IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
AT NASHVILLE

BRIAN A., et al.	)	
	)	
Plaintiffs,	)	
	)	Civil Action No. 3-00-0445
v.	)	Judge Campbell
	)	Magistrate Brown
PHIL BREDESEN, Governor of the State of Tennessee; and VIOLA MILLER, Commissioner of the Tennessee Department Of Children Services,	)	
	)	
Defendants.	)	

NOTICE OF FILING

Plaintiffs, by and through undersigned counsel, hereby give notice of filing the Monitoring Report and Appendices of the Technical Assistance Committee in the case of *Brian A. v. Bredesen*, dated December 15, 2008 on this the 15th day of December. 2008.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Filing, Monitoring Report and Appendices has been furnished to Doug E. Dismond, Esq., Assistant District Attorney General, General Civil Division, 425 Fifth Avenue North, P. O. Box 20207, Nashville, Tennessee 37202-4015, on this the 15th day of December, 2008, via electronically by operation of the Court's electronic filing system.

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MONITORING REPORT

OF

THE TECHNICAL ASSISTANCE COMMITTEE

IN THE CASE OF

BRIAN A. V. BREDESEN

December 15, 2008

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INTRODUCTION

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

(a) because they were abused or neglected; or

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

The *Brian A.* Settlement Agreement (Settlement Agreement), entered on July 27, 2001, and modified by agreed orders entered on May 8, 2007 and October 1, 2008, requires improvements in the operations of DCS and establishes the outcomes to be achieved by the State of Tennessee on behalf of children in custody and their families.

The Role of the Technical Assistance Committee

The Settlement Agreement established the TAC, which originally consisted of five experts in the child welfare field selected by agreement of the parties, to serve as a resource to the Department in the development and implementation of its reform effort.

The TAC was envisioned as a way of making available to DCS the range of expertise and assistance that was perceived by the parties as necessary to ensure that the reform would be successful. The primary function of the TAC was and continues to be to advise and assist DCS in its efforts to design, implement and evaluate improvements required by the Settlement Agreement. In addition, there are certain areas in which the Settlement Agreement gives the TAC responsibility for making recommendations, which the Department is then required to implement.

Under the terms of the Stipulation of Settlement of Contempt Motion entered by the Federal District Court on December 29, 2003, the TAC also assumed responsibility for assisting the State in developing an implementation plan and monitoring and reporting on the State's performance both under that plan and under the original agreement for a 26-month period beginning January 1, 2004.[1] A Stipulation Extending Monitoring was entered on February 28, 2006, extending the TAC's monitoring role and responsibilities through August 31, 2007.[2] A further Stipulation Extending Monitoring was entered on May 8, 2007, extending the TAC's monitoring role and

[1] The *Path to Excellence*, the implementation plan developed by DCS in accordance with the Stipulation, was approved by the Court on August 19, 2004.
[2] In addition, pursuant to that stipulation, the TAC became a four person committee with its current membership.

responsibilities through September 30, 2008. The most recent Stipulation, entered on October 1, 2008, extends the TAC's role through June 30, 2010.

This is the fifth monitoring report issued by the TAC. The previous monitoring reports are available on-line at http://www.state.tn.us/youth/dcsguide/fedinitiatives.htm.

The Focus and Structure of this Monitoring Report

This monitoring report is specifically designed to provide information to assist the parties and the Court in determining the extent to which the Department has met or is meeting the specific provisions of the Settlement Agreement. Section One of the report is a presentation and discussion of data related to the specific outcome and performance measures of Section XVI of the Settlement Agreement and includes an update of data presented and discussed in Section One of the September 2007 Monitoring Report. The remainder of the report is structured to correspond to the sections of the Settlement Agreement which contain substantive process, performance, or outcome requirements: Settlement Agreement Sections II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, and XIII.

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

Executive Summary
Key Outcome and Performance Measures at a Glance
Section One: Data and Outcome Measures Overview
Section Two: Structure of the Agency (II)
Section Three: Reporting Abuse and Neglect (III)
Section Four: Regional Services (IV)
Section Five: Staff Qualifications, Training, Caseload and Supervision (V)
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EXECUTIVE SUMMARY

Significant Accomplishments

The Tennessee Department of Children's Services has undertaken a broad and ambitious reform effort, committed to improving the functioning of all parts of the organization and embracing best practice standards for every aspect of child welfare policy and practice. In the seven years since the entry of the *Brian A*. Settlement Agreement, the Department has much to show for its effort.

