotline (CAH) was finalized. This was a result of collaboration between OCS and the Children's Research Center (CRC) to review and revise the SDM Intake Assessment for the CAH, which began in December of 2013.The review, includes several meetings to revise the tool with participation from the CRC, DCS field staff and the CAH. After the SDM Intake Assessment was implemented, feedback was gathered from field staff, evaluated by DCS and CRC, and adjustments were made to the tool. Following this work, the Child Abuse Hotline and Internal Quality Control Division continued to work with CRC for inter-rater reliability testing and calibration of the tool over time. Additional work is currently being conducted to validate the intake assessment tool and implement appropriate recommendations surrounding reconsiderations and screening decisions.
4. Revise policy, deliver training and implement the revised SDM Intake Assessment tool at the CAH.	Ongoing	4. As a result of the new SDM intake assessment implemented November 3, 2014, the CAH is screening intakes strictly through the use of policy, Work Aid 1, and the SDM manual, eliminating the use of regional agreements, protocols or directives. This led to more consistent screening decisions. Training was completed on the SDM Intake Assessment tool revisions for all Hotline staff in 2015. Additionally, OCS is partnering with CPSA to systematically update all CPS related policies to ensure the best practice and consistency is reflected in departmental policy. OCS and CPSA are also engaging frontline staff and community partners to solicit feedback for policy revisions. One revision included was the revision of the departmental policy

		surrounding work with Drug Exposed Children. To better align the DCS response to cases involving DEC with the established MRS system, DCS did a comprehensive review of the DEC policy (14.21). This review resulted in revisions to the type of cases which are assigned to both the assessment and investigative tracks. Additional guidelines and clarification were provided surrounding how CPS may classify each case. This revised policy became effective in July 2015 and DCS employees were provided with the opportunity to receive training on the DEC policy. These training opportunities reached over 500 DCS employees.
5. Review the SDM Safety Assessment Tool and develop recommendations for revisions and congruency with Family Advocacy and Support Tool 2.0 and other assessment tools.	Ongoing	5. In August 2015, the Family Advocacy and Support Tool (FAST) was revised to integrate a new Safety Assessment. The Safety Assessment component is comprised of 16 items of the FAST. These16 items focus on immediate safety for the child and, once addressed, will recommend if immediate intervention may be needed. The outcome to the Safety Assessment is designed to be used as a safety decision support tool to support planning and/or protective measures implemented for the child(ren). This Safety Assessment was developed to assist staff in the decision making process surrounding the immediate safety of the child. When the tool was finalized, it replaced the existing SDM Safety Assessment Tool and is completed as a piece of the FAST.
6. Adapt the Case Process Review tool and develop a process for OCS and CPS Assessments to methodically review cases utilizing CQI to determine action plans.	Ongoing	6. The OCS Internal Quality Control Division developed and implemented quality review tools that monitor compliance in hotline and investigative protocols, procedures and documentation quality within those divisions. The Quality Review Tool has been developed to assess quality by gathering quantitative and qualitative data and using that information to make individual, team, and statewide improvements. To date, over 1500 cases have been reviewed using the Quality Review for Investigations, statewide. Additionally, the Internal Quality Control Division implemented a Continuous Quality Improvement (CQI) process with the purpose of using the results of the Quality Review and providing supervisors with the necessary tools to mentor Investigators, develop action plans, and improve overall outcomes in a continued commitment to excellence within OCS. Currently, CPSA staff use the Case Process Review (CPR) tool and the Fidelity Reviews as methods to gather information and address areas of needed

		development and improvement. Currently, CPSA staff use the Case Process Review (CPR) tool and the Fidelity Reviews as methods to gather information and address areas of needed development and improvement. CPSA started conversations with the Office of Child Safety regarding the use of the Quality Review Tool used in that division.
7. Review the IPA and develop recommendations for revisions to the IPA and non-custodial removal process, forms, and provide training to enhance understanding and consistency.	Ongoing	7. After several CPS workgroup sessions at the monthly Statewide Policy and Practice meeting, OCS developed draft revisions to the Immediate Protection Agreement (IPA) policy, forms, and associated non-custodial language. OCS partnered with CPS Assessments and the Office of the General Council to review these draft revisions for additional changes. The policies and forms are currently in draft status and are continuing through the approval process. Revisions to the documents attempt to clarify what is required to complete an IPA versus a removal into custody by creating a separate IPA policy and a separate removal policy. The revisions to the IPA form provide clarification to involved non-custodial caregivers, parents, and other involved parties, that the IPA is not a court order but are a voluntary agreement entered into by the involved parties and that it can be revoked at any time. Additionally, changes to protocol surrounding IPAs clarify that IPAs may now be communicated to and shared with hospital staff to establish a plan of care. Training on implemented changes is planned to occur upon finalization of revised documents.
Child Death and Near Death Review and Safety Analysis		**Child Death and Near Death Review and Safety Analysis**
1. Safety Analyst in collaboration with Regional Nurses will obtain and review case histories, summaries and medical notes for the development of a Child Death Review (CDR) Report for presentation at a CDR meeting.	Ongoing	1. This is being completed within all given timeframes.
2. Death and Confirmed Near-Death cases will be reviewed on a monthly basis in every	As Needed	2. This is being completed as needed to ensure that all Death and Near Death cases are reviewed within given timeframes.

region within the state of Tennessee.		
3. A quarterly report will be created to present preliminary finding determined during CDR's.	Monthly Meetings	3. This report out occurs regularly. Due to the Safety Action Group Meeting, the Commissioner now receives up-to-date CDR information during each monthly meeting.
4. A yearly report presenting CDR statistics, findings and recommendations will be generated and published on the web to support continuous transparency.	Ongoing	4. This is being completed. The report is set to be complete within given timeframes.
5. Quality assurance process will be developed to audit all necessary functions of CDR.	Ongoing	5. Updates are being provided to regional staff in regions during meetings with Senior Executive staff. Case examples are shared with case carrying staff through Spaced Education. Safety Analysts report out to regional leadership on CDR findings during Safety Circles. The division is also developing an effective way to provide CDR team members with instant learning points to take away and share with other staff.
Office of Child Safety, SIU **CPS Special Investigations Unit (SIU)** 1. The OCS is reviewing and revising the Special Investigations Unit's safety and risk assessment tool to better identify and address immediate safety concerns and ongoing risks to a child in custody during an investigation.	Ongoing	**CPS, SIU** 1. An ongoing review of the Safety and Risk assessment is currently in progress. The tool is being reviewed and assessed to determine if it can be enhanced to address each of the placement types (congregate care, YDC, foster home, etc.) investigated by SIU.
Office of Accreditation- Quality Control **PREA** 1. PREA Self Assessments and Mock Audit at each YDC. 2. PREA Audit	Complete	**PREA** 1. PREA audit for Wilder and Mountain View YDCs were conducted in 2015. Both YDCs received a report of full compliance. Mountain View completed their PREA Audit June 10-12, 2014. Wilder completed theirs on June 9 and 10, 2015. 2. The PREA Audit for Woodland Hills YDC will be completed in June 2016. A Mock PREA Audit was conducted by the Statewide PREA Coordinator on

		January 27, 2016.
ACA American Correctional Association (ACA) 1. Annual ACA mock audits at each YDC	Complete	**ACA** American Correctional Association (ACA) 1. ACA Mock Audits were conducted at Wilder YDC October 26-27, 2015; Woodland Hills YDC November 16-17, 2015 and at Mt. View YDC December 14-15, 2015.
2. ACA Audit		2. ACA Audits were conducted at Wilder YDC April 15-17, 2013; Woodland Hills YDC August 19-21, 2013 and at Mt. View YDC October 28-30, 2013. All three facilities were reaccredited. ACA audits are due by the end of 2016.
Foster Home Quality Team 1. The Foster Home Quality Practice Team will meet weekly to review the findings of SIU cases to make decisions regarding resource homes to ensure safety of children.	Weekly Meetings	**Foster Home Quality Team** 1. The Foster Home Quality Practice Team meets weekly to review the findings of SIU cases to make decisions regarding resource homes to ensure safety of children. A quarterly report is developed to identify areas of strengths, opportunities, and outcomes to improve practices and ensure safety for children and youth in foster homes.
Office of Child Programs- Network Development 1. Provide existing high risk reports to all appropriate DCS and Vanderbilt COE staff.	Every Two Weeks	**Office of Child Programs- Network Development** 1. New high risk reports are available every two weeks. When the reports are generated, Network Development updates each region's high risk, to include the new high risk youth. Regional and COE staff have access to these high risk spreadsheets on our shared drive and make their own updates regularly. The full high risk statewide spreadsheet is made available to regional and COE staff. In addition, each provider agency receives their agency's high risk spreadsheet every two weeks.
2. Update existing reports to add additional information that will ensure the high risk report is as helpful as possible.	Weekly Reports	2. Every week the high risk spreadsheets are automatically updated to show the most current placement information from our mega report. This helps regions to see if youth have moved to new placements, step down to foster homes, etc.
3. Address provider's responsibility with	Weekly	3. The high risk protocol outlines providers' responsibilities at it relates to

high risk placements and ensure it is clearly defined in policy.	Reports	high risk. When a youth is deemed to be high risk, providers also receive a notification and it outlines the expectations of the provider agency as it relates to the placement of the high risk youth.
4. Complete safety plans for all high risk youth in foster homes and those that are stepping down from residential placements to resource home placements.	As Needed	4. DCS instituted a new safety plan this past year. Providers use their own internal safety plans, but must include all of the information that is included within our safety plan. Regional high risk teams are tasked with gathering the safety plans and reviewing them for compliance and relevant to the youth in question. Within protocol, we have outlined that it is the FSW's responsibility to go over the safety plan with DCS foster parents and the provider's responsibility for provider foster homes. It is the foster parent's responsibility to ensure the respite foster parent has a copy of the safety plan. All of this is outlined in the high risk protocol.
5. Ensure foster parents are knowledgeable of what is expected while fostering a high risk youth.		5. This is described within the safety plan.
6. The Placement Specialist 2.0 course is designed to help staff understand levels of care and use steps in the referral process to know placement considerations. This course helps staff gain a better understanding of their role in Child and Family Team Meetings; how to engage providers; and how to interface with Central Office and Placement Services, especially where the placement of high risk youth is concerned.		6. Ongoing

SAFETY Outcome 2: Children are safety maintained in their homes whenever possible and appropriate.
DCS Strategic Plan: Goals and Objectives

Goals: 1.Ensure every child is safe, healthy, and supported in a forever home through quality practice and case management. 4. Strengthen our work through collaboration with community partners.

Objectives: 1.4 Reduce Maltreatment, recidivism, and reentry through prevention and intervention. 1.6 Provide resources and funding to ensure the safety and security of committed youth in YDCs and to support needed physical facility improvements. 4.1 Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision making.

Table 4. Measure of Progress Safety Outcome 2 Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
Juvenile Justice Recidivism	22% (2010, 2011, 2012)	22% (2010, 2011, 2012)	22% (2010, 2011, 2012)	<20%
Timeliness of Safety SDM Assessment	Still in Development	Still in Development	Still in Development	TBD Jan 2015
Timeliness of FAST	FAST was implemented in July of 2015, but staff did not have access to it until a few months later due to training. Some regions started using FAST in September, others in October, and all by mid-November. Initially, staff had to have the FAST completed and fully approved by their supervisor within 10 business days. Since then, protocol has changed (about two months ago). Now staff must have the FAST completed in 10 business days and then their supervisor has an additional 3 business days to complete the approval. Using current protocol, our statewide goal is for FAST assessments to be completed and fully approved within 13 business days. As of May 2016, FASTs are completed and approved in 12.4. This is statewide and on average from September through April of 2016.		12.4 Days	< 13 Days

Table 5. Office, Objectives, and Action Steps Supports Safety Outcome 2 and TN DCS Strategic Plan

SAFETY Outcome 2. Children are safety maintained in their homes whenever possible and appropriate.		
Office, Objectives, and Action Steps	**Benchmarks**	**2015 - 2016 Update**
Office of Child Programs- Network Development		
In Home Tennessee (IHT)		**In Home Tennessee (IHT)**
1. Continue to support and sustain IHT practice through adaptions to the framework as needed.	Ongoing	1. IHT continues to use the framework to improve non-custodial practice. The framework has become a part of the DCS routine practice and is integrated into multiple areas including the IV-E Waiver.
2. Support the development of a state-wide coaching culture.	Ongoing	2. Child Welfare Supervision and Action is a training provided to direct service supervision staff that promotes a statewide coaching culture.
4. Conduct a sustainable evaluation that measure DCS organization use of implementation drivers.	Ongoing	4. Chapin Hall conducts the evaluation on the implementation of an enhanced assessment tool and the introduction of evidence-based interventions. This requires investment in three major areas: the process of care, the quality of care, and the capacity of the county to deliver process and quality with fidelity.
Enhance the work of Resource Linkage to prevent children from entering custodial care.		**Enhance the work of Resource Linkage to prevent children from entering custodial care.**
1. Develop quality measure for monitoring resource linkage work.	Monthly Meetings	1. In an effort to monitor and measure the quality of work across the State, Resource Linkage implemented monthly conference calls and quarterly in-service training staff meetings that include each Regional Resource Linkage Coordinators across the State. The conference calls are held each month to discuss and share any new services or programs in the regions; any barriers or improvements that regional coordinators are experiencing in their region and/or any new implementation of Department, Regional or Community Initiatives. The Resource Linkage

2. Enhance current data collections to ensure consistency across the state.	Ongoing	Coordinators held their third Statewide In-Service Training Staff Meeting on October 22 – 23, 2015 in Nashville, Tennessee. The agenda for those two days of training included presentations by Central Office Staff; introduction of new regional and statewide programs and services by community partners and stakeholders; and a visit from Commissioner Bonnie Hommrich, who supports resource linkage and CAB's. The training and presentations during these dates focused on those areas of need for Resource Linkage Staff going forward such as Parent Leadership and Community Involvement; Principals of Crime Prevention; Sexual Assault and Sexual Assault Centers in the Regions; and Data. The outcome of these monthly and quarterly staff meetings resulted in the Regional Resource Linkage Coordinators bring about awareness, and the sharing of information in the communities as it relates to Sexual Assault, Parent Leadership and Principals of Crime Prevention. Also in an effort to monitor and measure the quality of work across the State, each month, each region submits into SurveyMonkey their regional resource linkage and community advisory board activity for the previous month, which is reviewed monthly by the statewide coordinator. If compliance is not met then a report is generated to that Region's RA, Resource Linkage Coordinator and the Management Team of Network Development noting the areas of deficiencies and/or non-compliance. 2. In an effort to enhance Resource Linkage Data Collections to ensure consistency across the State, a process was developed and implemented, along with the introduction of DCS policies and procedures whereas each Regional Resource Linkage Coordinator is responsible for submitting their regional resource linkage and community advisory board activity each month into SurveyMonkey. The categories of The Resource Linkage Activity Monthly Report include the number of Resources Requested; Resource Linkage Referrals Received; CAB Meeting Attended: Number of Clients Served; Purchased Assistances/Cost Savings to the Department; etc… This process is reviewed by the coordinator on the 15th of each

		month to ensure that each Regional Resource Linkage Coordinator submitted his/her regional resource linkage and community advisory board activity from the previous month into SurveyMonkey. Improvements and updates to this process are ongoing and reviewed on a consistent basis by the Resource Linkage Data Collections Resource Linkage Data Collections Workgroup.
3. Expand at Central Office level support and advocacy work for the role resource linkage staff complete.	Ongoing	3. In an effort to expand at Central Office the level of support and advocacy work for the role resource linkage staff complete, Network Development Leadership met and shared the mission of Resource Linkage and Community Advisory Boards with the Commissioner, Regional Administrators, Fiscal Directors, and other Program and Departmental Directors in Central Office. This relationship is successful in that Resource Linkage Staff coordinates with Program and/or Departmental Directors from Central Office to provide training, presentations during staff meetings and expertize during Work/Focus Groups. Also, Commissioner Hommrich continues to support Resource Linkage and the CAB's by attending meetings and events across the state. During the Statewide Regional Resource Linkage Coordinators In-Service Training on October 22 – 23, 2015.
4. Develop a triage/consultation arena of identified staff to provide expertise and case direction when families have come to the attention of the Department numerous times.	As Needed	4. OCS and CPS Assessments began a process to triage and review abuse/neglect cases of repeat maltreatment. This process is referred to as Safety Roundtables, which was introduced to DCS by Casey Family Services. DCS met with Casey Family Services to design a safety process specific to Tennessee's child welfare system. DCS piloted the Safety Roundtables process and determined that the criteria did not meet the identified needs in regards to triage and consultation. DCS continues using safety roundtables on an ad hoc basis.

Office of Child Programs- Network Development		
FAST		**FAST**
1. As DCS continues to pilot the FAST 2.0, ensure that the time frames set forth by the FAST 2.0 workgroup are proper and sustainable.	Complete	1. The rollout of FAST statewide was completed in the summer of 2015.
2. As FAST 2.0 rolls out across the state, ensure staff is trained on policy surrounding the timely completion of the FAST 2.0 assessments.	Complete	2. During the FAST rollout, the training included the use of the FAST tool, training completion FAST in REDCap (Vanderbilt's research database used to capture FAST assessments until FAST was available in TFACTS) and training on policy and timely completion.
3. Develop FAST 2.0 reports that provide information helpful for consistent timeliness.	Complete	3. Staff entered assessments in REDCap, while work was happening on the development of FAST in TFACTS. During the development phase, it was decided that the FAST would two components. Staff would have the option to complete 15 items from the FAST assessment within a short period of time, which would be the Safety component of FAST and would eliminate the need to continue to use the SDM. In July of 2015, FAST was available in TFACTS, with the Safety component included. At that point, staff was not yet trained on the Safety component of FAST. The training for this new Safety component was completed across the state between September and early November of 2015. REDCap was essentially turned off for FAST by mid-November of 2015. All staff at that point were using TFACTS to enter FAST assessments.
4. As FAST 2.0 rolls out to other regions across the state, ensure that staff are supported through regular collaboration calls.	Complete	4. FAST 2.0 reports were developed to provide information around compliance and timeliness. These weekly reports provide information about which events/investigations/cases do not yet have a FAST started; which has one started but not completed and then which have approved FASTs. The Vanderbilt COE has also used that report to create a monthly report that provides regions a look at their compliance rates over time.
5. Continue ongoing collaboration with the COE to ensure potential barriers and needs are addressed.	Ongoing	5. DCS has daily communication with the COE regarding assessments. In addition to regular communication, the COE has a standing monthly meeting with all of the COE Consultants and a few members from DCS. This meeting is to discuss assessments. The COE participates in each of our monthly Grand Regional FAST meetings. There are three meetings

		per month. They also participate in our weekly IV-E waiver meetings. In addition to all of the standing meetings, we have regular communication as issues arise on a smaller scale.
6. As FAST 2.0 rolls out across the state, ensure staff and supervisors are trained consistently on what constitutes a quality assessment.	Ongoing	6. Supervisors are required to attend FAST trainings. These trainings focus on quality assessments and expectations. In addition, there is an extra component to the trainings that focused on TL responsibilities with the FAST.
7. Continue to work with the Vanderbilt COE to ensure quality assessments are being completed and what barriers may need to be addressed.	Ongoing	7. The COE Consultants work within the regional offices and with staff to provide information about FAST and quality assessments. They provide support and regular communication in this area.
8.As FAST 2.0 rolls out across the state, request facilitators attend training to ensure that FAST 2.0 assessments are completed prior to or at the time of the CFTM. This will also help to ensure that the FAST 2.0 is incorporated into the family case plan.	March 2016	8. One of the requests made to the regions was that facilitators attend the FAST trainings. Most facilitators have attended.
9. Conduct regular case reviews to assess the current use of this practice.	Ongoing	9. Now that FAST is fully implemented in TFACTS and staff completion timeliness continues to improve, this is another area to focus on more closely in the coming months. There is work going on with OIT to incorporate assessments into permanency plans. This upcoming work will help to incorporate assessments into planning.
10. Meet regularly with regional and central office management to strategize ways to improve in this area.		10. The primary focus of the FAST has been development, rollout, training and compliance. Part of the training included discussions around the importance of using assessment in planning. Now that we have seen the FAST being used consistently, we can begin focusing more heavily on strategizes in this area.
Safety SDM Assessment 1. Revise policy, deliver training and implement the SDM revised tool at the CAH.	Ongoing	**Safety SDM Assessment** 1. As a result of the new SDM intake assessment implemented November 3, 2014, the CAH is screening intakes strictly through the use of policy, Work Aid 1, and the SDM manual, eliminating the use of regional agreements, protocols or directives. This led to more consistent screening decisions. Training was completed on the SDM Intake Assessment tool

		revisions for all Hotline staff in 2015. Additionally, OCS is partnering with CPSA to systematically update all CPS related policies to ensure the best practice and consistency is reflected in departmental policy. OCS and CPSA are also engaging frontline staff and community partners to solicit feedback for policy revisions.
2. Review the SDM Safety tool and develop recommendations for revisions and congruency with FAST and other assessment tools.		2. In August 2015, the Family Advocacy and Support Tool (FAST) was revised to integrate a new Safety Assessment. The Safety Assessment component is comprised of 16 items of the FAST. These16 items focus on immediate safety for the child and, once addressed, will recommend if immediate intervention may be needed. The outcome to the Safety Assessment is designed to be used as a safety decision support tool to support planning and/or protective measures implemented for the child(ren). This Safety Assessment was developed to assist staff in the decision making process surrounding the immediate safety of the child. When the tool was finalized, it replaced the existing SDM Safety Assessment Tool and is completed as a piece of the FAST.
Office of Juvenile Justice Fund programs shown to reduce recidivism by the on-going evaluation of the program content, dosage and fidelity. 1. Identify the primary programs and services currently offered to youth adjudicated delinquent in residential care/custody.		**Office of Juvenile Justice** 1. The Office of Juvenile Justice oversees the operation of three youth development centers (YDC) that are secure residential treatment facilities that provide delinquent male youth, ages 13 up to age 19 with 24-hour supervision and care. In 2012, DCS began contracting with G4S Youth Services, a 24-bed residential program to provide services for delinquent females ages 13-18 in need of level III care. There are no secure facilities for females in Tennessee. All other Juvenile Justice youth in residential care are served in contract facilities in the community.
2. Match existing services with categories of services known to meet evidence-based standards through research evidence.		2. Services provided by residential programs include but are not limited to screening and assessment, case management with individualized planning for youth/families; educational and vocational programs; medical and dental care; mental health services to include individual and group counseling, individual and family therapy, psychiatric services: evaluations, monitoring, and medication management, Level I and II Alcohol and Drug Treatment; Structured Youth Work and School-to-Employment programs for eligible students, structured indoor and

		outdoor recreational activities and religious services.
3. Data collection of program dosage.		3. TFACTS was upgraded to capture individual youth program dosage data directly into TFACTS. The migration of dosage data entry to TFACTS was effective January 1, 2016.
4. By using the Standard Program Evaluation Protocol (SPEP) determine the average level of recidivism expected from each program/service based on implementation.		4. The first official Standardized Program Evaluation Protocol (SPEP) score report for Tennessee was completed by researchers from Vanderbilt, Peabody Institute on March 23, 2016 for the G4S, Academy for Young Women, Savvy Sisters program. Analyzed data from January 2015-December 2015 indicates that the Savvy Sisters program is running at 86% of its potential effectiveness for recidivism reduction based on the research associated for that service type. Reports from residential providers and YDCs combine a year's worth of data (2015). Researchers continue to work toward more SPEP scores.
Promote a balanced and restorative approach to casework.		**Promote a balanced and restorative approach to casework.**
1. Develop an in-service training curriculum on the balanced and restorative approach.		1. A request has been made to the DCS Training Division to locate and add an in-service course on Balanced and Restorative Justice.
2. Add an overview of the balanced and restorative approach case manager pre-service – juvenile justice specialty week.		2. An overview of the balanced and restorative approach was added to the juvenile justice specialty week curriculum. This is completed.
3. Investigate implementing the Victim Impact curriculum at the YDCs.		3. The Victim Impact curriculum was piloted at Woodland Hills Youth Development Center in 2015. Discussions are underway to incorporate this program into the group counseling schedule at the Youth Development Centers.

Permanency

Office of Child Programs

The Office of Child Programs Division is responsible for supporting quality child welfare practice with families and their children who are either in the custody of the state due to abuse or neglect, or receiving services outside of custody. The areas of focus were on parent/child visitation, quality case contacts, timely permanency and increasing the capacity to document diligent search efforts.

From the Statewide Data Indicators Workbook, the percentage of children/youth who achieved permanency in 12 months for children in foster care 24 months or more was 43.0%, leading the country in this area of achievement. The continued goal over the next five years is to maintain or increase the percentage of 51%. All permanency plans are developed in the context of the Child and Family Team Meeting (CFTM) where children (when age/developmentally appropriate) and families are included in the development of plans and decision making.

A significant number of staff was trained last year on increasing capacity for building familial and fictive kin support through the use of the diligent search process. A method of tracking diligent search efforts through case recordings was developed. This change makes documenting diligent search efforts easier to enter and provides a mechanism to track such efforts.

Enhancements are underway in the SACWIS Permanency Plan Module that includes assessment results in planning in order to aid workers on developing goals and action steps targeted to better meet the needs of the child/youth and family. This SACWIS enhancement is intended to support timely permanence.

Parent and child visitation remains an ongoing challenge as parents' barriers prevent them from remaining actively involved in reunification efforts. Ensuring workers have the resources and skills to support parent/child visitation is part of ongoing work. DCS continues to make use of the CQI program through regional permanency CQI teams to address improvements in this area. Currently, there are efforts to enhance TFACTS reporting on parent/child visitation; CQI teams are working to identify barriers to ensure visits and the needed documentation of those visits. Also, there is ongoing work to ensure worker contacts with families are meaningful; quality is a focus of regional work through improvements around case supervision; and using case process reviews to improve documentation quality.

Kinship/Relative Caregiver

The Relative Caregiver program is managed by a Program Director that provides oversight and support to eight contractors that offer the actual programmatic services statewide in all 95 counties. The program was piloted in three selected regions beginning in June of 2000 and was adopted into legislation and offered statewide in July of 2006.

The purpose of the Relative Caregiver Program is to provide relative caregivers and the children in their care support in order to prevent the children from entering state custody and/or support children and families after children exit to the custody of relatives and prevent the re-

entry into the formal child welfare system. Services provided through the Relative Caregiver Program include support groups, information and referral, education workshops, family advocacy/short-term case management, respite and enrichments, material assistance, groups for children and teens and emergency financial/start-up assistance. Other services such as Individual and Family Counseling, Mentoring, Legal Assistance and Tutoring are provided through lead agencies and Partnerships between other community stakeholders. Current challenges to this program include limited funding to the contractors and the families that are caring for their relatives.

Adoptions

During the next period for the Child and Family Service Plan, DCS places focus on improving pre-adoption and adoption support to families. DCS currently has 774 children in full-guardianship awaiting adoptive families, and 376 of them without adoptive families identified. The Division ensures that prospective adoptive/guardianship families are prepared to receive children in their homes based on each unique need; children know individual family dynamics and are prepared to smoothly transition into adoptive families; the process to permanency is without barrier and occurs timely; that eligibility and management of subsidies is done in accordance with federal program guidelines and state policy; and that the support to adoptive/guardian families that exist in the community meet the child and family needs.

The Division responsible to ensure the adoption work is staffed to meet the needs of children/families and support policy/practice expectations for staff. The subsidy unit is staffed with 10 employees that support determinations of eligibility and have the responsibility of on-going management of approved subsidy records. The unit is led by two Program Coordinators that have over 30 years of experience with the Department and provide expertise in practice, policy, and understanding of federal expectations. There are an additional 4 staff that spend more time focusing on the pre-adoption support to children and families. The responsibilities of these staff include case reviews of children in full-guardianship, ensuring children are photo-listed to AdoptUSKids for recruitment, provide regional support to writing pre-placements summaries and providing full-disclosure to families, and other adoption related tasks.

The employees within the Division collectively team together to ensure that DCS has exemplary adoptive outcomes for children and families. Some of the successes DCS has experienced include leading the nation in timeliness to adoptive permanency (NCANDS data), limiting adoption dissolutions to less than 2% for children that receive adoption support services, the implementation of a new HART gallery in Tennessee, and limiting audit findings related to the adoption assistance and guardianship subsidy programs.

Adoption Registration Unit

The Adoption Registration Unit is charged by statute to be administered through DCS for the purpose to preserve and register and seal all documents and records related to adoptions which are finalized in Tennessee (TCA 36-1-126). In addition, this unit is responsible to provide technical assistance and support to locate and secure a sealed adoption record when a valid request to access a sealed adoption record is submitted to support or benefit the stability/permanency of a child who has come back into the system.

Access to Sealed Records and other Services

The Access to Sealed Records and Other Services Unit, which includes maintenance of Contact Veto Registry and the Advance Veto Registry, is mandated by statutes to be administered through the Tennessee Department of Children's Services. The unit is responsible to establish

and implement rules of procedure to allow access to sealed adoption records by qualified individuals and allow for release of information from those records to qualified individuals and under specific circumstances or pursuant to court orders (TCA 37-1-126 thru 37-1-141). This unit in collaboration with the Adoption Registration Unit is responsible to locate and secure a sealed adoption record when a valid request to access a sealed adoption record is submitted to support or benefit the stability/permanency of a child.

Interstate Compact on the Placement of Children (ICPC)

The DCS Office of the Interstate Compact on the Placement of Children (ICPC) is charged to administer the Interstate Compact on the Placement of Children, TCA 37-4-201 et seq. and the Safe and Timely Interstate Placement of children in Foster Care Act P.L. 109-239 for the State of Tennessee. The DCS ICPC office is responsible for the State's operations and service delivery model which is designed to ensure protection and services to children who are placed across state lines for foster care or as a preliminary to an adoption or for temporary placement into a Residential Treatment Facility. The model supports the 5 strategic priorities of the Department. The DCS ICPC office works in tandem with partners within the state of Tennessee (Courts, DCS, Private Providers, Private Licensed Child-Caring and Child-Placing Agencies, CASA and TN citizens) as well as APHSA/AAICPC, 50 other party States and 190 County Coordinators in those States, the District of Columbia and the Virgin Islands.

Putative Father Registry

The Putative Father Registry (PFR) is charged by statute to be administered through DCS in partnership with the Department of Health (DOH), Division of Vital Records (TCA 36-2-318). The unit is responsible to maintain information in the DCS Putative Father Registry database on individuals who filed a written notice of intent to claim parentage of a child, pursuant to the regulations in the statute. The registrar for the Putative Father Registry is responsible to coordinate a review of the DCS Putative Father Registry and the DOH Vital Records Registry and provide a written response to requests from the Department, attorneys, and agencies and other entities for the name and/or address of a father of a child born out-of-wedlock as required in proceedings for the adoption of a child or for the termination of parental rights involving a child. The purpose of the practice in the two programs is to implement standard principles of effective, family-focused case work and service delivery to support statutory proceedings required for the adoption process and promotes due process.

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

DCS Strategic Plan: Goals and Objectives

Goal: Ensure every child is safe, healthy, and supported in a forever home through quality practice and case management.

Objectives: 1.2 Properly assesses needs and develops permanency plans unique to each child and family.

Table 6. Measure of Progress Permanency Outcome 1 Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 -2015	Actual 2015-2016	Target/Goal
Stability QSR Scores	78%	88%	87%	70%
Appropriateness of Placement QSR Scores	96%	97%	98%	70%
Long Term View QSR Scores	47%	57%	56%	70%
Successful Transitions QSR Scores	68%	73%	78%	70%
Permanency Planning QSR Scores	65%	75%	77%	70%
Implementation QSR Scores	64%	79%	74%	70%
Tracking and Adjustment QSR Scores	70%	85%	86%	70%
Using completed transitional surveys from July 1 2015 through April 31, 2016, Youth discharged at age 17 or 18 shall have earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time.	84%	92% Brian A 84% JJ	90% Brian A 84% JJ **Approximately 3-5% of surveys were not accurately marked "yes."	90%

Table 7. Statewide Data Indicators (CFSR Round 3) Supports Permanency Outcome 1 and TN DCS Strategic Plan

Statewide Data Indicators (CFSR Round 3)	National Standard	TN Risk Standardized Performance (FFY2013)	Relative to National Standard (Met/Not Met)
Permanency in 12 months for children entering foster care	40.00%	46.00%	Met
Permanency in 12 months for children in foster care 12 to 23 months	43.60%	51.80%	Met
Permanency in 12 months for children in foster care 24 month or more	30.30%	43.00%	Met
Placement Stability	4.12	5.31	Not Met
Re-entry to foster care in 12 months	8.30%	9.10%	Not Met

Table 8. Office, Objectives, and Action Steps Supports Permanency Outcome 1 and TN DCS Strategic Plan

PERMANENCY Outcome 1. Children have permanency and stability in their living situations.		
Office, Objectives, and Action Steps	**Benchmarks**	**2015 - 2016 Update**
Office of Child Programs – Adoptions **Adoptions** 1. Improve/Refine existing work in Finding Our Children Unconditional Support (FOCUS) program to ensure that children in full-guardianship are moving to adoption or another positive permanency outcome. 2. Create additional data to track progress of children moving to adoptive permanency to ensure that cases are being reviewed timely and children are moving expeditiously to permanency. 3. Participate in a formal evaluation by the National Resource Center for Adoptions at Spaulding of post-adoption services program and receive feedback from service recipients.	May 2016 Ongoing	**Adoptions** 1&2. Full Guardianship cases continue to be reviewed on a monthly basis by Central Office, regional staff, and providers to ensure that permanency is achieved in a timely manner. These reviews focus on recruitment of permanent families, identifying and removing barriers to permanency, and ensuring that once permanent family is identified; supports are in place to prevent discontinuity or disruptions. In addition to the monthly reviews for each child, Central Office conducts targeted case file reviews. The next round of case file reviews occurs in May of 2016. 3. Post-adoption survey data from adoptive parents was used to enhance the DCS website regarding Adoption Support and Preservation Services to adoptive families. The Division continues to communicate, encourage and promote the benefits of these services to adoptive families and their children.
Office of Child Programs – Adoptions OIT 4. Increase usage of the SACWIS system to determine and document eligibility of adoption assistance and guardianship subsidies.

SACWIS system for determinations of subsidy eligibility. 6. Review and provide modifications to the agency's Adoption Best Practice Guide to better reflect practice changes and new innovative approaches that support best practice to provide better guidance to Field and Central Office staff.		determination process in TFACTS. This enhancement is complex and the full automation process continues to be completed in phases until complete. 6. The Adoption Best Practice Guide was updated and statewide training was provided to DCS Permanency Specialists, FSW's, supervisors, and provider staff. Training began in March 2015, and ended in September 2015. Training for DCS staff began again in February of 2016, and will be ongoing for staff.
7. Create a process within the SACWIS system to assign subsidy cases directly to the unit rather than track them on a separate document.	Ongoing	7. As of December 2014, TFACTS now has functionality to assign subsidy cases directly to the worker responsible for managing the adoption assistance of subsidized permanent guardianship subsidy.
8. Work closely with the National Resource Center for Adoption to enhance the process for providing full-disclosure to adoptive families.	Ongoing	8. Central Office continues to provide training on Policy 15.1 (Adoption Related Disclosure). Training was provided from March 2015 through September 2015 and has resumed in February 2016 for DCS staff.
9. Work closely with the OIS division to create reports related to adoption assistance and guardianship subsidy for improved support to staff and work management.	Ongoing	9. In 2015, DCS Central Office program staff worked with the Office of Information Technology to develop TFACTS reports that would enhance staff abilities to manage subsidy work. This actions step will continue to evolve through year 2016 as additional TFACTS reports, system alerts and notifications will be created to improve support to the subsidy staff and further enhance our abilities to efficiently manage subsidy work.
10. Assess and Identify innovative ways to support adoptive families.	Ongoing	10. In 2015, DCS applied for and was awarded approval to participate in a 5 year project with The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The five-year project designed to promote permanency, where reunification is no longer a goal, and improve adoption and guardianship preservation and support. QIC-AG works with eight sites, each developing an evidence-based intervention to achieve long-term, stable permanency. QIC-AG is grounded in the belief that long-term permanency begins before adoption and guardianship is finalized and extends long past the date of an adoption or legal guardianship.

		TN DCS is partnering with Harmony Family Center on the QIC-AG project. DCS is the public child welfare agency that investigates allegations of child abuse and neglect, administer the state's foster-care system and works to find permanency for the children and youth who come into care through reunification, adoption, or adoption. Harmony Family Center is a Tennessee based, private non-profit organization specializing in adoptions and adoption support services. Harmony administers the Adoption Supports and Preservation Service Program (ASAP) for the State of Tennessee. The project will implement and test the effectiveness of a family-centered trauma-informed, bio-psychosocial assessment process to identify the needs of children and families who are referred (or self-refer) to Tennessee's ASAP program. The process will enable the identification and utilization of interventions that best align with a child's developmental capacity and will result in improved outcomes. The project aims to serve all families who have adopted children in the targeted regions of the state, including children adopted through the child welfare system, internationally or through private domestic channels.
11. Ensure that every child that does not have an identified adoptive family at full-guardianship has a functioning Individual Recruitment Plan, a functioning child and family team, and a thorough "archeological dig" of the case record.	Ongoing	11. Children in full guardianship are reviewed monthly to ensure legal permanency is established. This review process includes making sure that for those cases where no permanent family is identified there is a functioning Individual Recruitment Plan, a functioning Child and Family Team, and an Archeological Dig. Ongoing case file reviews in each region are occurring to support the existence and quality of these processes.
Adoption Registry Unit		**Adoption Registry Unit**
1. Eliminate remaining backlog registration of closed adoption records striving to achieve currency of registration of all closed adoption records within 3 months of receipt.	Ongoing	1. Date for Registration of the backlogged Closed Adoption Records is extended to December 2016. With move to UBS in December 2015 provided space for all backlogged records in one area rather than 3 and staff stabilization assignments, since January 2016, all newly received DCS/Non-DCS closed adoption records are registered and submitted to Richards and Richards Storage within 30 days of receipt.
2. Maintain scheduling/delivery protocol to receive closed adoption records for	Ongoing	2-3. Strategy developed to formally address registration of court documents in was adjusted in October 2015; with move to UBS in December 2015, have

registration from DCS/ Contract Providers and Private Licensed Child-placing agencies. 3. Address "backlog" of loose court documents, petitions/final orders and determine secure disposition of the documents--either registration or if duplicate, secure destruction which is available with additional staffing received in 2014.		fully implemented the project to include either registration or supplement or if duplicate, destruction of the backlog petitions, final orders and other court documents in January 2016. Continue to target 300-400 per quarter. Currently, assignments include all court documents received in daily mail are reviewed and processed monthly with backlog court documents are being reviewed and addressed monthly with projection of July , 2018 for completion.
4. Cross –train staff in registration of closed records to determine action to be taken on backlog of court documents to support efficient program management.	December 2016	4. Cross-training staff completed in July 2015; assignments in registration of closed record and court documents and preparation for seal and preservation are responsibility of all 4 staff members with standards on IPP.
5. Continued participation with OIT to implement a separate Web based data system application, Phase 2-4, for tracking of Contact Veto Registry/Advance Notice Registry and the Services array.	Ongoing	5. Adoption Registration Web Application completed and fully functioning since 2013. Other Phases 2-4 apply to Access to Sealed Records and Search –will be moved to next section. NEW related OIT collaboration initiated in March 2016: Complete reporting phase of Web based Adoption Registry data system to capture number of adoption registrations entered for data tracking and reporting. Replace the current Excel Adoption Chart. Completion.
Access and Search Capability 1. With support of the Office of Communications, establish a separate distinct "tab" entitled "Access to Adoption Records" on the TN DCS Web Site which would include a brief explanation of statutory basis for the access, and the services available to eligible individuals. The Site would allow the public to access information needed to file a request for access or search of a sealed adoption record, including forms, their instructions for	By July 2018	**Access and Search Capability** 1. Previously established separate tab "Access to Adoption Records" completed April 15, 2015 up-graded to "Adoption Records" on DCS website completed in January 2016. Bonus includes Adoption Inquiry Form which is electronically submitted to staff in unit for information/ customer services which added an additional level of customer service to already existing Customer Service telephone line.

completion, fees or waivers of fees and processing time.		
2. Implement Policy for Access to Sealed Adoption Records for the Department.	Ongoing	2. DCS Policy 15.9 "Access and Release of Information from Sealed Adoption Records and Other Services" posted December 2014. Additionally, all forms associated with the Policy included for all parties are on the internet.
3. Cross –train each staff person in determination of eligibility and search in order to provide more efficient management of the program.		3. Cross training of staff in determination of eligibility and search completed; assignments implemented October 2015 with responsibilities assigned to all 4 staff members with standards on IPP.
4. Continued participation with OIT to implement a Web based data system application, Phase 2-4, for tracking of/reporting on requests to access sealed records including tracking of requests for access to records, eligibility determination, Contact Veto Registry/Advance Notice Registry and other Access to Records Services.		4. With the implementation of the Web based Adoption Registration data tracking system in Oct. 2013, some "blueprints" were drafted to continue the development of Web-based Access and Search tracking system to include tracking of requests for access to records, eligibility determination, Contact Veto Registry/Advance Notice Registry and other Services (Phase 2-4). Contact with OIT /Unknown at this time is availability of vendor/developer (previously used NIC); or priority and support for developers and contract.
Office of Child Programs – Adoptions Independent Living, and Citizen's Review Panel		**Office of Child Programs – Adoptions Independent Living, and Citizen's Review Panel**
1. Collaborate regarding Independent Living services to increase youth educational and employment attainment by holding regular meetings with the Director of Independent Living and staff will be held to assess needs, research best practices and identify community champions for this ongoing effort.	Completed Jan. 2016	1. DCS Independent Living Director met with the Citizen Review Panel this past year to discuss increases in youth educational and employment attainment. Partnership For Children and Families, an agency represented in the CRP, partnered with DCS Independent Living to open a Jim Casey Resource Center focused on financial literacy, peer connections and door openers linking young people to educational and employment opportunities. While in Chattanooga for a CRP meeting on October 29, UT met with Coach Jennings who is the City of Chattanooga Director for Youth Programs to discuss collaboration for foster youth among programs funded

		by local, state, and federal government agencies, in support of the CRP's goal for connecting youth who participated in past Reality Check simulations to employment opportunities. Coach Jennings also mentioned the Chattanooga's "Teen to Employment" program as another way to connect youth to employment opportunities (paid/unpaid, job shadowing, etc.).
2. The CRP and DCS will meet with Hamilton County Chamber of Commerce, Hamilton County local government, secondary and post-secondary schools and other stakeholders to discuss ways to collaborate and use existing services to connect youth to career exploration, job shadowing, and summer employment. This can then be extended with the other regions.	Ongoing	2. The CRP and Partnership subcommittee are developing the Reality Check II event this year. The Chamber of Commerce is involved this year. Also as one of our collaborations for IAM Ready with City of Chattanooga YFD program, they conduct a Career Development (1) day training for youth in our program that focus on job readiness, interviewing skills, resume writing, The city of Chattanooga has a CAPS program- Chattanooga Ambassador Program there are plans to teach the Financial Literacy to eligible clients, this program allows clients that fit criteria to be eligible for summer employment- all requirements are based on educational/ academics GPA. Workforce Investment Opportunity Act is involved with the IAM ready clients for summer employment and work readiness opportunities. The Reality Check II is our biggest collaboration for the year. This year the focus is on youth who have been engaged in the IAM Ready Center for a period of 4-6 weeks, the focus is on specific needs of students, asset purchases, necessary information that reflects to their personal bank accounts, opportunity to set up bank account if needed, discuss housing and medical needs with resources available to assist. Partners include, but are not limited to: Chamber of Commerce, City of Chattanooga, First Tennessee Bank, Hyman Driving School, Juvenile Court Judge Philyaw, local schools, and Partnership for Families, Children and Adults. Youth participation for 2016 was 24. Additionally, "Reality Check" was replicated in the Upper Cumberland region in 2015 and several DCS representatives from the region also attended the 2016 event.
3. CRP and DCS will update the foster youth handbook, a comprehensive manual to empower youth in their transition from foster care.		3. DCS ILPS worked closely with multiple groups to ensure a quality IL handbook. The department owes a special thanks to youth from Shelby County, Middle Tennessee and East Tri- Regional Youth Boards for their participation in focus groups and for sharing their experiences in foster care. These young men and women provided us with valuable information about support services needed to help young people achieve self-sufficiency and avoid many of the pitfalls for which they are at risk. Tennessee's Department

		of Children's Services is also grateful to current and aged out foster care youth, the DCS Independent Living staff, UTSWORPS, AOC and the Citizens Review Panel for their feedback and recommendations. Thanks to the Legal Aid Society for letting DCS reprint information from their easy-to-read brochures about the law. Also, thanks to KidCentral (www.kidcentraltn.com) for letting DCS reprint information from their family-focused website. Youth 14 and older will be provided the IL handbook when they enter custody and sign form CS-1036 that I have received a copy of the Clients' Rights handbook and Independent Living Handbook and an explanation of their contents. This has gone into effect. The revisions are complete and the handbook can now be found at: http://state.tn.us/youth/fostercare/IndependentLivingHandbookToolkittoSuccessFinal.pdf
4. Review of PPLA goal requests and approval of all PPLA goals will be provided in writing within 2 weeks of receiving request based on thorough review of the request to ascertain if it meets criteria and is in the best interest of the youth. If approved, a CFTM will be held to change the goal on the Permanency Plan.		4. All PPLA requests are reviewed to ensure that they meet criteria and are in the best interest of the youth. No youth under the age of 16 is eligible for this goal. The goal is discussed during a Child and Family Team Meeting prior to the request being sent to Central Office. The PPLA foster family and the identified youth sign a PPLA agreement as a formal sign of their commitment to relational permanency. The goal is reviewed every six months in a CFTM to ensure continued validity and renewed annually if needed.

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

DCS Strategic Plan: Goals and Objectives

Goal: Ensure every child is safe, healthy, and supported in a forever home through quality practice and case management.

Objectives: 1.2 Properly assesses needs and develops permanency plans unique to each child and family.

Table 9. Measure of Progress Permanency Outcome 2 Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
% of Parent/Child Visitation Brian A	37.70%	43.80%	41.1%	50%
% of at least one Sibling Contacts for siblings not placed together	55%	60%	56.15%	90%
What was the most typical pattern of visitation between the mother and the child in the case during the quarter under review? (CPR – new measure 2016)	NA	NA	1+x/week – 4-6% 1 x/week -6-9% >1x/week, but at least twice/month – 20-22% 1x/month – 3-8% No Visits 50-53%	TBD
What was the usual frequency of visitation between the father and the child in the case during the quarter under review? (CPR – new measure 2016)	NA	NA	1+x/week – 3% 1 x/week -4-5% >1x/week, but at least twice/month – 12-15% 1x/month – 8-12% No Visits 66-72%	TBD
Parent Child Visitation Quality Case Review (QCR) (based on 3 months) – new measure 2016	See 2015	2+ Visits – 26% 2 Visits – 8% 1+ Visits - 15% 1 Visit – 4% <1 Visit (not valid reason) – 11% 0 Visits (valid reason) – 35%	2+ Visits- 18% 2 Visits- 21% 1+ Visits- 21% 1 Visit- 7% <1 Visit (not valid reason)- 2% 0 Visits (valid reason)- 31%	TBD
Family Connections QSR Scores	63%	77%	72%	70%
Prospects for Permanence QSR Scores	50%	60%	53%	70%
% of Children placed with Kin (point in time data from May 2016)	17%	11.10%	12.6%	20%
% of Siblings NOT Placed together	22.30%	20.93%	24.16%	<20%
Relative Caregiver Annual Report	Report	Report	Report	Report
Diligent Search Audit Data	Report	Report	Report	TBD
Youth Connection Scale	Report	Report	Report	Report
Kinship Status Report	Report	Report	Report	Report

Table 10. Office, Objectives, and Action Steps Supports Permanency Outcome 1 and TN DCS Strategic Plan

PERMANENCY Outcome 2. The continuity of family relationships and connections is preserved for children.		
Office, Objectives, and Action Steps	**Benchmarks**	**2015 - 2016 Update**
Office of Child Programs – Permanency, OIT		**Diligent Search**
1. Currently Diligent Search Audits are being completed across the State to verify compliance with the Adoption and Safe Families Act.	Complete	1. The Division of Permanency completed Diligent Search Audits Statewide in 2011 and 2014. Until a better report or tracking system occurs, DCS audits will be closed out.
2. Follow-up trainings are being offered that focus primarily on diligent search being more than just activities but about finding, engaging and building relationship with absent/un-involved parents, grandparents, relatives/fictive kin as a way of building a support system around the child and family that can sustain outside of DCS custody.	As Needed	2. Training is available to regions if needed. All regions with the exception of one were previously trained.
3. A Diligent Search Enhancement Project is underway to the SACWIS system that will make it easier for workers to document their efforts	Complete	3. Diligent Search was added as a case recording type and can now be tracked and reported on through the DCS SACWIS system.
4. A Trauma Focused CANS Assessment is being developed for the 0-4 year old population.	Ongoing	4. DCS works collaboratively with the Vanderbilt Center of Excellence and John Lyons to develop a new version of CANS. This version will include many new changes, including a new module for children aged 0 to 4 years. Once this version of CANS rolls out across the regions, all children and youth we serve will have CANS assessments. We are now in the final stages of vetting the CANS to various groups within the Department. We anticipate having CANS fully implemented across the state by the end of 2016.
5. A Permanency Plan Enhancement SACWIS Project is schedule for the 2014-2015 year.		5. This process is being worked on by OIR.
6. Enhancements to the SACWIS Assessment Module/Assessment Tools and the Child and		6. Currently being developed.

Family Team Meeting Module is scheduled for 2014-2015.		
7. A Diligent Search report is being developed that will track all diligent search efforts and will track when there are exceptions to those efforts.	Ongoing	7. In an effort to capture documentation of diligent search activities, DCS created a new case recording type exclusively for this purpose in early 2015. This enhancement allowed DCS to create a report that reflects all cases requiring diligent search activities within the next 45 days and those for which diligent search work is overdue. This report is available daily to Regional Administrators and Central Office leadership. Using the report to identify opportunities for improvement, supervisors and staff have conformed documentation practices to the new process. As a result, the Department has been able to more precisely capture diligent search practice and has seen an increase in timely completion of required diligent search efforts. This process is being worked on by OIR.
8. Training developed to help workers create Permanency Plans that are clear, meet the needs of the child and family, use the results of the assessments in the plan and creates a clear pathway to permanency.	Ongoing	8. Permanency Quality reviews are being completed. Based on outcomes, training will be developed and presented.
Office of Child Programs – Permanency **Office of Quality Control**		**Office of Child Programs – Permanency** **Office of Quality Control**
1. Request development a FSW/Parent visitation report so central office and regions can monitor casework contacts with parents.	On-hold	1. A request is made, but this work item is not prioritized high enough to proceed with development in TFACTS at this time.
2. Regional Permanency CQI teams will continue to work on challenges to parent/child visitation occurring and being documented correctly.	Ongoing	2. Regional staff and CQI teams remain focused on monitoring parent child visitation for frequency and quality. CQI teams across the state routinely look at the data referenced above regarding frequency of visits and ensure all visitations are documented. Quality Case Reviews are now being conducted annually by the CQI Division starting in 2015 to gain great understanding into the challenges regarding visitation and how services and supports can increase visitation when possible.

Office of Child Programs- ICPC, Adoptions, and Relative Caregiver Continued ICPC compliance with DCS policy and practice with a particular focus in the following areas: 1. Medical benefits and financial benefits allowed for children placed into or out of the state of Tennessee including application of the Affordable Care Act in receiving States for placements who are state funded and Adoption Assistance ; identification and documentation such benefits in the referral process and secure implementation of these benefits on behalf of the child in the receiving state to promote social and emotional health and well-being for children in foster care with the ICPC model.	Ongoing	**Office of Child Programs- ICPC, Adoptions, and Relative Caregiver** 1. ICAMA - In 2013 AAICAMA created a national data base to be used by all ICAMA member states to submit request for Medicaid for children who receive adoption assistance and move across state lines. The national data base registers all referrals and any changes made for children. Currently, all states are using the system, and all referrals are sent electronically by way of the new data base. This process ensures timely receipt and processing of Medicaid referrals by the child's new state of residence.
2.Development of contracting capability within DCS Regions to enter into an agreement with an authorized private agency in the receiving state to support such services as home study or up-dated home study and supervision and case management as well as treatment in support of DCS placement (NRC AdoptUSKids Project initiative).	Ongoing	2. DCS partners with its two largest contracted providers (Omnivisions and Youth Villages) to pilot work on improving placements of children with relatives and kin that are also in need of therapeutic foster care. When children that enter foster care present with therapeutic needs, the regional staff are working diligently to complete a CANS assessment to determine if it is suggested that the child could benefit from therapeutic foster care. When the assessment tool recommends that type of placement, they are determining with the child and family team if there is also relative and kin that are available to care for the child. When these two thresholds are met (an interested relative and a CANS recommending therapeutic foster care), a referral is made to one of the two providers involved in the project to begin working with the family to approve them as a foster parent. A condensed version of PATH training is available to these caregivers that can be provided in the home that has resulted in faster times to approval and the family receiving the foster care subsidy. This project will be expanded to other providers and additional geographic locations in the future.

3.Clarification of the role of ICPC in the extension of services to Youth over 18 and Independent Services program pursuant to Fostering Connections and Independent Living;	Ongoing	3. The Office of Child Programs, ICPC, and Fiscal continue to support the regions when children are placed in other states, and the pre-adoptive family is involved with a private agency. A protocol was developed in 2015 that outlined the development of contracting capability so that Tennessee can enter into agreement with private agencies. By developing a protocol that outlines this process, and assisting staff and families in navigating the process, barriers to placing children outside of TN are reduced.
4. Clarify ICPC and the legal applications, including judicial authority in tandem with DCS custodial responsibility and the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) and judicial authority; support national and state initiatives around "Re-Homing" and human trafficking.	Ongoing	4. In response to In re: Isaiah R.E2015-00026-COA-R3-JV ICPC and with active implementation of Border Agreements, clarification of the ICPC and judicial authority is being addressed in a series of Regional Mini Bench and Bar conference due calendar year 2016 in collaboration with DCS Legal and ICPC and collaboration with AOC and Department with judiciary to address and clarify role of judiciary in Border Agreement /Court Jurisdiction Only ICPC. Clarification the role of UCCJEA and the ICPC continues to be addressed on a case by case basis in consultation with DCS regional, legal and program personnel with a proposal for training of ICPC staff and select Regional staff ICPC Team Excellence by DCS Legal pending. DCS is active in support of national and state initiatives around "re-homing" or unregulated custody transfers and human trafficking with continuing consultation specifically through the Office of Child Permanency, Foster Care and Adoption, and ICPC, the Office of Child Safety, and Legal office with NASAP, National Working Group on Unregulated Custody Transfer, and APHSA/AAICPS committee. ICPC Initiative: re-assignment of ICPC caseload assignment in SO allows for one staff person to process ICPC referrals/manage ICPC cases for private agency and independent adoptive placement strengthening compliance with ICPC Statute/Regulation #12 as well as providing concentrated review for violations under Article III and V and potential un-regulated custody transfer.
5. Implement of the ICPC Practice and Procedure Manual, the ICPC Judiciary Bench book and the ICPC Manual for Private and Independent Adoption onto appropriate Web sites including TN DCS and the AOC.	Ongoing	5. All such policies/manuals are subject to an annual review for revision.

Kinship/Relative Caregiver 1. Support TN DCS ICPC incorporation in the National Electronic Interstate Compact Enterprise developed to automate the ICPC administrative process within all party States. Activities include: a. TFACTS (SACWIS) ICPC Data-Base and Reporting Elements: Implementation of ICPC Data Reporting through TFACTS (SACWIS) b. Support for Department Project to establish all forms in an electronic format. c. Maintain scan capability over secure network.	Ongoing	**Kinship/Relative Caregiver** 1. Activities regarding DCS ICPC incorporation into the National electronic Interstate Compact enterprise: a. Commissioner support/ notice to APHSA/AAICPC December 2015 Involvement of OIT /TFACTS Clarification of Clearinghouse and TFACTS January 2016 b. Identification of forms for Electronic Format—February 18, 2016 c. Scheduling of presentation to MAC: Discussion of Intent Initiated February 2016 Anticipated April 2016 Training/Consultation/Webinar March 10, 2016 –Clearinghouse. Notification to all parties regarding Congressional Support. March, 2016.
2. DCS continues to assist the Relative Caregiver Program (RCP) in supporting relatives who take on the responsibility of raising related children when birth parents are unable to do so. The RCP provides access to resources and services that supports the families in order to deflect the need for custodial services. The RCP services increase stability and safety for at risk children while supporting them in the care of their relatives. RCP collaboration with contracted providers continues in each region.	Ongoing	2. DCS continues to assist the Relative Caregiver Program (RCP) in supporting relatives who take on the responsibility of raising related children when birth parents are unable to do so. The RCP provides access to resources and services that supports the families in order to deflect the need for custodial services. The RCP services increase stability and safety for at risk children while supporting them in the care of their relatives. RCP collaboration with contracted providers continues in each region.
3. Kinship placements and the kinship resource home approval process will continue to go through modifications to improve the timeliness to approval and to provide financial assistance within a shorter period of time. There is a drive to increase the number of Kin/Relative placements within each region	Ongoing	3. Kinship placements and the kinship resource home approval process continue to go through modifications to improve the timeliness to approval and to provide financial assistance. Full board payment within a shorter period of time. At this time TN has been providing a state rate to all approved Expedited Kinship homes since March 2015. This allows for kinship families to cover some expenses while completing the approval process. There is a drive to increase the number of Kin/Relative

and statewide.		placements within each region and statewide. At the present time TN has a rate of between 14-18% of custodial children placed in Kinship-Relative homes.
4. A pilot program is initiated in Shelby County with the goal of decreasing the time for approval for kin/relative caregivers that have decided to become fully-approved/licensed resource parents. This effort includes a condensed version of PATH training that can be completed in 2 weekends, offering day care services to applicants in order to support attendance at weekend trainings, and providing meals during training sessions. If successful, this model of delivery could be replicated in all other areas of the state.	Ongoing	4. East, Upper Cumberland, Tennessee Valley regions replicated the Shelby Pilot in their regions. Shelby's program is out of the pilot phase; it was able to provide condensed training and child care for Kinship Relative families desiring to support their kin children. Approximately 95% of the families that began in Shelby County have successfully completed it. ▪ New Kinship Pilot in the East region began in 2015 and a new round of kinship training to begin again April 2016. ▪ The South Central and Knox regions continue to use the Permanency Round Table process to find legal permanency and or relational permanency through lifelong supports. Since November 2014, the South Central Region has used the Permanency Round Table process on 33 cases. As of March 2016, 51% of the reviewed cases have exited custody, 36% exiting to what would be considered positive outcomes (12% to EFC services, 15% to relatives via divestment, and 9% to adoption). ▪ Since June 2015, the Knox region used the process for 29 children. Of the 29 children, 10% either returned to relatives or were adopted. Both regions continue to use the Permanency Round Table process on select cases that have the potential for negative permanency outcomes. ▪ Kinship placements and the kinship resource home approval process continue to go through modifications to improve the timeliness to approval and to provide financial assistance. Full board payment within a shorter period of time. At this time, Tennessee provides a state rate to all approved Expedited Kinship homes since March 2015. This allows for kinship families to cover some expenses while completing the approval process. There is a drive to increase the number of Kin/Relative placements within each region and statewide. At the present time Tennessee has a rate of between 14-18% of custodial children placed in Kinship-Relative homes. ▪ East, Upper Cumberland, Tennessee Valley regions replicated the Shelby Pilot within their regions. Approximately 95% of the families

		that began in Shelby County have successfully completed it. ▪ New Kinship Pilot in the East region began in 2015- new round of kinship training to begin again April 2016.
5. Permanency for Older Youth is learning collaborative under the auspices of Casey Family Programs. This collaborative consists of several states including Tennessee that meet every 6 months to plan and address permanency for older youth. The states are gathering information with strategies to be developed in support of finding permanency for older youth. The permanency can come in the form of Legal or "relational permanency". These strategies will involve working closely with relatives and kin in uncovering potential long term supportive relationships for youth.	Ongoing	5. The South Central and Knox regions continue to use the Permanency Round Table process to find legal permanency and or relational permanency through lifelong supports. Since November 2014, the South Central Region used the Permanency Round Table process on 33 cases. As of March 2016, 51% of the reviewed cases have exited custody, 36% exiting to what would be considered positive outcomes (12% to EFC services, 15% to relatives via divestment, and 9% to adoption).
6. The agency engages contracted, placement providers to assess ways collaboration can be improved to assess supports to children in out of home care, including possibilities for placements with kin and relatives.		6. Since June 2015, the Knox region used the process for 29 children. Of the 29 children, 10% have either returned to relatives or were adopted. Both regions continue to use the Permanency Round Table process on select cases that have the potential for negative permanency outcomes.
Office of Child Programs *See above diligent search efforts.		
Putative Father Registry 1.Collaboration with DOH Vital Records to integrate the registries of each Department which would enable designated "users" including DCS Regional Legal office personnel and/or private attorneys and private agencies personnel to access the Registry directly; receiving an immediate response if no "matches". The Registrar of the DCS Putative	Ongoing	**Putative Father Registry** Collaboration with DOH Vital Records to integrate registries of each Department continues to be limited to one or two designated personnel in DCS PFR Unit responsible to maintain the PFR DCS Registration and to respond to inquiries required under the statute. Access by DCS Regional attorneys or DCS legal office personnel was not supported 3 years ago; VR continues to user test within its own department the new VRISM system has not extended invitation to DCS or others to become involved. In spite of this lack of progress, Notices of Intent to Claim Paternity are established

Father Registry would be responsible to maintain the PFR Registration and to search and confirm the name of the registered father if a "match" is indicated. 2. With support of the Office of Communications, establish "Putative Father Registry" on the DCS website which includes an explanation of the Putative Father Registry and would allow the public to access information needed to file Notice or Request and to include forms and their instructions for completion as well as establish the access for the designated users addressed above to process a clearance of the Registry. Includes collaboration with OIT to establish a secure web address for submission of requests for clearance of the Putative father Registry and submission of responses to public and private entities. **Office of Learning and Development** 1. ***Engaging Fathers*** course is designed to help staff identify the barriers for father involvement and develop concrete strategies to address the barriers that will define ways fathers can be more engaged with their child(ren).		on Registry within 24hours of receipt by DCS; Requests for Clearances of PFR by Department, Private Agency, Attorneys and others are processed within 3 business days or less. 2. Established "Putative Father Registry" on TN DCS Web October 2014 with revisions January 2016. Established secure Web Address for submission of Requests for clearance and response to public and private entities effective October 2014. 1. Please see Appendix D for information about *Engaging Fathers.*

Well-Being

Physical and Mental Health

The Office of Child Health works closely with the regions to ensure that Well-Child check-ups occurs via the EPSD&T initially within 30 and annually thereafter at a rate of 95% or greater, and screened for dental needs every six months with follow-up services. DCS maintains these rates consistently enough to vacate the John B. lawsuit. DCS shortened the window to be consistent with COA standards and in 2015 72 hour EPSD&T screenings were successfully implemented in all 12 regions.

Child Health is central to the identification and implementation of a new treatment model for Tennessee's three Youth Development Centers. Historically, therapeutic services were provided through a mix of community agencies and independent providers. Although in most cases services are located onsite, they are not fully integrated with facility programming. Students were pulled out of their routine for group, individual, and psychiatric services as if they were visiting a provider in the community. The new model combines the safety and security of a hardware secured facility with the consistency and structure of well-trained staff working in direct contact with small groups of students. This balance between correctional and therapeutic approaches supports a culture where staff and students feel safe to work and improve.

Approximately 28% of youth in Tennessee's child welfare system are treated with a psychotropic medication. To address the unique needs of this population and respond to the psychotropic monitoring and consent item of the Brian A settlement DCS is implementing a two part solution; 1) improve current training and practice with foster parents and case management staff, 2) develop a special medication monitoring program at Vanderbilt University. Through our partnership with Vanderbilt, ongoing monitoring of TennCare pharmacy claims data allows us to alert our regional public health nurses to problematic prescribing practices so they can better monitor child safety.

Education

The Education Division is charged with ensuring that the educational needs of students in state custody are met in both the Juvenile Justice and Social Services areas. Its major responsibilities include: 1) operating a state approved special school district for three (3) Youth Development Centers (YDCs); 2) in collaboration with the DCS offices of Quality Control, Risk Management and Child Programs, overseeing and monitoring on-site schools within congregate care programs operated by DCS provider agencies; and 3) advocating for students in state care by attending educational meetings, consulting with DCS staff, resource parents, and schools, and providing educational training to departmental personnel and to schools. The division is led by the Director of Education and includes 15 regional Education Specialists, 5 Central office consultants, and 2 support staff.

Child Adolescent Needs and Strengths (CANS) Assessment

The Child and Adolescence Needs and Strengths "CANS" tool is used by DCS for several years, and completing the CANS assessment tool is routine. Completing CANS is engrained in staff from the very beginning of their employment. DCS has regular trainings, a standard process in place for completing the assessments and ongoing support. A key piece of the success of the CANS is the contractual relationship with the Vanderbilt COE. The COE played a key role in the implementation of the CANS and the ongoing training and support. In addition, the

COE consultants in each region approve all of the CANS assessments and are housed in the regional offices. The COE Consultants know the staff in their region and work very closely with them to ensure quality and timely assessments.

The focus with CANS is on implementing, acceptance and consistent use of the tool which is crucial to successful data quality. However, there is an opportunity for growth as the agency encourages staff to integrate the CANS assessment result into the development of family plans. Since the CANS is used to determine the level of care for a youth, once the CANS has been completed and approved the use of it does not always extend beyond that outcome. While it is a key function of the CANS, the individual items that provide insight on strengths and needs of the youth and family. Those individual items are then incorporated into the planning and monitoring of those cases will become more relevant and using the CANS assessment as a driver of placement decisions.

In addition to the shift in the use of the CANS, DCS will enhance the efforts on the timeliness of CANS being completed. When CANS was incorporated into TFACTS system, DCS lost a great deal of functionality for the COE consultants. With the web application, staff had an ongoing list of youth that were going to need a reassessment CANS soon. In 2013, DCS developed a report that would give some of that information back and helps with timeliness. But, whether or not there are additional factors that cause timeliness barriers needs more focus. As DCS moves forward, improving the use of the CANS, the timeliness of the CANS and addressing the timeliness enhancements will be the focus.

Family Functional Assessment (FFA)

The Family Functional Assessment "FFA" is a written record that explains the information attained through the successful engagement of family members, the findings of official DCS assessment tools and service provider reports, and the continual assessment of case progress. The FFA when updated regularly provides a great deal of concentrated information about a case. Through thoughtful reviews and discussion with staff, DCS management has determined that the FFA lacks accessibility to needed information. The department is developing better ways to gather this information and make it available to others. With the implementation of FAST 2.0 and the initial stages of CANS 2.0 development, DCS is actively seeking to eliminate the FFA.

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

DCS Strategic Plan: Goals and Objectives

Goal: Ensure every child is safe, healthy, and supported in a forever home through quality practice and case management.

Objectives: 1.2 Properly assesses needs and develops permanency plans unique to each child and family. 1.4 Reduce maltreatment, recidivism, and re-entry through prevention and intervention.

Table 11. Measure of Progress Well-Being Outcome 1 Data Elements: Baseline, Actual, and Target

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				
Measure of Progress	**Baseline FY 2014**	**Actual 2014 - 2015**	**Actual 2015- 2016**	**Target/Goal**
Family Functioning and Resourcefulness QSR Scores	54%	54%	52%	70%
Caregiver Functioning QSR Scores	96%	97%	96%	70%
Formal and Informal Supports QSR Scores	65%	77%	73%	70%
Caregiver Supports QSR Score	94%	96%	95%	70%
Teaming QSR Scores	72%	82%	85%	70%
Engagement QSR Scores	78%	87%	91%	70%
Voice and Choice QSR Scores	73% Overall 85% Child 56% Mother 52% Father 87% Other	81% Overall 88% Child 56% Mother 45% Father 87% Other	81% Overall 88% Child 56% Mother 37% Father 89% Other	70%
Ongoing Assessment QSR Scores	61%	73%	80%	70%
Permanency Planning QSR Scores	65%	75%	77%	70%
Implementation QSR Scores	64%	79%	74%	70%
Tracking and Adjustment QSR Scores	70%	85%	86%	70%
Use of assessments in case planning (CPR –Agree and Partially Agree)	95% Brian A 94% JJC 83% JJP 79% CPSI 85% CPSA	90% Brian A 79% JJC 73% JJP 59% CPSI 73% CPSA	94% Brian A 85% JJC 77% JJP 68% CPSI 72% CPSA	80%
Timeliness of Initial CANS within 30 days	82% Initial	85%	78.43%	80%
Brian A F2F worker/child w/ at least 2 contacts (DCS/Provider) JJ worker/youth w/ at least one F2F (DCS/Provider)	87.80% 97.30%	86.30% 95.10%	90.24% 98.62%	80% 90%
Caseworker contacts with parents	TBD June 2015	Still in Development	TBD	TBD
Independent Living needs assessed (CPR) (Baseline 2015) Independent Living with plan in case file (CPR) (Baseline 2015)	81% 93%	81% 93%	80% 80%	80%

Table 12. Office, Objectives, and Action Steps Supports Well-Being Outcome 1 and TN DCS Strategic Plan

Well-Being Outcome 1. Families have enhanced capacity to provide for their children's needs.		
Office, Objectives, and Action Steps	**Benchmarks**	**2015 - 2016 Update**
Office of Child Programs- Network Development **CANS** 1. Provide DCS staff and Vanderbilt COE staff with access to existing CANS reports. 2. Develop additional reports that provide timeliness information for all other (non-initial) CANS. 3. Assess staff across the state to better understand the barriers to timely assessments. 4. Conduct regular case reviews to determine what barriers may have been present.	Ongoing Regular Meetings	**CANS** 1. DCS and the Vanderbilt COE receive twice weekly CANS reports. These are sent out and also saved on our shared drive, which can be accessed by the COE. 2. The primary focus is on the timeliness of initial CANS. There are ongoing conversations about shifting focus toward reassessments. Vanderbilt currently conducts analysis around reassessments and how frequently those are occurring. 3. & 4. The CANS timeliness for initials has improved over the last two years. Latest reports state that 93% of our youth receive a CANS within 30 days and 72% within 7 business days. Some of our regions are real standouts in timely completion of CANS. Regions continue to communicate about timeliness strategies that are working. The Vanderbilt COE and DCS hold regular meetings to discuss assessments, which include timeliness.
FFA 1. Develop TFACTS reports that provide FFA timeliness data. Assess staff across the state to better understand the barriers to completing the FFAs timely.	Phase Out	**FFA** 1. DCS is actively pursuing the phase out of the FFA. Efforts to monitor and track compliance are no longer being pursued.
Office of Child Programs- Network Development **CANS** 1. Assess staff across the state to better understand the barriers to quality assessments.	Ongoing Regularly	**CANS** 1. Assessing staff around quality assessments is done each time assessments are being reviewed and approved by supervisors and the COE Consultants. The COE reviews and approves all assessments and consults with staff, and their supervisor if necessary, when they have questions or

		concerns about the scoring of the CANS. At this point, the infrastructure around CANS, the timely completion of initial CANS and the review system for approving CANS is established and working well. Therefore, the focus at this time is less around barriers to quality and more around the integration of the CANS into the permanency plan.
2. Continue to work with the Vanderbilt COE to ensure quality assessments are being completed and what barriers may need to be addressed. 3. Ensure current training adequately covers what makes a quality assessment.	Ongoing	2. The COE works with staff daily around the approval of assessments. This includes the quality of assessments. They provide guidance and ongoing training and support to staff who may struggle with completing quality assessments. 3. The focus of the initial CANS training is on how to create quality assessments. Annual recertification training topics varies from year to year. Last year the focus was incorporating CANS into the CFTM process. This year, the focus is around quality assessment and the importance of standardized assessment. This year's recertification training includes is a 30 minute video of John Lyons discussing these topics.
Ages 0 to 4 CANS Assessment 1. Continue collaborating on the Breakthrough Series Collaborative for Age 0 to 4 CANS.	Complete	**Ages 0 to 4 CANS Assessment** 1. A majority of the work involved in the BSC has wrapped up.
2. Meet regularly with regional and central office management to discuss the BSC and determine what option, if any, best meets the assessment of needs.	Ongoing	2. While the BSC has finished, the Department and the Vanderbilt COE have teamed up to develop a 0 to 4 CANS module that will be included in CANS 2.0. We are at the final stages of gathering feedback within small groups and then the final product will be submitted to OIT for development.

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

DCS Strategic Plan: Goals and Objectives

Goal: Strengthen our work through collaboration with community partners.

Objectives: 4.2 Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision making.

Table 13. Measure of Progress Well-Being Outcome 2 Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015-2016	Target/Goal
Learning and Development QSR Scores	90%	90%	88%	70%
Results from monitoring visits to in-house schools	100%	100%	100%	100%

Table 14. Office, Objectives, and Action Steps Supports Well-Being Outcome 2 and TN DCS Strategic Plan

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.		
Office, Objectives, and Action Steps	**Benchmarks**	**2015 - 2016 Update**
Office of Child Health – Education 1. An average of at least 140 student education files will be reviewed each month to ensure that appropriate education services are being provided in the schools. Results of the files reviews will be reported to regional FSWs and Team Leaders each month.	Annually	1. During the first 8 months of the 2015-16 fiscal years, the Education Division reviewed an average of 160 educational files each month. A checklist was completed for each file to indicate items that were needed to complete it. These results were emailed or given to the FSWs and Team Leaders so that the missing items could be obtained. The education specialists assist staff as needed in obtaining records.
2. A minimum of 170 education trainings will be provided annually to DCS staff, public and private schools, and other stakeholders to assist them in becoming better advocates for students in state custody.	Ongoing	2. During the first 8 months of the 15-16 fiscal years, 127 educational trainings have been provided for 1464 foster parents, FSWs, schools and surrogate parents. These trainings teach participants how to work with public schools and provide basic knowledge of DCS educational policies, special education, and when to contact the Educational Specialist for assistance.
3. The education division will attend an average of 170 student centered education meetings per month to advocate for students.	Ongoing	3. During the first 8 months of the 2015-2016 fiscal year, the Education Division attended an average of 304. Student focused education meetings per month. These include CFTMs, IEP meetings, 504 meetings, foster care review board meetings, and disciplinary meetings. The purpose is to advocate for students in custody to ensure that they are receiving appropriate educational services. Feedback indicates that the Educational Specialists assistance is greatly valued by both DCS staff and the schools.

DCS Legal and Administrative office of the Courts/Court Improvement Program **Court Improvement Program** Continue work on enacting legislation regarding required number of credits to graduate for youth in foster care. Currently, each county school system sets graduation requirements, many exceeding the state minimum. This legislation will allow youth to graduate with the minimum state requirement from any public school without having to obtain a waiver from the superintendent.	Complete 2015 Ongoing Bi-annual	In the Spring 2015, legislative session, a bill was proposed to allow youth to graduate with the minimum state requirement from any public school without having to obtain a waiver from the superintendent. The General Assembly passed this bill and was signed by Governor Bill Haslam on May 4, 2015. **Court Improvement Program** In the Spring 2015, legislative session, a bill was proposed to allow youth to graduate with the minimum state requirement from any public school without having to obtain a waiver from the superintendent. The General Assembly passed this bill and was signed by Governor Bill Haslam on May 4, 2015.
Office of Child Health – Education 1. A group of education staff will review each in-house school compliance document (or in-house school proposal) to ensure that all requirements of the TN Department of Education and DCS Education are being met. Recognition letters from DCS Education will be sent by July 1 annually. 2. The DCS Education Division will monitor each YDC and Provider In-House School at least twice per year to ensure compliance efforts are continuing and that students are receiving appropriate education services. Written monitoring reports and corrective action plans (if needed) will be submitted to the Director of Education.		**Education** 1. This process is completed in May and June of each year. During the last year, all compliance documents were sent, completed, reviewed, and corrected if necessary. One school was unable to meet compliance standards, but was closed for other reasons. All other schools received recognition letters by the July 1 deadline. 2. During the first 8 months of the 2015-2016 fiscal years, all schools were monitored twice. Written reports were submitted including corrective action plans as needed. Corrective action plans were written, approved, and implemented. In addition, if additional training was needed, it was provided by the Education Specialists in the region.

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

DCS Strategic Plan: Goals and Objectives

Goal: Strengthen our work through collaboration with community partners.

Objectives: 4.2 Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision making.

Table 15. Measure of Progress Well-Being Outcome 3 Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Goal
EPSD&T Report	95%	94%	96.55%	95%
Dental Report	83%	85.10%	84.6%	85%

Table 16. Office, Objectives, and Action Steps Supports Well-Being Outcome 3 and TN DCS Strategic Plan

Well-Being Outcome 3: Children receive appropriate services to meet their physical and mental health needs.		
Office, Objectives, and Action Steps	**Benchmarks**	**2015 - 2016 Update**
Office of Child Health and Office of Child Programs, **Network Development** 1. Visit each provider identified and review their clinical programming, particularly EBPs in use. 2. Disseminate information about the providers' clinical programming and EBPs used to DCS staff. 3. Provide clinical technical assistance to providers around EBP implementation, as needed.		1. 2. & 3. The Director of Network Services continued his work with providers through August 2015. At that time, he vacated his position. A new Director of Network Services was hired May 2016 and will be working with providers in the next few months. The work is on-going as new programs come on board. In addition, EBPs are now reviewed (but not scored) and will be monitored and scored as part of the annual PAR process.