The Department has both achieved and maintained demonstrably better results for children and families in a number of areas:

- Only 10% of children entering care are now placed in congregate care settings, half the rate of such placements seven years ago, and the percentage of children initially placed in emergency shelters or other temporary placements has decreased from 9% to 2% over the same period. Eighty-five percent of children who come into care as part of a sibling group are placed together, a substantially higher rate than many systems achieve.

- Over the past two years there have been fewer children in foster care than at any time since the entry of the Settlement Agreement and the Department has accomplished this reduction without an increase in the rate of reentry into foster care.

- After receiving national recognition from the U.S. Department of Health and Human Services in 2006 for its impressive annual increases in the number of children for whom it has successfully found adoptive homes, the Department continues to maintain a high level of success in this area.

- The Department now more routinely seeks a permanent family for every child in its care. The Department has added subsidized permanent guardianship as a permanency option,[3] eliminated the use of the "goal" of "long-term foster care," and limited the use of "other planned permanent living arrangement." Those children who achieve permanency are achieving it more quickly in recent years than they have in the past. And, while it is too early to be certain, recent data suggest that the number and percentage of children "aging out" of care without a permanent family may be decreasing.

As the TAC has discussed in its previous monitoring reports, the Department has laid the groundwork for further improvements by establishing a wide-ranging set of policies, practice standards, procedures, training curricula and methods, and means of financing and overseeing private providers, all consistent with the principles of the Settlement Agreement and best practices in child welfare.

[3] The Department is providing guardianship subsidies under a federal Title IV-E waiver demonstration project approved by the U.S. Department of Health and Human Services.

- Tennessee now has a "practice model"—a set of underlying values and an approach to working with families and children that emphasizes engagement of the family, depends on a thorough assessment of a family's strengths and needs, and involves families and youth in the case planning and decision making process—and a corresponding set of policies and procedures.

- While these policies and practices are not yet fully and consistently implemented across the state, both the outcomes the Department is trying to achieve and the core strategies for achieving them are broadly understood by both DCS staff and the private providers that the Department contracts with, something that was not the case several years ago.

- The Department's training curricula have been thoroughly revised to support and promote the knowledge and skills envisioned by the *Practice Model*; and evaluation of both DCS performance and that of private providers is focused on the extent to which the desired outcomes for children and families are being achieved. Tennessee has developed a Training Consortium of 14 colleges and universities across the state to expand the breadth and depth of resources available to support training and professional development. Through the same university collaboration, the Department has greatly expanded its overall training capacity. The Training Consortium now provides the vast majority of pre-service and in-service training for DCS staff and for resource parents.[4]

- The Department has recognized that no reform effort can succeed without a substantial investment in recruitment, training, and retention of competent, caring, and committed staff. It has collaborated with the Consortium colleges and universities to develop a child welfare focused Bachelor of Social Work (BSW) stipend program that is designed to be a "pipeline" for hiring new employees who already have classroom training and relevant field experience in child welfare practice. Over the past year, the Department has implemented a separate hiring register that ensures that it is able to give a hiring preference to stipend program graduates.

- The Department has addressed two critical challenges to maintaining a well qualified workforce: the historically low pay of DCS case managers relative to comparable positions in the public and private sector and the historically high caseloads that precluded case managers from being able to provide the level of attention that children and families need and deserve. Tennessee has dramatically increased its starting salaries for every class of case manager position and it has dramatically decreased foster care case manager caseloads. Caseloads that prior to the entry of the Settlement Agreement routinely exceeded 40 cases are now limited to no more than 20. For the past three years, around 90% of DCS case managers at any given time have had caseloads that are within the caseload limits set by the Settlement Agreement and when those caseloads exceed the limits they tend to do so by only a few cases and for only a short period of time.

- The Department has used Needs Assessment funds provided for by the Settlement Agreement to support resource creation, and the State has committed substantial

[4] The term "resource parent" is used by the Department to refer to both foster parents and adoptive parents. Similarly, the term "resource home" is used by the Department to refer to both foster homes and adoptive homes.

additional resources to the reform effort in response to well-reasoned budget requests by DCS leadership. In addition, the Department continues to work hard to maintain resources essential for carrying out the Settlement Agreement reforms, even in the face of recent state budget constraints and threatened cutbacks in federal funding.

- The Department has taken some initial steps toward strengthening services to children and families in their own homes, first through incorporating into the Department the work formerly done by independent Community Service Agencies and now through the initial stages of implementation of a Multiple Response System.