Office of Child Health and Office of Child Programs 1. Include easy-to-understand insurance information and process requirements in independent living trainings. 2. Negotiate possible definition of youth in extended foster care and independent living as a "special population" which would allow for continued insurance coverage by TennCare Select.	Annually	**Independent Living Services** 1. As of January 2014, young people aging out of foster care are eligible to receive TennCare until they turn 26, pursuant to the Affordable Care Act. These young people are automatically transitioned to a new MCO upon turning 18 and exiting DCS custody. In addition, when young people who previously aged out of custody require assistance, DCS and contract providers assist young people in completing applications when necessary. DCS acts as a liaison with the Bureau of TennCare when challenges arise. An overview of eligibility criteria and instructions for applying for health insurance are provided on the DCS website along with a toll free phone number that will connect youth directly with the Director of the Office of Independent Living at DCS if they require assistance. In addition, young people who elect to take advantage of the Department's Extension of Foster Care Services are automatically enrolled in TennCare and receive ongoing support in managing their access to healthcare. A review of youth in Extension of Foster Care July through September of 2015 found that all but two youth were enrolled in TennCare. One of the youth not receiving TennCare had moved to another state and applied for Medicaid there, and the other was ineligible because he is an undocumented alien. DCS continues to work to ensure that all eligible young people take advantage of the health insurance benefits available to them. The Office of Independent Living developed materials explaining available health insurance options, which they distribute through a variety of mechanisms. Additionally, on an ongoing basis, a staff person in the Office of Independent Living reaches out to youth who aged out prior to implementation of the Affordable Care Act in order to make them aware of resources available to them. 2. If a youth ages out, they receive insurance up to age 26. Tenncare keeps young adults on Tenncare Select; however, Tenncare has denied that request. These young people will placed on another MCO that will be able to meet their health needs just as well as TC select. ** For more information in this area please review Appendix B Health Care Oversight and Coordination.

Systemic Factors

Statewide Information System

The DCS Management Advisory Council (or MAC) approves and prioritizes the key information technology activities based on the strategic goals and objectives of DCS. The MAC, which meets monthly, is chaired by the DCS Commissioner and includes the Deputy and Assistant Commissioners of the various business units. This business driven governance model ensures that technology resources are used most effectively. The DCS Office of Information Technology (OIT) is responsible for executing the projects prioritized by the MAC. The project work completed in the prior period is significant and is summarized in the Completed/In-Progress Projects section below.

Completed/In-Progress Projects:
Brian A Settlement Agreement
A significant business driver for the past several years has been the Brian A. lawsuit filed by Children's Rights, Inc., on behalf of children in foster care. Section X of the Brian A. lawsuit settlement agreement pertains to TFACTS.
It requires DCS to establish and maintain a statewide computerized information system for all children in DCS custody that:

- is accessible in all regional offices;
- ensures user accountability;
- uniformly presents data, including the Adoption and Foster Care Analysis and Reporting System (AFCARS) elements;
- provides an immediately visible audit trail to the database administrators of all information entered, added, deleted or modified; and
- has necessary security to protect data integrity.

At a hearing on April 13, 2015, the federal court determined that TFACTS now satisfies these requirements.

TFACTS Mobility
After concluding a successful pilot in the previous reporting period, the MAC approved a project to deploy up to 2,600 tablet devices to case management staff across the state. Tablets have the ability to work wirelessly along with a cellular connection allowing staff the opportunity to reduce paperwork, mitigate delays in data entry, and decrease duplication of efforts by allowing real-time entry of information into TFACTS. In preparation, work was done on the TFACTS application so that it would recognize the type of device the logged in customer is using. Screens were designed to be reactive so that if the user is logged into TFACTS using a tablet computer, the application is touch-friendly. The size of action buttons and input fields were increased. In addition, vertical space between form rows was increased as was spacing between stacked hyperlinks.

DCS staff ordered, configured, installed, and trained the entire DCS staff in 4.5 months, about half of the initial project schedule estimate. In doing so, project staff was awarded the State of Tennessee Information Technology Management Association's "Outstanding IT Project Team Award." The project was completed in March of 2015.

TFACTS Data Dashboard/DCS TV

The TFACTS Data Dashboard application was developed to present information regarding key statistics defined by DCS management. There are currently seven dashboards reflecting requested information which now can be accessed from any device that is connected to the state network. This information is also displayed on a television mounted in the DCS Commissioner's office suite. Child Custody Trends, Face-to-Face Visits, and TFACTS Usage Statistics have been added to the Data Dashboard since the last reporting period.

Mandatory Race Field

This project was completed and released to production in May 2015. TFACTS has been modified so that Race is a mandatory field by requiring the entry of that information in one of four workflow checkpoints. This will improve the quality of this data, which is included in AFCARS and other state and federal reports.

Child Abuse Hotline Referral & Tracking (CARAT) Website

The Child Abuse Hotline Referral & Tracking (CARAT) system enables a referent the ability to track the progress of the child abuse or neglect referral that they made to the Child Abuse Hotline (CAH). It provides the status of an intake via a web based system and eliminates the need for both CAH staff and CPS staff to mail letters to the referent. The referent is provided, via an email, the internet link and identifying intake number. CARAT also now includes a web referral application where referents can both make a report of abuse and neglect and track the referral all in one place. Enhancements to the system have been made and an updated CARAT 2 system deployed in 2015. CARAT 2 is more user friendly for both the public and for CAH staff. CARAT 2 uses a new web referral that populates information directly into TFACTS and therefore saves time on duplicate data entry for CAH staff.

Child Death/Near Death Workflow

The Deputy Commissioner for Child Safety is obligated to provide timely and accurate reporting on the deaths of children where there has been an allegation of neglect or abuse, or the child is in the custody of the Department at the time of their death. TFACTS functionality was created and deployed to production in June 2015 to document, track, and report information related to these deaths.

In order to provide greater transparency to the public, the Department of Children's Services created the Public Notifications Website in 2013. The website provides information regarding custody deaths, non-custody deaths, custody near deaths, and non-custody near deaths. In accordance with Tennessee Code Annotated 37-5-107(c)(4), the Department releases, when possible and as available, the following information regarding a child death investigation to the Public Notifications website within five business days: (1) the child's age, (2) the child's gender, and (3) whether the department has had history with the child. Following case closure, the Department publishes the final disposition of the case, whether the case meets criteria for a child death review, and the full case file.

With respect to near death cases, the Department releases the full case file following the closure of the case. For both death and near death investigations, full case files are redacted in order to protect the identities of those involved and to adhere to state and federal confidentiality requirements.

To date, over 27,000 pages of full case files of child deaths and near deaths have been posted to the Public Notifications Website. In 2015, a Child Death Near Death (CDND) enhancement was created for Tennessee's SACWIS system, TFACTS, to improve the efficiency of tracking and verification processes for deaths and near deaths. The CDND enhancement underwent a successful trial period and was fully transitioned from a manual process in November 2015. This transition was a full two months ahead of schedule. Through direct testing and feedback gathered from other users, several technical issues related to the CDND portal have been identified and resolved. A total of nine fixes have been implemented utilizing the state's Remedy system, with another nearing completion in the near future.

Diligent Search

TFACTS was enhanced to streamline the capture of absent/alleged parent/relative information as it relates to Diligent Searches, and add the ability to select multiple children and effort types per diligent search record created. The enhancement was completed and released to production in June 2015.

Juvenile Justice Evidence-based Practice

This enhancement allows staff to collect in TFACTS any evidence based services provided directly to delinquent youth, removing the time consuming efforts of entering and tracking data in spreadsheets. Staff training was conducted in January 2016.

Sex Trafficking (Commercial Sexual Exploitation of a Minor –CSEM)

This project enhanced TFACTS in order support H.R. 4980 – the Preventing Sex Trafficking and Strengthening Families Act. OIT completed the design and development of the TFACTS modifications to capture sex trafficking information in July 2015. This enhancement has not yet been released to production at the request of pending the completion of related program policies and procedures in July 2016.

TFACTS Security Enhancements

This project, completed in March 2015, remediated all of the high priority findings from a third-party security audit. It included the implementation of a security plan to apply to the TFACTS technical infrastructure on a quarterly basis. DCS works closely with the State's enterprise IT agency, Strategic Technology Solutions (STS), to monitor TFACTS for any vulnerability and initiate the actions needed to reduce areas of risk.

TFACTS Infrastructure Enhancements

Two key components of the infrastructure that supports TFACTS are JBOSS Application Servers and Java. Both components/products were upgraded to the latest versions in order to meet industry standards and position the Department to upgrade other products in the TFACTS technology stack. Oracle databases were upgraded from version 10c to 12g as part of this project, which was completed in October 2015. The new product versions have improved TFACTS performance, reliability and scalability.

TFACTS Monthly Releases

During this reporting period, numerous TFACTS application releases were implemented. In addition to the projects/enhancements that were completed and released to production, approximately 240 reported TFACTS incidents and service requests were addressed. As a result of the TFACTS infrastructure upgrade, OIT now has the hardware/software needed to deploy releases to the production environment without requiring a system outage period. OIT is now deploying two releases to production each week with no disruption of service or business activity.

Court Order Entry Reminder

The goal of this project was to address inconsistencies with the entry of court orders and other court actions into TFACTS. This project added a prompt to TFACTS to remind caseworkers to enter the appropriate court orders. Even though case recording data indicated that many case contacts occurred at court, there were significant disparities in the number of corresponding court orders/actions. A prompt was added and appears when a worker submits a Case Recording with a location of 'Court' and a status of 'Completed'. This prompt reminds the customer to enter the court order/action and provides a quick link that allows the customer to navigate directly to the Court Order screen.

In-Home Tennessee (approved IV-E Waiver Project)

Modify TFACTS to support the operation of a Title IV-E waiver child welfare demonstration that expands and enhances the State's existing In-Home Tennessee initiative, which seeks to develop a wraparound service framework to prevent out-of-home placement among children referred to the State's child welfare system for alleged maltreatment.

Phase 1 of this project involved enhancement of the FAST (Family Advocacy and Support Tool) and the SDM (Structured Decision-Making) Safety Assessment tools and the new assessment versions were implemented in July 2015.

Phase 2 of this project will be addressed as part of the Fiscal Enhancements project.

SACWIS Assessment Review Activities

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

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

- Fifty-six (56), or 68%, of the findings were related to the TFACTS application or reports coming from the application.
- Fourteen (14), or 17%, of the findings were training-related.
- Nine (9), or 11%, of the findings were the result of insufficient documentation in the submitted SACWIS Assessment Review Guide.
- Three (3), or 4%, of the findings were Agency policy/protocol-related.

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

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

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

Health/Well Being Enhancement

This project implements several pieces of functionality in TFACTS needed to support DCS's Health Staff.

The specific functionality for each delivery date is as follows:

- Release 1 – Project Complete: TFACTS was modified to provide the ability to enter ICD-10 codes and include them on case information that is transmitted to TennCare (Medicaid). This functionality was developed, tested and implemented prior to CMS's October 1, 2015 deadline.
- Release 2 – The ability to track psychotropic medication and monitor medication information includes Informed Consent process. Requirements definition and design work started in December 2015. Projected for implementation December 2016.
- Release 3 – This phase will include several enhancements that have been identified, prioritized and approved by the Health Program product owners.

Fiscal Enhancements

- Release 1 includes the TFACTS modifications that are needed to support Client Benefits. For example, automating and maximizing the use of Client Benefit funds, issuing SSI/SSA refunds, and implementing a general ledger interface with the State's accounting system. Projected release to production in May 2016.
- Release 2 includes the TFACTS modifications that are needed to support payment adjustments due to events such as a change in a child's placement, a subsidy record effective date or rate, or a case service. The enhancement will allow resulting over- and underpayments to be automatically processed in TFACTS and in the State's accounting system.
- Student Trust Accounting function has been included in the overall design of the TFACTS Fiscal enhancements. STA will be integrated into TFACTS in phases 2-4 of the Fiscal enhancement project.
- The project will include modifications that will support the Department's approved IV-E waiver project. This project also supports the SACWIS Assessment Review (SAR) Action Plan Requirement 63(A)_23(B)_Accounts_Receivable.

Permanency Plan Enhancements

This project represents the integration and standardization of information between case planning modules in TFACTS, including Assessments, Child and Family Team Meetings (CFTM's), Strengths and Concerns, Permanency Goals, Visitation Plans, Permanency Plans and Case Services. This streamlines the case planning and permanency plan creation workflows, reduces duplicate data entry and improves the consistency of information between modules.

Phase 1 of this project includes enhancements to CFTMs, Strengths and Needs, Action Steps, External Assessments, Immediate Protection Agreements, Collateral Contacts, Consultations and Notices of Action. Phase 1 is projected for release in May 2016.

Phase 2 of this project will include enhancements to the capture of Face to Face contacts with children and families. Functionality that captures and reports Targeted Case Management (TCM) information will be enhanced such that the TCM will be derived by the system instead of requiring case managers to enter case service records to represent TCM activities. Phase 2 of 3 planned phases is projected for production release in September 2016.

Juvenile Justice CANS Enhancement

DCS plans to enhance the current Child and Adolescent Needs and Strengths (CANS) assessment in TFACTS by replacing the Juvenile Justice-related questions with the version that was successfully piloted in twelve counties during the Tennessee Court Screening and Referral Project. The project also disables parts of the current CANS assessment that are not used for youth with a Delinquent adjudication. The resulting CANS will allow DCS to be consistent with juvenile court systems and will eliminate the Youth Level of Service (YLS) assessment currently used for Juvenile Justice youth. Requirements and design work began on this project in February 2016; the enhancement is expected to be completed and released to production in July 2016.

Credit Checks for Youth

Congress enacted a law in 2011 mandating that "Each child in foster care under the responsibility of the state who has attained 16 years of age receives without cost a copy of any consumer report (as defined in Section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report."

OIT has identified a 3rd party vendor that will submit a monthly extract of youth who meet criteria for a credit report to all three credit reporting agencies (TransUnion, Experian and Equifax) and in return receive a single report that will distinguish youth who have no credit history and those that do. The vendor will also provide individual credit reports for youth in .pdf format. DCS Legal and the legal representatives of this third party vendor are currently working on the language for a non-disclosure agreement and contract. DCS expects to have the contract signed and active credit checks for youth by June 2016.

Electronic Forms (ECM)

There is a tremendous opportunity for case manager efficiencies by purchasing and implementing software to provide the ability to quickly create e-signature forms that are legally binding and can be transmitted securely over the Internet. DCS plans to invest in a document management solution that will enable creation and automation of hundreds of standard forms used daily in child welfare case management.

The solution will allow conversion of any .PDF into a fillable, mobile-friendly document that can be completed from any mobile device and e-signed if needed. Information will be synchronized with TFACTS in real time. The document management solution selected by DCS will reduce, if not eliminate, any type of data entry and manual processing by pulling the data from TFACTS and auto-populating the forms. The solution will also provide a means to update TFACTS with information collected on the completed form. This project also supports the SACWIS Assessment Review (SAR) Action Plan Requirement12(C)_forms_reports.

This project has been reviewed by the MAC and has been identified as a priority project for 2016. OIT is in the process of contracting with Adobe in order to use their AdobeSign software Phase 1 of this project is to implement electronic signatures for at least two priority documents by June 2016.

CPS Workflow Enhancement

Requirements and design work began on this project in January 2016. This effort will streamline the entry and management of child protective services cases, reducing staff time and enhancing the application. Phase 1 of this project, which will include the redesign of Child Abuse Hotline Intake (includes CPS, Resource Linkage, Order of Reference & Courtesy Request), Hotline Intake Persons and Hotline Research, is projected to be completed and released to production in July 2016. This project supports the SACWIS Assessment Review (SAR) Action Plan Requirement 2_10_CPSwkflw.

Staff Notification Interface

The project implements an interface with a new application to automate critical notifications such as those for on-call staff who investigate child abuse referrals. OIT identified a vendor that offers a communication platform that will not only provide automation of critical notifications, but will also enable a comprehensive and efficient means of communicating other important information to staff and business partners. The new application is intended to replace the current MIR3 application used only by the Child Abuse Hotline. The new application will have a broader range of use across the agency.

DCS Scorecard

The Department identified fourteen key performance measures. A DCS Scorecard was created to ensure that these measures are readily available and that the data can be analyzed at the state, regional, supervisory and case worker levels. Measures are part of the annual employee performance evaluation process. The DCS Scorecard development is currently at the Commissioner and Regional Administrator level view and those customers are working with OIT to validate the information and tweak the interface to suit their preferences. Dashboards have been developed that can originate at the highest level and drill down to the staff member responsible for the work item and the person for whom the service it to be performed. This information is now sent back into TFACTS to identify to the worker, work that needs to be done and when it needs to be done by. State and Regional Scorecards were developed and implemented. These are available on a daily basis and up to date as of the immediately preceding midnight. The scorecard tracks: 1) Average Days open for Assessments; 2) Average Days open for Investigations; 3) Percentage of Assessments over 120 days; 4) Percentage of Investigations over 60 days; 5) Priority Response completion percentages for Assessments per policy and 6) Investigations; 7) Timeliness of reunification; 8) Timeliness of case recordings; 9) Face-to-Face visitation completion, Brian A. 10. JJ: 11) Parent Child; 12) Length of stay tracking over 2 years; 13) Completed

Medical Screenings; 14) Completed Dental Screenings. These are stated at the State, Regional, Coordinator, Lead, Supervisor and Worker. The worker scorecard is their subset of the tracked state and regional measures and the work items are made knowledge to the workers.
As business dictates, new needs are identified, or policies change, to keep pace with the business. It is much easier to do as the information is now broken down into facts and dimensions that make it easy to compose useful and actionable business intelligence and decision support. All of our business intelligence analysis can be cross analyzed. Regional performance can be compared side by side as can worker. Time periods for the same measures can be compared to evaluate trends. Effectiveness of policy changes can also be evaluated

Reporting/Data Extracts
Federal Reports (AFCARS, NCANDS, and NYTD) are being developed in the data warehouse to allow proactive monitoring of progress and data quality. This will also allow preservation of historic submissions. The Child and Adolescent Needs and Strengths (CANS) extract is also currently being developed in the data warehouse. The Child and Adolescent Needs and Strengths (CANS) extract was redeveloped in the data warehouse. The battery of Child and Family Team Meeting (CFTM) reports were redeveloped in OBIEE, for which DCS has and unlimited license. The cost was $30,000 per month. Because these reports were redeveloped in the new Data Warehouse this cost was eliminated as well as the quality of the product was improved. Existing reports are enhanced and new reports are developed based upon priorities set by DCS Executive Management.

Skype for Business
This project will implement Skype for Business as an option for case managers to make visual contact with children and families when it is not possible to meet in person. Providing the ability to use Skype video conferencing to the families whose children are in DCS's care will make it easier for the children, families, and DCS case workers to complete face to face visits within in the legally mandated timeline. This functionality will create time and travel efficiencies as well reducing departmental costs and improving services to our customers. Timely face to face visits are required as a part of the Brian A Settlement Agreement, and the opportunity to use Skype in certain instances will help the Department comply with that agreement.

iPhone Project
This project further mobilizes DCS front-line case management workforce with the deployment of smartphones (iPhones) to those staff. Smartphones enable Internet access which will allow workers to access TFACTS from the device as well as provide access to specialized applications (cameras, maps, weather, traffic, etc.). Smartphones also enables more efficient communication options than the flip phones currently used by case managers. This project will also support the State's Alternative Work Site initiative. Equipped with a tablet and a smartphone, the employee can work anywhere they can access an Internet connection.

Replacement of Tools and Utilities
The TFACTS development team plans to replace four tools/utilities that are used by TFACTS. The first product, Informatica IIR Search, supports the person search function. DCS plans to replace this tool with the Solr Search Engine on open source product. The second tool, Crystal Reports, is used to produce reports and non-signature forms. These will be migrated to Jasper Reports, which is already being used for select TFACTS reports. The third product, Finalist, supports address verification. Replacement products are being evaluated. The fourth

product, Tool for Oracle Application Developers or TOAD, will be upgraded to a newer, more robust version. This project will reduce costs as well as improve the associated technologies and functionalities. Other projects are identified but not yet scheduled. The current project schedule and the projects in the pipeline are reviewed on a regular basis to determine when additional projects may be initiated, based on resource availability. The following is a list of projects that are expected to be reviewed and prioritized in 2016:

Court Enhancements

This project is to streamline the court, removal record and legal status functionality in TFACTS. It will involve substantial and widespread work within TFACTS. For example, it will modify screens and logic associated with recording other documents, court orders, and court hearings. It also will modify the way current status is handled for children, guardians, and court orders. The project will provide case manager efficiencies and provide additional court-related data for reporting and analytics.

Resource Home Redesign

This project request is to improve the Resource Home (RH) functionality in TFACTS. The first phase will allow RH workers to print a summary report of their notes. The content of subsequent phases will be determined after a careful analysis of the current functionality, agreement with the business owners on improvements, estimation of the work required to implement the modifications and dependencies on other approved projects.

DOE Interface

This project will establish an interface between Department of Education and Department of Children's Services to facilitate the exchange of education information for those children/youth who are in the care of/receiving services from DCS. The goal is to enable real-time access to education data including grades, classes, and schools for client children/youth. Capture and maintenance of education data in TFACTS has historically been problematic for DCS. An interface with DOE would significantly reduce and possibly eliminate the need for DCS case management staff to manually enter/update education data.

Placement Exception Request

Fix/enhance the Placement Exception Request functionality in TFACTS. TFACTS should require completion of a Placement Exception Request when any of the following child placement criteria are met:

- Placement is not within a child's home region or within 75 miles of the removal address.
- More than three (3) children under age three (3) are in the resource home.
- More than three (3) foster children are in the home.
- More than six (6) total children are in the home.
- Siblings are placed apart.
- Children under age six (6) are placed in congregate care setting.
- Child placed in a residential treatment center or group care setting with capacity in excess of eight (8) children.
- More than two (2) therapeutic children in a resource home.
- Shelter placement in excess of thirty (30) days.
- Multiple shelter placements.
- Separation of minor mother and baby.

Juvenile Justice Violation Report Enhancement
Automate the Violation Report function in TFACTS. Information will be derived from TFACTS and output in a standard Violation Report form format. This will eliminate a current manual process.

Disaster Recovery/Business Continuity
Update/revise the DCS Disaster Recovery/Business Continuity Plan. Implement new infrastructure to support desired disaster recovery levels and conduct tests to ensure critical systems and functions are supported with little to no interruption of service.

National Youth in Transition Database Survey
DCS will create a web portal for the correct versions of the National Youth in Transition Database survey and follow-up so that youth can be directed to a website to complete the survey, which would eliminate the current method of transcribing surveys completed on paper into TFACTS. NYTD data will be collected through the portal and stored in TFACTS.

Statewide Information System

DCS Strategic Plan: Goals and Objectives

Goal: Use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable, and produce the best outcomes.

Objectives: 2.1: Enhance capacity of DCS staff to use and analyze data to inform and improve practice. 2.2: Collaborate between Child Welfare Professions and the Office of Information Technology to build and enhance effective data systems. 2.5: Incorporate DCS data systems with other resources to improve data informed decision-making.

Table 17. Office, Objectives, and Action Steps Supports Statewide Information Systems and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Timeframes	2015 - 2016 Update
Office of Information Technology, Child Safety, Child Health, Child Programs, Quality Control, Fiscal 1. Brian A Settlement Agreement 2. TFACTS Mobility 3. TFACTS Data Dashboard/DCS TV 4. Mandatory Race 5. CARAT (Child Abuse Referral and Tracking) 6. Child Death/Near Death 7. Diligent Search 8. Juvenile Justice Evidence-based Practice 9. Sex Trafficking (CSEM) 10. TFACTS Monthly Releases 11. Court Order Entry Reminder 12. In-Home TN/IV-E Waiver project (FAST & SDM Intake Assessment Tool revisions		1. Complete 2. Complete 3. Complete 4. Complete 5. Complete 6. Complete 7. Complete 8. Complete 9. Complete 10. Complete 11. Complete 12. Complete
13. SACWIS Assessment Review Activities		13. During 2015, the current version of the SDM Intake Assessment Tool for the Child Abuse Hotline (CAH) was finalized. This was a result of collaboration between OCS and the Children's Research Center (CRC) to review and revise the SDM Intake Assessment for the CAH, which began in December of 2013.The review, included several meetings to revise the tool with participation from the CRC, DCS field staff and the CAH. After the SDM Intake Assessment was implemented, feedback was gathered from field staff, evaluated by DCS and CRC, and adjustments were made to the tool. Following this work, the Child Abuse Hotline and Internal Quality Control Division have continued to work with CRC for inter-rater reliability testing and calibration of the tool over time. Additional work is currently being conducted to validate the intake assessment tool and implement appropriate recommendations surrounding reconsiderations and screening decisions. SACWIS Assessment Review update submitted to Children's Bureau in August 2015. Awaiting feedback as to whether the update has been approved and close out the SAR activity.
14. Health/Well-being Enhancement		14. Phase 1 to be delivered in July 2016; project completion projected for

15. Fiscal Enhancement (formerly Payment Adjustments) 16. Permanency Plan 17. Juvenile Justice CANS 18. Credit Checks for Youth 19. CPS Workflow 20.DCS Scorecard 21. Reporting/Data Extracts **Office of Information Technology** 1. Develop Data Warehouse enhancements. 2. Fully implement use of Reports Center of Excellence Catalog. 3. Develop data Dashboards at the individual level to provide data analytics regarding individual performance. 4. Determine what data is needed in a "dashboard" to improve practice; what population needs which data, and at what frequency.		Dec 2016 15. Phase 1 to be delivered in May 2016; project completion projected for Dec 2016. 16. Phase 1 to be delivered in May 2016; project completion projected for Dec 2016. 17. Juvenile Justice domain is being added to CANS assessment; will replace Youth Level of Service assessment. 18. 3rd party vendor identified to facilitate submission/receive results from all three credit reporting agencies. 19. Phase 1 to include re-design of Child Abuse Hotline workflow. 20. Expect to have drill-down views to Team Lead and Case Manager levels by June 2016. 21. Existing reports continue to be enhanced and new reports are developed based upon priorities set by DCS Executive Management. **Office of Information Technology** 1. The Data Warehouse continues to be enhanced. It is a comprehensive fact base for reporting. It covers all functional areas of DCS business that are captured in TFACTS. 2.Complete 3. and 4. A contract was awarded to the National Council on Crime and Delinquency (NCCD) for implementation of SafeMeasures. This contract included development of a data dashboard for use among all levels of the Department. 14. SafeMeasures is an innovative internet-based reporting service which uses analytics to help child welfare agencies achieve better outcomes, improve service, and operate more effectively. SafeMeasures is a Department-wide initiative and a core team within the Department is responsible for ongoing report verification. The SafeMeasures dashboard currently provides 29 finalized reports including at least one report for every program area participating in the service. Future data needs will be driven by the program, as needed.

Office of Information Technology 1. Deploy up to 2600 tablets to frontline staff statewide. 2. Deploy additional mobile Devices as funding is available. 3. Enhance video-conferencing capabilities to increase collaboration during statewide meetings and as a way to enhance casework/child contact as a supplement to face to face contacts. 4. Provide technology supports to enhance tele-work program. 5. Migrate to Oracle 12g 6. Server consolidation 7. Electronic Forms (ECM) 8. TFACTS Security Enhancements 9. TFACTS Infrastructure Upgrade (Improved reliability/stability/access) 10. Staff Notification Interface 11. Upgrade of Utilities/Tools		**Office of Information Technology** 1.DCS staff ordered, configured, installed approximately 2,250 Dell tablets, and trained the entire DCS staff who received the tablets in 4.5 months, about half of the initial project schedule estimate. In doing so, project staff was awarded the State of Tennessee Information Technology Management Association's "Outstanding IT Project Team Award." The project was completed in March of 2015. 2. On-going - All new caseload-carrying staff that are hired are issued tablets. 3. Microsoft Skype for Business has been approved for use by DCS caseworkers; currently awaiting synchronization with Active Directory and pricing information from STS. 4. In addition to over 2700 tablets deployed to regional staff, the iPhone project pilot will launch in March 2016. iPhones will be deployed to 44 Davidson region employees who also have tablets. iPhones will eventually replace the IPT desk phones for case managers participating in the telework initiative. 5. Oracle databases upgraded to 12g as part of the TFACTS Infrastructure Project. 6. Awaiting one server to be brought online so that the Foster Parent Phone-In app can be migrated over to it. Projected June 2016 completion. 7.Phase 1 to include electronic signatures by June 2016 8.Complete 9.Complete 10. Product evaluation underway. 11.SOLR in test phase; Crystal reports have been prioritized for Jasper conversion; exception request submitted to STS for SmartyStreets as new address verification tool; purchasing in progress for TOAD.

Case Review System

Quality Service Review (QSR)

The Quality Service Review completed reviews in all twelve service regions as of April 30, 2016. Each includes a regional sample of 24 cases that are reviewed using the Tennessee Quality Service Review Protocol, as well as, three cases using the Child and Family Service Review tool. A total of 285 cases were reviewed using the QSR Protocol and a total of 32 cases were reviewed using the CFSR Tool.
DCS has set the benchmark goal of 100% acceptability for Safety and 70% acceptability for all other indicators. DCS has seen an increase in performance on most QSR indicators over the past four seasons. Vanderbilt University Centers of Excellence continues to complete an annual Inter-rater Reliability Review during the QSR process. Vanderbilt employees shadow review dyads for thirty or more cases each QSR season to determine if the Reviewers are scoring cases within the guidelines of the protocol. Vanderbilt University Centers of Excellence also completes an annual assessment of the QSR process to assist the QSR Director in determining what/if changes are needed in the QSR process.

The QSR team is able to surpass the goal of external QSR participants. The team experienced an increase in the number of community partners participating. However, DCS has seen a slight decrease in the number of DCS provider agencies willing to participate. The QSR team maintains its current level of Certified Lead Reviewers during the past season. Several Certified Leads left employment with DCS, promoted within DCS, or transferred into positions where they were no longer able to review. However, a number of new Reviewers were recruited from DCS regions.

The QSR team conducted Developing Lead, Certified Lead, and Coach trainings during the months of May, July, August 2015, and March 2016. Further trainings are scheduled for July and August 2016. A special team was formed by the QSR team to evaluate improvements needed for the QSR Stories. This team created training recommendations that were incorporated into the Certified Lead and Coach trainings provided during 2015 and 2016. A QSR Story tracking system was designed during October 2015 and is updated upon the completion of each QSR.

Due to the similar structure of QSR and CFSR, DCS reviewed three cases using the CFSR Tool during August 2015. DCS developed a list of staff that was provided access to the CFSR Portal to complete the CFSR On-Site Review Instrument (OSRI) training and tool. DCS will prepare for CFSR by conducting reviews using the OSRI on a subset of cases from the QSR sample. During the 2015-2016 QSR season the following types of cases were reviewed: Dependent/Neglected custody; Delinquent custody; Extension of Foster Care; Child Protective Services Assessment; Child Protective Services Investigations (Closed); Probation; and Family Support Services.

Case Process Reviews (CPRs) and Quality Case Reviews

Case Process Reviews (CPRs) are conducted quarterly statewide on a five percent (5%) sample of cases open during the period under review. Foster care (including kinship and pre-adoptive) cases, Juvenile Justice, Youth Development Centers, Resource Home, Adoption Assistance and Subsidized Permanent Guardianship cases must be open for 45 days, while CPS Investigations and Assessments and Special Investigation Cases must be opened 30 days during the period under review to be included in the sample. These reviews are conducted to provide the various program areas with performance measures in regard to case records and worker documentation. Over the last year,

frontline managers have worked with frontline staff to focus efforts on making improvements to CPR outcomes that are documented on Case Process Review Performance Improvement Plans (CPR PIPs).

At the end of 2015, revisions were made to the Foster/Kinship/Adoption CPR tool that more strongly align the results with CFSR questions. Although interviews are not conducted for CPRs, these reviews are conducted to look for evidence of best practices in the case record. The goal is to better understand our practice in context of CFSR measures. In addition, inter-rater checks have begun on the Foster/Kinship/Adoption CPR tool to provide regional staff with feedback. Inter-rater checks on other tools will be added in the coming fiscal years.

Quality Case Reviews were implemented at the end of CY 2015 to conduct "deep dives" into the quality of case work in various case domains including:

- Diligent Search
- Permanency Planning and Review
- Parent Child Visitation
- Adoption FOCUS (for children in Full Guardianship without an identified home)
- Informed Consent for Psychotropic Medication
- Visitation for Separated Siblings
- Quality Face to Face Contacts

These reviews will continue to expand in coming fiscal years and to include areas of needed deep dive based on observed concerns in data or practice and also to address additional program areas.

Office of Child Safety: Case Process Reviews (CPRs)

The Office of Child Safety Internal Quality Control Division created a Quality Review for Investigations (QRI) which is a process for assessing the quality of work within investigations by gathering quantitative and qualitative data and using that information to make individual, team and statewide improvements. The QRI is completed on a 5% random sample of cases within each region and was developed by OCS based on the aspects of an investigation believed to be the most important. The QRI will provide data at all levels of OCS which will inform practice and policy through an established Continuous Quality Improvement process.

Case Review Systems

DCS Strategic Plan: Goals and Objectives

Goal: Use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable, and produce the best outcomes.

Objectives: 2.1: Enhance capacity of DCS staff to use and analyze data to inform and improve practice. 2.2: Collaborate between Child Welfare Professions and the Office of Information Technology to build and enhance effective data systems. 2.3: Strengthen ability of staff and partners to appropriately identify and implement evidence-based practice 2.5: Incorporate DCS data systems with other resources to improve data informed decision-making.

Table 18. Case Review Systems Data Elements: Baseline, Actual, and Target

Case Review System				
Measure of Progress	**Baseline FY 2014**	**Actual 2014 - 2015**	**Actual 2015 - 2016**	**Target/Goal**
% of cases reviewed quarterly for CPRs	5%	5%	5%	3%
Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM (TFACTS)	**Initial Meeting** 35.2% Child age 0-11 77.2% Child age 12+ 65.9% Mother 39.6% Father **Initial Perm Plan** 30.9% Child age 0-11 72.8% Child age 12+ 61.9% Mother 29.6% Father **Placement Stability** 27.4% Child age 0-11 77.1% Child age 12+ 39.9% Mother 15.5% Father	**Initial Meeting** 30.7% Child age 0-11 65.8% Child age 12+ 68.9% Mother 30.8% Father **Initial Perm Plan** 26.7% Child age 0-11 72.7% Child age 12+ 66.3% Mother 33.5% Father **Placement Stability** 26.7% Child age 0-11 72.5% Child age 12+ 42.5% Mother 17.1% Father	**Initial Meeting** 29.7 % Child age 0-11 69.8% Child age 12+ 63.6% Mother 30.6 Father **Initial Perm Plan** 27.73% Child age 0-11 71.19% Child age 12+ 64.5% Mother 33.3% Father **Placement Stability** 27.16% Child age 0-11 74.67% Child age 12+ 38.6% Mother 16.4% Father	40% Child 0-11 70% All others
Periodic review for each child occurs no less frequently than once every six months either by court or administrative review (CPR)	72% Brian A 41% JJ	71% Brian A 80% JJ	81% Brian A 77% JJ	80%
A Permanency Hearing occurs no later than 12 months from the date the child entered foster care and no less than every 12 months thereafter. (CPR)	77% Brian A 76% JJ	82% Brian A 82% JJ	87% Brian A 95% JJ	80%
The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented. (TFACTS)	90.50%	79%	70.1%	95%

Documentation of all contacts for notification of CFTM either in Case Recordings or Notification Section of CFTM in TFACTS (CPR)	55% Brian A 57% JJ	72% 76% JJ	93% Brian A 79% JJ	80%
Documentation that Resource Parents were notified in advance of all CFTM's, FCRB's and Court Hearings (CPR)	76% 87% JJ	76% Brian A 87% JJ	91% Brian A 64% JJ	80%

Table 19. Office, Objectives, and Action Steps Supports Case Review Systems and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Office of Quality Control – CQI 1. An Inter-rater reliability process will be developed following the development of the CPR manual to ensure/improve reliability of the CPR tools, increase staff understanding of CPR tool items, and to identify areas where training is needed. 2. The CQI Division will partner with program leadership to continuously make improvements to CPR tools to ensure information gleaned from the reviews are useful in improving casework, supportive of COA standards and increase in alignment with CFSR. **Office of Quality Control, Vanderbilt COE, Brian A-Technical Assistance Committee Quality Service Review** 1. The number of external review partners for the QSR will be increased by 10% (baseline 50) during the 2014-2015 QSR	2016	**Office of Quality Control – CQI** 1. The CQI Division will be conducting CPR Inter-rater Reliability Reviews quarterly in 2016 after the roll out of the new Foster Care tool. The first review occurred in April 2016. 2. In 2015 plans were developed to implement Quality Case Reviews for calendar year 2016. These reviews are designed to conduct a deep dive into a variety of practice areas in Foster Care cases. Reviews planned for 2016 include: ▪ Diligent Search (November 2015) ▪ Permanency Planning, including FCRB and Permanency Hearing compliance (January (2016) ▪ Parent Child Visitation (March 2016) ▪ FOCUS/Adoption for children in full-guardianship without a pre-adoptive home identified (May 2016) ▪ Informed Consent for children on psychotropic medications (June 2016) ▪ Sibling Visitation (August 2016) ▪ Quality Face to Face Contact Documentation (September 2016) ▪ Assessments as tools for case planning (October 2016) 1. As of April 30, 2016 there were 100 cases reviewed for QSR that had external partners on them. ▪ Administrative Office of the Courts: 4 cases

season.

Quality Assurance Systems

Continuous Quality Improvement

DCS has a strong foundational administrative structure for CQI across Tennessee. The Director of CQI and Policy maintains oversight of the statewide CQI program, which includes a program manager, 3 program coordinators, 2 team leaders and 8 case manager 3's. The program manager serves as the liaison to the Administration for Children and Families and is responsible for annual reporting and administrative CQI teams such as worker safety, human resources and coordinating efforts to ensure timely implementation of the Preventing Sex Trafficking and Strengthening Families legislation. The Program Coordinators each have supervisory responsibility of 2 regional CQI coordinators in addition to a specialized assignment. One of the program coordinators is assigned to Quality Case Review program management, data analysis, and reporting findings. Another program coordinator is assigned to assist with CQI efforts for the IHT Demonstration Project, associated data products and related CQI projects. The third program coordinator is responsible for providing CQI support to the Knox region and assists with special CQI projects for Central Office.

The Director of Accreditation and Provider Quality provides oversight for the three Case Manager 3s who act as CQI Coordinators for each of the agency's Youth Development Centers. This team works diligently for the past year towards readying DCS's three Youth Development Centers for accreditation by the Council on Accreditation (COA). COA site visits will occur this spring and into the fall, when a final accreditation determination will be made.

The statewide CQI program has a consistent structure throughout the state and allows for communication to flow between various levels. The CQI Coordinators are responsible for working with the regional and facility CQI Teams to develop Program Improvement Plans for Quality Service Review and Case Process Review Results. The CQI teams work on making improvements to a variety of compliance data provided on scorecards, in addition to improving processes to ensure timely services and outcomes for children and families. CQI referrals are used to resolve problems statewide. Nine CQI referrals have been resolved at the Central Office level and 16 are in progress.

The CQI team continues to track and monitor data clean up reports to ensure increased data quality which include:

- Cases with no permanency plan after 60 days
- Clients with no race
- Clients with no SSN
- Clients under age 6 in Congregate Care
- Undocumented clients with SSN
- Clients in custody Missing Adjudication
- Clients in Custody with no Education Information
- Brian A. Clients in Detention placements
- Clients who have aged out of care
- Cases with Missing Caretaker Address

The CQI unit is responsible for using Lean facilitation to streamline departmental processes and procedures to maximize effectiveness. In 2015-2016 the following Lean Events were conducted:

- Post Adoption Service Lean - Team members developed action steps to improve work flow, improve use of technology, develop staff capacity to be more effective users of technology, information tracking, and improve timeliness of service delivery.

- ICPC Lean – ICPS Staff developed a standard way to prioritize work, improved use of technology, increased staff capacity to use technology effectively, and developed and delivered training to improve clarity and understanding on ICPC processes for staff statewide.
- Adoption Overpayments Lean – Adoption Subsidy staff developed and will send a reminder letter twice annually to foster parents regarding situations that constitute overpayments. Improvements were also made to work-flow between Fiscal and Adoption Subsidy staff to reduce overpayments.
- Relative Caregiver Program (RCP) Lean – DCS Relative Caregiver oversight staff came together with partners from each of the RCP provider agencies to work on improving communication, expectations, work flow and re-invigorating the work.
- Travel Reimbursement Lean – Fiscal and program staff worked to improve workflow and clarity regarding the travel reimbursement process.
- YDC Incident Reporting Lean – YDC and Central Office staff came together to increase understanding regarding updated policy and procedure changes needed to ensure best practices and COA compliance with appropriate response to incidents and subsequent documentation.
- Well-Being Consult – Regional program and Well-Being staff convened to address the previous requirement for a Well-Being consult, which is now satisfied by a 72 hour health screening at the health department for all children who enter foster care. Regions discussed the benefits and approaches to conducting this work effectively. No standard requirement exists for this process, and regions were encouraged to review cases that worked for their internal structure and needs.

In the last year, the CQI team began providing CQI support and monitoring to the department's IV-E Waiver Demonstration Project called In Home Tennessee (IHT). The IHT Data CQI team, which consists of the CQI Coordinators from Central Office and the 12 regions and selected Data Leads from each region, reviews a variety of data products provided by Chapin Hall, the project evaluation team. The IHT Data CQI team conducted a quality case review on FAST assessment, and developed staff skills and capacity to provide support for using the Baseline, Target and Actual (BTA) data product. Leadership staff in the department's 12 regions received initial training on the data products between October 2015 and March 2016. More intensive training was provided regarding the BTAs to the CQI team and 12 regional Data Leads in June 2016. Additional data training will be provided to these staff throughout the rest of 2016.

Continuous Quality Improvement

The Office of Child Safety Internal Quality Control Division developed a Continuous Quality Improvement process which uses the results of the Quality Review for Investigations and other areas of practice to improve performance, policy and procedure. This process assists in identifying areas of excellence in investigations and areas of needed improvement. The process uses remediation and the creation of action plans to identify practice issues, needed training and policy revisions statewide while documenting efforts at continuous quality improvement and demonstrating a continued commitment to excellence within investigations.

Accreditation

DCS is working to achieve accreditation by the Council on Accreditation. The COA accreditation process involves a detailed review of the agency to include the programmatic functions of the administration, the service delivery environment and the service standards which include Foster care/ Kinship care, Adoption, Juvenile Justice, Child Safety, and the Youth Development Centers. The council uses a set of

standards which are internationally approved and researched as best practice. In order to achieve COA accreditation the agency must first complete a self-study to assess compliance with the standards. Then a group of certified reviewers complete site visits where staff reviews data outcomes, conduct file reviews, and interview stakeholders, agency personnel, and children and families. Based on the findings of the reviewers COA's Pre- Commission Review Committee and/ or the Accreditation Commission determine whether the agency is in compliance with the standards. A regional compliance report is sent to each region that includes scores for each standards, overall strengths and opportunities that the region is expected to address. As of January 2015, all site visits have been completed. Central Office, Northwest, East, Southwest, Tennessee Valley, Upper Cumberland, Northeast, Mid-Cumberland and Knox regions have all received the regional compliance report. Shelby, Smoky Mountain, Davidson, Wilder YDC, Mt. View YDC, and Woodland Hills YDC have not yet received their compliance reports.

Licensing

State licensing regulations ensure children and families receive the best possible services and care provision in residential care, in adoptions-related services and in child abuse prevention programs offered through local communities. DCS licensing has moved to an online process for the review and revision of rules by its mandated committee. This is not only more cost-effective to the state (and time-efficient to the committee members) but allows for greater input from ad hoc and collateral participants. While the final authority for approving all revisions rests with the core committee, the input from a much larger group of subject-matter experts will help ensure that the most well-rounded and practical regulations possible are implemented. This informs and supports DCS residential provider policy and ensures a more seamless meshing of policy and rules. It also sets new standards that can be used in collaboration with other departments in further developing their own rules for services to children and youth.

Because DCS licensing also regulates private residential providers that do not contract with the department, as well as all international and domestic adoptions and child abuse prevention services offered within Tennessee's communities, these much needed revisions in the state regulations will protect not just children in DCS contracted agencies but also children in residential care not otherwise subjected to oversight by the department, as well as community members.

Quality Assurance Systems

TN DCS Strategic Plan: Goals and Objectives

Goal: Use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable, and produce the best outcomes.

Objectives: 2.1: Enhance capacity of DCS staff to use and analyze data to inform and improve practice. 2.2: Collaborate between Child Welfare Professions and the Office of Information Technology to build and enhance effective data systems. 2.3: Strengthen ability of staff and partners to appropriately identify and implement evidence-based practice 2.5: Incorporate DCS data systems with other resources to improve data informed decision-making.

Table 20. Measure of Progress Quality Assurance Systems Data Elements: Baseline, Actual, and Target

Quality Assurance System				
Measure of Progress	**Baseline FY 2014**	**Actual 2014 - 2015**	**Actual 2015- 2016**	**Target/Goal**
Timeliness of case recordings	83.20%	89.60%	89.38%	90%
% of Brian A custody cases with at least 2 Face to Face Contacts by worker % of JJ custody cases with at least 2 Face to Face Contacts by worker	88.10% 97.80%	86.30% 95.10%	90.24% 98.62%	85%
Committee convene; rules revised and promulgated Jan. 2015 and Jan. 2017	In Progress	In Progress	In Progress	Task Complete
Successful Sunset Review Calendar Year 2017	2014 Report	NA	2016 Report	2017 Report
Engagement QSR Scores	78%	87%	91%	70%
Teaming QSR Scores	72%	82%	85%	70%
Voice and Choice QSR Scores	73% Overall 85% Child 56% Mother 52% Father 87% Other	81% Overall 88% Child 56% Mother 45% Father 87% Other	81% Overall 88% Child 56% Mother 37% Father 89% Other	70%
Ongoing Assessment QSR Scores	61%	73%	80%	70%
Permanency Planning QSR Scores	65%	75%	77%	70%
Implementation QSR Scores	64%	79%	74%	70%
Tracking and Adjustment QSR Scores	70%	85%	86%	70%

Table 21. Office, Objectives, and Action Steps Supports Quality Assurance Systems and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Office of Quality Control – CQI 1. A formal training program will be developed for CQI staff.		**Office of Quality Control – CQI** 1. The CQI Division developed beginner trainings on CQI Meeting Facilitation and CQI Scribing. The CQI Team is trained in these skills and is able to deliver these trainings to regional staff who facilitate and scribe meetings.
2. A minimum of 2 new CQI trainings will be developed annually for all DCS staff to take as in-service electives. This will include specialized training for facilitators, scribes, how to use data.	April 2016	2. The CQI Division is working with Chapin Hall to develop advanced CQI training for CQI staff and select data leads across the state. The first session of the training was delivered in April 2016, which provided education on conducting a CQI process using data from the Baseline, Target and Actual (BTA) data provided by Chapin Hall, which guides the department's IHT IV-E Waiver Demonstration Project success. Additional sessions are in the works to further train on data specific skills, knowledge and understanding and using those skills in CQI teams to guide discussion and develop data driven plans for system improvement. Additional trainings are planned in June, August, and October of 2016 to provide training on other data products and additional CQI facilitation skills.
Office of Quality Control – Policy The Department established standards and guidelines regarding specific placement situations for children in foster care that include limitations, permissible exceptions to those limitations, for some situations. When DCS Staff must make placements that do not meet certain best practice standards, a Placement Exception Request must be made and approved by the Regional Administrator (RA).		**Office of Quality Control – Policy**
1. Implement interim plan for Regions to upload PERs into TFACTs.	Ongoing	1. Regions are currently uploading PERs into TFACTs.
2. Update/Revise Policy 16.46 Child/Youth Referral and Placement.		2. Policy is updated.

3. Implement PER form in TFACTS which will enable us to develop and run reports. 4. Develop PER Qualitative Review Tool and implement routine evaluation of PER use.		3. The form hasn't been implemented into TFACTs. It's on a waiting list. 4. PERs are evaluated on a quarterly basis by the PER review team and shared with Regional Leadership.
Office of Quality Control- Program Evaluation and Office of Juvenile Justice Aggression Replacement Training (ART) 1. An evaluation tool is provided to youth at the Department's three Youth Development Centers in order to measure the level of fidelity to the evidence-based practice model. Collect the dosage logs of sessions provided to youth and Compile monthly participation report that tracks the number of sessions delivered compared to the sessions required to meet fidelity by facility at the Youth Development Centers on a weekly basis.	Annually	**Aggression Replacement Training (ART)** 1. An annual evaluation report is produced compiling the monthly fidelity reports and HIT score outcomes for each YDC. A comparison from previous years is provided to measure if improvements have occurred. Last year, a total of 603 youth participated in ART and the YDCs reached 74% fidelity to the model. In addition, 77% of the youth found value in the service model.
2. Evaluate the Youth Surveys and How I Think Surveys (HIT) completed by the youth at the Youth Development Centers to measure the youth's perception of the service and their behavior risks.		2. Each YDC submitted weekly attendance rosters to the CQI Coordinator who entered the data into a spreadsheet. A monthly report was produced and submitted to YDC staff and Juvenile Justice leadership to use as a tracking system for their improvement process.
3. Use the Quality Service Review process at the Youth Development Centers to determine the effectiveness of the ART program through the Emotional/Behavioral indicator.		3. Each youth is administered the HIT at admission and discharge. The HIT survey is scored by the CQI Coordinator and a monthly spreadsheet was submitted as updated to each YDC and juvenile justice leadership that tracks each individual youth's score and if there was improvement at discharge. This monthly spreadsheet is used by the YDC's treatment staff to determine services needed and intensity level. Last year, 242 youth were administered the HIT survey. Overall, scores indicated that the majority of youth are in the non-clinical range and have more potential for rehabilitation. 21% of youth showed improved scores at follow up.
4. Conduct Perception of Care Surveys in person at each Youth Development Center in		4. Perception of Care Surveys are conducted twice annually at each of the three Youth Development Centers. Surveys are conducted in person by

January and July each year, providing results to Juvenile Justice Leadership and DCS Senior Leadership Team.		QSR team members and entered into Survey Monkey. The data is extracted from Survey Monkey and forwarded on to Juvenile Justice Leadership within 30 days of the completion of the surveys. During the QSR interview process the review team asks the youth questions about the ART program and his level of participation. In addition, questions are asked to determine what he has learned and applied from the program.
5. Conduct employee survey on an annual basis and provide data to each region and the State CQI Team to set improvement goals.	Annually	5. The Office of Human Resources and Professional Development took over the distribution of the Annual Employee Survey during 2015. Human Resources is partnering with the Office of Child Health to combine the Department's Culture of Safety Survey and Employee Appreciation Survey to prevent survey fatigue among employees. The QSR Team began conducting informal Employee Engagement Focus Groups in August 2015. All regions and Youth Development Centers are scheduled to be completed by July 2016. The data collected from those focus groups will be provided to senior leadership in August 2016. The Office of Human Resources and Professional Development will take over the Employee Focus Groups in July 2016.
6. Conduct birth-parent, youth, foster parent and contract providers annually, and provide results for the Continuous Quality Improvement Coordinators for usage in Quality Circles and Quality Practice Teams.	Annually	6. The QSR team completes an annual QSR at each of the three Youth Development Centers. Information is tracked as to what youth are receiving evidence-based services, including ART/HIT through the new QSR Roll-Up that is used for all QSR reviews. The QSR Team has completed the annual Youth Survey and provided it to senior leadership within the Department. Responsibility for the Contract Provider survey was shifted to the Office of Network Development. The QSR Team is currently in process of evaluating a new distribution plan for the Birth-Parent Survey potentially through the Child and Family Team Meeting process, as the response rates for this survey are extremely low currently.
Quality Control, Licensing Improve the development and enforcement of the department's state regulations used to protect children, families and consumers of	Ongoing	**Quality Control, Licensing** 1 – 7. The Standards Committee has met twice since January to go over all sets of proposed revisions. A departmental initiative to address the

child welfare-related services. 1. Post Proposed Standards Revisions On Groupsite. 2. Convene Standards Revision Committee and Invite Additional Participants. 3. Complete Revisions; send to General Counsel for review 4. Register with TAR, Public Hearings, Government Ops Committee 5. Rules into Effect 6. Compliance Rollout Complete 7. Convene Next Revisions Committee		provision of education services in Juvenile Detention Facilities has led to a brief delay in the revision/promulgation process but the committee meetings will resume in May and we anticipate having all revisions set for public hearing by the end of the fiscal year. Once the rules are promulgated we will begin rolling out the new requirements; programs will have a grace period for compliance for many of the rules.
Three Branches Institute Support the common agenda adopted by the Three Branches Institute administratively to assure Institute members' familiarity with, influence on and support of efforts to improve the child welfare and juvenile justice systems. 1. Engage Institute members to identify interest areas and participate in issue-focused workgroups supplemented by content experts for reports to full Institute. 2. Report benchmark results of 3BI activities as results and accomplishments quarterly. 3. Engage newly formed East, Middle and West Grand Region Institutes on matters of importance unique to the three Regions. 4. Report activities of regional 3BIs to the statewide Institute and vice versa to assure good flow of communication among Institutes.	Ongoing	**Three Branches Institute** 1-7.The statewide Three Branches Institute (3BI) met quarterly during the review period; the East, Middle and West Regional Three Branch Institutes each met twice with one additional meeting upcoming to develop a common agenda to advance child welfare and realign the juvenile justice system. The Institute addressed several substantive matters from the perspective of collective impact, among them: (1) initiation of a Tennessee National Guard-sponsored Youth Challenge program for youth who drop out of high school. This program, available in 27 states, will begin in earnest in July 2016 in a former DCS Youth Development Center; (2) examination of issues related to Termination of Parental Rights (TPRs), put in the context "Children are waiting". This examination is resulting in a process to construct the supporting legal documents in lay terms that are clear to parents and others rather than attorneys and the courts; (3) initiation of a Data Sharing Pilot focused on Youth Development Centers under the auspice of the Council on State Governments; (4) recommendation to table promotion of "blended sentencing" policy that would permit youth found guilty of some Class A felonies to remain in the care and custody of DCS up through age 25.

5. Communicate brief results of Institute meetings to the members shortly after quarterly meetings to keep members informed and motivated and staff accountable for forward movement on Institute(s) interests. 6. Synchronize Institute activities with other related groups like the Children's Cabinet and Governor's Sub-Cabinet on Safety. 7. Provide technical assistance to other states/jurisdictions as requested by Casey Family Programs and NGA. **Office of Child Safety, and Child Advocacy Centers** **Child Advocacy Centers** 1. DCS coordinates with Child Advocacy Centers to co-locate the various disciplines involved in the investigation of child abuse and neglect. Co- location will increase communication between the disciplines and result in more seamless investigative outcomes and service delivery to children, families and the community. 2. The Office of Child Safety, Community		The Institute endorsed a proposal to convene a "summit" of business, government and community agencies focused on prevention and remediation of Adverse Childhood Experiences (ACEs), which research indicates can contribute to serious health problems later in life. In search of a public health message that would communicate that ACEs have no socio-economic, geographic, racial, gender or other boundaries, the ACEs Summit, held on November 12, 2015 at the invitation of the Governor and First Lady and Deputy Governor and his wife, has led to a three year endeavor to change the culture on childhood trauma, focusing on the return on investment in early childhood development. Referred to as Building Strong Brains: Tennessee ACEs Initiative, 3BI is the umbrella under which an ACEs Coordinating Team and a Public Sector Steering Group and Private (not for profit and for profit) Sector Steering Group are advancing learnings about the integration of brain science and communications science. The Initiative, underwritten by foundations with in--kind support from the 3BI-related agencies, is grounded by partnership with the FrameWorks Institute, the leading communications science organization in the nation. A "knowledge mobilization path" has begun with the steering groups and other leaders and will extend to local communities. Communities will develop and implement action plans for services and interventions tailored to their unique characteristics. The Institute will help to set the priorities for $1.3M in state appropriations for ACE-related activities included in the Governor's FY18 budget amendment. **Child Advocacy Centers** 1. Currently, there are 102 CPS Investigators co-located in 28 Child Protective Investigative Team (CPIT) partner facilities, including three (3) Family Justice Centers (FJC), across the state. By the end of 2016, over 200 CPS Investigators are expected to be co-located statewide. 2. The Executive Director and Director of Community Partnerships for

Partnerships Division, is revising and monitoring the contracts DCS has with the Child Advocacy Centers and Forensic Interviewers. The revision of the contracts ensures there are outcome based quality measurements and that there is regular oversight to ensure expectations are being met.		OCS successfully worked with the CACs across the state to revise all contracts. This included changes to Forensic Interviewer Contracts as well. All contracts have been fully executed and are now in the monitoring phase. This item was completed after last year's plan and there is no new update this year.
Office of Quality Control- Accreditation **Council on Accreditation** 1. DCS will complete 13 site visits to include Central Office, 12 regions, and 3 YDCs by December 2014. 2. DCS will use the Pre-Commission report if necessary to make identified changes to practice to meet the standards. 3. DCS will provide ongoing progress reports if necessary according to the Final Accreditation report to ensure improvement in practice. 4. DCS will complete annual Maintenance of Accreditation Report. 5. DCS will complete on-going required self-reporting as outlined in the Accreditation Policies and Procedures manual. 6. Prior to a lapse in accreditation DCS will complete a self-study and site visits according the cycle time identified by COA.		**Council on Accreditation** 1. DCS obtained provisional accreditation for the Central Office and 12 regions. DCS is in the process of completing site visits for the 3 YDCs by July 1, 2016. 2. DCS used the Pre-Commission reports to make identified changes in practice in an effort to meet the accreditation standards. 3. DCS maintained contact with COA regarding the process of the regions and YDCs. 4. DCS provided maintenance of accreditation data for the regions as required by COA in January of 2016. 5. DCS continues to complete self-reporting on an as needed basis as outlined in the Accreditation Policies and Procedures manual. 6. DCS is awaiting a timeline from the COA in regards to re-administering the self-study and scheduling the site visits for the third accreditation cycle.

Staff and Provider Training

Pre-Service Training

The Pre-service Certification program is currently undergoing a major revision. The first step in revising the preservice certification training program was to perform feedback surveys of new hires, conduct focus groups, and identify all of the key components of the curriculum through the oversight of the appointed charter members and organizational workgroups.
Major topics fell into the following broad categories:

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

The 7-week process includes 3 weeks of classroom training and 4 weeks of on-the-job training with a case presentation to assess the new hire's OJT performance and readiness for certification as a case manager.

Case Presentation Assessment and Certification: The Individual Learning Plan serves as an on-going assessment of professional development throughout Pre-Service certification training. As a final assessment before certification, the new hire will have a Case Presentation Assessment. Following the completion of classwork and OJT training, the new hire participates in a Case Presentation Assessment on one of their training cases, which is assessed by their OJT coach, mentor, and supervisor. The Regional Administrator may designate other staff to participate. The Case Presentation Outline gives the new hire guidance to organize the information and prepare for the case discussion. The new hire will bring examples of completed documentation on their case so the team can evaluate their documentation skills. At the conclusion of this presentation, documentation review, and a review of the Individual Learning Plan, the team determines the new hire's readiness to be certified as a DCS case manager.

Pre-Service Classroom

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

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

Permanence Specialty: Permanence Specialty Training was redesigned from a one week model to a two week model and follows a family from the beginning of the case to the closure of the case. The enhanced training incorporates hands-on casework such as completing forms, reviewing policy, practicing engaging families, and integrating assessment information into case planning. Additional practices include a mock Child and Family Team Meeting, Foster Care Review Board, Permanency Plan writing and a skilled specialized training, Talking To Kids, which was developed by the Children's Advocacy Center (CAC) and is offered in partnership with a CAC staff member. The redesign connects the use of technology and casework throughout the training. Networking with experts from the field is offered in the training through an in-person panel of experts and via video capturing the topics of legal, Independent Living, and court. The topics of trauma and motivational interviewing explored in the CORE week of training are weaved throughout the Permanence Specialty curriculum to allow for practice in these critical areas of case practice.

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

Pre-Service On-the-job Training

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

In-Service Training

This fiscal year DCS added or expanded the following training opportunities for Case Management staff:

- CPS Assessment Academy in collaboration with Vanderbilt University continues to provide training for workers providing preventive services to clients in the community. As of March 2016, there are 8 cohort groups, with 249 participants who have or are in the process of completing the seven Academy classes.
- In January 2015, staff were provided access to a CBT overview on Child Sex Trafficking from the National Human Trafficking Resource Center. Staff are linked to the training from the DCS Edison Learning Management System and are provided with training credit after passing a quiz about the information learned in the CBT. This course serves as an overview on Human Trafficking, which is required for all case management series staff. As of March 2016, 344 staff have completed the CBT and another 498 are in progress. An additional 688 number of staff have taken other Human Trafficking overview classes since January 2014. This spring, a classroom course on Human Trafficking policy and a more in-depth discussion of Human Trafficking will also be made available to DCS staff. This course will also be required for all case management staff.
- Safety Planning for High Risk Behavior: This course was developed by DCS Psychologists in collaboration with staff from the Centers for Excellence to address policy changes in children and youth in state custody who exhibit high risk behaviors that put them at risk for danger to themselves or others. Over the course of six weeks from May to June 2015, 657 custodial workers were trained on the new policy. Following that roll-out, the course was made into a CBT for ongoing training. As of March 2016, an additional 156 staff have taken the training online.
- Three courses on best practice in adoption were rolled-out in all 12 regions across the state during the 2015-2016 fiscal year as a collaboration between the Office of Learning and Development and Child Permanency. The first two courses, Adoptive Permanency: Best Practice and Necessary Steps to Moving Children to Forever Families and Adoption Related Disclosure are intended for all social service case managers. The third class: Adoption Assistance Subsidy: Policy, Procedure & Practice is intended for Permanency (Adoption) Specialists. DCS staff has now begun providing additional training opportunities across the state for staff who were unable to attend in the first round.
    - Adoptive Permanency: 277 trained to date.
    - Adoption Related Disclosure: 294 trained to date.
    - Adoption Assistance Subsidy: 70 Adoption Specialists trained to date. We plan to create a CBT based on this training in the 2016-2017 fiscal year.
- Trauma Informed Child Welfare Practice has been a significant focus for the training division this year.
    - The course is being offered in the CPS Assessment Academy.
    - The National Child Traumatic Stress Network's *Child Welfare Trauma Training Toolki*t is being co-trained with DCS Trainers and Community Partners at Centers of Excellence in Child Welfare and Family and Children's Services. This course is being offered across all regions in the state. To date, 318 participants have been trained.
    - In addition, 438 Juvenile Justice workers have been trained in the National Child Traumatic Stress Network *Think Trauma* curriculum for workers serving delinquent youth.
    - Adverse Childhood Experiences and Child Traumatic Stress have become center pieces of the newly revised Pre-Service curriculum for new workers, discussed in the Pre-Service section of this report.

- Youth Mental Health First Aid: DCS has recently partnered with the Tennessee State Department of Education to provide this evidence-based training to DCS workers and foster parents across the state. This training, which is beginning to be scheduled across the state, is being provided through a federal Now is the Time grant obtained by the DOE. In addition, the DOE will provide a Train the Trainer event to several DCS training staff to build capacity to continue the training.
- Managing Safety and Crisis in the Workplace: Several courses focused on worker safety were promoted this fiscal year:
  - Safe & Sound: Worker Safety in the Delivery of Social Services: 219 trained to date
  - Active Shooter: This course is provided by the Tennessee Office of Homeland Security and is currently rolling out to all Tennessee State Agencies. As of March 2016, 400 DCS staff members have been trained with another 114 enrolled in currently scheduled offerings. More training opportunities will be scheduled throughout the year.
  - This year, DCS developed a Confidential Safety Reporting System that allows workers to confidentially report any organizational safety concerns that they may have. This system does not include the reporting of child maltreatment. Training on this system is required for all staff members. To date, 1206 have completed the training.
  - The Office of Child Safety recently began offering Situational Awareness to all DCS workers. Previously, this training was provided only during the CPS Investigative Academy. This course has been offered four time so far this year, with 78 participants trained. The course is currently scheduled to be offered 15 additional times this through the remainder of 2016. Currently, 213 are enrolled in future offerings, with this number expected to increase. In addition, 329 participants have received this training in the Investigative Academy.
- Child Passenger Safety: Previously, DCS offered this training predominately from Meharry Medical School through a grant from the Governor's Highway Safety board. When this grant expired, many regions were left without ready access to this training. Although training was also offered in several regions through local police and fire officials and DCS training staff, most regions relied on the Meharry training. A self-directed training was developed as a short term solution. This year, additional focus has been placed on improving Child Passenger Safety training. A CBT based on the National Highway Safety Board training has been developed and is in the final stages of review. It will be available to staff by the end of March 2016. Additionally, each region has identified staff to participate in the three day certification training to be able to provide classroom training and skilled practice opportunities for regional staff.
- This year, DCS Training staff began rolling out Motivational Interviewing classes across the state. So far 50 staff, in addition to those attending the CPS Assessment Academy, have been trained. An additional 45 are enrolled for currently scheduled future offerings across the state.
- Excel Training: The Office of Learning and Development partnered with the CQI coordinators to provide Microsoft Excel training to Team Leaders and Team Coordinators. The focus of the training is to provide supervisors the tools they need to be able to use TFACTS data to drive for results in team performance. To date 112 supervisors have been trained.
- Prudent Parenting: *Creating Normalcy through Prudent Parenting for Staff* is a training based upon the Preventing Sex Trafficking and Strengthening Families Act. Youth in foster care deserve to have the same opportunities as other youth to participate in developmentally appropriate activities, such as field trips, sleepovers, and other extracurricular activities. These experiences allow youth to build skills while developing talents and healthy relationships with peers and supportive adults. New experiences and opportunities help youth discover who they are and learn important decision-making skills when they are supported by nurturing

caregivers. This training is designed to build awareness and understanding of the Protocol for Reasonable and Prudent Parenting and to build staff capacity to support foster parents in making safe and sensible prudent parenting decisions. The inaugural training for staff took place on April 5, 2016.

Training Changes for the Youth Development Centers

The DCS Office of Juvenile Justice (OJJ) supports an atmosphere that promotes positive behavior of the students in the Youth Development Centers and minimizes the use of restrictive behavior management interventions. This program model creates and maintains a culture that promotes respect, healing and positive behavior, and assist students in positive ways to manage their behavior by employing strategies to maintain a safe environment for students and staff.

The new curricula:

- Behavior Modification Program Training which is titled the *Game Plan* has been implemented at Gateway to Independence, as well as Mountain View Youth Development Center.
- *Working with LGTBI Youth in the Juvenile Justice System* has been offered to all existing staff at the three YDCs. This curriculum is a part of the YDC Pre-Service offering, which allows all new staff to complete this training prior to working with the youth.
- All existing staff are certified in *Non-Violent Crisis Prevention*, verbal de-escalation model. This training is a part of the YDC Pre-Service Training. Certified staff are required to complete an annual refresher course.
- All existing staff are certified in *Handle with Care*, a physical restraint model. This training is a part of the YDC Pre-Service Training. Certified staff are required to an annual re-certification course.
- All existing Residential Case managers have completed the Documentation Training.

Supervisory Training

The State Department of Human Resources has instituted a leadership certification program, focused on improving skills for supervisors. DCS is currently working toward the Level One Fundamental Supervisor Skills. Trainers and HR Analysts are completing the content workshops necessary to train the eight classroom courses associated with this level. In addition, there are three online training courses as part of the certification.

Tim Nolan, president of The Human Services Leadership Institute, is scheduled to train the *Creating the Optimal Environment to Lead for Juvenile Justice* to all YDC and regional JJ supervisors in May 2016 during multiple one-day offerings across the state. Seven regions have participated in facilitated discussions based on Nolan's book *The Essential Handbook for Effective Human Service Managers.* So far, 199 supervisors have participated in these discussions.

Leaders from each region, central office, and YDCs are or have been participants in the *Cornerstone Leadership Academy.* DCS has worked closely with DOHR to develop the Academy. The Academy provides six two-day sessions over a series of several months. Sessions are based on competencies selected by DCS Senior Leadership. Interested applicants are selected from across the state based on leadership potential. In addition to classroom activities, members participate in action learning workgroups, researching and proposing a solution to a current departmental concern. The Academy is currently in its second cohort group of 45 participants.

A number of Supervisors and Managers from each YDC completed the Secrets of Supervision training presented by national experts from the National Partnership for Juvenile Justice Services. The remainder supervisors and managers will complete this training by December 2017.

Foster Parent Training

The Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide a safe, nurturing and loving environment for the children in their care. Through a contract with 2 community agencies, the Program provided Parents as Tender Healers (PATH) pre-service training to 1623 potential parents in all twelve regions across the state. As a result of a successful Kinship PATH pilot for kinship applicants in the Shelby region, the Foster Parent Training program has expanded the pilot program to the Upper-Cumberland and East regions. The pilot offers a 16-hour condensed pre-service training for kin families. In addition, the applicants are able to complete training in 2.5 weeks.

Approximately 587 In-Service and electives workshops occurred statewide from July 2015 to February 2016. The Department of Children's Services included new electives on Basics for Mental Health where in partnership with community agencies, NAMI to provide an 18 hour curriculum to our foster parents. The curriculum provides a basic overview of mental health and resources for parents fostering children with mental health issues.

In addition, the following new courses were delivered to foster parents during this period:

- Fostering from the Single Parent Perspective
- How to Protect Children from Cyberbullying
- Impact of Fostering on Birth Children
- Social Media and Its Impact on Children in the Foster Care System

One notable accomplishment for the Foster Part Training Program is the development of Creating Normalcy through Prudent Parenting Part 1 & 2 curriculum. Both courses are required for all foster parents and were piloted on March 19, 2016. We anticipate full state-wide implementation by June 2016. The courses are based upon the Preventing Sex Trafficking and Strengthening Families Act and are designed to build awareness and understanding of the Protocol for Reasonable and Prudent Parenting. Parents will receive information on how to create normalcy through the reasonable prudent parent standards which are characterized by careful, thoughtful parental decision making that is intended to maintain a child's health, safety, and best interest, while creating a normal life and to build capacity to support foster parents in making safe and sensible prudent parenting decisions.

Next, 284 foster parents received training on What to Know About Child Exploitation and Human Trafficking from July 2015 to February 2016. This training is required for all second year foster parents. This course equips foster parents with information and training about Child Exploitation and Human Trafficking. Foster parents are able to gain insight into the criminality of child exploitation and human trafficking

while learning about the physical and psychological impact it has on children. Participants will learn about the importance of protecting and educating children about the dangers of being lured into this fast-growing illegal activity that is considered modern day slavery.

Another major milestone for our agency this year is the addition of the evidenced-based KEEP curriculum. This curriculum is a support, skill enhancement education program for foster, and kinship parents of children aged 4 to 12. The program supports foster and kinship families by promoting child well-being and preventing placement breakdowns and is currently being piloted in the East grand region.

In addition, the Foster Parent Training program hosted an annual conference for 823 foster parents and 107 staff members. A total of 83 presenters led 92 workshops. In addition the parents received additional training on trauma related topics from a keynote speaker. Parents were able to receive a maximum of 19 hours of training credit in one weekend.

Finally, Foster Parent Training Program is unique in that the program also develops Foster Parent Trainers, who are DCS and private agency staff, across the state. The Foster Parent Trainers are instructed and provided with training skills, tools and curriculum to develop quality foster, adoptive, and kinship parents who are professional and well-prepared. There were approximately 300 Foster Parent Trainers trained across the state from July 2015 to February 2016. In conclusion, the Foster Parent Training Program is led by a Senior Training and Curriculum Development Director, who oversees Training and Curriculum Development Deputy Director, and four regional trainers. It is further supported by an Administrative Assistant, one staff who maintains data entry and manages all reporting for foster parent training and a data entry clerk who enters data into TFACTS.

DCS Tuition Assistance Programs

Bachelor of Social Work (BSW) Tuition Assistance Program

The Bachelor of Social Work (BSW) Tuition Assistance Program provides financial support for selected social work majors who commit to working with children and families at DCS immediately after graduation. In this program, students agree to work for the Department after graduation for six months for each semester of financial support they receive. The BSW Tuition Assistance Program began in 2004, and the first students graduated in May 2005. As of April 2016, there have been 587 participants in the BSW Program. Of those, 494 have graduated, 48 are currently enrolled in classes, and 45 have withdrawn from the program before graduating. Of the 494 graduates, 447 were employed by DCS, 29 graduates were never hired, and 1 student recently graduated and is currently being interviewed for positions. The following table shows the breakdown of graduates from this program.

Table 22. Bachelor of Social Work (BSW) Tuition Assistance Program: Graduate Status

Bachelor of Social Work (BSW) Tuition Assistance Program, Status of Students who Graduated between May 2005 and April 2016		
Graduate Status	**Number of Graduates**	**Percentage of Graduates**
Recent graduates who are actively seeking employment	1	.2%
Current employees who are working toward meeting their contract obligations	62	12.5%
Current employees who are still working for the Department and have completed their contract obligations	241	48.7%
Former employees who completed their contracts but separated from the Department	76	15.3%
Former employees who did not complete their contract	68	13.7%
Graduates who were never hired	46	9.3%
Total number of BSW/BSSW graduates	**494**	

Source: The Department's Tuition Assistance Database.

Master of Social Work (MSW) Tuition Assistance Program

The Master of Social Work (MSW) Tuition Assistance Program allows qualified DCS employees to receive financial support to pursue an advanced degree in Social Work in exchange for a commitment to continue to work for the Department upon graduation. As is the case for the BSW Tuition Assistance Program, the employee agrees to continue to work for the Department for six months for each semester of financial support they receive, up to 24 months. As of April 2016, there are a total of 315 DCS employees that have graduated or are actively in the MSW program. Of those, 206 have graduated with an advanced social work degree and 109 employees are currently enrolled for the 2015 - 2016 academic year.

The MSW Tuition Assistance Program is used by DCS staff to advance professionally within DCS and to support Council On Accreditation (COA) standards on recruiting and retaining a workforce with advanced degrees.

Staff and Provider Training

TN DCS Strategic Plan: Goals and Objectives

Goals: Ensure high-quality customer service that is responsive, engaged, and customer focused.

Objectives: 3.1: Foster a respectful, responsive, engaged, and customer-focused culture of excellence. 3.2: Identify and hire the right people in the right job. 3.3: Retain and develop quality employees through continuous professional development, coaching and training. 3.4: Foster a resilient workforce. 3.6: Acknowledge and support well-being of DCS staff

Table 23. Measure of Progress Staff and Provider Training Data Elements: Baseline, Actual, and Target

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Actual 2015 - 2016	Target/Goal
Retention Rate	CM1 61.6%	75.58%	**CM1 and CM2 categories are now reported together: 90.8%** through Quarters 1 and 2	TBD
	CM2 88%	88.10%		
Attrition/Turnover	CM1 28.61%	37.57%	**CM1 and CM2 categories are now reported together: 9.8%** through Quarters 1 and 2; Annualized turnover projected to be 19.6%	TBD
	CM2 11.14%	11.87%		

Table 24. Office, Objectives, and Action Steps Supports Staff and Provider Training and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Office of Human Resources, Training and Commissioner Office 1. DCS Safety Climate Survey and focus groups.	Ongoing	**Office of Human Resources** 1. Employee focus groups are being conducted in the youth development centers and the regions to solicit feedback around employee engagement. After review of the employee satisfaction survey process, the Executive team decided too many surveys were being conducted. HR is partnering with the Child Health Unit on an existing safety climate survey which will include employee engagement. By November 30, 2016, the DCS safety climate survey will be administered to all staff. It will measure leader member exchange, stress recognition, burnout, safety culture, psychological safety, mindful organizing, and employee engagement.
2. Coordination of and employee engagement teams.	June 30, 2016	2. Employee Engagement teams are in development in each YDC and region and implementation will be by June 30, 2016. The teams will review feedback and develop and monitor plans to improve DCS climate and employee engagement.
3. Communicate and Coordinate EAP services in CO and Regions	Annually	3. EAP is routinely communicated to employees at all levels through email and mail announcements. Also, HR leadership shared EAP Information with regional and youth development leaders and will continue on an annual basis.
4. Promote Healthy Work Place practices Promote Safety in the Work Place	Ongoing	4. In addition to the services offered by the Employee Assistance Program, the agency has programs based in the regions, YDC and Central Office. Those programs include: Weight Watchers, Yoga, Zumba, Fitness Challenges, lunch and learn sessions and National Go Red Campaign. Workplace safety is addressed through several training courses areas as outlined in the narrative section: Safe and Sound, Active Shooter, Situational Awareness, Confidential and Safety Reporting System.

Office of Human Resources, Learning and Professional Development, Commissioner Office 1. Realign HR Team and structure to ensure statewide HR Director level support. 2. Reporting – design and roll out reporting on Attrition, Open Position/Time to Fill. 3. Use Hiring Procedure and redesign and continue use of Behaviorally Based Interviewing based on Competencies. 4. Assess training needs and develop action steps based on the results of the assessment.	Ongoing	**Office of Human Resources** 1. Effective January 2016, the HR team realigned resources to ensure statewide, director level support. Along with this realignment, all HR staff will report up to the HR Executive Director. This realignment will allow the Directors to serve as strategic business partners to the RAs and superintendents in regard to employee engagement, retention, and talent acquisition. 2. Effective February 2016, the HR team provided reports to the agency leadership regarding, Attrition, Employee movement, vacancies, leave of absence, leave balances, and general staffing reports. The reports also provide a projected annualized attrition rate. 3. The agency continues to use behavioral based interviewing. HR has also empowered leaders to create behavioral based questions that are relevant to the position classification. The agency continues to use a scoring process based on the applicants' response to each question. Training needs are assessed in a variety of ways including Training Evaluation forms, staff training needs survey, needs related to Departmental goals such as strategic planning, needs identified through practice assessment, changes in practice and policy, and needs identified through CQI processes. 4. Several needs assessed through the staff training needs survey and course evaluation forms have been addressed this year. Additional information is provided in the narrative section: ▪ Managing Safety and Crisis in the Workplace: Several courses focused on worker safety this year, as described in the narrative: Safe and Sound, Active Shooter, Situational Awareness, Confidential Safety Reporting System. ▪ Mental Health and Disabilities: Youth Mental Health First Aid ▪ Interviewing Skills: Motivational Interviewing ▪ Microsoft Excel Training ▪ Child Passenger Safety ▪ Medical Issues Related to Child Welfare: As part of the CPS

		Investigative Academy, Dr. Deborah Lowen, Director of the Center for Child Protection & Well-being at Vanderbilt Children's Hospital was filmed delivering training on medical issues in Child Welfare. Portions of this video have been added to the redesigned Pre-Service training and will also be made available for staff as online learning segments. ▪ Legal Issues: Several segments addressing legal issues in Child Welfare featuring the DCS General Counsel and a local judge were filmed in the process of developing the new Pre-Service curriculum. These segments will be made available to all staff as online learning segments. Additional training needs assessed other means such as Departmental goals and law and policy changes are addressed in the narrative section of the report. These include: ▪ Training for CPS Assessment workers ▪ Human Trafficking & Prudent Parenting ▪ Safety Planning for High Risk Behavior of Children in State Custody ▪ Improved training on best practices in adoption ▪ Trauma informed child welfare practice
Office of Human Resources Engage in research to identify new or emerging issues that affect DCS and Identify community and state partners to work on current and emerging issues.		**Office of Human Resources** DCS has interactive processes that support employee's in transition, specifically addressing American with Disabilities Act and Return to Work. DCS served as a pilot agency with DOHR in the development and implementation of a statewide Exit Survey. DCS continues conducting employee focus groups and establishing engagement teams to address the feedback received. The HR leadership shares, with the entire team, emerging HR issues from professional organizations.