- The Department has addressed a number of critical concerns identified in the lawsuit about the lack of clear and effective policies and procedures governing the use of psychotropic drugs for children in DCS custody and about the improper use of restraints and seclusion. The Department has implemented best practice policies and procedures governing use of psychotropics, restraints, and seclusion, and established credible oversight mechanisms for ensuring compliance.

- The Department has addressed the overuse of in-house schools (schools attached to congregate placement settings) for children who could be appropriately served by the public education system, by both strictly limiting the circumstances under which children in foster care can be enrolled in in-house schools and establishing stricter standards and oversight for those agencies operating in-house schools.

- As the Department has moved forward with its outcome-focused reform efforts, it has moved from an organization that had been largely unable to produce basic data about the children in its custody to one that is increasingly data-driven. The Department has done an impressive job in building the capacity of TNKids (its present data system) to provide a wealth of data that it had not originally been designed to produce, while at the same time investing in the development of a successor SACWIS system, the Tennessee Family and Child Tracking System (TFACTS), which will utilize the advances in web-based technology that have occurred since the development of TNKids, and which is designed to support Tennessee's new practice.

- The Department has used its increased data capacity to understand its performance, develop improvement strategies and set goals, and then to track progress toward achieving those goals, both the specific outcome goals and performance measures set forth in the Settlement Agreement and others that the Department has established for its own management purposes. In order to do this, the Department has created a quality improvement structure, both at the state level and within each of its regional offices, led by an Office of Performance Quality Improvement[5] and supported by regional staff with responsibilities to support and facilitate continuous quality improvement (CQI) efforts in the regions. The Department has adopted a well-designed Quality Service Review (QSR)

[5] Under the current central administration organizational nomenclature, an "Office" is headed by an Executive Director who reports to one of three Deputy Commissioners. Offices are made up of "Divisions," and the Divisions are made up of "Units." The most current Departmental organizational chart (as of October 1, 2008) is included as Appendix A.

process as an ongoing method for gathering information on the quality of service delivery for children and families and data on both child and family outcomes and system performance.

Key Challenges

In the following Sections of this Monitoring Report, the TAC discusses in detail the extent to which the Department has met each of the specific requirements of the Settlement Agreement. However, there are six areas that are appropriate to highlight at the outset of this report: two that were the focus of the major recommendations of the September 2007 Monitoring Report; two additional items identified in that report as being significant challenges; and two items the TAC has identified in developing this current report as requiring increased attention.

1. Improving the Quality of Case Practice

In its *Road to Reform* implementation plan, the Department identified as its major challenge improving the quality of casework—the critical day-to-day interactions between children, families, case managers, helping professionals, and the community that are needed to make sure that children are safe, healthy, and able to develop and succeed. The Department recognized that notwithstanding its significant accomplishments in infrastructure and policy development, unless these accomplishments were matched by substantial improvements in routine front-line practice, all of this good work will not consistently achieve good outcomes for many of the children in the Department's care. Despite the impressive progress that the Department has continued to make over the past year, including progress on some key outcomes for children, the Department has not made comparable gains in improving performance in critical areas of case practice. Fewer than 40% of the cases evaluated in the 2007-2008 Quality Service Review scored "acceptable" for any of the core practice performance indicators: engagement of children and families (38%), teaming and coordination (31%), assessment (30%), case planning (28%), plan implementation (31%), and tracking and adjusting (36%).

In attempting to improve the quality of case practice, the Department has some important strengths to build upon: a well-designed Child and Family Team model; a high quality training curriculum to support that model; and a core group of Child and Family Team Meeting facilitators who have skills to facilitate Child and Family Team Meetings (CFTMs) and to coach and mentor others in the Child and Family Team process. However, as the TAC observed in its September 2007 report and as the results of the 2007-2008 Quality Service Reviews reflect, this progress has not yet been matched by equal skills on the part of front-line case managers or, even more critically, by many of the team leaders (supervisors) and team coordinators (senior supervisors) who are responsible for overseeing their work.

The Department has recently developed a capacity to report aggregate data on Child and Family Team Meetings and for the first time has statewide and regional baseline data on the extent to which the required Child and Family Team Meetings are being held, the timeliness of those meetings, team composition and team member presence (including the extent to which the

Department is succeeding in involving the family and members of the family's informal support network and creating teams with the breadth of participation envisioned by the Department's *Practice Model*).

The baseline data reflects considerable room for improvement and the Department is in the process of "drilling down" into the data to develop a better understanding of the barriers to better performance and to develop strategies to address those barriers.