Office of Human Resources , Office of Learning and Professional Development Commissioner Office 1. Coach and develop leaders through available vehicles – currently existing training through DOHR. a) Make DOHR Supervisory Suite required. b) Assure all supervisors receive currently required courses – Respectful Workplace, Performance Coaching, etc. 2. Coach and develop leaders through available vehicles – DOHR Leadership Development Programs – TN Government Executive Institute, TN Government Management Institute, LEAD Tennessee, etc. 3. Develop and implement Commissioner's Leadership Academy.		**Office of Human Resources, Learning and Professional Development** **Commissioner's Office** 1. The State Department of Human Resources instituted a leadership certification program, focused on improving skills for supervisors. DCS currently works toward the Level One Fundamental Supervisor Skills. Trainers and HR Analysts are completing the content workshops necessary to train the eight classroom courses associated with this level. In addition, there are three online training courses as part of the certification. 2. & 3. DCS works closely with DOHR to develop the Cornerstone Leadership Academy. The Academy provides six two-day sessions over a series of several months. Sessions are based on competencies selected by DCS Senior Leadership. Interested applicants are selected from across the state based on leadership potential. In addition to classroom activities, members participate in action learning workgroups, researching and proposing a solution to a current departmental concern. The Academy is currently in its second cohort group of 45 participants.

Service Array and Resource Development

In Home Tennessee

The Tennessee Department of Children's Services implemented an initiative to strengthen and improve in-home services through the development of the In Home Tennessee Framework. This initiative supports the assessment and development of an effective array of services, and the engagement of children, youth, families, and community partners in service planning and service delivery processes to achieve safety, permanence, and well-being. The *In Home Tennessee Framework* guides in-home case practice by pinpointing four effective case worker skills that can be used to help empower families and keep children safe in their homes. The four skills are (1) supportive engagement and teaming, (2) effective family assessment, (3) collaborative development of a family plan with targeted goals, and (4) ongoing tracking and adaptation of the family plan to ensure child safety and well-being and completion of goals.

Through a non-custodial case review we hope to gain understanding about how DCS case workers are implementing the four elements of the In Home Tennessee practice enhancement model with fidelity. Specifically, the degree to which workers are: completing and using the FAST and YLS; measurable goals specific to intensity of needs are being created and incorporated into family plans; service plans are being

completed, goals are being met, and family plans are being adjusted; and families are being engaged as collaborative partners throughout the process. Current data show an opportunity to continue to improve assessment use within the planning process.

The safety, well-being, and permanency of children are paramount to effective in-home services practice. These services can begin through Child Protective Services, Juvenile Court or post-reunification. Therefore, all case managers who provide in-home services, including CPS case managers and Family Service Workers, use the entire system of care to empower families in order to improve the family's ability to adequately care for their children while maintaining their safety in the home as well as public safety and welfare. Recently conducted fidelity reviews in 4 regions reflect opportunity to improve outcomes through strengthening assessment and case planning.

IHT is focused on development of a Service Array that meets the individualized needs of children, youth and families. IHT has developed a service array assessment process. Each region completed this process assessing 14 core services and 5 practice areas. After the assessment each region developed priorities and workgroups to address the identified service gaps. The overall strengths were in communication efforts, individualized services, and family centered approach to services.

The assessment noted as barriers to providing services to families are variations of services across regions/counties; lack of accessibility; and eligibility, inability to build parental capacity and worker's perception of family receptiveness. In addition, the service array assessment was a labor intensive process. In moving forward the service array assessment needs to be simplified.

Evidenced Based Practices

DCS works with the Vanderbilt Center of Excellence (COE) and Therapeutic Foster Care providers on the use of evidenced based practices (EBPs) used in the treatment of children receiving therapeutic foster care services. The goal is to ensure the use of the best EBPs based on the child's individual therapeutic needs, ensure the quality in delivery of these services and ensure that clinical staffs have the training and skills needed to implement appropriate treatment.

Service Array and Resource Development

TN DCS Strategic Plan: Goals and Objectives

Goals: Strengthen our work through collaboration with community partners.

Objectives: 4.1: Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision-making. 4.2: Tailor partnerships and services to reflect the unique needs of each community. 4.3: Foster a culture among DCS staff that embraces community input.

Table 25. Measure of Progress Service Array and Resource Development Data

Measure of Progress
Service Gap Analysis: Reports are generated annually.
IHT Service Array Data: Reports are generated annually.

Table 26. Office, Objectives, and Action Steps Supports Service Array and Resource and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Network Development 1. Conduct a Network Needs Assessment to create a Network Advisory Report.	Ongoing	**Network Development** 1. Based upon the needs assessment conducted in 2014, in 2015 DCS expanded services offered by private providers through the RFP process. 44 Level 2 group home beds for both D/N and JJ youth and 72 Level 3 RTC beds for JJ youth were added in Middle Tennessee. In addition, contracts for 36 beds for Severely Emotionally Disturbed youth and 24 beds for youth on the Autism Spectrum or youth with Neurodevelopmental Disorders in psychiatric residential treatment facilities were added in Middle and East Tennessee. Ongoing work and training associated with the In Home Tennessee IV-E demonstration project has provided the foundation for using data (such as the entry rates per thousand in each region and baselines, targets, and actuals) to drive discussions about how to target specific clinical practices and interventions used by DCS and providers to reduce the number of admissions, decrease the length of stay, and increase timeliness to permanency.
2.Implement a quality improvement project regarding TFC practices, based on recommendations from the needs assessment 3. Develop a committee that includes DCS and community partners to work on a plan for implementing recommendations from the TFC needs assessment. 4. Based upon the plan for implementation, lead the process of facilitating and	Ongoing	2,3,4. The Network Development staff member who was coordinating work with the Centers of Excellence (COE) left his position in August 2015. The Executive Director of Regional Support with support from Network Development is now leading a focused effort to create a learning collaborative around TFC. An implementation team, comprised of DCS, COE, and provider staff convened in Spring 2016 to outline the framework of the actual learning collaborative which is scheduled in August 2016. The goal of the collaborative is to create standards/criteria for TFC so that every agency has a TFC model that is sustainable and consistent. Providers and DCS will partner and collaborate in order to set

monitoring improvements in TFC practices. **Office of Child Programs- Network Development** 1. Develop and implement streamlined process to assess regional service array with external stakeholders. 2. Collect and use service array data to identify and develop strategies to address regional strengths and needs. 3. Collect and use service array data to identify and develop strategies to address systemic, state-wide service array issues. 4. Strengthen internal process of regions to	Ongoing	the standards. Standards will be finalized by the end of the Collaborative. It is anticipated that 5 provider and 1 DCS team will be selected for the 2 day learning collaborative. It is also anticipated that the new standards/criteria for TFC will be required for all foster care providers and will be incorporated in the next Request for Qualifications process. **Service Array** **In Home Tennessee** 1. The In Home Tennessee unit within the Network Development division oversees several non-custodial service contracts providing family preservation services. Contract language has been revised (including all outcome measures components) as each contract is ready for renewal. We are collecting and monitoring outcomes from contractors, partnering with regional staff to overcome any problems with these service providers, and oversee any needed corrective action plans. DCS partners with Chapin Hall to continue to strengthen the language. 2. CBCAP funds the evidence-based Nurturing Parenting Program (NPP) and evidence-informed Stewards of Children (SoC) sexual abuse prevention training. DCS is exploring providing training opportunities for contract agencies delivering either or both of these program by partnering with NPP author Dr. Stephen Bavolek to facilitate a training course and working with SoC staff to bring Prevent Now!, an advance training for SoC, to TN. 3. DCS Resource Linkage Coordinators continue to attend each scheduled Community Advisory Board Meeting in their respective counties of their Region. At each scheduled meeting there is a standing item on the CAB's agenda whereas DCS Staff share and present Regional Data, Regional Needs and/or Review Individual Cases. Also, CAB's use leads in various regions in the participation of the IHT Service Array Assessment Report process. Through this sharing of information and collaboration with the CAB's it has led to the development of improved access to local formal and informal services for children and families by identifying good services and by identifying gaps in the services in each geographic area in the Region.

address service array gaps.		4. The department has been working on streamlining, expanding, and enhancing the scope and responsibilities of In Home Tennessee (IHT) through several mechanisms to prepare for statewide rollout of all interventions. Tennessee Department of Children's Services, through the Title IV-E waiver, has started to implement services prevention in-home services. These include FAST 2.0 and R3. ▪ FAST 2.0 - All staff that work with non-custodial cases are trained in the Family Advocacy Support Tool (FAST 2.0). This training teaches staff why a child serving system implements a standardized assessment, how to engage family members and gather information to include in the assessment, how to score the FAST 2.0 assessment tool and how to use the information gathered to service plan around the needs of the case. The FAST 2.0 is rolled out statewide. R3 is an evidence-informed case planning strategy, rather than an evidence-based intervention, that provides guidelines for caseworkers interacting with parent/ caregivers involved in the child welfare system. Within the context of the demonstration project DCS uses R3 as an implementation support. R3 is currently implemented in 10 pilot counties.
Office of Child Programs- Network Development Collaborate with community partners to develop and implement trauma-informed care initiatives for the contract provider network and/or DCS system. 1. Identify contract provider and staff needs regarding trauma-informed care as well as trainings and processes that can meet those needs. 2. Participate in committees that include DCS and community partners to work on plans for implementation of trauma-informed care		**Office of Child Programs- Network Development** 1-3.The Director of Network Services continued his work with providers through August 2015. At that time, he vacated his position. A new Director of Network Services was hired May 2016 and will be working with providers in the next few months. DCS used the Trauma Tool Kit as a training tool for newly hired and current staff. DCS partners with Vanderbilt to provide this information in the Assessment and Investigation Academies for Child Protection Services staff.

initiatives. 3. Based upon the plan for implementation, provide technical assistance to team facilitating trauma-informed care trainings and processes. **Office of Child Programs- Network Development** **TFC and Evidenced Based Practices** 1. Request technical assistance regarding models of TFC practice and quality improvement strategies for enhancing TFC (e.g., learning collaborative model). 2. EBP online clearinghouse will be accessed as a resource for information regarding treatment models used by contract providers. 3. Strong collaborative relationships with COEs will be used to support implementation of trauma-informed care, TFC enhancements, and EBPs. 4. Data regarding custodial children and youth's placement stability, ability to receive needed treatment in least restrictive setting, and improvement in well-being measures will be used to measure impact of TFC, EBP, and trauma-informed care projects. 5. Data analysis expertise to collect outcome measures. 6. Collaboration with DCS internal systems regarding licensing, quality assurance, and risk management to differentiate roles in monitoring provider practices.		**TFC and Evidenced Based Practices** 1-6 DCS works with the Centers of Excellence (COE), FFTA (Foster Family-based Treatment Association), and private providers to create and conduct a learning collaborative in the Fall of 2016. The goal of the collaborative is to create standards/criteria for TFC so that every agency has a TFC model that is sustainable and consistent in delivery. Providers and DCS will partner and collaborate in order to set the standards. Standards will be finalized by the end of the Collaborative. It is anticipated that 5 providers and 1 DCS team will be selected for the 2 day learning collaborative. It is also anticipated that the new standards/criteria for TFC will be required for all foster care providers and will be incorporated in the next Request for Qualifications process. The ultimate goal is to ensure the use of the best EBPs based on the child's individual therapeutic needs, ensure the quality in delivery of these services and ensure that clinical staffs have the training and skills needed to implement appropriate treatment.

Agency Responsiveness to the Community

Community-Based Child Abuse Prevention program (CBCAP)

Tennessee's Community-Based Child Abuse Prevention program (CBCAP) is administered by DCS. CBCAP funds primary and secondary child abuse prevention activities and programs through publically available grants operating in a 3-year cycle. Grant recipients deliver prevention activities through two prevention focused programs: Darkness to Light's Stewards of Children, an evidence-informed sexual abuse prevention training program that educates adults to recognize, prevent, and react responsibly to child sexual abuse and motivates them to courageous action; and Nurturing Parenting Program, an evidence-based family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices.

These programs are available at no cost to any Tennessee family or individual who is free of history of child abuse or neglect. Primary and secondary prevention is intended to prevent abuse from occurring, not prevent further occurrences after successful intervention. A requirement by the Administration on Children, Youth and Families, CBCAP states are to match, at a minimum, 20% of funding received by the ACYF. In Tennessee, a portion of the State's match is subsidized by the Children's Trust Fund which generates revenue through the marriage license taxes and specialty "Children's First" license plates.

TN's CBCAP program is advised by a board of representatives from other public child welfare agencies and a parent advocate appointed by the Commissioner of DCS. This board meets quarterly to oversee all aspects of the CBCAP program and make recommendations to the DCS Commissioner for improvement, expansion and direction of TN's CBCAP program.

Tennessee's CBCAP program receives ongoing technical assistance from the Family Resource Information, Education, and Network Development Service or FRIENDS. Regular support includes annual phone calls, online trainings and on-site visits. FRIENDS also offers specialized trainings across a variety of topics related to CBCAP administration, protective factors, program evaluation and evidence-based practices, to name a few. In addition to receiving technical assistance from FRIENDS, TN's CBCAP program provides regular technical assistance to grant recipients. This includes face-to-face grantee meetings, quarterly phone calls, agency site visits and ongoing program support and troubleshooting.

Communications

The DCS Communications Office is an agile operation that focuses on speedy, accurate responses for the press and the public. While DCS must preserve confidentiality of the children and families who receive services, DCS is dedicated to transparency. DCS is a complicated, even mysterious, world to many outside of it, so the department routinely takes the time and opportunity to describe and explain the department's work – whether it's through one-on-one conversations, social media, websites, town meetings or interviews in which DCS routinely invite the press to explore the department's work. The department recognizes that the department has important internal audiences and customers, too. Many units within DCS come to Communications for advice, support and products needed to work with partners.

Agency Responsiveness to the Community

DCS Strategic Plan: Goals and Objectives

Goals: Foster trust and credibility with internal and external audiences through reliable accurate, transparent, and timely two-way communications.

Objectives: 5.1Ensure communication messages are signed with the Department's Vision, Mission, and Strategic Priorities. 5.2: Foster a culture of transparency while ensuring a right to privacy for families. 5.3: Build systems to achieve timely response in communication efforts and foster an appropriate sense of urgency. 5.4: Tell our story about the achievements and challenges of DCS's children, youth, and young adults, families, staff and stakeholders. 5.5: Develop effective two-way communication channels that allow DCS to communicate key decisions, benchmarks, and need for organizational change while soliciting on-going input from stakeholders. 5.6: Develop capacity for consistent communications across multiple platforms.

Table 27. Agency Responsiveness to the Community Reports

Measure of Progress
CB-CAP Client Satisfaction Survey: Reports are generated quarterly.
Court Improvement Plan Report: Reports are generated annually.
Citizen's Review Panel Report: Reports are generated annually.

Table 28. Office, Objectives, and Action Steps Supports Agency Responsiveness to the Community and TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Training 1.Create a condensed, 2-day version of the full advanced facilitation training to line staff to support better understanding of the purpose of the CFTM, the importance of preparation, the role of the facilitator, FSW, and TL for making the CFTM process meaningful and relevant to the overall planning process.	Ongoing	**Training** **See Appendix D**

CBCAP Demonstrate a high number of participation and satisfaction from clients who receive child abuse prevention services and service effectiveness through a universal program evaluation.		**CBCAP** Demonstrate a high number of participation and satisfaction from clients who receive child abuse prevention services and service effectiveness through a universal program evaluation.
1. Develop a universal satisfaction survey to be completed by clients receiving CBCAP services.		1. In the fall of 2015, the CBCAP State Lead developed a Universal Client Satisfaction Survey for CBCAP Grantees delivering the Nurturing Parenting Program (NPP). This survey was reviewed and approved by NPP developer Dr. Stephen Bavolek, federal project officers from the Administration on Children, Youth and Families and presented to CBCAP Grantees for feedback. A working version was finalized in December 2015 and entered a 6 month pilot starting January 2016 and ending June 2016 with intent for full implementation to begin July 2016.
2. Identify a universal instrument for CBCAP Grantees to use for measuring program effectiveness of the Nurturing Parenting Program and Stewards of Children sexual abuse prevention training.		2. This project has been suspended while DCS works with Chapin Hall around outcome data with the IV-E-Waiver Demonstration Project. The intent is CBCAP could incorporate methods for data collection and evaluation from the Demonstration Project.
3. Collect program data from CBCAP Grantees and evaluate data to look for trends, areas of strength and opportunities for improvement.	Ongoing	3. Along with the switch to quarterly data reporting from CBCAP Grantees, several data points were incorporated into the Universal Client Satisfaction Survey to identify areas for program improvement and training needs.
Continue advancing Tennessee's prevention work outside of programs funded by Tennessee's CBCAP and Children's Trust. 4. Participate in community collaborations and workgroups focused on prevention-related activities and initiatives.		4. IHT is involved with a large number of initiatives, collaborations and partnerships with state and community entities including: kidcentraltn Steering Committee, TN Home Visiting Alliance, TN Young Child Wellness Council, Joint Task Force on Sexual Abuse, Governor's ACE Initiative Building Strong Brains, TEAM TN, ACE Nashville, BSF/TIES Steering Committee and Council on Children's Mental Health.

5. Lead involvement and promotion of activities during April Child Abuse Prevention Month. Ensure programs funded under CBCAP and Children's Trust Fund deliver best possible curriculum and training for the prevention of child abuse and neglect according to Tennessee's needs.		5. DCS promotes prevention events through social media and contributes prevention-specific content published on kidcentraltn.com. For 2016, DCS compiled a featured article on kidcentraltn.com on what parents can do to prevent sexual abuse. DCS Commissioner, Bonnie Hommrich, was a guest speaker at the Child Abuse Prevention Month Kickoff event.
6. Coordinate an advisory board of representatives from other TN public child welfare agencies to oversee CBCAP activities and make recommendations for improvements.		6. This board meets quarterly to review all aspects of the CBCAP program including data collected, budget and expenditures, priorities for development and expansion, contract conflicts and other prevention-related activities. Agendas and minutes are kept for review.
7. Evaluate effectiveness of programs serving Tennessee families and children.		7. The DCS Program Accountability Review team met with agencies new to the CBCAP program to ensure services are being delivered within the guidelines and requirements of the contract. The new Universal Client Satisfaction Survey is collecting response data from families who completed a CBCAP program. Data collected is reviewed by the CBCAP State Lead and presented to the Advisory Board and will be included in the annual report and application submitted annually to the ACYF.
8. Compare program ratings on a national scale in comparison with other prevention-focused programs.		8. A primary task of the CBCAP Advisory Board is determining effectiveness of programs funded by CBCAP. The Advisory Board will look at preliminary data collected during the 6 month Universal Client Satisfaction Survey pilot in contract with similar Nurturing Parenting Programs.
9. Evaluate state-wide needs through service array assessments and other devices already in place.		9.The In Home Tennessee (IHT) unit within Network Development is currently in the process of guiding regional staff in coordinating community stakeholder meetings in order to conduct assessments of each community's local child welfare practices and services available. Questions are asked of local participants about the quality, quantity, accessibility, cultural sensitivity, etc. of each service/practice. DCS has

		completed all service array reassessment except three that will be completed by June 2016. DCS is in the process of compiling a statewide report. In regions where the service array has been completed regional IHT workgroups have been formed and meeting regularly to address service array gaps and opportunities for enhancement.
Strengthen community relationship through using CABs 1.Activities to increase public awareness of pre-prevention services available through CB-CAP grants (Network Development).		**Strengthen community relationship through using CABs** 1. In an effort to increase public awareness of pre-prevention services available through CB-CAP grants (Network Development), Regional Resource Linkage Coordinators have been adding this information periodically to the agenda for discussion and/or presentation at each County/Regional CAB in the State of Tennessee. Also, this information is provided via publication through each Regional Resource Linkage Coordinators Office and at each event that staff attends and/or sponsors across the State. A directory of CBCAP agencies has been developed and distributed to RL staff and CABs. CAB members can use this directory to locate CBCAP services in their respective counties. Additionally, the DCS website added a prevention page that includes information about CBCAP and links to the directory, here: http://tn.gov/dcs/topic/prevention-Programs.
2. Implementation of CAB toolkit. The CAB Toolkit is designed to provide guidance on how Community Advisory Boards and their members can optimize the Department's involvement in CABs and bring capacity to the Department's efforts.		2. Each Regional Resource Linkage Coordinator is trained to deliver the full curriculum of the CAB Toolkit, which was developed by DCS along with Clarus Consulting**.** The CAB Toolkit is designed to provide guidance on how Community Advisory Boards and their members can optimize DCS's involvement in CABs and bring capacity to the Department's efforts to improve statewide communication about the Department's goals and challenges; increase community awareness of DCS's resources and services; enhance two-way dialogue with the community; build partnerships to advance initiatives on behalf of children; and develop and engage community-based resources and services to help meet the immediate needs of children and families. Although this service is available through DCS Regional Resource Linkage Coordinators to the CAB and its member, it is only available to them on a volunteer basis upon request. This service is also provided to our community stakeholders on a volunteer basis upon request.

3. Improve statewide communication about the Department's goals and challenges, increase community awareness of DCS's resources and services and enhance two-way dialogue with the community. 4. Develop and engage community-based resources and services to help meet the immediate needs of children and families. **Office of Communication** **Communication Strategies** 1. Communications must be included in top-level discussions about the department's direction.		3. The Department supports a network of community advisory boards and offers regular opportunities for local citizens to work with the department and the families who need our help. The Department engages multiple levels of stakeholders in the development of the annual Strategic Plan and APSR development. 4. In an effort to develop and engage community-based resources and services to help meet the immediate needs of children and families, Resource Regional Linkage Coordinators work closely with Network Development Staff through In Home Tennessee and CB-CAP grants to identify those community-based resources and services that these programs offer. The CAB's are used as the mechanism to get this information out to the children and families in the communities across the State of Tennessee. Whenever community partners develop new resources and/or services this information is also shared through the CAB's by the Regional Resource Linkage Coordinators as well as with other CAB's, if the new resource and/or service extend into their community. An example of this collaboration was featured on Casey Family Programs "A Declaration of Hope." TN has partnered with community members to conduct an analysis of service array needs based on zip code date. **Communication Strategies** 1. DCS maintains an active, thoughtful, helpful presence on social media. The Department keeps its staff, legislators and interested parties up to date with an online newsletter and Annual Reports. A newly redesigned website: https://www.tn.gov/dcs/ It is focused on serving those in the public who might not necessarily understand the workings of a public child welfare agency. DCS works closely with kidcentraltn.com, an easy-to-use clearinghouse of information that connects families with the many services that the state of Tennessee offers to children. The Department maintains one of the nation's most transparent systems for disclosing, within the confines of the law, details about child deaths and near-deaths.

2. The Office of Communications will support all program areas with strategies to reinforce the mission and vision through community outreach and communication efforts.		2. The Department supports a network of community advisory boards and offers regular opportunities for local citizens to work with the department program staff at all levels. The Department engages multiple levels of stakeholders in the development of the annual Strategic Plan and APSR development.
3. Respond accurately and promptly to information requests from reporters and members of the public.		3. The Department is committed to be as transparent as possible, within the confines of confidentiality laws. We respond rapidly and accurately to requests for information from the public and the press.
4. Continue to keep stakeholders and legislators advised about departmental issues.		4. The Department supports a network of community advisory boards and offers regular opportunities for local citizens to work with the department program staff at all levels. The Department engages multiple levels of stakeholders in the development of the annual Strategic Plan and APSR development.
5. Revise the department's official website to make information easy to find and understand.		5. A newly redesigned website, https://www.tn.gov/dcs/ It is focused on serving those in the public who might not necessarily understand the workings of a public child welfare agency.
Collaboration 6. Continue to carry out policies that require rapid response throughout the department to respond to Communications' need to provide information, particularly to the press.		6. The Department's Communications Office responds daily, around the clock, to inquiries from across the state and nation.
7. Develop an auxiliary website that will be a platform to tell stories of the department's work, using narrative, spoken word and video. FALL 2014.		7. The Department maintains an active, thoughtful, helpful presence on social media. The Department keeps its staff, legislators and interested parties up to date with an online newsletter and Annual Reports.
8. Continue to expand DCS' presence on social media, where DCS can engage the public and tell the stories.		8. A newly redesigned website, https://www.tn.gov/dcs/ is focused on public who might not necessarily understand the workings of a public child welfare agency. DCS has active accounts on Facebook.
9. Schedule and carry out town-hall meetings with top department leaders across the state.		9. Commissioner and senior leadership staff in coordination with the communication office continue to travel across the state to meet with regional staff. These meetings feature plenty of two way communication. Central office staff gets to hear regional concerns and vice versa.
10. Coordinate messages across multiple channels, including social media, news		10. The Department continues to maintain a comprehensive social media campaign. DCS has been among the most innovative developers of

releases, collateral materials and digital channels. **Office of Child Programs, Child Safety, Child Health, Quality Control, and collaborators** 1. DCS works to increase data sharing through the CQI program with stakeholders including, but not limited to regional and YDC CQI teams, Contract Providers, In Home Tennessee Partners, CABs, Court Improvement Program, Child Advocacy Centers, Citizen's Review Panel, Three Branches Institute, among others.		social media communications in Tennessee state government. We encourage foster families, and regional offices to connect online, and we offer well thought out guidelines to remind users of their confidentiality requirements to protect our families' confidentiality. **Office of Child Programs, Child Safety, Child Health, Quality Control, and collaborators** 1. DCS continues to expand the use of data in CQI work with internal and external stakeholders. As always, the department publicly makes available the Annual Report and APSR on the state website and shares these reports with internal and external stakeholders. DCS has a robust contract with Chapin Hall to provide a variety of data products to inform Performance Based Contracting (PBC) of provider agencies. DCS, Chapin Hall and the provider agencies partner to make updates and modifications to PBC data to maximize understanding of outcomes for DCS custodial children served by the provider agencies DCS routinely meets with providers through quarterly provider meetings as well as other meetings to address service delivery challenges and partner to identify ways to improve outcomes. DCS expanded the use of certain data tools to support the IV-E Demonstration Project that provide the regions with data similar to the providers to help regional staff understand how to better achieve quality outcomes for children and families. The data products added last fiscal year include Baseline, Target and Actual (BTAs) that are merged with a Monthly Activity Report (MAR) by staff in the regions to have up-to-date understanding of how quickly children are entering and exiting the system. This real time data, in conjunction with Cross Regional Workbooks, that provide longitudinal data for Foster Care entry cohorts, allows staff to better understand the systemic challenges creating barriers to timely permanency for children. In FY 2015-16, the regions across the state all participated in Data Summits to learn how to understand and use these data products. CQI staff and data leads in

		each region received training in April and June of 2016 and will continue to participate in training throughout the rest of 2016 to effective users of these data tools. DCS initiated collaborative CQI work with the providers in late FY 2015 - 2016 to improve placement stability and permanency outcomes. DCS shares data routinely with the Court Improvement Program including, but not limited to the CFSR Data Profile, the agency Mega Report that lists all children in DCS custody, Case Process Review data, Quality Services Review data, and any additional requested data.

Foster and Adoptive Parent Recruitment and Licensing

Foster Care

The Foster Care Division is focused on recruiting and supporting families to foster and adopt custodial children. In recent years, DCS staff has rallied providers, community partners, and Foster Parents for recruitment planning. DCS continues to partner with Focus on the Family for a large-scale recruitment event, Wait No More. There are plans to replicate this event across the state with a focus on local community needs.

While supports to Resource Parents has increased with skilled advocates, simpler confirmation for payments via internet, and increased training opportunities, DCS wants to continue building support. In partnership with Harmony Family Center, DCS instituted a Foster Family Mentorship Program that established supportive relationships between experienced Foster Parents and new Foster Parents. Additionally, DCS will continue to explore methods of obtaining feedback from Foster Parents and consider work to improve support to them and improve practices.

Progress will be measured in several ways. TFACTS generates demographic information about Foster Homes and custodial children enabling us to determine specific resource needs and availability. QSR measures engagement, functioning, and resourcefulness of Resource Parents. It also measures formal and informal supports available to them and their use of those supports.

Foster and Adoptive Parent Recruitment and Licensing

DCS Strategic Plan: Goals and Objectives

Goal: Ensure every child is safe, healthy, and supported in a forever home through quality practice and case management. Strengthen our work through collaboration with community partners.

Objectives: 1.3: Ensure service array and delivery meets the needs of children, youth, young adults, and families. 4.1: Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision-making. 4.3: Foster a culture among DCS staff that embraces community input.

Table 29. Measure of Progress Foster and Adoptive Parent Recruitment and Licensing Data Elements: Baseline, Actual, and Target

FOSTER and ADOPTIVE PARENT RECRUITMENT				
Measure of Progress	**Baseline FY 2014**	**Actual 2014 - 2015**	**Actual 2015-2016**	**Target/Goal**
Timely PATH Approval of New Resource Homes (within 90 days)	NA	64%	85.1%	70%
# of Children Placed in Resource Homes vs. Approve Capacity	All: 5568/10267 DCS: 3091/5112	All: 5478/10130 DCS: 2898/4799	All: 10454/9654 DCS: 5719/4573	Increase w/population
Number of available Resource Homes	All: 4817 DCS: 2614	All: 4725 DCS: 2461	All: 4507 DCS: 2361	Increase w/population

Table 30. Office, Objectives, and Action Steps Supports Foster and Adoptive Parent Recruitment and Licensing TN DCS Strategic Plan

Office, Objectives, and Action Steps	Benchmarks	2015 - 2016 Update
Office of Child Programs Resource Home Eligibility Division		**Office of Child Programs Resource Home Eligibility Division**
1.Routine review and verification that all resource families who need a waiver of criminal background, PATH Training Modifications, NON-Safety Issues and CPS Substantiations are completed on families who require approval in advance of children being placed in the home.	Ongoing	1. Reviews of substantiated allegations and runs of child protective service history information continues a preliminary for complete background checks. The waiver process during the period of January 2015- December 2015 includes the following: 178 Criminal Charges (non-felony, non- violent); 212 – over 120 day approvals; 154 over 90 day approvals; 31 non-safety (consists of landline requirements, missing divorce or marriage decrees etc…); and 87-PATH exceptions or PATH modifications.
2. Regional and Contract Provider field staff	Ongoing	2.Numbers 2-7

approves resource homes. Safety documentation is scanned and uploaded into TFACTS under the resource home's current assessment. 3. After notification by field staff, Resource Eligibility staff review documentation for IV-E compliance based on federal and state standards. 4. Resource Eligibility staff document findings on forms *CS- 0781 Resource Home IV-E Eligibility Checklist* and *CS-0687 Criminal History and IV-E Eligibility Checklist.* Forms are filed for auditing purposes. 5. Resource Eligibility staff also document the findings noted on form *CS- 0781 Resource Home IV-E Eligibility Checklist* in TFACTS noted as the RHET Checklist page under each resource home's current assessment. 6. Resource Eligibility staff maintains a tracking log of all assigned regions and contract provider agencies. Compliance outcomes are recorded on the tracking log for each resource home for the calendar year. Monthly, staff notifies Regional and Contract Agency field staffs of any outstanding reviews or resource homes that are past due. 7. Regional and Contract Agency field staff are to notify Resource Eligibility staff when new adults have moved into an approved resource home. Safety documents are to be scanned and uploaded into TFACTS for review by Resource Eligibility staff. Addendums are tracked separately by		DCS continues to engage in these practices as standard procedure.

Resource Eligibility staff.		
8. Continue regional recruitment planning to address resource needs as evidenced by regional data. Community partners and Resource Parents will remain engaged in the process. Increase focus on communities whose children are placed away from their important connections due to inadequate resources.		8. DCS Regional Recruitment Plan (R&R) development begins each spring for the upcoming Fiscal year. Within each region, recruitment work groups are developed and composed of community partners, faith based partners, foster parents, DCS stakeholders and youth (when available). The R&R work groups begin the planning process by reviewing progress on the previous year's goals, current data and regional demographics. Data may include information on Placement Exception Requests (PERs), which comprises information about children placed out of region or more than 75 miles away.
9. Engage a variety of faith-based organizations, particularly in communities with too few Resource Families to meet the needs of the children from those communities entering foster care.		9. Faith based partners are members of each regional recruitment workgroups in most regions statewide. Most faith based partners offer on-going support to foster and adoptive families. For example, the Northeast region works very closely with 5 faith based partners on a regular basis but also has contact and support from at least 14 additional faith based organizations within the entire North East region in supporting foster and adoptive families. One of the NE's significant partnerships is with Grace Fellowship Church. Over the last few months the church as added a staff person to work specifically with foster family recruitment. The church has also partnered with Mountain View Elementary School which is presently a high risk area for children who enter DCS custody. The church assists in engaging families from this area to foster children who enter DCS custody so they can remain in their designated home and school districts. This affiliation with the school has been very supportive and has resulted in birth families also receiving the support they need from the school/church district.
10. Engage a variety of faith-based organizations, particularly in communities with too few Resource Families to meet the needs of the children from those communities entering foster care.		10. Each Region continues to join forces with their larger faith based partners in order to develop a large scale recruitment event. These events are essential and will occur at least every two years. During these events local foster care needs are discussed and plans for resolving the needs are developed. Fortunately each region has built upon their faith based relationships and throughout the year these supports provide activities,

		events, luncheons, training and youth experiences that support not only present foster parents but encourage others to become foster parents.
11. Partner with larger faith-based organizations and other social service providers for large-scale recruitment events.		11.Currently, the department has two means by which foster parent feedback is gathered: One is through the Exit survey for foster parents who close their home due to no longer having the desire to foster, adoption or other reasons. The survey is conducted by regional point person via a direct phone conversation with the foster parent & entered into survey monkey on a monthly basis. The second, through the online foster care confirmation portal for all DCS foster homes. On a quarterly basis DCS foster parents are required to answer three (3) questions in order to confirm their board payments; these questions vary from training requirements to permanency planning to foster care payment issues. Presently this quarterly report will need to be enhanced; the development of these enhancements should be completed within the next 6 months.
12. Gather feedback from current and exiting Resource Parents for the purpose of evaluating, informing, and improving practice and to provide better support.		12. Over the past 12 months DCS has requested DCS foster parents who confirm their payments using the online portal to answer three foster care specific questions during the confirmation process. The survey has yielded several good ideas from foster parents and has provided DCS with some positive comments along with some learning moments for DCS, many of which the regions will work to resolve. At this time the report will be enhanced to include some necessary demographic information in order to provide regional leadership with more information to aid in enriching practice with foster parents. Exit Surveys The exit survey ensures previous foster parents provide feedback that informs the development of methods to assist with foster parent retention. Each month Closed Resource Homes are pulled and sent out to all regions for them to make contact. During the last quarter of 2015 the State had a 64% completion rate of the surveys.
13. Implement a mentorship program to build the skills of new Resource Parents, particularly those caring for teens and older		13. The Mentorship program is fully engaged in all but one region of Tennessee. As of this reporting date, there are 163 trained mentors and 90 matches to new foster parents statewide. Kinship Coordinators

youth.		provide mentoring information to all kin-relative homes, and home study writers provide mentoring information to all traditional foster home applicants who complete the approval process. It is DCS intention that this program will continue to expand statewide in order to provide all new foster families with the additional support they need from seasoned foster parents who understand policy, procedures and resources.
14. Improve assessment and planning for children experiencing adverse childhood experiences. DCS will use a grant to build a trauma-focused component to existing CANS assessment tool for children aged 5 to 18 years and add a component for children aged 0 to 4 years.		14. DCS works collaboratively with the Vanderbilt Center of Excellence and John Lyons to develop a new version of CANS. This version includes many new changes, including a new module for children aged 0 to 4 years. Once this version of CANS rolls out across the regions, all children and youth we serve will have CANS assessments. DCS is in the final stages of vetting the CANS to various stakeholders. It is anticipated having CANS fully implemented across the state by the end of 2016.

Services Descriptions

In-Home/Prevention Services

The state's family preservation contracts include family violence intervention, family visitation, and family support services by eight contracted agencies currently providing these services to children and families across the state.

- Family Visitation Services are provided to enhance the opportunities parents have to practice parenting skills and demonstrate their ability and to help build safe and healthy relationships. Family Visitation staff deliver services including preparing the child, parents and siblings for the visit, facilitating appropriate child/parent interaction during each supervised visit and providing feedback and coaching to parents during and after each visit.
- Family Violence Intervention Services are designed to help end the debilitating effects of the cycle of violence within families by promoting the five protective factors. Services also work to empower individuals to become self-sufficient and develop a capacity to maintain a violence-free lifestyle. For DCS cases involving family violence, there is an increased concern that abuse suffered by the victims can seriously compromise the safety of children in those families. Family Violence Intervention Services work to meet the multiple needs of families that are affected by both child maltreatment and family abuse.
- Family Support services encompass a wide range of flexible and responsive service tailored to the individual child and family's strengths and needs. Specifics service include, but are not limited to, parent skill building, teaching and modeling, advocacy, crisis management, anger management, stress reduction, conflict resolution, interpersonal communication, utilizing community resources and other service not covered by TennCare.

Beginning in 2010, the DCS initiated the "In Home Tennessee" movement aimed at increasing the state's capacity for prevention services for children and families. In Home Tennessee is a collaborative effort that began with 32 local-level community service array assessments. Through In Home Tennessee (IHT), the Department, with federal technical assistance, created a regional structure for assessing quantity and

quality of community services and supports, and developing regional service arrays in response to the regional assessments. The regional approach to assessing the quantity and quality of community services and supports has relied heavily on feedback from focus groups whose participants represented a broad array of community partners and stakeholders. Beginning with local community assessment meetings in 2010 and continuing through 2014, DCS and focus groups assessed the 14 services areas.