The Department has established the following core practice elements of the Child and Family Team Process as improvement priorities:

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

The Department recognizes that improvement depends on supervisors themselves having the practice skills relevant to these core practice elements and the coaching and mentoring ability to develop these skills in the case managers they supervise. For this reason, the Department has developed and begun implementing an approach to the training and evaluation of supervisory personnel (the "Good to Great Academy"), the purpose of which is to ensure that supervisors understand and have the ability to coach and mentor case managers on these core practice elements. The regions are each responsible for carrying out the training and evaluation of their supervisory staff. While some regions have done considerable work in this regard, the implementation of "Good to Great" is still in its early stages. The Department is expecting the regions to use the feedback from QSR data and other indicators of Child and Family Team process-related performance not just to measure system performance, but to improve case practice in these core areas. A specific protocol that establishes expectations for follow up by the regions in response to the regional QSR results is being piloted for the 2008-2009 QSR.

The Department expects to see the results of this work reflected in improved QSR scores for core system performance and in the increased frequency of and broader participation in Child and Family Team Meetings.

While it will be important for the Department to track the Child and Family Team Meeting data to assess its efforts to improve the quality of the team meetings, the success of the Child and Family Team process may be better measured by what occurs between meetings. In this respect, the Department's continuing struggle to ensure that children in foster care visit regularly with their parents and siblings (and the decline in performance in this area over the past year) is particularly concerning. Increased participation of parents and older children in Child and Family Team Meetings is unlikely to indicate real improvement for families if the Department remains unable to ensure that something as basic to child well-being and successful reunification as positive parent-child contact is occurring between meetings.

In the TAC's view, the approach that the Department is taking to improving case practice—the investment in the "Good to Great" initiative and the focus on better utilization of the QSR—remains a reasonable one, and additional time may be needed to produce the intended results. In this report, therefore, we are not recommending a change in strategy, but rather re-emphasizing the importance of real, measurable improvement in the quality of practice during the next monitoring period.

2. Improving Resource Family Recruitment and Retention

The Department has recognized that the trauma and disruption that a child experiences when removed from his or her family can be greatly reduced, and services and supports most effectively delivered, when that child is placed in a family setting, within the child's home community, and whenever possible, with a family with whom the child already has a connection. Well trained and actively involved resource parents play a vital role in supporting the safe reunification of children with their families when reunification is possible. And for those children who cannot safely return home, the resource families with whom they have been placed in temporary foster care often become their permanent families.

The Department has done a good job of increasing the percentage of children served in family settings; however, the total number of resource homes serving DCS children has been steadily declining over the past 18 months. The Department recognizes that it does not have the range and number of resource homes that it needs in each region to serve the children coming into care from that region. When the supply of resource homes is so tight, the prospects that the resource homes available will afford the right match for a particular child are diminished. This increases the likelihood of placement of children far from their home communities, increasing the trauma associated with separation from family and friends and diminishing their prospects for permanency.

In the September 2007 Monitoring Report, the TAC identified two areas that warranted special focus if Tennessee is to succeed in its effort to provide a good resource home match for every child who requires placement.

The first of these is the Department's ability to support and retain its current resource families. At least some attrition and some of the challenges to successful recruitment result from the gap between the level of day-to-day involvement and support that both the *Practice Model* and DCS policy envision for its resource parents and the actual day to day experience of a significant number of resource parents.

Improved communication between case managers and the resource parents working with the children served by those case managers and improved responsiveness when resource parents are encountering difficulties in getting services or supports for children in their home or with the quality or effectiveness of the services would reasonably be expected to improve retention rates and make recruitment of new families easier. One of the most effective ways of improving responsiveness and communication with resource parents is to make sure that they are involved members of an active Child and Family Team. (The CFTM data on resource family presence at team meetings reflects opportunity for improvement in that regard.)

The Department's recent focus on getting feedback from both current and former resource parents—through the Foster Parent Advocacy Program, the All Families Matter Hotline, and exit interviews with former resource parents—is a promising strategy for identifying additional ways to improve resource parent support. However, while it appears that there are now better formal structures for resource parents to voice their concerns to Department staff, it is not clear that there is an effective CQI process in place to ensure that those concerns are addressed in any systematic way.

In addition to increasing capacity by improving retention, there is considerable opportunity for Tennessee to increase its resource home capacity through child-specific recruitment focused on the child's natural circle of support. The best match for a child is often a person with whom the child already has a positive relationship.

The Department has recognized that it has relatively few kinship resource homes compared to many other child welfare systems and is pursuing a number of strategies to increase its identification and utilization of kinship homes. It appears that these strategies are beginning to show some success.