Using the qualitative data generated from the focus groups on the quality and availability of community services, each region strategically selected two to three core service areas on which to initially focus their improvement plans. (Detailed information about each region's goals and progress can be accessed on the In Home Tennessee website at http://tn.gov/youth/childsafety/inhometn.shtml.) Because very little data regarding community services are available historically, the wealth of qualitative data produced from these focus groups is very valuable to the DCS and provider staff in the field in identifying opportunities to improve the quality and availability of services in specific communities.

Currently, there are over twenty of these In Home Tennessee workgroups meeting regularly across the state. These groups will continue to work on a myriad of goals on topics such as filling in gaps in substance abuse services, domestic violence services, cultural awareness, school social work, etc. These meetings have resulted in increased collaboration between the involved entities, as practice and service needs are discussed openly, allowing for partnerships to form and potential new or expanded services to be added.

DCS is on track to complete its second round of regional needs assessments by end of SFY2016. In preparation for these reassessments, regional staff has reviewed the initial needs assessment process in an effort to incorporate feedback from the first round. Service areas that received very little interest from regions or were found to require little enhancement in most communities will be replaced by new areas identified throughout administration of the original assessment tool. The reassessment process focuses on four service areas (domestic violence, family visitation, outpatient substance abuse, and parent education) and three practices (comprehensive family assessments, family/caregiver engagement, and needs-based service planning).

CBCAP

Tennessee's Community-Based Child Abuse Prevention program (CBCAP) is administered by DCS. CBCAP funds primary and secondary child abuse prevention activities and programs through publically available grants operating in a 3-year cycle. Grant recipients deliver prevention activities through two prevention focused programs: Darkness to Light's Stewards of Children, an evidence-informed sexual abuse prevention training program that educates adults to recognize, prevent, and react responsibly to child sexual abuse and motivates them to courageous action; and Nurturing Parenting Program, an evidence-based family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices.

These programs are available at no cost to any Tennessee family or individual who is free of history of child abuse or neglect. Primary and secondary prevention is intended to prevent abuse from occurring, not prevent further occurrences after successful intervention. A requirement by the Administration on Children, Youth and Families, CBCAP states are to match, at a minimum, 20% of funding received by

the ACYF. In Tennessee, a portion of the State's match is subsidized by the Children's Trust Fund which generates revenue through the marriage license taxes and specialty "Children's First" license plates.

TN's CBCAP program is advised by a board of representatives from other public child welfare agencies and a parent advocate appointed by the Commissioner of DCS. This board meets quarterly to oversee all aspects of the CBCAP program and make recommendations to the DCS Commissioner for improvement, expansion and direction of TN's CBCAP program.

Tennessee's CBCAP program receives ongoing technical assistance from the Family Resource Information, Education, and Network Development Service or FRIENDS. Regular support includes annual phone calls, online trainings and on-site visits. FRIENDS also offers specialized trainings across a variety of topics related to CBCAP administration, protective factors, program evaluation and evidence-based practices and others.

In addition to receiving technical assistance from FRIENDS, TN's CBCAP program provides regular technical assistance to grant recipients. This includes face-to-face grantee meetings, quarterly phone calls, agency site visits and ongoing program support and troubleshooting.

Service Decision-Making Process for Family Support Services

DCS is required to use the RFQ (Request for Qualifications) process, which is coordinated through the State of Tennessee Central Procurement Office (CPO). The RFQ process is similar to that of the Request for Proposal (RFP). The procuring agency defines the scope of the work to be provided and sets the evaluation factors. Notices are sent out to all current providers delivering the services on the same date the RFQ is posted on CPO's website for public viewing. The RFQ has a schedule of events including a conference and a date and time for written questions. The department responds to the questions and the responses are posted as an amendment to the initial RFQ. The date and time for the responses to the RFQ is included in the schedule of events. Responders are held to delivering their proposals on or prior to the date and time identified in the schedule. A minimum of three state employees comprise the team that will evaluate the proposals submitted by the Responders to the RFQ. Scores are assigned for the technical component of the RFQ process. If there is a cost component those will be evaluated in accordance with the schedule of events. The CPO Coordinator compiles the scores from the technical and cost proposals. The responder with the highest combined score is recommended to the commissioner for a contract. The Commissioner is the final approver of the contract. The contract originating from this process follows the rules and policies of CPO.

Child Welfare Waiver Demonstration

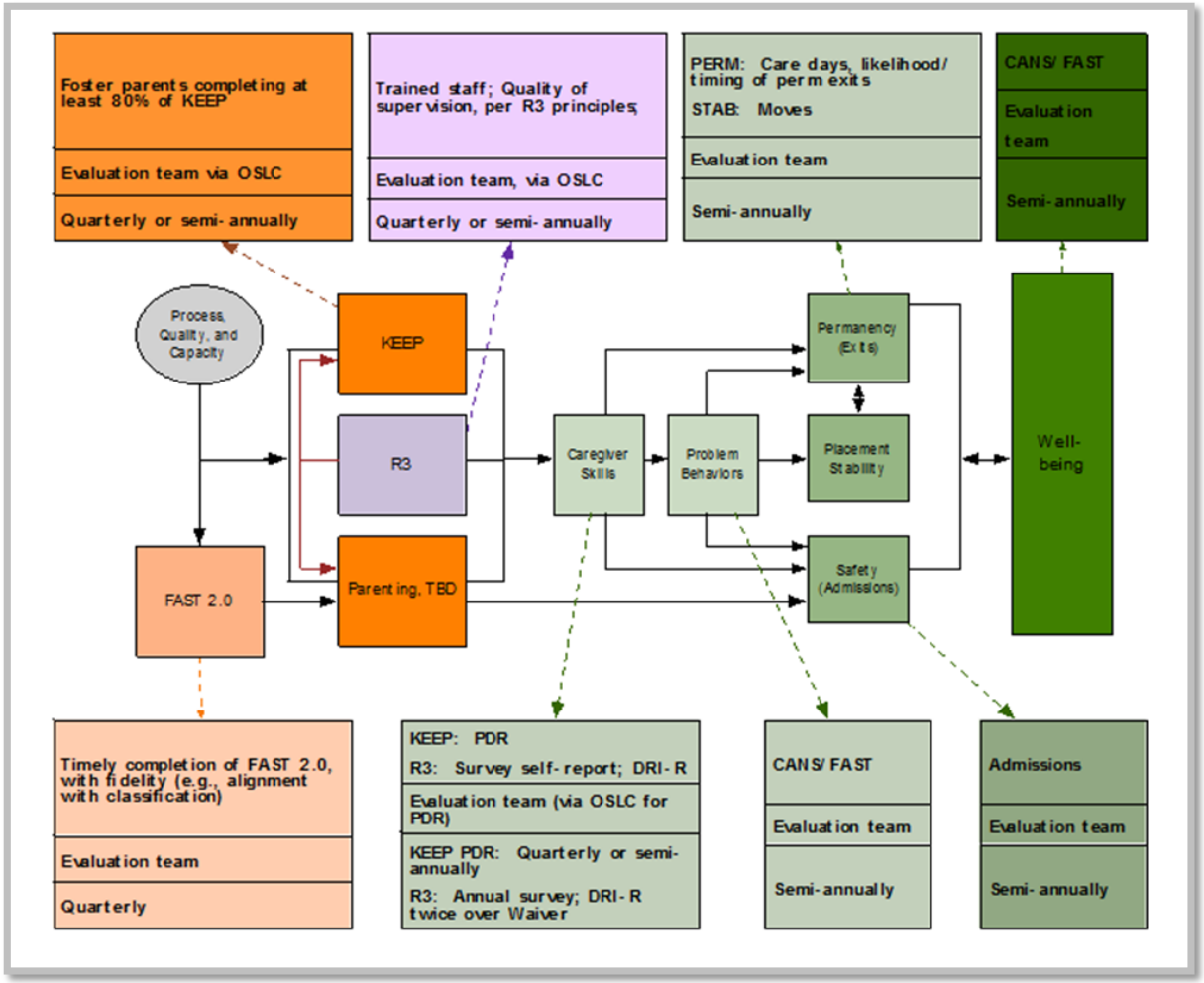
The Department's IV-E Waiver demonstration project promotes a vision leading to improved outcomes for children and families. This vision is tied to a theory of change that includes interventions to address parenting support and skills, reducing placement moves in foster care, and quality supervision of direct service staff to reduce rate of entry and length of stay in foster care. The department selected the Nurturing Parent intervention as the parenting skill improvement intervention; KEEP as the intervention to assist resource parents in "keeping" the children placed in their care through difficult time and nurturing them through to permanency; and R3 as the coaching/supervision intervention to strengthen supervisor support and guidance for direct service workers. Using data to monitor rates of entry and length of stay among other key indicators, along with the best research available, DCS is aligning the vision, target populations, strategies, and

anticipated outcomes. Tennessee is confident this new service array will increase positive outcomes for infants, children, youth, and families in their homes and communities, and improve the safety and well-being of infants, children, and youth with this demonstration project. In addition, Tennessee is confident these efforts will help to prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care. Tennessee uses the FAST 2.0 for assessment tool for this demonstration project. FAST 2.0 statewide implementation began October 1, 2014 where now all regions are trained and utilizing the tool. DCS hired four consultants, through the Vanderbilt COE, to assist with implementation.

The waiver is supported by a robust Continuous Quality Improvement (CQI) Process. The department engaged with all levels of agency employees and stakeholders to identify and target opportunities to develop the demonstration project to help improve services, processes, and outcomes for at-risk children and families. Tennessee developed workgroups in order to help with the development, implementation, and continuous monitoring of the IV-E Waiver demonstration project. The workgroups include an Executive Committee, Regional Teams, Fiscal, Communications, Evaluation, and Program Development. These use the CQI process throughout the demonstration project.

Tennessee hired Chapin Hall as the evaluator of the project and the Program Workgroup worked closely with Chapin Hall to identify the target population and the best intervention that fit the desired outcome Tennessee wanted from this project. This workgroup identified FAST 2.0, Keeping Foster and Kinship Parents Trained and Supported (KEEP), R3 and Nurturing Parenting Program. The chosen Evidence Based program is KEEP as the 10 pilot counties began implementation May 11, 2015 starting in Northeast. Currently the 4 regions have groups actively running KEEP groups with foster parents. Tennessee is in the process of gathering all necessary information to complete a full implementation of KEEP within those 4 regions outside of those pilot counties. The R3 intervention rolled out October 19, 2015 starting in Northeast. R3 is currently being implemented within the 10 pilot counties. Tennessee continues to use the CQI model throughout the implementation and process of this waiver.

Figure 2: Tennessee DCS IV-E Waiver Demonstration - Theory of Change



Out of Home Care

Children entering DCS care receive services based on a level of care determined by the needs of the child through assessments and finalized in the child and family team meeting. Levels of services include Levels 1 - DCS and Contract Agency Resource Homes; Level 2 and 3 – Contract Agency Resource home and Congregate Care; Level 4 – Acute Psychiatric Hospitalization; and Youth Development Center placement types. DCS currently maintains a network of 28 private agencies providing out-of home care and services to children in the custody of the Department and services to their families. Twenty-four of these contracts are out-of-home continuum contracts. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

The DCS continuum model was developed in order to effectuate changes in the way out-of-home services are delivered to children in the custody of the state. The protocol associated with the continuum model affords providers greater flexibility in designing services for children and families, the ability to facilitate rapid movement of children through the service system toward permanency, as well as the ability to customize the delivery of services to children and families in the least restrictive, family-like setting appropriate to needs and strengths in the most cost-effective manner.

The continuum model as implemented in Tennessee is service-based and geared to purchase successful and timely permanency for children. It provides incentives for placement in the most appropriate, least restrictive, community-based settings. In addition to residential treatment or group home settings, continuum care provides a broad array of treatment and case management services extending to community-based care. These services are delivered by providers in such a way as to meet the clinical, behavioral and medical treatment needs of children.

Children enter a continuum program at a specified level of care. Currently there are three continuum levels of care provided by contract provider agencies: Level 2 Continuum, Level 3 Continuum and Level 3 Continuum Special Needs. Continuum services are initially provided to children in DCS custody in a variety of settings but may continue after a child returns home for a period of time to be determined by the recommendations of the most recent Child & Family Team Meeting (CFTM).

A continuum provider is responsible for delivering all services necessary for maintaining the stability of the child and family. That service may be delivered in a variety of treatment settings: a Residential Treatment Center, a Group Home, and a Resource Home or in the youth's home receiving In-Home Continuum Services. If an agency is unable to provide a particular service to a child directly, the provider must procure the service from an appropriately credentialed entity. Children cannot be disrupted from their recommended level of care based on an unavailability of services.

The continuum model requires providers to have the full array of services that will appropriately meet the needs of children at the recommended level. The continuum reimbursement rate is set at a specified amount and this amount remains constant throughout the child or youth's span of service in the continuum. The reimbursement rate is set at a level that is targeted to encourage providers to move children to permanency or least-restrictive settings quickly and appropriately. This rate also remains constant through the application of In-Home Continuum Services.

Many times, In-Home Continuum Services will be the final phase of continuum service application prior to a child's discharge to permanency. As such, it is critical that these services be appropriately applied and closely monitored to ensure not only that permanency is ultimately achieved but also that the family will remain intact after the decision to reunify has been made.

As mentioned above, services applied to a case utilizing the continuum are accessed through the recommendation of the Child and Family Team. In the higher levels of care (Level 3 Continuum and Level 3 Continuum Special Needs) these services are coordinated and

provided as a part of the private agency's internal network of services. Service coordination, application and any costs incurred as a result of these services being applied to a case are solely the responsibility of the contracting provider. The application of these services is considered to be a part of that agency's continuum contract and may not be billed to any other entity.

In a Level 2 Continuum scenario, certain therapeutic services may be accessed using existing community providers outside of the contracting continuum agency. It is the responsibility of the continuum contractor to coordinate these therapeutic services, but it is not an expectation that the contracting agency will be responsible for payment. These community-accessed therapeutic services may be billed to TennCare.

Time Limited Family Reunification

Time Limited Family Reunification services are provided from the Department, primarily, through either the Foster Care Placement Continuum (described in the section on Child and Family Service Continuum) or a contract with Youth Villages Inc. and their Intercept Program. The Youth Villages Intercept in-home services program provides treatment to troubled children and families in their own homes at times convenient for the families.

- The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems.
- Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals or group homes, and in successfully reuniting children with their families in the community.
- Diversion services generally last four to six months, while reunification services generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period.

All treatment is family-centered and includes strength-based interventions. Intercept's comprehensive treatment approach includes family therapy, mental health treatment for caregivers, parenting skills education, educational interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long-term, ongoing support.

Intercept family intervention specialists provide services to the family, rather than just to the youth and meet with families' at least three times weekly and remain on-call around the clock. Youth Villages tailors services to meet each family's needs, while measuring treatment progress through ongoing assessment and review. Specialists collaborate with other providers, case workers and courts to formulate a collaborative treatment plan. Small caseloads – four to six families – allow the family intervention specialists to focus on the individual needs of each child and family served.

Adoption Promotion and Support Services are provided through the Departments pool of regional staff identified as Permanency Specialists dedicated to supporting assigned Family Service Worker's, children, and potential adoptive families, when children have an identified permanency goal of adoption. The Permanency Specialists have expertise in the areas of Adoption and Subsidized Permanent Guardianship (SPG). Additionally, the Department has partnered via contract with Harmony Family Center to provide pre and post adoption support through their Finding Our Children Unconditional Support (FOCUS) and Adoption Support and Preservation (ASAP) programs.

Finding Our Children Unconditional Supports (FOCUS)

The FOCUS program at Harmony Family Center allows staff to make referrals for additional case support for children in need of adoptive families or planned exits to adoptive permanency. Each month all of the children in full-guardianship to the agency are reviewed by region to assess progress in their exit to adoptive families. Involved in these discussions are key stakeholders to the Child and Family Team that includes DCS Central Office Lead, Regional Permanency Specialist, assigned Harmony Resource Coordinator (RC), Private Provider Staff, and other stakeholders. Conversations are driven by identifying whether the child has an adoptive family identified. Depending on the answer to that question for each child, unique tasks and action steps are identified and documented.

Each child that does not have an adoptive family identified is required that their case file have thorough review including expanded diligent search, an Individual Recruitment Plan (IRP) developed, the Child and Family Team expanded, and that the child be photo-listed to AdoptUsKids. These tasks are completed in partnership with the regional Department staff, the provider, and the Harmony Resource Coordinator. The RC from Harmony may also take the lead in coordinating additional recruitment tasks such as following up with inquiries from potential adoptive families that are generated from AdoptUsKids or other recruitment activities.

For children in anticipated adoptive families, the FOCUS partners are targeting their work on completing pre-placement and presentation summaries, determining adoption assistance eligibility, providing Full-Disclosure, and supporting the family to sign their Intent to Adopt. When families are anticipated, much of the time is spent in gathering documents for full-disclosure and preparing the adoptive family and child for permanency.

Once the four tasks for an anticipated family is complete, the child is recognized as being in an identified adoptive home. While in this status, the FOCUS work is directed toward getting the adoption finalized in court. If any barriers are identified prior to the court hearing, the FOCUS team partners to get resolved. Examples of these barriers include the need for additional preparation, referral to additional community-based services, ICPC issues, etc.

The FOCUS contract and process for monthly review of the individual cases have played an important role in the State's recognition as being a national leader in timeliness to adoptive permanency. The partnership and coordination between the many stakeholders involved has resulted in getting children to forever families and an increase in adoptions of 29% last year.

Adoption Support and Preservation

Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, Brian A. v. State of Tennessee. (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families.) Services are provided through a contract with Harmony Adoption Services in Maryville and Knoxville, TN, that serves eastern Tennessee. Harmony subcontracts with two other private agencies – Catholic Charities in Nashville serves mid-Tennessee, and Agape Child and Family Services in Memphis and Jackson serves the western part of the state. ASAP services include crisis intervention, in-home therapeutic counseling, monthly support groups, respite team building, adoption preparation classes and other educational opportunities for families, and other advocacy. This program is funded at $2.1 million and serves over 1,000 families annually.

The Adoption Assistance agreement, the Intent to Adopt form that families sign prior to adoption, and the agency website all refer adoptive families to the ASAP program. Some workers begin talking to families about this service prior to adoption and encourage them to participate in an adoption preparation course offered by the ASAP program. Despite formal efforts to educate families about the availability of ASAP, the program's providers report that many families do not know about their availability.

The ASAP program sponsors an annual Cycles of Healing Conference for adoptive families and clinicians and maintains a lending library of books, CDs, DVDs, and board games for adoptive families. An 8-12 hour adoption preparation training is offered to pre-adoptive families based on a curriculum developed by the program. The first four sessions of the training is dedicated to the caregiver, and the second half is child-specific preparation focused on their child's specific story and trauma history.

Each of the ASAP programs in the three grand regions of the state designs monthly support groups for their geographic service area, with groups offered in approximately 12 sites around the state. Some locations have groups for children and parents, while others just serve parents. One area has an adopted teens' support group that has tried different approaches to maintaining support groups, and still find that some are well attended (15 families) while others struggle to gel (3 families).

ASAP requires that therapists contact adoptive families in crisis (about 40%) within 24 hours and have a face-to-face meeting within 48 hours of their initial phone call. In-home counseling with an ASAP Family Therapist is free to all families who adopted through Tennessee DCS and available on a sliding-scale fee to other types of adoptive families. There are approximately 15 therapists who work in the program across the state. The East Tennessee program has offices in Maryville and Knoxville, but many of their therapists work out of their homes in other cities such as Chattanooga and Oak Ridge. The central and west Tennessee programs have their therapists based in agency office locations.

The primary evidence-informed practice that permeates clinical practice from assessment and treatment planning to supervision is ARC (Attachment, Self-Regulation, and Competency), and TF-CBT (Trauma-Focused Cognitive Behavior Therapy) also is used heavily. Tennessee has a special program headed by Vanderbilt University's School of Medicine with partners at several other state universities – Center of Excellence for Children in State Custody – that seeks to improve the quality of health and behavioral health care services to these children. The Center established a learning collaborative and provided training on ARC and TF-CBT to community mental health providers as well as to most of the ASAP clinicians. The program uses a statewide case consultation and is planning statewide case reviews to provide learning opportunities to enhance ARC usage and application.

ASAP therapists also use aspects of other intervention treatment models, including Trust-Based Relational Intervention (4 therapists have attended the week-long training in Texas), Circle of Security and Parent-Child Interaction Therapy. Agency staff reported that it is difficult to consistently use some of these models because even after therapists are trained and certified in a treatment modality, agencies must pay significant fees for ongoing supervision to maintain the credential.

The service statistics for 2011-2012 report 680 adopted children served, with an average length of treatment of 7.2 months. For pre-adoptive children, there was a disruption rate of 5% among families served, and for post-adoptive families, a 1% dissolution rate.

Populations at Greatest Risk of Maltreatment

DCS identified a few key populations at greatest risk for maltreatment including drug exposed children, children with prior CPS involvement and children under the age of five.

Drug Exposed Children

To address the population of drug exposed children, DCS Policy 14.21 DCS Response to Allegations Involving Drug Exposed Children was revised in 2015. This revision was targeted at better aligning DCS' response to cases involving DEC with the established MRS system. A comprehensive review of the previous policy was conducted and the review resulted in revisions to the type of cases which are assigned to both the assessment and investigative tracks. Revisions to the policy looked at the ability of the child(ren) to self-protect, their visibility within the community, disabilities, and the ability of the parent/caretaker to function in a manner adequate to meet the child's needs. Additional guidelines and clarification were also provided surrounding how CPS may classify each case.

Decision points which were most impacted by the new revisions were:

- It provides flexibility when assigning the priority response timeframe to consider immediacy of the safety concerns, not the track assignment or age of the child. As such:
  - It removed the age limit of under 2 years as being an automatic assignment to an investigation, and
  - It removed the automatic assignment of a Priority 1 response to children under 2 years.
- Allows for open assessment cases to absorb new drug exposed allegations that would previously be opened as an investigation due to the age of the alleged child victim (under age 2).
  - This would be determined jointly by the Team Leader from Assessments and the Lead Investigator from investigations.
- Adds that if a parent/caretaker makes alternative arrangements for an alleged child victim during the use, manufacture, sale, or if the caretaker is impaired, then these cases do not automatically have to be assigned to investigations based on the age of the child.
- Adds "the sale of drugs" as a criterion for track assignment, which is determined by the severity of the situation and the direct impact of the "sale" to the child.
- Provides more guidance to case manages on how to classify DEC cases for both investigations and assessments.

  With a new effective date of July 2015, DCS employees were provided with the opportunity to receive training on the DEC policy. These training opportunities reached over 500 DCS employees.

  The Office of Child Safety currently has two hospital liaisons that assist in providing coordination, communication and the sharing of information between hospital staff and DCS employees, with the purpose of ensuring the safety and treatment of the child. There are currently two Hospital Liaisons for the Department, one in Middle Tennessee and one in East Tennessee; however the Hospital Liaisons are available to assist in coordination between the Department and any hospital in Tennessee. Knox region also continues to have a specialized Drug Exposed Infant (DEI) Investigations Team.

The IV-E Child Welfare Waiver Demonstration greatly assists with enhancing services to this population. DCS is currently piloting the implementation of the Family Advocacy and Support Tool (FAST) 2.0, which greatly increases the ability to identify strengths and underlying needs to target needed interventions for non-custodial children brought to the attention of DCS. Family plans are created with the family's

involvement to outline the key services that will be put in place to reduce risk. Once the need for services is identified, either community resources or provider agencies are used to deliver the services.

Several regions are focusing efforts on cases involving young children who have repeated reports of maltreatment. An internal review process has been created that escalates the case for a higher level of review when a new report of abuse or neglect is received. The focus on reviewing the child's past history with the Department, the current situation, and age of the child victim provides the opportunity for supervisors to offer input and guidance for the frontline staff. Although this review process has not been formalized statewide, the input from the regional reviews will help inform CQI efforts toward building improved policy, practice and training. These reviews create a sense of urgency to assess safety and identify services based upon the past history with the department. Once these are identified, the service provider can be better informed of the past history and address underlying issues. These reviews might also prompt a quicker intervention by the juvenile court when needed if the history suggests past non-compliance.

DCS in collaboration with the Tennessee Bureau of Investigations is piloting a software system in one county that communicates information related to felony drug arrests. This information is being shared with DCS by law enforcement following drug arrests to determine if the Department has any involvement with the person and the impact this arrest might have on known children in the family. Information sharing earlier in the process supports a coordinated effort that leads to timely intervention. The court in Cumberland County works closely with law enforcement and DCS to court order services and keep families under the supervision of the court to monitor the progress. This county has also engaged community partners to develop resources to meet the needs of the families in their area.

Services for Children under the Age of Five

Monitoring to ensure developmentally appropriate services are provided:

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

DCS workers across the state are able to access age appropriate therapies for children, when needed. Many local mental health providers are able to provide therapy to children as young as age three (3). In cases where it is difficult to locate a provider for intensive needs, DCS staff have access to the Vanderbilt Center of Excellence, which will provide consultation, evaluation, and assist with coordination of services for children and youth in DCS care with unique mental health needs.

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

this topic with parents and caregivers. DCS plans to continue providing Safe Sleep education to parents and caregivers within communities across the state.

The following is a list of additional services available to eligible or needy children under age 5 in Tennessee, which includes children in DCS custody:

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

As a part of routine practice, the Regional Administrators across the state conduct a series of case reviews to target cases for needed work toward permanency and to ensure length of stay is reduced. Permanency Reviews are conducted on all cases where children have been in custody over 6 months. These reviews focus on worker and supervisor tasks to move cases toward permanency and use a group supervision approach to provide coaching and feedback to front line supervisors.

A special 9 Month Legal Review is conducted when all children have been in care 9 months to ensure case work activities are on track toward reunification or shifting gears toward alternate permanency arrangements, including TPR. This review is another opportunity for group supervision between the Team Leader, Team Coordinator and legal staff to determine next steps.

DCS strives to ensure kinship placements for all children in DCS custody. Often times, relatives are better equipped to care for younger children as their needs are different from older children. Approximately 11.1% of all children, while15% of children under age 5, are placed with kin while in DCS custody. This contributes to timely permanency/reduced length of stay for children for a variety of reasons. For one, parents struggling to successfully comply with their permanency plan are generally more likely to agree to children exiting to the custody to relatives through exit custody or adoption. Biological parents often come to the agreement to divest or surrender sooner in kinship cases.

The goals of the kinship placements include:

- Early engagement and support with families.
- Increase permanency for families.
- Decrease length of stay (increased exits to relatives/decrease short stays/increased stability).
- Increase the number of first placements with family.
- Increase the number of expedited placements entered within 24 hours.
- Shorten time to full approval for relative placements.
- Increase the total number of approved relative homes.
- Increase the number of step-downs to relatives.
- Increase supports to and stability with relatives.
- Clarity and consistency of information provided to families.
- Decrease disruptions.
- Increase diligent search compliance.

Only a small fraction of children in custody under age 5 are in full guardianship without a family identified. Generally, children under age five are most likely to be without an identified home are due to being part of sibling groups with older siblings who have remaining permanency or wellbeing barriers that delay permanency. The Permanency Division currently holds a monthly FOCUS review of all children in full guardianship who do not have a family identified to ensure their individual recruitment plans are moving as progressively as possible so that children reach permanence quickly. This review process has been very effective in moving children toward timely permanency.

Services for Children Adopted from Other Countries

Since 2004, the Tennessee Department of Children's Services has had a unique, statewide contract with Harmony Family Center, in East Tennessee, to provide post-adoption services to children and families. This service is at no charge to families that adopt from the public child-welfare agency, but legislation was created in July of 2011 that made this service accessible to any family that has adopted internationally, domestically, or privately and resides in the State of Tennessee. When contacted by families that need this type of assistance, staff will work with them to make a referral to Harmony that provides the services to family in-home. The Post-Adoption services from Harmony are delivered by a Master's level Clinician that is versed in several Evidence-Based Practices and is able to assist in referral to other community-based services, when needed. Data associated with services offered by Harmony indicates that less than 2% of the families served by this agency result in adoption dissolution.

In the next few years, DCS will continue the contract with this provider. A new 5-year contract for these services began July 2014. This continues to solidify future service availability and partnership with Harmony. Additionally, DCS partners with leadership at Harmony and the National Resource Center for Adoption to conduct a formal evaluation of post-adoption services offered to clients served by the provider to improve on the delivery and service milieu.

Program Support and Capacity Building

Capacity Building Centers for States

DCS partnered with the Capacity Building Center (CBC) to identify and prioritize the needs for capacity building services through participating in assessment and services planning sessions in the past year. The CBC identified several areas that may benefit from services through the assessment process including, worker retention, data quality, foster parent training, worker professional development, strengthening the CQI process throughout the state, and service array development. One project emerged to address in the upcoming year with the CBCs

having to do with Foster Parent training and recruitment. Future work continues with the CBC to promote information exchange, increase knowledge and skills, and to identify resources and best practices. DCS staff also participates in the CBC Constituency Groups, including CFSR/CQI managers, data analysts, parent coordinators and partners.

Casey Family Programs

Casey Family Programs engages in a strong partnership with TNDCS. They provide technical assistance and support to promote various initiatives in order to strengthen the quality and substance in the delivery of our services. CFP works with TNDCS to locate and identify needed resources and materials as well as connects us with other States for peer to peer consultation and cross learning. CFP is currently providing the opportunity for 4 of our Senior and Executive Staff to participate in the Casey Leadership Fellows to promote Leadership Development in the agency.

Casey Family Programs Initiatives:

- EDGE: Evidence Driven Growth and Excellence. This is an initiative that incorporates data and research to support practice and policy reforms.
- Communities of Hope.
- Therapeutic Foster Care Learning Collaborative. An alliance between DCS and Providers to decrease reliance on congregate care and provide residential level of treatment in a community/home setting.
- Title IV-E Waiver – implementation and evaluation.
- Three Branches Institute (3BI) to promote policy reform to improve child welfare practice across the State in collaboration with the Executive, Legislative, and Judicial branches represented at the Regional and State Levels.
- Safety and Risk Model to promote safety assessment practice at the first point of entry into the TNDCS system (the Hotline Call Center).
- Strategic Planning Support to strengthen the system capacity to address the full spectrum of system of care.
- Permanency Round Tables.
- Breakthrough Series Collaborative on Building a Resilient Workforce.
- Exploring work from Eckerd on Rapid Safety Feedback for possibility of implementing in Tennessee

Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)

In 2015, DCS applied for and was awarded approval to participate in a 5 year project with The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The five-year project designed to promote permanency, where reunification is no longer a goal, and improve adoption and guardianship preservation and support. QIC-AG works with eight sites, each developing an evidence-based intervention to achieve long-term, stable permanency. QIC-AG is grounded in the belief that long-term permanency begins before adoption and guardianship is finalized and extends long past the date of an adoption or legal guardianship.

TN DCS is partnering with Harmony Family Center on the QIC-AG project. DCS is the public child welfare agency that investigates allegations of child abuse and neglect, administer the state's foster-care system and works to find permanency for the children and youth who come into care through reunification, adoption, or adoption. Harmony Family Center is a Tennessee based, private non-profit organization

specializing in adoptions and adoption support services. Harmony administers the Adoption Supports and Preservation Service Program (ASAP) for the State of Tennessee.

The project will implement and test the effectiveness of a family-centered trauma-informed, bio-psychosocial assessment process to identify the needs of children and families who are referred (or self-refer) to Tennessee's ASAP program. The process will enable the identification and utilization of interventions that best align with a child's developmental capacity and will result in improved outcomes. The project aims to serve all families who have adopted children in the targeted regions of the state, including children adopted through the child welfare system, internationally or through private domestic channels.

Supports with Chapin Hall

DCS has a robust contract with Chapin Hall to provide a variety of data products to inform Performance Based Contracting (PBC) of provider agencies. DCS, Chapin Hall and the provider agencies partner to make updates and modifications to PBC data to maximize understanding of outcomes for DCS custodial children served by the provider agencies DCS routinely meets with quarterly provider meetings, as well as other meetings, to address service delivery challenges and partner to identify ways to improve outcomes.

Chafee Foster Care Independence Program (CFCIP)

Background

DCS Chafee Foster Care Independent Living Program (CFCILP) services through its Independent Living Program (ILP), and monitors the provision of Extension of Foster Care (ESC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services Tennessee Department of Children's Services Child and Family Service Plan 2015-2019 for youth transitioning out of care and for those who are likely to remain in care.

DCS uses Chafee Foster Care Independent Living Program funds to staff Independent Living Program Specialists (ILPS) within each region across the state. The DCS ILPS work directly and collaboratively with Family Service Workers, foster parents, contracted providers and youth. The DCS ILPS workers are responsible for local program coordination, service delivery, community resource development, and on-going consultation to agency staff, resource parents and youth. Although the primary function of the ILPS is to provide support and technical assistance to staff and resource adults, they also provide direct services and support to youth and young adults through life skills training classes, coordinating the establishment and tracking of Extension of Foster Care Services, provisions of the Independent Living Allowance, assistance with financial aid (FAFSA), Education and Training Voucher and other scholarship applications, and support and coordination of statewide youth leadership boards (Youth 4 Youth).

Accomplishments:

- In the 2016 session, the Tennessee General Assembly passed the reasonable and prudent parent standard to be used by a caregiver when determining whether to allow a foster child to participate in activities; exempts a caregiver acting in compliance with the standard from civil liability relating to injuries the child may incur in such activities. - Amends TCA Title 37, Chapter 2, Part 4.
- Training for DCS, foster parents and courts will take place in FY 2016, and focus on making prudent parenting decisions and more normalcy for children and youth in foster care.

- Increased Extension of Foster Care Services (EFCS) housing is now available through Omni Visions, Partnership, FreeWill and Monroe Harding.
- Three local CASA programs, serving eight counties in Tennessee were awarded Youth Advocacy Grants from National CASA in 2015. The grant funds will be used to train more CASA volunteers in the "Fostering Futures" curriculum and to provide support and supervision to volunteers assigned older youth ages 14 – 21.
- In 2015, the Crossville Housing Authority completed construction on a four-unit apartment complex to house transitioning youth in the Upper Cumberland region. Tennessee Housing and Development Agency provided the funding.
- DCS increased the Independent Living Allowance rate for young adults in Extension of Foster Care from roughly $400 a month to $435 a month.
- Oasis Center has started training staff in the Teen Outreach Program® (TOP®}, an evidence based pregnancy prevention program, so DCS can expand TOP® to Mountain View, Wilder and Gateway to Independence Youth Development Centers (YDCs).
- DCS developed an RFP for step-down services for youth exiting youth development centers (YDCs) and released the RFP during the first quarter of fiscal year 2015. Three agencies were awarded funding for step-down services: Monroe Harding, G4S and Meridian Behavioral Health (group effort). These services will help youth step down from YDCs in a timely manner, and enhance their eligibility for EFC.

The eight CFCIP program purposes, applicable to the FY 2017 grant award are to:

1. **Help youth likely to remain in foster care until age 18 transitions to self-sufficiency by providing services;**

The Office of Independent Living is focused on ensuring that the Department has the structures and resources to provide each young person in foster care, age 14 or older, with reasonable access to a range of supports, services, experiences, and opportunities that are important to healthy adolescent development and that will help the youth successfully transition to adulthood. DCS expects that all youth 14 to 16 years of age have the opportunity to take on increasing levels of responsibility for taking care of themselves; to learn basic self-care skills (cooking, cleaning, health, and hygiene habits); to receive some introduction to and practical experience with budgeting; and most importantly, to have opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence, and competence. For youth ages 14-16, independent living skill development is usually accomplished by providing those youth with a range of age-appropriate, normalizing, and maturity building opportunities and experiences that would be expected for a younger adolescent in a reasonably well-functioning family. Beginning when a young person reaches the age of 17, the Department expects assessment, case planning, and service provision to be more intensive and specifically organized around nine competency areas that are generally important to successful transition to adulthood: education; housing; health; transportation; financial skills; employment/job skills; life skills; social skills; and communication skills. Consistent with federal requirements, the Department expects transition plans for 17-year-olds to specifically address these critical areas.

The annual foster parent conference has trainings for foster parents that incorporate many teen subjects:
Reality Check • Knowledge for Fostering Adolescents • Success Beyond 18: Transitioning Youth to Adulthood • Tough Topics from Teens: Answering Difficult Questions • Truth and Consequences: Helping Teens Make Decisions Based on Future Goals • Foster Care to Freshman: College and Career Mindset Workshop • Cyberbullying and Sexting

DCS has continued efforts to implement strategies to conduct credit checks on 14, 15, 16 and 17 year-olds to determine if any youth is a victim of identity theft or credit fraud and clear the records, if necessary, before age 18. A draft policy has been developed, training has been developed and OIT is finalizing their improvements to better batch and track credit reports.

DCS collaborates with the Consumer Financial Protection Bureau (CFPB) Office of Financial Empowerment, and focuses on strategies to improve the financial skills of transitioning youth to prepare them for the complex financial marketplace as they move into adulthood.

DCS started planning for implementation of CFPB's *Your Money, Your Goals Toolkit* (YMYG) to DCS staff, providers, Foster Parents and Youth. The training will focus on how to use the toolkit's modules and supporting tools that compliment appropriate foster care program outcomes. Training will be conducted through a direct training model for both government employees and relevant staff in private agencies that are under contract with the state or county program. Topics may include:

- Credit Reports: Provide training on how to access the free annual credit report and how to correct inaccuracies found on the credit report. CFPB will also work with the credit reporting agencies to simplify the credit reporting requirement for child welfare agencies.
- Transaction Accounts: Provide training on how to support transitioning youth in opening a transaction account with a bank or credit union or selecting the appropriate prepaid card.
- Savings: Provide training on strategies to help transiting youth develop savings plans and understand the positive benefits of savings.
- Consumer Protection: Provide training on basic consumer protection issues and help human service staff to better understand these protections and where to get help.
- Foster Parent: Provide training for foster parents. If possible, this would be done through a train the trainer or peer learning model.

Data for State Fiscal Year 2015 (July 1, 2014 to June 30, 2015)

There are 1,473 individual youth and young adults received Independent Living Services from DCS or an agency contracted by DCS. An individual may have received multiple services from across the spectrum of what is provided under the umbrella of Independent Living Services. This includes IL services administered to youth in DCS custody, Extension of Foster Care Services, youth who exited DCS custody to Adoption and Subsidized Permanent Guardianship, Youth Villages LifeSet Services, and the DCS administered scholarships: the Education and Training Voucher (federally funded) and Bright Futures Scholarship (state funded). Note: It is not possible at this time to include the youth who received services from the Jim Casey Resource Centers for the purposes of determining the total, unduplicated number of service recipients.

2. Help youth likely to remain in foster care until age 18 receive the education, training, and services necessary to obtain employment;

DCS has been putting more emphasis on employment and employment readiness due to NYTD data and CANS data while the youth is in custody. DCS will need to ensure TFACTS is able to capture NYTD Independent living services; career preparation and employment programs or vocational training to understand how many youth have employment or are getting training while in custody. DCS does know some youth are employed and getting training, but it is not captured in TFACTS as a service. Employment and vocational language has also been added to the Prudent Parenting and Normalcy policy. All DCS staff, provider staff and foster parents will be trained in this protocol. TN DCS IL has been partnering with the WIOA Youth Program through Tennessee Division of Labor and Workforce development. TN DCS and WIOA have met to discuss new federal regulations and how to better connect young people to employment opportunities. IL staff are participating in WIA youth councils across the state. WIOA regional programs are assisting with career exploration, job preparation and job placement for youth adjudicated placed in the Youth Development Centers. DCS will coordinate with regional WIOA providers to improve referrals processes and increase opportunities for our young people. The Department of labor and Workforce development partner with DCS to host a WIOA 101 webinar to over 60 participants. This webinar was focused to DCS staff, providers and foster parents with a focus on understanding service availability and how to access these services. DCS has working closely with the Pre-employment Transition Services through TN Department of Human Services- Division of Rehabilitation Services and vocational rehabilitation. This project is in the pilot phase in Jackson, TN but will roll out statewide, and DCS plans to have a mechanism for referrals for this program.

Figure 3. Received IL Services for Youth

714 received Extension of Foster Care Services

865 received Youth Villages LifeSet Services

448 received a DCS Administered Scholarship (ETV or Bright Futures)

285 in DCS custody received Independent Living Wraparound Services

191 in Extension of Foster Care Services received Independent Living Wraparound Services

266 youth and young adults received life skills instruction directly provided by IL Specialists between July 1, 2014, and June 30, 2015.

Our YVLifeSet contract has Specialists that work diligently on employment acquisition skills with young adults. Specialists teach youth how to correctly fill out employment applications by completing mock applications with them. Specialists assist youth in job searching via the internet and in-person. The youth can expect a specialist to aid them in the community by requesting, completing, and turning in applications to employers. Youth are taught how to speak with potential employers and follow-up skills. Once a youth is employed, YVLifeSet Specialists teach and role play job maintenance skills. If approved by the youth, specialist are given the opportunity to speak with the youth's employer to assess their skills and work on any deficiencies to ensure job stability.

Stepping Stones is vocational training program through our Youth Connections (YC) Resource Center that assists youth with career planning, job readiness training, resume writing, and job applications. Upon enrollment, each youth is given a career inventory/assessment which the Job Coach will then use while working with the youth to assist them with their short-term job search and long-term career planning. Personal coaching and connect youth with partnering employers who provide a limited number of paid internships and job shadowing opportunities.

DCS also uses speakers and volunteers from multiple professions so that youth can learn about labor market trends and the skills they must obtain to qualify for employment. We also have weekly classes that cover various career planning topics.

The Resource Center in Chattanooga and Memphis have informal success coaches (case managers) that speak with the young people once per month. The case Managers always ask about housing, employment, education and transportation. If the young person is unemployed or underemployed, they begin to send them the weekly job listing log via email or make an appointment for them to come to the office where they can pick up the current Memphis/Shelby County or Chattanooga Job listing and apply for the jobs using the computers here. The case managers also refer them to the local WIN office.

DCS is committed to ensuring 90-plus percent of youth 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 or college or an alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time. Currently, DCS meets approximately 90%, with a goal to increase the overall %, but increase part time and full time employment percentage categories.

3. Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions; DCS offers young adults who were in foster care or who are in foster care on their 18th birthday the opportunity to continue to receive a variety of supports and services beyond age 18 to help them successfully transition to adulthood.

DCS is committed to ensuring 90-plus percent of youth discharged from foster care because they reached the age of 18 have at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school or college or an alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time

Tennessee also enacted Public Chapter 357 amending. Tennessee Code Annotated, Section 49-6-6001 by providing youth who enter state custody in the 11th or 12th grade to graduate with the number of credits required by the state, instead of requiring them to meet a higher local district requirement. This legislation ensures youth in foster care are not penalized if they are placed in a school system that requires a higher number of credits for graduation than required by the state.

The Education Division of the Department of Children's Services (DCS) advocates for students in state custody who are educated in Youth Development Center (YDC) schools, provider in-house schools, and public schools.

The Education Division's caregiver/advocacy efforts include attending educational meetings, consulting with DCS staff, resource parents, and schools, as well as, providing educational training to departmental personnel and schools. From July 1, 2014, through June 30, 2015, the Education Division provided consultation to Child and Family Teams, field services worker (FSWs), and public/non-public schools over 71,000 times. Education staff participated directly in more than 2100 Child and Family Team Meetings and 1350 Individual Education Plan (IEP)/504 Meetings. Additionally, the Education Specialists advocated for students in nearly 250 disciplinary hearings and 200 specialized foster care

review board meetings. Staff also provided 237 educational training sessions for approximately 3,000 surrogate parents, resource parents, FSWs, and school staff.

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

Students who are in or have been in state custody and transfer back to public schools often find that graduation requirements vary among school systems and cause additional barriers for them as they try to obtain a high school diploma. As of July 1, 2015, a new law (Public Chapter #357, Senate Bill # 537) was enacted that will help eliminate this barrier. Then new law states, "No LEA shall require any enrolling or transferring student, who is in grade eleven (11) or higher and in the custody of the department of children's services or exiting its custody, to meet more than the minimum requirements for graduation set forth by the state board of education. The LEA shall issue a full diploma to any such student who meets the minimum requirements."

Students who are educated in provider in-house schools and in YDCs who are significantly behind in credits based on their age are provided the opportunity to earn a High School Equivalency Diploma. The decision to allow a student this option for obtaining a high school credential is made by the Child and Family Team. This has allowed a significant number of students to leave custody with the opportunity to pursue a post-secondary education, enroll in vocational training programs, or enter the workforce.

The Office of Independent Living (IL) is focused on ensuring that education is a major focus in transition planning to ensure young people are meeting their educational goals. Both IL and Education encourage young people to advocate for their education in order to be successful in their future educational endeavors, and get involved in school programs, including TRIO, to support their well-being.

The AOC is educating courts/FCRB in the importance of educational questions, records, and support services to ensure enhanced educational goals.

During FY 2015, approximately 448 youth in custody obtained a high school diploma, GED or HiSET; 126 young adults receiving EFC obtained a high school diploma, GED or HiSET; and 21 young adults, including seven in EFC, completed post-secondary educational goals.

The National Youth in Transition Database (NYTD) collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. States began collecting data in 2010, and the first data set was submitted in May 2011. DCS uses the National Youth Transition Database (NYTD) data to help understand practices for our transition aged youth. A sample of 19 year olds in 2013 showed that 71% reported having finished high school or GED. DCS expects the percentage to increase after analyses of the age 21 year old cohort in 2015.

DCS is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Administrator who manages the ETV funds available and State Funded Scholarship. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs youth are enrolled in, and the Scholarship Coordinator reviews this information and establishes ETV awards accordingly. DCS provides an unduplicated number of ETV's awarded each year. The program continues looking at ways to maximize the impact of funding and involving communities and individual colleges and universities in providing increased opportunities for this population. Data is under review to help determine fluctuations in ETV awards, identify the factors affecting this, and to inform strategies for maximizing use. The Bright Futures State Funded Scholarship awarded through the Governor's Office continues in the coming year, and $500,000 is the amount the State Legislature has allocated toward this program.

DCS committed to increasing the retention rate in post-secondary and are aware of issues keeping youth in school. DCS Il staff and providers are exposing youth college tours, encouraging TN Promise, and partnering more closely with TN Board of Regents. The AOC has been successful in getting a TBR college representative to be part of their EFCS model boards to help with sustainability and retention in college.

Former foster youth that may not meet requirements for any services are encouraged to attend TN Reconnect; an initiative to help more of our state's adults enter higher education to gain new skills, advance in the workplace, and fulfill lifelong dreams of completing a degree or credential.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults; DCS is focused on increasing mentors/volunteers to help assist the young adults across the state. DCS will need to ensure TFACTS is able to capture NYTD Independent living services to understand how many youth have a mentoring relationship. DCS performance based contractors use mentors for youth they serve in higher levels of care and congregate care. Youth Villages and Monroe Harding are good examples of agencies that continually recruit mentors to support their teenagers. DCS improved its volunteer process to increase the amount of citizens interested in providing assistance to the debarment, including mentors. DCS contracts with Christian Association of Youth Mentoring to connect a small cohort of youth out of East TN to mentors through the church community.

Tennessee Court Appointed Special Advocates (CASA) has been very supportive of the extension of foster care services program from its inception. Tennessee CASA continues to support local CASA programs across the state in providing continuing education training to CASA volunteers in advocating for transitioning youth. National CASA's curriculum, Fostering Futures: Supporting Youth Transitions into Adulthood, focuses on the unique needs of transitioning youth. A one-year National CASA Fostering Futures grant, that ended August 31, 2015, allowed Tennessee CASA to provide the Fostering Futures training manuals to local CASA programs and facilitate "Train the Trainer" events, as well as Fostering Futures regional workshops. The grant funds were used for the purposes of increasing the number of CASA volunteers trained in the Fostering Futures curriculum and the number of older youth ages 14-21 served. Training more volunteers will lead to an increase in quality advocacy for transitioning youth and a greater number of youth accepting Extension of Foster Care Services. DCS Independent Living staff presented information about Extension of Foster Care Services at the Train the Trainer events and participated in

some of the regional workshops. During the course of the grant, 56 CASA volunteers were trained in the Fostering Futures curriculum, 42 CASA staff members participated in Train the Trainer workshops and 100 Fostering Futures curriculum manuals were distributed. Three local CASA programs, serving eight counties in Tennessee, were recently awarded Youth Advocacy Grants from National CASA. The grant funds will be used to train more CASA volunteers in the Fostering Futures curriculum and to provide support and supervision to volunteers being assigned older youth ages 14 – 21.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;

Tennessee's Division of Independent Living helps youth in foster care and young adults who age out of foster care prepare for adulthood and become empowered, confident, competent, and productive individuals. This is accomplished by providing services, building independent living skills, connections to caring adults and opportunities to acquire leadership skills and use of Chafee dollars, state funding, and leveraging partnerships with providers and community supports. DCS participates in Extension of Foster Care Services pursuant to T.C.A. § 37-2-417. Tennessee's Transitioning Youth Empowerment Act of 2010 (as amended by Public Chapter 653 which allows Tennessee to take advantage of several components of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008.

As outlined in Tennessee's approved IV-E Plan modification, the following categories of eligibility for Extension of Foster Care Services are established in DCS policy:

- Completion of high school or an equivalent (secondary) educational program;
- Enrollment in a post-secondary educational program; and
- Inability to establish one of the above requirements due to a medical condition.

Table 31. Percentages of Youth Extension of Foster Care Eligibility and Acceptance

Fiscal Year	Total Aged Out/Emancipation	Total Aged Out Eligible for Extension of Foster Care Services (EFCS)	Eligible Population Accepting EFCS	Percent uptake rate-Accepting EFCS
FY 2008-09	1209			
FY 2009-10	1162			
FY 2010-11	1131	813	163	20%
FY 2011-12	1084	748	201	27%
FY 2012-13	1017	768	301	39%

FY 2013-14	984	779	312	40%
FY 2014-15	932	731	353	48%

Update in FY 2014, the mean (days) was 231 days, median (days) was 165. In 2015, the mean days was 255 days; DCS continues to evaluate supports needed to increase retention of youth in Extension of Foster Services. IL does know that the two main reasons for termination of services are youth not maintaining academic eligibility, and youth requesting termination of services. DCS IL has held two webinars around "EFCS Quality Case Management" to help EFCS staff improve their engagement and practice with the young adult population.

Table 32. Mean, Median, Mode of Days Youth Received Extension of Foster Services per Region

Region	Mean (Days)	Median (Days)	Mode (Days)
Northwest	256	136	70
Southwest	207	118	0
Shelby	362	296	0
Davidson	231	122	34
Mid Cumberland	181	152	35
South Central	196	147	127
Upper Cumberland	268	179	35
Northeast	366	318	0
Knox	199	146	389
East	219	116	0
Smoky MT	253	190	64
TN Valley	315	157	154
Total (Days)	255	170	35

The following placement services are available to young adults receiving Extension of Foster Care Services. The Independent Living Allowance Services are foster board payments made directly to young adults who are living in supervised independent living settings not otherwise supported with payments from the Department (living independently in an apartment with case management, for example). The placement services are determined via decisions made by the young adult and their teams, and supported as needed by results from assessment such as the Child and Adolescent Needs and Strengths. Higher level placements with increased therapeutic/clinical supports require approval by the Regional Administrators and Director of Independent Living, and are reviewed more frequently to determine options for assisting young adults with moving into more independent and community based living arrangements. DCS ILPS has developed the Supervised Independent Living (SIL) scope for the Provider Policy Manual (PPM). This will help provide guidance to providers that are serving

young adults in this type of setting. DCS IL is reviewing safety of placement annually, but is going to settings more often. There has been an increase of settings and beds for young adults in EFCS. Chambliss in Tennessee Valley region is working to have 14 new beds open in FY 2017.

Table 33. Placement Level, Service Type, and Descriptions for Youth

Service Type	Description
Contract Foster Care Extension of Foster Care	Contract Foster Care Extension of Foster Care
DCS Foster Care Extension of Foster Care	Regular Board Rate Extension of Foster Care
DCS Foster Care Extension of Foster Care	Special Circumstance Rate Extension of Foster Care
Independent Living Placement Extension of Foster Care	Independent Living Residential Extension of Foster Care
Level 2 Extension of Foster Care	Level 2 Congregate Care Extension of Foster Care
Level 2 Continuum Extension of Foster Care	Level 2 Continuum Extension of Foster Care
Level 3 Extension of Foster Care	Level 3 Extension of Foster Care
Level 3 Continuum Extension of Foster Care	Level 3 Continuum Extension of Foster Care
Level 3 Enhanced Extension of Foster Care	Level 3 Enhanced Sex Offender Treatment Extension of Foster Care
Level 4 Extension of Foster Care	Level 4 Extension of Foster Care
Level 2 Special Needs Extension of Foster Care	Level 2 Special Needs - Mental Retardation Treatment Extension of Foster Care
Level 3 Continuum Special Needs Extension of Foster Care	Continuum: Level 3 Special Needs Extension of Foster Care
Level 4 Special Needs Extension of Foster Care	Level 4 Special Needs Extension of Foster Care
Level 2 Special Population Extension of Foster Care	Level 2 Special Population - Education Extension of Foster
IL Allowance Extension of Foster Care	Graduated Rate Extension of Foster Care
IL Allowance Extension of Foster Care	Regular Rate Extension of Foster Care
Level 3 Enhanced Extension of Foster Care	Level 3 Enhanced Alcohol & Drug Treatment Extension of Foster Care
DCS Foster Care Extension of Foster Care	Extraordinary Rate Extension of Foster Care
L3 AS-ND RTC Extension of Foster Care	L3 AS-ND RTC Extension of Foster Care
L3 AS-ND PRTF HIGH Extension of Foster Care	L3 AS-ND PRTF HIGH Extension of Foster Care
L3 AS-ND PRTF MID Extension of Foster Care	L3 AS-ND PRTF MID Extension of Foster Care
L3 SED-PRTF Extension of Foster Care	L3 SED-PRTF Extension of Foster Care
L3 SED-PRTF High Extension of Foster Care	L3 SED-PRTF High Extension of Foster Care

Services for Special Needs Populations

DCS policies 19.7 and 19.8 prescribe the procedures necessary to assist youth with certain special needs, specifically behavioral health issues and developmental disabilities, with transitioning to adulthood. This includes assistance with applications for SSI, assignment of community mental health case managers (as applicable) and assessment for transition to the state's Department of Intellectual and Developmental

Disabilities services. Tennessee elected to extend foster care beyond custody to young adults incapable of pursuing secondary or post-secondary educational goals due to a disabling condition in order to further support them through their transitions. Transitional Living grant services can be provided as an additional support for young adults with special needs, per that program's assessment criteria.

Program Exits

The following represent the circumstances by which young adults leave extended foster care before the higher age elected program, which are captured for reporting purposes:

- Successful Completion of Educational Program
- Voluntary Termination of Services (Self Termination)
- Transition to Adult Services
- Unable to Locate
- Academic Ineligibility
- Risk to Self or Others (example: committing a violent crime, which is in violation of the Rights and Responsibilities Agreement young adults sign when accepting extension of foster care services).

The Tennessee DCS Independent Living Youth Engagement Lead position started in FY 2014.The Youth Engagement Lead was tasked with contacting aged-out youth who did not accept services. Youth Engagement Lead attempted to make contact with over 500 young adults.

The main reasons young people gave for not accepting EFCS continued to be:

1. Work instead of attend a post-secondary program.
2. Undecided about future plans.
3. Did not want to be involved with DCS.
4. Were on Runaway
5. Moved to another state.
6. Came into care late into their 17th year.

DCS Youth Engagement lead position handles many inquires through the year. This position submitted seven YVLifeSet referrals, four referrals to Opportunity Passport, two referrals to EFCS, made seven Community Resource referrals and five referrals to TennCare. Three young adults were referred to us by homeless shelters to assist with improving circumstances. The Youth Engagement Lead reached out to homeless shelters across the state. The Youth Engagement Lead will continue to respond to all calls/emails coming in from the community that are routed to the Office of Independent Living from youth, young adults and other stakeholders to assist youth and young adults with any needed resources. This role did outreach efforts to young adults who may be eligible for TennCare through the Affordable Care Act due to aging out of foster care and tried to contact over 300 young people. DCS IL has a new phone number, 844-887-7277, to create improved communication. One specific group that continues to be less likely to accept Extension of Foster Care services is young people who are adjudicated delinquent.

The primary service offered when young adults' transition from extended foster care, other than Transition to Adult Services, is the LifeSet Grant service. Young adults, whose extended foster care services were terminated due to academic eligibility, are often assisted by Transitional Living by re-establishing a viable educational plan, and may return to request extended foster care prior to turning age 21.

Young adults who transition to adult services have SSI established and are then receiving mental health and behavioral health services in coordination with the state's Medicaid program, TennCare, or services through the state's Department of Intellectual and Developmental Disabilities.

DCS continues to understand what support is needed to increase retention in the programs. DCS continues to evaluate supports needed to increase retention of youth in Extension of Foster Services. IL does know that the two main reasons for termination of services are youth not maintaining academic eligibility, and youth requesting termination of services. DCS IL has held two webinars around "EFCS Quality Case Management" to help EFCS staff improve engagement and practice with the young adult population. DCS partners with Board of Regents, Tennessee Higher Education Commission to develop ongoing training around motivational interviewing, school support and best practice.

YVLifeset

Youth Villages' YVLifeSet program (formerly known as Transitional Living) is designed to assist young people between the ages of 17 and 22, who are transitioning from child welfare and juvenile justice services to adulthood, in learning the skills needed to live successfully. A successful transition could include maintaining safe and stable housing, participating in an educational/vocational program, developing life skills necessary to become a productive citizen and remaining free from legal involvement. YVLifeSet specialists (directly providing the services to the young people) carry a small average caseload of 8-10 and have multiple contact (via phone or face-to-face) weekly with each young person in order to engage on a high level with each. The program is based on a multiple systems approach meaning services are aimed not only at the individual but at all the areas (systems) that may affect the youth (e.g. community, peer group, family, and school/work).

Figure 4. TN YVLifeSet Data (FY 2016, to April 30)

- YVLifeSet served about 687 youth daily
- 1,485 youth participated in the program
- 86% In school or graduated
- 75% Employed or seeking employment
- 83% Living with family or independently
- 79% No trouble with the law

Youth in the YVLifeSet program are assigned a specialist who is responsible for aiding youth in every step of the transition process. Specialists are responsible for teaching skills and lessons associated with the focal areas and will ensure that youth are capable of accessing community resources such as medical attention, housing, and financial support, if necessary. Specialists will be available to the youth 24 hours a day, 7 days a week. They will also make a minimum of one face-to-face contact per week with the youth. The number of sessions can be increased based on the individual needs of each youth.

The focal areas of YVLifeSet include permanency, education, employment, housing (through natural supports), basic independent living skills, and youth engagement. To support youth in their transition to adulthood, the program uses evidence-based interventions and best

practices with regards to the following areas: trauma, pregnant/parenting youth, substance abuse issues, physical and mental health, domestic violence, financial literacy, and basic independent living skills.

DCS continues use of Youth Villages YVLifeSet contract. The maximum state liability under the contract for the YVLifeSet program partnership is $3,000,000 per year, which is matched dollar for dollar by foundation and other outside funding secured by Youth Villages to support this work. Between July 1, 2015 and April 30, 2016, the Transitional Living Program served 1, 485 young people, 694 of whom were still being served as of April 30, 2016--this is for both Day and Grant
Between July 1, 2015 and April 30, 2016, the Transitional Living Program served 866 young people, 386 of whom were still being served as of April 30, 2016– this is for Grant only. By April 30, 2016, the total served was: 7, 597 and 3,932 youth served with the DCS grant since its inception in December, 2006.

Jim Casey Resource Centers

In addition to providing services directly through the wraparound funding discussed above, the Independent Living Division contracts with four resource centers across the state. The resource centers serve young people between the ages of 14-26 who have spent at least one day in foster care after the age of 14 and live in Memphis, Nashville and surrounding counties, Knoxville and surrounding counties, and Chattanooga and surrounding counties. The resource centers offer a financial education curriculum that features finance basics including: savings, asset building, credit, credit reports, money management, and budgeting. Participants receive assistance opening an Individual Development Account (IDA) and (if desired) a bank account with the banking partner, or a personal account at a financial institution of their choice. Participants are encouraged and supported as they make savings contributions towards the purchase of an asset. Once the participant is ready to purchase an approved asset, the resource centers match the savings contributions of the youth up to $1,000 per year ($3,000 lifetime) towards the purchase of the asset. Other services provided directly by the resource centers or through referral include General Educational Development (GED) classes/preparation, Life Skills assessment/training, youth leadership, and activities designed to build social skills and civic engagement. They also assist young people in connecting to job skills training, job placement (including limited paid internships), career counseling, and educational opportunities. Participants are connected with resources and tools within their community to help them establish their own social capital and support networks.

Project NOW

Project NOW saw its highest referral numbers and sources in recent months. DCS and Youth Villages are the two main referral sources. Thus far, 90 matches have been completed by 59 different youth (36 unduplicated youth), totaling $56,667.58 in matched funds. Average matched purchase was $622.97. To date, 34.62 percent of youth have completed matches. Locations are secured for ongoing delivery of financial classes, life skill classes and asset trainings. Saturday programming is available for youth to increase program participation and attendance. Several youth have expressed interest in co-facilitating financial classes. A minimum of 10 youth have

Figure 5. Project NOW Participation

Number of Opportunity Passport participants ever enrolled: 169
Number of participants currently enrolled: 104 (61.54 percent)
Number of participants currently inactive: 26 (15.38 percent)
Number of participants currently exited: 39 (23.08 percent)

helped lead financial classes in March, June, and August 2015. Three youth have been identified to help co-facilitate the upcoming financial literacy class in December 2015. The number of Project NOW youth active on the Youth 4 Youth board has been increasing. At least a minimum of ten youth have attended two of three Youth 4 Youth meetings per quarter and have received a stipend. Debt reduction programming has prevented several Project NOW youth from facing eviction.

I.A.M Ready

Since opening day of June 25, 2014 the IAM Ready Center has enrolled 37 youth in the program. The center hosted and coordinated a total of 40 Life skills classes, door-opener events and leadership activities involving youth in the decision-making process.

The collaboration with city of Chattanooga Youth Family Development has been extremely helpful, young adults are benefiting from the Career Development Program, Lexia Reading program, Title II Commodities and various educational programs. T-Mobile donated school/ program supplies to the program this year, along with hosting a door opener event and leadership engagement. The IAM Ready Center enrollees participated in the Jimmy Wayne Concert in Chattanooga, there were over 400 foster parents and youth that attended. IAM Ready participants were part of the roundtable discussion about this population.

South Memphis Alliance Dream Seekers

SMA has always made an effort to include young people involved in the juvenile justice system in its programs. As a member of the Shelby County JDAI (Juvenile Detention Alternative Initiative) committee, SMA has been on the forefront of its implementation in Shelby County. Beginning November 1, 2015, SMA will initiate its "Square One" initiative. Square One, will serve five young men who are involved in the Juvenile Justice system for approximately 21 days as an alternative to secure detention. Upon completion of the Square One program, these young men will be automatically connected to the Opportunity Passport™ program. This will be a tool to keep them engaged, as well as assist us with reducing recidivism among this population.

- SMA now offers financial education at two satellite sites, in an attempt to overcome the transportation/location obstacles faced by many of the young people served. SMA partnered with Meritan and has already had five young people from Meritan complete the program. SMA has also established an agreement with Omni Visions, and will hold a financial education training session there in the fall of this year.
- Six teens enrolled in and successfully graduated from the Hope Chest program, which provides incentives for implementing healthy parenting skills, such as doctor's visits, well-child checkups, breastfeeding, parenting classes and good academic standing for the parents.

Youth Connections

Since the inception of Youth Connections, over 120 young people have obtained their GED through their participation in the GED classes, and 80 percent of Stepping Stones participants have obtained employment with the assistance of the job coach. Also, in addition to young people learning sound financial management and the importance of saving, numerous youth have matched their savings through Opportunity Passport™ to purchase assets such as transportation, laptops for school and investments in a Roth IRA.

For the last two years, S.H.E. (Sexual Health Education) has educated over 60 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies. These young women

received information not only at the resource center but have also facilitated this program at G4S, Camelot and Omni Visions residential facilities.

Youth Connections is located on the third floor of McKendree United Methodist Church This downtown Nashville location places the center in the heart of the city and makes it more accessible to program participants. The center is in close proximity to many of its community partners, including DCS, and closer to many resources such as the Nashville Public Library. The church provides volunteers, donations to the thrift closet and support for many of our events. Youth Connections held two graduation ceremonies celebrating over 20 GED and high school graduates. Many of the community partners, as well as the graduates' families attended the ceremonies. Monroe Harding awarded 11 scholarships that totaled just over $10,000. The participants were able to use their scholarship money for tuition, rent, transportation, or needed supplies for their post-secondary training. Students enrolled at several different higher education institutions including Nashville State Technical School, Tennessee College of Applied Technology, Tennessee State University and University of Arkansas Pine Bluff.

TN is able to assist youth formerly in foster care from other states with YVlifeset and the Jim Casey resource Centers. These two resources are used frequently when youth make contact with TN DCS needing assistance with supports, housing, employment

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care; DCS is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Administrator who manages the ETV funds available and Bright Futures State Funded Scholarship. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs youth are enrolled in, and the Scholarship Coordinator and who reviews this information and established ETV awards accordingly.

DCS uses various ways to support educational goals. DCS FSW's maintain monthly contact with the young adult to support their goals and assist them with any educational needs. The Youth Villages LifeSet program works with close to 50% of youth receiving Extension of Foster Care, to include assisting them with educational matters. Young adults in extended foster care who are still working on secondary educational goals maintain an Education Passport. Young adults are eligible for IL wraparound services support that may cover tutoring (if needed). DCS provides assistance with post-secondary cost of attendance through utilization of Education and Training Vouchers or a state funded scholarship, Bright Futures and can pay for things like post-secondary applications using CFCIP funds.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
Youth that go to permanency though SPG or adoption continue to be eligible for some Independent Living wrap around services and the ETV. A letter went out last year to over 230 youth who, after attaining 16 years of age, left foster care for kinship guardianship or adoption between 2012 and 2015. The letter was a reminder that these youth may be eligible for Independent Living Wraparound funding. This funding is established as a resource to support the provision of certain Independent Living Services and the ETV for eligible youth and young adults. TN DCS ILPS have been getting inquiries into funding since the letters went out, and expect to get more calls. TN DCS ILPS will continue this practice to ensure these youth are aware of their resource options. The total expenditures for 13-14 were: $50,083.34 and the total expenditures for 14-15 were: $73,163.24.

A total of 24 youth and young adults who exited state's custody to adoption or subsidized permanent guardianship received DCS IL services from 7/1/2015 to 4/30/2016*. There were 40 instances of service and total expenditures of $77,190.91. The following describes the types of services received, and the associated expenditures: Youth in this category who were 17 years of age when transitioned to SPG or adoption are also eligible for YV LifeSet services.

Figure 6. Education, Training, Bright Futures Scholarship, IL Wrap-Around Services: Participation, Instance of Services, Expenditures

Number of youth and young adults who received Education and Training Voucher Funding	**20**
Instances of Service	**32**
Total Expenditures: **$70,162.46**	

Number of youth and young adults who received Bright Futures Scholarship (state funded) Funding	**3**
Instances of Service	**4**
Total Expenditures: **$6478.45**	

Number of youth and young adults who received Independent Living Wraparound Services	**3**
Instances of Service	**4**
Total Expenditures: **$550.00**	

***This includes one more month of paid services than previous years.**

8. Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act. DCS is re-examining rules and regulations that were developed to ensure appropriate supervision of younger children in foster care, but that are being applied to older youth in care in ways that are depriving them of age appropriate opportunities and experiences, to determine whether the rules and regulations are striking the proper balance between providing supervision and supporting healthy adolescent development. DCS ILPS and the Office of Child Permanency has finalized the Reasonable and Prudent Parenting for foster parents and congregate care setting staff and will put a priority on normalcy. The Office of Child Permanency added a new funding code for extracurricular activities for ages 0-13 in the delegated Purchase Authority, to help with payment of normalcy activities.

In the 2016 session, the Tennessee General Assembly passed and the Governor signed In the 2016 session, the Tennessee General Assembly passed the reasonable and prudent parent standard to be used by a caregiver when determining whether to allow a foster child to

participate in activities; exempts a caregiver acting in compliance with the standard from civil liability relating to injuries the child may incur in such activities. - Amends TCA Title 37, Chapter 2, Part 4.

In the 2015 session, the Tennessee General Assembly passed and the Governor signed Public Chapter 330 amending Tennessee Code Annotated, Section 55-50-312(a)(1) by adding "foster parent, or other authorized representative of the department of children's services" to those who can sign financial responsibility forms, thereby enabling foster youth to get a Tennessee driver license. This legislation was initiated by the Tennessee Department of Children's Services (DCS). It provides an opportunity for children in foster care to obtain a driver license in Tennessee, an important "normalizing" experience for these youth.

Each year significant amounts of wraparound and flex fund dollars budgeted for a range of individualized IL services and supports go unspent because of a combination of overly narrow construction of what can be covered, and insufficient communication with the field about the availability of funding, what it can cover, and how to access it. There are also questions about the manner in which funds are accessible to support youth who are in private provider placements. The Division of Independent Living has put an emphasis on ensuring staff, community partners, and providers know about available resources. They have developed documentation reflecting available resources and explaining IL Wrap services, which have and continue to be distributed to providers, resource parents, and young people. There is also ongoing expansion and clarification of the types of activities that can be funded through existing funding sources. In addition to the Independent Living (IL) wraparound funds, the DCS regions use the Community Advisory Boards to assist youth in random needs such as; Dual Enrollment classes not covered by Hope Dual Enrollment Grant or by other resources, online courses, additional course materials, car repairs outside of what DCS normally approves, furniture, extra-curricular activity clothing, Suits for jobs, transportation, NES bills and calculators. TN DCS ILPS has worked closely with TFACA Walk Me Home Enrichment Fund to provided additional assistance on needed items.

The Prudent parenting protocol contains a section on Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Youth:

The section reads, "Exploring sexual and gender identity is a typical part of growing up. Youth identifying as LGBTQ should be provided the same opportunities as any other child/youth. At the same time, they may need additional or special support to manage exploration of their identity in a safe and nurturing environment. This may include: participating in LGBTQ support groups, or the activities of LGBTQ organizations, or experimentation with different styles of dressing and self-presentation. Flexibility is needed for youth participating in activities that would create safe spaces for LGBTQ in foster care. Caregivers should seek assistance and information on resources and opportunities for these youth if not aware of them and seek consultation with the child/youths worker, when needed. In order for youth to find activities that best suit their specific identity, locations of the activity might be further away and therefore require accommodating transportation and or adjusting a curfew.

Refer to DCS Policy ***20.20, Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression*** for additional information."

Some additional considerations for LGBTQ youth may include:

- Providing and securing clothing that is aligned with the youth's personal gender identity.
- Use of pronouns that the youth has requested ex: he, she and proper name usage.
- Access to health services that specialize in gender identity needs.
- Following the treatment plan set out by the health care provider with special attention to any gender related medical conditions.
- Support and advocacy for LGBT students/ individuals in social and educational setting as requested by youth.
- Checking in with child/youth to ensure they feel supported and accepted in home.

In policy 20.20, DCS is committed to providing all youth and families served a safe, healthy, inclusive, and affirming environment. ALL DCS employees and persons are prohibited from discrimination on the basis of race, ethnicity, creed, color, age, sex, national origin, religion, mental or physical disability, gender identity, gender expression, sexual orientation, and alien/citizenship status. DCS shall provide services to all children/youth to ensure safety and well-being, to promote dignity and respect for all children/youth and families inclusive of their gender identity, gender expression, and sexual orientation, and to protect their civil rights consistent with State and Federal laws including youth who identify as lesbian, gay, bisexual, transgender, and intersex. Policy 20.20 refers to guidelines and operational practices for employees and providers who work with LGBTI children/youth to ensure appropriate and equal treatment is provided to protect the safety and well-being of all children/youth in their care.

In our congregate care settings and Youth Development Centers (YDC's), staff are required to have training (ILT) experience that will provide detailed information on effective and professional communication with residents to include lesbian, gay, bi-sexual, transgender and intersex residents. Ongoing discussion will occur about this topic to ensure affirming and safe placement settings.

1. Define appropriate terminology to use when communicating with the Lesbian, Gay, Bi-Sexual, Transgender and Intersex (LGBTI) population.
2. Conduct professional communication with residents, including LGBTI residents.
3. Review and understand any relevant agency policy specific to LGBTI residents.

DCS implemented a workgroup that consists of JJ, CPS, programs, training and well-being to discuss LGBTQ issues and help regions deal with difficult cases. This workgroup meets monthly at this time. The workgroup will bring in external experts form Oasis Center to help address cultural competency needs and help revamp policies and training.

DCS offers a foster parent course on a requested basis in the regions and it is offered annually at the conference. The training is called Parenting LGBTQ Children: A Parent's Guide to Embracing a Child's Authenticity (3 Hours) Description-This experiential workshop will help empower foster parents with a greater understanding of the best practices for loving, supporting, and advocating for their foster child who identifies as lesbian, gay, bisexual, and/or transgender. Other trainings offered through DCS around teens include:

Please see the foster parent courses that contain IL information listed below:

- Creating Teachable Moments
- Engaging and Parenting Teens
- Parenting the Youthful Offender
- Prudent Parenting Part 1 & 2
- Social Media and Its Impact on Children in the Foster Care System
- How to Protect Children from Cyberbullying

Conference Only:

- Knowledge for Fostering Adolescents
- Success Beyond 18: Transitioning Youth to Adulthood
- Tough Topics from Teens: Answering Difficult Questions
- Truth and Consequences: Helping Teens Make Decisions Based on Future Goals
- Foster Care to Freshman: College and Career Mindset Workshop
- Cyberbullying and Sexting

Below are curriculums that include teen needs in the training:

- Adoption Related Disclosure
- Connecting with Children and Parents
- Fostering Positive Behavior
- LGBTQ: Issues of Sexuality Among Youth in Care
- Mental Health Training Curriculum for Juvenile Justice
- Working with Gang-Involved Youth

DCS is working on a Relational Permanence curriculum that should be ready in the fall of 2016. It is all about establishing relationships with teens.

Youth Engagement Activities

The Independent Living Youth handbook and "Guide for Teens in Care" was finalized and is now provided to all youth when they enter custody. The handbook was developed to ensure youth understand their rights and areas of ongoing skills development. The handbook was developed in collaboration with Youth-4-Youth boards, University of Tennessee Social Work Office of Research and Public Service and TN DCS.

In preparation for creating the TNDCS Strategic Plan and work around meeting federal guidelines in the Child and Family Service Review (CFSR) we are conducting a series of focus groups with stakeholders. Some of our most important of our stakeholders are our youth. Questions include:

1. Using your experience in foster care, what seems to be working well in DCS?
2. Using your experience in foster care, what are some major challenges/problems for DCS?
3. What should be the priorities (priorities- meaning "importance, precedence, and needs to happen first") for DCS moving forward in getting better? (See attached 5 strategic priorities)
4. What does success look like for youth involved in DCS? How should DCS measure success?
5. What should DCS value? (value-meaning "important and useful")
6. What do you want to see more of from DCS?

On March 26 and 27, 2015, the DCS Statewide Youth 4 Youth Ambassadors came together for festivities, fun and a lot of hard work. The Ambassadors are 20 youth and young adults from across the state that applied to be part of this group. Chef Donald Reed provided YTAC Annual Report 64 dinner. Chef Reed, spoke to the group the next day about his experiences and received the Youth-4-Youth (Y4Y) resiliency award. Chef Reed shared his message to the group, "Don't be a victim of your circumstances." "Follow your passions." On Friday, the group met at Oasis Center in Nashville to provide input on departmental issues. The Ambassadors reviewed and provided input and feedback on a few policies, discussed normalcy and met with the Legal Aid Society of Middle Tennessee and the Cumberland's to discuss legal needs of young adults. Davidson County Juvenile Court Magistrate Carlton Lewis provided some leadership wisdom with the group in his messages. "Don't ever stop advocating for youth in foster care." "Adults need to do more listening." The Ambassadors worked on an outreach activity for youth in care and developed ideas for the next Youth-4-Youth Ambassador Meeting. The Ambassadors noted a few things of concern, "I get this label when I come in to foster care, I'm not just a foster child, but I'm a level 1, 2, 3." The hope for future foster children/youth is that professionals and foster parents show them they care and have high expectations of them.

Pertinent Points:

- A youth panel was held to discuss federal and state policies with Rep. Karen Bass from California and Red. Diane Black from TN.
- Middle Tennessee held a Vision Board Party in collaboration with Youth Connections on June 18, 2015. Approximately 8 to 10 youth attended. This event was to talk about setting goals and the steps needed to reach goals. Youth were able to share their goals through a presentation at the end of the party.
- Previous DCS Commissioner Henry met with young adults with previous foster care involvement twice during 2015 to discuss ongoing needs and issues with the system.
- DCS and Independent Living did over 20 PATH Panels with youth as co-trainers/speakers and three other large events where youth were asked to speak about experiences in foster care.
- DCS IL and Harmony Family Center hosted a Grand East Regional Leadership Academy for 25 DCS youth/young adults that was an amazing experience for all involved. TN DCS heard young people say repeatedly that they did not want to leave. They formed some new and lasting relationships, as well as had a chance to relax, have fun, and experience new things. Moreover, they learned new things about themselves and new skills, challenged themselves and took risks by sharing their life experiences with others, and they left Montvale stronger and more confident than when they arrived.
- As youth were rocking in the rockers on the porch waiting for rides, one of the girls said, "This was fun!" and another young man added, "This was the most fun I've ever had in foster care!" On Friday afternoon the young people shared the impact the two days had on them, as well as the staff share what the experience meant to them. YTAC Annual Report 65
- The Grand Middle Region IL Leadership Academy was held on July 17, 2015, at New Frontiers. New Frontiers sponsored the entire event. The event had about 12 youth from the Grand Middle Region. The youth and staff went through a series of activities addressing communication, trust, decision-making, leadership skills and team building. • Two YVLifeSet youth were selected to participate in the fourth annual Congressional Foster Youth Shadow Day.

- In April, 12, YVLifeSet youth traveled to Washington, DC, to participate in an event, "The History of Gospel," sponsored by The GRAMMY Museum. During this trip, YVLifeSet youth met with legislators and their staff to talk about the YVLifeSet program and advocate for these types of services to be available for all transitioning youth.
- One former YVLifeSet participant participated in the Congressional Coalition on Adoption Institute Foster Youth Internship Program. • In June, Governor Haslam joined former foster youth and national experts in a press conference at Youth Villages Operations Center in Memphis to announce and discuss positive results of the clinical trial of the YVLifeSet program in Tennessee.
- In 2015, the Department of Children's Services (Tennessee Valley Region), Hamilton County Citizen Review Panel, Hamilton County Community Advisory Board, Hamilton County Chamber of Commerce and Chambliss Center collaborated to give youth life skills experiences through a third annual simulation activity entitled Reality Check. Approximately 51 youth participated in the event. The two-hour, hands-on simulation gave young people a taste of the real world. It provided each youth with a career, family scenario and monthly expenses in order to increase youth awareness of the connection between education career and income.
- The Reality Check expanded to the TN DCS Upper Cumberland region. Approximately 20 youth attended a real life simulation activity designed to give students the opportunity to experience life as if they were 25 years old and providing sole or primary support of their household. DCS hopes Reality Check can be experienced by all youth in care.
- South Central "Step into Future" event was held in 2015. Nineteen youth, three foster families and 22 community partners attended. Various panels included youth, DCS workers and community partners. Several booths were set up for community and youth to obtain information about the different services provided. Community participants included TCCY, Vocational Rehabilitation, YVLifeSet, the Health Department, the US Army, Project Learn, Monroe Harding, Impact Center, Columbia State Community YTAC Annual Report 66 College, Tennessee Children's Home Family Center, Omni Visions, Tennessee Career Institute, and Millar Rich.
- DCS, Monroe Harding Youth Connections, and YVLifeSet aided Brianna L. Anderson from University of Southern Mississippi in her master's thesis, "Defining success: The perspective of emerging adults with foster care experience."
- LISTEN UP! is a project of Oasis Center in its role as replication partner for Wyman's Teen Outreach Program® (TOP) in Tennessee in cooperation with the DCS Office of Independent Living. Youth involved in TOP® at any of the congregate care providers implementing the program will participate. Planning and implementation of LISTEN UP! can be counted for TOP® hours. LISTEN UP! will engage youth in in a poster contest intended to raise awareness about the needs and preferences of youth in care.

Report on the state's specific accomplishment achieved since the 2015-2019 CFSP submission.

Independent Living (IL) Specialists attended a total of 2,494 Child and Family Team Meetings July 1, 2015 to April 30, 2016 for 1590 youth and young adults, providing technical support and advisement for the development of independent living or transition plans, discharge planning, placement stability and re-establishment of extended foster care services.

Additionally, 266 youth and young adults received life skills instruction directly provided by IL Specialists between July 1, 2015 and April 30, 2016. This instruction was in the areas of banking and money management, employment/career exploration, health, car ownership, legal issues, youth's rights, college preparation, sex trafficking and crime prevention. Of these, 250 were young adults in Extension of Foster Care Services who received money management training in preparation to receive the Independent Living Allowance.

Extension of Foster Care (EFC) Services was provided to a total of 714 youth in Fiscal Year 2015. As of April 30, 2016, DCS provided EFCS to a total of 677 youth. The number of youth participating in Extension of Foster Care services is anticipated to increase for the sixth consecutive year while the number of youth aging out of state custody is anticipated to decrease.

Permanency for Older Youth is learning collaborative under the auspices of Casey Family Programs. This collaborative consists of several states including Tennessee that meet every 6 months to plan and address permanency for older youth. The states are gathering information with strategies to be developed in support of finding permanency for older youth. The permanency can come in the form of Legal or "relational permanency". These strategies will involve working closely with relatives and kin in uncovering potential long term supportive relationships for youth. DCS engages contracted placement providers to assess ways collaboration can be improved to assess supports to children in out of home care, including possibilities for placements with kin and relatives.

1. The South Central and Knox regions continue to use the Permanency Round Table process to find legal permanency and or relational permanency through lifelong supports. Since November 2014, the South Central Region has used the Permanency Round Table process on 33 cases. As of 3/29/16, 51% of the reviewed cases have exited custody, 36% exiting to what would be considered positive outcomes (12% to EFC services, 15% to relatives via divestment, and 9% to adoption.
2. Since June 2015, the Knox region has used the process for 29 children. Of the 29 children, 10% have either returned to relatives or have been adopted.

Both regions continue to use the Permanency Round Table process on select cases that have the potential for negative permanency outcomes.

During Fiscal Year 2015, thirteen peer advocates supported youth at foster care review boards for 812 foster youth. In Fiscal Year 2013, DCS entered into a five-year $55,500 per year contract with the Administrative Office of the Court to train, monitor and supervise peer advocates to work with Specialized Foster Care Review Boards. The contract established training requirements for peer advocates and included provisions to pay travel, per diem and stipends for the peer advocates.

DCS developed an RFP for step-down services for youth exiting youth development centers (YDCs) and released the RFP during the first quarter of fiscal year 2015. Three agencies were awarded funding for step-down services, Monroe Harding, G4S and Meridian Behavioral Health (group effort). These services will help youth step down from YDCs in a timely manner, and enhance their eligibility for EFC.

DCS continues to work on quality improvement initiatives. DCS Division of Continuous Quality Improvement and Quality Control added the following items to Continuous Quality Improvement tools:

- Youth ages 14 and older participated in the development of his or her permanency plan, in consultation with up to two members of the case planning team; as well as transitional planning for a successful adulthood including specification of a child's rights with respect to education, health, visitation and court participation.

- If the case is closed, discharge planning occurred and the following tasks were complete: Youth aging out of care received a copy of their birth certificate, social security card, and health insurance information, a copy of medical records and a driver's license or equivalent state-issued identification card.
- DCS is currently reviewing EFCS cases through the Quality Service Review process (QSR) and has started reviewing EFCS cases through the CPR process to ensure completion and quality of practice.

Describe how the state, since the 2015-2019 CFSP submission, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Assessment Review. Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year. Data has not been provided to stakeholders other than what was reported in last year's APSR. It has still not been possible, to date, to report data analyzed for the initial baseline, Follow Up Age 19 and Follow Up Age 21 survey time frame because a report requested of the state's IT division has not been delivered.
Tennessee voluntarily participated in a Pilot NYTD Assessment Review in September 2015. One of the findings and recommendations was to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services and the quality of services, and to engage young people in developing and implementing these plans. Efforts are already under way to procure data reports, and youth board members have been engaged to help the state identify the data sets they think would be useful and also the structure and format for dissemination. There is also a plan to incorporate NYTD data into the state's Quality Service Review process, to include QSRs of Extension of Foster Care cases.

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP or NYTD Assessment Review. States are reminded that information related to NYTD can be viewed in "snap shot" format on the NYTD portal. While the "snap shot" only provides an overview of the NYTD data, it can be a resource to talk with youth, providers, the courts, and other stakeholders about services and outcomes of youth transitioning out of foster care. Tennessee voluntarily participated in a Pilot NYTD Assessment Review in September 2015, and is addressing findings in the related NYTD Quality Improvement Plan. It is anticipated that implementation of this plan will help the state improve NYTD data collection and data quality greatly.
The following are some of the more critical findings the state is addressing:

- TFACTS NYTD survey is not correct: External surveys being built in RedCap. Will include enhanced purpose information and informed consent.
- Services mapping to NYTD elements is not correct: Mapping and Extraction code updated.
- Non-paid services are not consistently being entered in TFACTS: Enhancement request submitted.
- Demographic data extraction pulls all historical records: Extraction code updated, enhancement to require this data for Extension of Foster Care clients implemented, data quality report developed, practice changes to ensure data quality implemented.
- Not reporting IV-E EFCS as in foster care: Extraction code updated.
- Extraction code problems point in time surveyed, to include when state determined could not take survey: Extraction code updated.
- Inform youth and stakeholders of survey's purpose, and NYTD in general: Youth boards notified and engaged.

Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act).
The Tennessee Youth Transitions Advisory Council (YTAC) was established by the Tennessee Legislature to report on and makes recommendations regarding the efforts to improve outcomes for youth transitioning to adulthood. The YTAC 2015 Annual Report (released in October of 2015) presents a detailed discussion of many of the independent living services and supports provided by DCS and its partners (including both private agencies and other state departments), highlights the Department's strategies for improving its work with older youth and progress in implementing those strategies, reports on efforts made by DCS in response to previous recommendations of the YTAC, and sets forth both continuing and new recommendations. While the YTAC has identified areas for on-going work and improvement, the issues identified by and large are not related to any significant gaps in "the range of independent living services" for older youth in care or any lack of "sufficient resources to provide independent living services to all children who qualify for them."

DCS IL continues efforts to engage and partner with CASA and Juvenile Courts to enhance practice with transition planning, long term view and training for staff. DCS ILPS presented on prudent parenting and IL services at the 2016 annual CASA conference.

Division of IL sets up a booth at the Annual TFACA Foster Parent Conference. DCS does a workshop for foster parents on parenting the young adult and development of IL skills. DCS meets with the TFACA board a couple of times a year to understand and partner on youth issues.
DCS participates regularly with the Department of Mental Health System of Care and many of their coordinated projects.
DCS ILPS will partner with TDMHAS Project Director of Tennessee's Healthy Transitions Initiative. The Initiative is a part of *Now Is The Time* Act that was passed following Sandy Hook to keep kids from falling through the cracks especially when transitioning from child-centered to young adult services

- Target populations are youth that are:
  - in contact w/ the JJ system
  - who are homeless or at risk of homelessness
  - aging out of the foster care system
  - LGBT youth.
- Project includes:
  - two service improvement labs: Hamilton County through Volunteer Beh Health; 7 NW TN counties through Carey Counseling
  - a contract with TN Voices for youth engagement and coordination
  - state and local transition teams for collaboration among systems
  - public awareness/social marketing/social media to reduce stigma

Coordinate services with "other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies" in accordance with section 477(b)(3)(F) of the Act.

Homelessness

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

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

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

Strategic and time-sensitive goals will be established to address and solve homelessness among the three primary target populations in Tennessee with the objective to effectively ending homelessness among the most vulnerable citizens in Tennessee by 2020. The goals will Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, rehabilitation and recovery support services for Tennesseans with mental illness and substance abuse issues. Our Vision: To be one of the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems. For more information, visit www.tn.gov/behavioral-health .

Objective 8 of the draft state plan includes: Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth having to leave a stable environment or aging out of systems such as foster care and juvenile justice.

Action Step 8.1: Ensure Run Away Homeless Youth (RHY) data and/or youth at risk for adult homelessness will be included in the data repository.

Action Step 8.2: Increase outreach to effectively identify and engage youth at risk for, or experiencing, homelessness. and connect them to trauma informed, culturally appropriate, and developmental and age appropriate interventions.

Action Step 8.3: Enhance coordinated entry systems to connect identified youth to trauma informed, culturally appropriate types of assistance and developmental and age appropriate interventions.

Action Step 8.4: Enhance current low barrier emergency, crisis services and housing services for homeless youth and children in homeless families

- TN DCS ILPS is involved in the local Davidson County youth homeless plan and recommendations. The group meets weekly to develop recommendations and in the future implement recommendations to ensure there is a plan for youth homelessness.
- Family conflict is a major cause of youth homelessness
- Youth aging out of foster care
- LGBTQ safety and acceptance
- Other focus areas- mental health, trafficking, and employment
  Objectives:
  - Expanding extension of foster care services with additional two categories of employment and barriers to employment
  - Employment strategies for youth
  - Expand current reunification efforts in Davidson County to continue to decrease the number of youth exiting care by reunifying families with youth in custody
  - Expanding LGBTQ competence training with any agency who works with marginalized youth, especially homeless service providers, juvenile court, DCS, school counselors, and parents

DCS connects with youth that may be homeless or is homeless to YVLifset to help find housing, and connect to a local homeless CoC to help find housing. Tennessee Housing and Development Agency (THDA) have put increased emphasis on serving former foster youth due to their high risk of homelessness. THDA provided funding for four programs serving transition age youth: Monroe Harding, Oasis Center, Crossroads Campus and Omni Community Services. With funding from THDA, Crossville Housing Authority completed work on a four unit apartment to provide housing for youth aging out of state custody in the Upper Cumberland region.

Pregnancy Prevention

Tennessee's PREP will target male and female foster youth who are at risk of, in, or formerly in custody of the state of Tennessee, ages 12-21 years and living in: foster homes, Supervised Independent Living settings, congregate care, and residential hardware secure facilities. This includes pregnant and parenting youth, runaway/homeless youth, youth in partial and full guardianship and youth in areas with high teen birthrates. Anticipated outcomes: decreased rates of pregnancy, improved decision-making and goal-setting skills, increased: positive peer, adult relationships, self-efficacy and self-regulation skills. Youth in foster care will have increased knowledge of pregnancy prevention and family planning. By delaying sexually activity, continuing education and improving life skills, participants will ultimately benefit by having a successful transition to adulthood that will lead to self-sufficiency.

DCS continues to implement the federal Personal Responsibility Education Program to implement an evidence-based pregnancy prevention model, Wyman's Teen Outreach Program (TOP®) in selected congregate care settings. Nine hundred ten adolescents participated in TOP® while receiving Level II or III residential services. A formative evaluation conducted by the Center for Youth and Communities at Brandeis University in 2014 and 2015 indicated a number of promising impacts for youth and for the residential settings where TOP® is implemented:

- Youth showed improved communication skills, increased leadership behaviors, and a growing sense of themselves as people who matter and can make a difference.
- The average number of "serious incidents" reported per youth dropped from 2.53 overall to 1.58, pre to post TOP implementation.
  TOP® takes a broad youth development approach to the prevention of pregnancy and other risky behaviors by engaging youth in:

TOP® service learning activities are particularly powerful vehicles for developing protective factors. Last year foster youth participating in TOP® provided more than 10,500 hours of service to Tennessee communities. Foster youth at Florence Crittenden in Knoxville work together year round to crochet blankets they donate to ill or traumatized infants. Youth at Holston Home in Greeneville collaborated with a community group to build houses for feral cats. Youth with Omni Vision in Mt. Juliet organized and held a lemonade stand at a local park to raise awareness about childhood cancer research. In TOP®, youth plan as well as carry out their service learning projects, practicing skills like planning, decision-making, budgeting, team work, etc. In FY 2015, TOP® was implemented at 17 congregate care sites across the state A total of 1,992 pre-surveys and 1,131 post-surveys were completed by teens participating in an adaptation of Wyman's Teen Outreach Program© (TOP) through October 2015. A total of 545 teens completed both pre- and post-surveys that could be matched for comparison.

Monroe Harding Youth Connection, A Jim Casey Resource Center has implemented their Sisters Saving Sisters program called- S.H.E. (Sexual Health Education), which has been in existence for almost two years, has so far educated over 120 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies. Monroe Harding Youth Connections has educated young women not only at the resource center but have also facilitated this program at G4S, Camelot and Omni Visions residential facilities. A focus moving forward will be to do outreach and programming in Macon County. The Sisters Saving Sisters (SSS) curriculum is a very comprehensive sexual education program and is a great tool to beginning the sometimes difficult conversations pertaining to sexual matters. After completing the SSS curriculum, many of our current participants have expressed a desire to keep the conversation going around this important topic. In response to the participants' needs, we will have monthly "Life Support" meetings to give young ladies a safe place to discuss sexuality and continue to have their questions answered and voices heard. The "Life Support" name was suggested by a couple of the participants who stated that the monthly group would help them continue to make healthy decisions about their lives.

South Memphis Alliance (SMA), A Jim Casey Resource Center has implemented their Sisters Saving Sisters program over FY 2016. SMA has educated over 60 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies. SMA is providing outreach to all areas of Memphis and DCS is making referrals to this program daily. A focus moving forward will be to do outreach and programming in Lake County.

Helen Ross McNabb, A Jim Casey Resource Center has implemented their Sisters Saving Sisters program over FY 2016 SMA has educated over 30 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies. Helen Ross McNabb is providing outreach to all areas of Knoxville and DCS is making referrals to this program daily. A focus moving forward will be to do outreach and programming in Scott County.

Partnership for Children and Families, A Jim Casey Resource Center has implemented their Sisters Saving Sisters program over FY 2016 Partnership has educated over 30 young women on how to change their behavior to avoid contracting HIV and STDs and to significantly decrease their chances of being involved in unintended pregnancies. Partnership is providing outreach to all areas in Chattanooga and some surrounding counties. A focus moving forward will be to do outreach and programming in Meigs County.

DCS is working with Department of Health and Vanderbilt MD to develop youth friendly pregnancy prevention materials youth from the local Y4Y board shave provided input and feedback for the and approach MD's should use to start the discussion.

The chart below shows the number of girls in Tennessee state custody remained consistent from 2011-2015, but the number of births fluctuated quite a bit from year to year, and by extension so did the birth rate. As a result, it is difficult to draw any conclusion about trends over time. However, of the population of girls in state custody, ages 15-19; on average, there were about 17 births per every 1,000 girls.

Figure 7. Birth Rates Among Teens (15-19 years old)

Birth Rates Among Teens (15-19 yrs) in DCS Custody, TN, 2011-2015			
Year	Number of Births	Number in Custody	Birth Rate per 1,000
2011	74	2,716	27.2
2012	29	2,807	10.3
2013	60	2,847	21.1
2014	39	2,885	13.5
2015	42	2,880	14.6
2011-2015	**244**	**14,135**	**17.3**
Data sources: TennCare (number of births) and DCS (number of girls in custody).			

Regardless of custodial status, early pregnancy and teen parenting are closely linked to a host of critical issues. Children born to teen parents enter the word at a great disadvantage and face considerable obstacles to success, such as increased rates of child abuse and neglect, reduced educational attainment and incarceration. Teen pregnancy and childbearing generate substantial social, economic, and medical costs. Teen mothers are more likely to give birth to preterm and low birth weight babies; more likely to have medical complications before, during, and after childbirth; more likely to give birth to infants with congenital defects and to experiences and infant death.

Collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking. In response to the Preventing Sex Trafficking and Strengthening Families Act that was signed by President Obama on September 29, 2014, DCS took swift action to ensure compliance with the law according to the statutory timelines. DCS is working on establishing a tracking system within TFACTS to track alleged victims of human trafficking in order to report the number of alleged victims to the federal government by September 29, 2017. Divisions within DCS looked at policies and procedures to evaluate for needed updates. Work ensues throughout various divisions to update policies and procedures in order to comply with the requirement the Human Trafficking policies and procedures be written by

September 29, 2015 and then implemented by September 29, 2016. Finally, DCS organized a workgroup of both DCS employees from various divisions, in addition to external community partners such as law enforcement, universities, non-profit organizations, and district attorneys to develop a mandatory training for all DCS employees and foster parents that details the requirements for the new tracking system and the new policies and procedures.

Provide specific training in support of the goals and objectives of the states' CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living. Ensure that, when additional financial supports are necessary to allow resource parents and congregate care staff to provide any specific types of services, supports or opportunities, "wraparound" or "flex funds" are available to provide that support and/or that private provider contracts address those specific types of services, supports or opportunities. Effects covered include everything from school related expenses (including class trips, graduation packages, year books, tutoring and test preparation, test and application fees, summer school) to driving related expenses (driver's education classes, auto insurance, and auto repairs).

Figure 8. Expenditures for Custodial Youth by Age

Total expenditures for Custodial youth 13-14:	**$46,342.82**
Total expenditures for Custodial youth 14-15:	**$40,735.30**
Total expenditures for Custodial youth from July 1, 2015 to April 30, 2016:	**$45,542.31**

Figure 9. Independent Living Wraparound Services Provided to Custodial Youth Ages 14-19, 7/1/2015 to 4/30/2016

Instances of Service	**337**
Number of Youth Served	**209**
Total Expenditures: **$45,542.31**	

Additionally, IL Wraparound Services are available to young adults receiving EFCS.

Figure 10. Independent Living Wraparound Services Provided to Young Adults Receiving Extension of Foster Care Services Ages 18-21, 7/1/2015 to 4/30/2016

Instances of Service	**311**
Number of Young Adults Served	**170**
Total Expenditures: **$51,679.14**	

Consultation with Tribes (section 477(b)(3)(G) of the Act)

Provide results of the Indian tribe consultation (section 477(b)(3)(G) of the Act), specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:

TN has no registered Indian tribes. Currently, all eligible youth of Indian/Native American heritage are allowed the same Chafee services and incentives that are available to all other state custodial youth.

Education and Training Voucher Program

Describe the specific accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program to achieve the purpose of the ETV program based on the plan outlined in the 2015-2019 CFSP.

TN continues to do outreach to youth and young adults that meet criteria for the ETV. Letters will be sent annually to youth who exited state custody at age 16 or older to adoption or subsidized permanent guardianship. TN DCS ILPS will do contact aged out young adults to inquire about services and availability of ETV. DCS continues to encourage post-secondary institutions to invoice timely, to ensure use of FY ETV funds. TN DCS ILPS' will continue to discuss programs and assistance needed to support post-secondary completion.

If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.

No changes apply.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

DCS policies and protocols outline the minimum guidelines for maintaining contact between case workers at DCS and children placed in foster care. In an effort to provide clear and concise instructions for case worker visits, the protocol describes the people responsible, time frames for the visit, and the purpose of the visit including discussion points to be covered. Along with prescribed visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met. The protocol requires that during each face-to-face visit the caseworker, whether DCS or Private Provider, should speak with the child privately for at least some portion of the visit. The policy and protocol outlines the requirements of case manager contacts with service providers and birth parents. DCS also requires that face-to- face visits and other contacts with children, families, service providers and/or courts be

documented. The documentation includes identified strengths and needs related to the case, a description of the discussion, observations and any next steps to be completed.

DCS is in a unique situation regarding caseworker visitation. As a part of a settlement agreement, internal policy requirements and the practice model established visitation rules which have historically helped DCS meet the required monthly visitation threshold. Going forward, DCS will continue to monitor compliance of exceeding this standard. To accomplish this, data is provided at regular intervals at the client/worker level to ensure timely entries. Also, DCS continues to publish Regional Scorecards with aggregate data regarding monthly casework contacts provided for Foster Care (Brian A) and Juvenile Justice Populations.

Table 34. Tennessee Federal Caseworker Face to Face Visits - Federal Fiscal Year 2015

Tennessee Federal Caseworker Face to Face Visits	
Total number of children in the data reporting population	**11,540**
Total number of monthly visits made to children in the reporting population	**79,701**
Total number of complete calendar months children in the reporting population spent in care	**79,478**
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	**57,270**
Percentage of visits made on a monthly basis by caseworkers to children in foster care	**96.51%**
Percentage of visits that occurred in the residence of the child	**72.06%**

CAPTA Annual State Data Report Items

Caseload/workload requirements for personnel, including requirements for average number and maximum number of cases per CPS worker and supervisor:

- The CPS staff positions are allocated statewide (for assessment and investigations) with a desired goal that no more than 8 new referrals are received per person each month. This ratio can be difficult to maintain due to staff attrition, FMLA, and scheduled or unscheduled leave taken by staff. There is an expectation that CPS caseloads are maintained between 30-35 cases per person. These caseload numbers can be impacted by vacancies. Caseload data is reviewed monthly by the Deputy Commissioners and staffing allocations are reviewed regularly to determine any rightsizing needs.
- In an effort to provide added support and supervision to case management staff, the Office of Child Safety has implemented a supervision pilot program to reduce the size of Investigative teams, where needed, across the state. In regions where the pilot was implemented, the data revealed improved performance outcomes as well as improved turnover rates. Continued implementation of the pilot program has been planned in additional regions for the coming year.

Sources of Data on Child Maltreatment Deaths

Describe all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS:

- When reporting yearly data to NCANDS regarding child deaths that are the result of maltreatment, the Department relies on information entered into its SACWIS (TFACTS) system. The initial source of this data is the Child Abuse Hotline.

If the state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded.

- Tennessee is a mandatory reporting state (TCA 37-1-403) and as such, all child deaths that are suspected to be the result of abuse or neglect must be reported to the Department via the Child Abuse Hotline. This information comes from many sources including law enforcement and the medical examiner's office, or any other referent with knowledge or suspicions of a child abuse related death. The Child Abuse Hotline collects initial information regarding the child death and enters it into the SACWIS database. Following the initial report, an investigation is conducted and additional information is gathered and entered. Upon conclusion of the investigation, all of the child death information that has been collected is entered into the database. This information is stored and reported to NCANDS yearly.
- Additionally, the Department, in partnership with external partners, developed a comprehensive Child Death Review (CDR) process. The process dictates, through policy, activities required related to notifications, case oversight, and data collection. Additionally, the policy includes a robust review protocol, which culminates into an annual report. The CDR process includes participation of external partners and DCS staff. Additional staff positions were created to support the entire review process and training was created and delivered to every person in the Department. In the area of promoting greater transparency for child protection in Tennessee, a method for sharing child death and near death information publicly was executed using the Department's website in Q4 2013. In 2014, the Department began posting, as available, preliminary information on child deaths to its website within two business days. The process for publicly sharing child death and near death information was enshrined in state law as part of TCA 37-5-107(c)(4). The Child Death Annual Report for 2015 was completed and posted for public viewing in May 2016. The link to view the report is: http://tn.gov/assets/entities/dcs/attachments/2015_CDR_Annual_Report.pdf

If not currently using all sources of child maltreatment fatality data listed in the previous bullet, describe the steps the agency has taken and will take to expand the sources of information used to compile this information. (See section 422(b)(19) of the Social Security Act.)

- Though the Department receives information from Vital Statistics, this information is usually a year or two behind NCANDS reporting timeframes and does not offer any additional information. With the structure and mandatory reporting requirements set forth by legislation, there is insufficient evidence to suggest that DCS' SACWIS database is not gathering timely and complete information on child deaths that are suspected to be the result of maltreatment. There is no plan currently to change the process for collecting NCANDS data regarding child deaths.

CAPTA State Plan Requirements and Update

1. **Changes to State Law:**
   - There were no changes in state law that would affect eligibility for CAPTA funds.
2. **Changes to CAPTA Plan/Proposed Funding:**
   - There were no significant changes to the previously approved CAPTA plan or to the proposed use of funds in support of the program areas listed in section 106(a) of CAPTA.
3. **Use of CAPTA Funds for FY 2016:**
   a) Funds were used in conjunction with Children's Justice Act (CJA) funds to continue to support both the CPS Investigator Academy and the CPS Assessment Academy for investigations and assessment case managers, and community partners in order to improve competencies in the areas directly related to the multi-disciplinary approach to the investigation of child abuse and neglect and to support the multiple response system adopted and implemented in Tennessee. Funds were also used to develop and roll out the Investigator POST Academy trainings, which were offered in the regions to investigators and community partners following the completion of the CPS Investigator Training Academy.
   b) DCS implemented the use of the Family Advocacy Support Tool (FAST), to aid workers in risk recognition and service planning. In FY 2016, the FAST was revised to integrate a new Safety Assessment. Funds were used to assist in the revising of the FAST 2.0, and in the implementation and training of the new FAST Safety Assessment. The FAST Safety Assessment is comprised of 16 items on the FAST that focus on the immediate safety of the child. The tool recommends if an immediate intervention may be needed and the outcome is designed to be used as a safety decision support tool to support planning and/or protective measures. The Safety Assessment was developed to assist staff in the decision making process surrounding the immediate safety of the child. When the tool was finalized, it replaced the existing SDM Safety Assessment Tool and is completed as a piece of the FAST 2.0.
   c) Funds were used to send DCS staff to the annual grantee meeting.
   d) Funds were used to partner with the University of Tennessee, College of Social Work Office of Research and Public Services (UTSWORPS) to ensure the CRPs are meeting federal requirements.
   e) Funds were used to establish, in conjunction with the DCS Office of Child Health, a medical consultation network for use by CPS staff to obtain a physician's medical opinion regarding child abuse and neglect cases. Physician(s) used in the network are experts in identifying child maltreatment.

Table 34. CAPTA Funding Purpose and Amount

Purpose	Amount
a. Child Protective Services training opportunities: CPS Academy, POST and Specialty Training	$ 319,556
b. Training for the implementation of the revised safety, risk and service planning tool	$ 45,000
c. Travel for Training to Annual Conference CPS Program Staff	$ 11,000
d. Services to Facilitate the Citizen Review Panel	$ 55,000
e. Medical Consultation Services	$ 70,000
Total: $500,556	

4. **Citizen Review Panel Report and Response:**

- See attached for copy of the 2015 CRP Annual Report.
- See attached for DCS response to the 2015 CRP Annual Report.

5. **State Liaison Officers:**

Emily Parks, MSW
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Information on Child Protection Services Workforce

Basic qualifications, education and training requirements established by the State of Tennessee Department of Human Resources for child protective service professionals:

Graduation from an accredited college or university with a bachelor's degree and experience equivalent to one year of full-time professional work providing child welfare services including, but not limited to, one or a combination of the following: social, psychological, correctional counseling or case management; volunteer services coordination for a children's service program; and/or juvenile classification coordination. An applicant with no experience may be hired at the entry level under the condition of a longer probationary period of one year, at which time the employee may be eligible for advancement.

All Child Protective Service professionals have at minimum a bachelor's degree complete 40 training hours per fiscal year. Training is delivered according to policy 5.2 Professional Training and Development Requirements https://files.dcs.tn.gov/policies/chap5/5.2.pdf and required training chart: https://files.dcs.tn.gov/policies/chap5/ReqTrainChart.pdf

Table 35. Gender and Ethnic Description of Child Protective Services Professionals

Gender	**Total:**
Female	861
Male	137
Ethnic Description	**Total:**
American Indian or Alaska Native (Not Hispanic or Latino)	3
Asian (Not Hispanic or Latino)	4
Black or African American (Not Hispanic or Latino)	377
Hispanic or Latino	9
Unknown and other	7
White (Not Hispanic or Latino)	598
Total : 998	

Table 36. Education and Experience of Child Protective Services Professionals

This table shows the types of degrees that CPS employees in the Case Manager series hold according to data derived from the information submitted by regional HR staff on their Education and Experience spreadsheets at the end of March 2016.

Region	Total CM	CM1	CM2	CM3	CM4	Bachelor's Degree	Master's Degree	% of CPS Case Managers with Master's Degree	MSW	Other	% of CPS Case Managers with MSW
Davidson	60	4	15	30	11	37	23	38	8	15	13
East	56	7	12	28	9	48	8	14	0	8	0
Northeast	73	1	23	36	13	60	13	18	9	4	12
TN Valley	83	7	23	39	14	69	14	17	7	7	8
Knox	48	3	17	20	8	37	11	23	5	6	10
Smoky	45	2	19	16	8	35	10	22	2	8	4
Upper Cumberland	49	2	18	21	8	45	4	8	2	2	4
Mid-Cumberland	106	15	30	39	22	79	27	25	4	23	4
Southwest	57	9	12	27	9	46	11	19	5	6	9
Northwest	53	7	10	28	8	41	12	23	2	10	4
South Central	61	6	18	27	10	55	6	10	5	1	8
Shelby	119	11	56	31	21	82	37	31	7	30	6
SIU	33	0	0	29	4	25	8	24	1	7	3
Hotline	73	24	32	8	9	58	15	21	7	8	10
Totals	916	98	285	379	154	717	199	22	64	135	7

Preventing Sex Trafficking and Strengthening Families Legislation

The Tennessee Department of Children's Services worked closely with the Tennessee Bureau of Investigation in securing legislation which updated the definition of "caregiver" to include human traffickers. Tennessee Code Annotated, Section 37-1-102, was amended by adding the following new subdivision to subsection (b): "Caregiver" means any relative or other person living, visiting, or working in the child's home who supervises or otherwise provides care or assistance for the child, such as a babysitter, or who is an employee or volunteer with the responsibility for any child at an educational, recreational, medical, religious, therapeutic, or other setting where children are present. "Caregiver" may also include a person who has allegedly used the child for the purpose of commercial sexual exploitation of a minor, including as a trafficker. For purposes of this chapter, "caregiver" and "caretaker" shall have the same meeting**.** This legislation was filed for

Introduction in the Tennessee General Assembly on January 21, 2016. Tennessee is not electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

The Tennessee Department of Children's Services has updated their investigative policies to include best practices regarding cases involving Commercial Sexual Exploitation of Minors. One addition to policy includes requiring CPS Investigators to contact a local non-government organization that specializes in commercial sexual exploitation within twenty-four (24) hours or immediately, if the CPS supervisor deems necessary. This change to policy will facilitate seamless provision of services to identified victims of Commercial Sexual Exploitation, during the investigative process. During this revision process, the Department worked across programs internally, as well as solicited input from community partners to ensure an effective and efficient investigative and trauma-centered processes.

The Department of Children's Services uses a Hotline model to accept reports of suspected child abuse or neglect. As part of the call process, a Structured Decision Making (SDM) tool is used to assist in determining whether the information gathered meets criteria for assignment. The SDM tool and cue questions used to gather information are being updated to prompt the case managers taking the information to explore whether there is a suspicion of sex trafficking.

DCS Office of Child Safety and the Office of Information Technology have worked together to develop enhancements to the statewide automated child welfare system (SACWIS), TFACTS to collect and report on victims of sex trafficking. A mechanism has been developed, and is ready for implementation, for the TN Child Abuse Hotline to flag any report where there is a suspicion of sex trafficking within TFACTS. Additionally, if at any point during an open Child Protective Services case sex trafficking is suspected or confirmed, the SACWIS system will be able to be updated to acknowledge that sex trafficking is a factor. Trainings, policies and procedures are all being updated to educate staff and support these technological updates.

Additionally, the Tennessee Department of Children's Services has partnered with the Tennessee Bureau of Investigations, Vanderbilt Center of Excellence and Chapin Hall to develop tools in identification, assessment and service recommendations for suspected and confirmed victims of child sex trafficking. Custodial and Non-Custodial assessment tools are being updated to provide risk algorithms to drive preventative services as well as identification functionality to track service implementation on known sex trafficking victims. The TN Department of Children's Services is also facilitating the formation of regional and geographic coalitions to assist in the service provision to sex trafficking victims to establish increased communication and service flow across child welfare, law enforcement, juvenile court, and private stakeholders.

Services to Substance Exposed Newborns

One of the key challenges in providing for children's safety and protecting children from maltreatment is the prevalence of substance abuse issues, specifically those affecting substance exposed newborns. Tennessee is currently implementing multiple initiatives to combat the negative effects of the pervasive substance abuse problem.

Currently, Tennessee Code Annotated, Section 37-1-403, requires that any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect, or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect. Tennessee's mandatory reporting law requires that any individual in Tennessee, to include health care providers, report harm to the child that may have been caused by abuse or neglect. This law encompasses the requirement that health care providers notify the Department of Children's Services, Child Protective Services system, of any occurrence where a newborn has been identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Additionally, in an effort to track the impact of substance exposure to newborns in Tennessee, beginning on January 1, 2013, Tennessee made Neonatal Abstinence Syndrome (NAS) a reportable condition requiring all healthcare providers and other persons knowing of or suspecting a case of NAS to report that occurrence to the Department of Heath for data to be used in the development of policies and programs aimed at reducing the incidence of newborns born to substance-affected mothers.

DCS policies provide guidance on gathering information through investigations and assessments as well as preferred mechanisms for applying the information in cooperation with the family and service providers to address safety/risk issues related to illegal substance abuse (see Policies: 14.2, 14.4, 14.7, 14.26, 14.29). The Department of Children's Services policy, 14.21, *DCS Response to Allegations Involving Drug Exposed Children*, states that "the Department of Children's Services shall intervene and respond timely to allegations involving drug exposed children (DEC) by screening and assigning reports made to the Child Abuse Hotline (CAH) to Child Protection Services (CPS) based on the severity of or potential for physical, mental or emotional harm to the child". This policy stipulates that "newborn infants who have tested positive for drugs which has resulted in physical, mental or emotional harm" meet criteria for assignment for investigation. The policy additionally states that if "there is a concern that a mother has misused legally prescribed medication during her pregnancy and the newborn is drug dependent" or "a health care provider has reported, on behalf of the diagnosing facility, that a child has been diagnosed with Neonatal Abstinence Syndrome (NAS)" this also meets criteria for assignment as an investigation. Child Protective Services Assessments will also become involved with the family when an "infant has a positive drug screen, taken at the time of birth, for drugs legally prescribed to the mother and there is no concern of misuse of medications" or when "the infant has a positive drug screen, taken at the time of birth, for a substance where there is no impact to the child's health or development".

In an effort to reduce criminalization of prenatal drug use and encourage mothers to get treatment, controversial legislation, enacted in 2014, that permitted prosecution of prenatal drug exposure will expire in July 2016. This legislation allowed for misdemeanor prosecution of women illegally using narcotics during pregnancy if the baby was harmed as a result of the substance use. Tennessee is hopeful that the expiration of this legislation will decrease punitive measures and encourage pregnant women struggling with substance addiction to seek treatment options so they are able to safely and effectively care for their infant once the child is born. This emphasis on reducing criminalization and increasing provisions for treatment will also likely reduce the prevalence of infants born dependent on illegal or prescribed substances.

One initiative Tennessee is currently involved in to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure is the Governor's Children's Cabinet Multi-Agency Working Group. This Children's Cabinet is currently piloting a Single Team/Single Plan approach to develop a plan of safe care for infants born who are substance-exposed. In this project, collaborators from multiple agencies including the Department of Children's Services, Department of Education, Tennessee Early Intervention Services, Tennessee Department of Mental Health and Substance Abuse Services, as well as informal family supports, work with families with newborns affected by substance abuse bringing all the involved agencies to the table in a "single team/single plan" approach to coordinate services and treatment options for the families and reduce safety concerns and risk while promoting best practice outcomes. This approach uses DCS' Child and Family Team Meeting structure to create a single plan for the family which includes all necessary state agencies and provider agencies to ensure safety concerns are addressed and needed services are provided. The Department of Children's Services typically takes responsibility for leading the development of the plan to ensure safety and service provision. The plan is monitored and updated regularly through the Child and Family Team meeting structure. If additional service needs are recognized, but there are no additional existing safety or risk concerns to be addressed, another agency may take over responsibility for monitoring and updating the plan at a later point in the case. This approach for safety planning and service provision results in a more streamlined, coordinated process with the child(ren) and families and allows families to be involved in planning for services while still addressing existing safety concerns. Additionally, in an effort to better collaborate with hospital staff and community partners, the Department of Children's Services has two hospital liaison staff who hold ongoing meetings with providers to develop a shared understanding and protocol regarding the sharing of information and planning for service provision. The Department of Children's Services is also currently working through other local and regional task forces to pilot interventions that streamline service provision across state agencies and private providers, to ensure safety and best practices with children and families.

Juvenile Justice Transfers

According to data from TFACTS, of all foster care (Brian A) children in care during 2015-2016, there were 83 (as of May 18, 2016) that transferred to the juvenile justice custodial population due to acquiring delinquent charges that made them best suited for services in the department's Juvenile Justice system of care.