After several years of decline in the percentage of children in kinship resource homes (from 18.2% in 2003 to 16.3% in 2005), in 2007 the percentage of children placed in kinship homes increased to 18.6%.[6] Because some regions far exceeded the statewide percentage, the Department has concluded that it has considerable opportunity for improvement by working with individual regions.

Two region specific kinship home initiatives are underway, to identify and address the barriers to more effective identification, training, approval, and support of kinship resource families. The Department expects to be able to use the lessons learned from these initiatives to improve utilization of kinship resource homes statewide. The Department anticipates that over the next 12 months it will be able to demonstrate both statewide and regional improvements in the utilization of kinship resource families, over and above those achieved in 2007.

Improvements in both the Child and Family Team Process and in resource home recruitment and retention should have a positive effect on two other areas, which though still challenging, have seen some promising developments over the past year: placement stability and transition of older youth to adulthood.

3. Placement Stability

The September 2007 Monitoring Report identified placement instability as a critical area: too many children experience further disruption while in foster care, moving from one home to

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

another, from one school to another. The Department has been pursuing a number of strategies to address this challenge and recent data suggests on-going incremental improvement in placement stability for more recent entrants into foster care. There was a four percentage point increase (from 84% to 88%) in the proportion of children with two or fewer placements in the previous 12 months for children in custody between July 1, 2007 and June 30, 2008 compared to children in care during calendar year 2006. In addition, of those children entering placement in 2006, 78% experienced no more than two placements over a two-year window of observation, compared to 76% of those who entered in 2005 and 69% of those who entered in 2002 (over a comparable two-year window of observation). This progress is encouraging, but continued gains will be necessary in order to meet the requirements of the Settlement Agreement.

4. Youth Transitioning to Adulthood

The September 2007 Monitoring Report also expressed concerns about the large number of older youth who do not receive services and supports necessary for a successful transition to adulthood and significant numbers of children who "age out" of foster care without permanent families and without the supports they need to succeed.[7] Over the past year, the Department has taken some encouraging steps to address these concerns. The Department has integrated the Ansell-Casey Independent Living Assessment and the Independent Living Plan into the core case planning process for older youth. All permanency plans for older youth must address the service needs identified by the Ansell Casey.[8]

Although it is too early to tell whether this required focus on Independent Living (IL) issues in the plan will actually result in older youth receiving the services and supports they need, the Department's increased attention to improvement strategies targeting this population makes sense. Over the course of the next monitoring period, the Department expects to be able to demonstrate better case planning and service provision for older youth and, as a result, reduction in the number of children "aging out" of foster care without a permanent family and/or without post-custody support services to help them succeed.

5. Maintaining Child and Family Contact

The Department recognizes the importance of maintaining regular contact between children in foster care and their parents and siblings. For children for whom reunification is the permanency goal, frequent face-to-face contact is not only critical to reducing the trauma associated with removal and preserving the bonds between parent and child, but is also essential for effective therapeutic work with the family in support of reunification.

Unfortunately, the Department continues to have difficulty ensuring that children get to visit with their parents with the frequency that good practice and the Settlement Agreement require. Of

[7] The term "age out" refers to the type of exit from foster care for a child who leaves foster care at age 18 without achieving permanence.

[8] TNKids automatically generates IL related fields in the permanency plans for older youth and will not allow a plan to be completed unless those fields are populated.

particular concern is that DCS performance in this critical area has declined since March 2007. In June 2008, children and parents visited twice per month in 22% of the cases (compared to 50% required by the Settlement Agreement and 27% in March 2007), and of the remaining cases, 23% visited once per month (compared to 60% required by the Settlement Agreement and 29% in March 2007).

Because the inability to achieve regular parent-child visits threatens to undermine much of the Department's other good work to promote permanency, it is important that DCS now move quickly to identify the barriers to regular parent-child contact and implement strategies to overcome those barriers.

6. Improving the Quality and Availability of Prevention, Family Preservation and Reunification Services and Supports

The Department has appropriately chosen as the focus of *Needs Assessment IV* the quality and availability of community based services to support families. Access to an array of high quality non-custodial services is essential if the Department is going to be able to safely and responsibly respond to situations that place children at risk but do not require their removal from their families. Such services are also important to the Department's ability to support the safe and successful return of children in foster care to their families.

At present, the Department has far less information available about these services than it does about services provided to children who have been removed from their homes. While there is some variation across regions, it is generally true that the Department has at best limited ability to evaluate either the sufficiency or the quality of in-home services. For the first several years of the reform effort, this issue appropriately received somewhat lower priority than critical issues related to achieving permanency for children in out-of-home care. Now, however, it will be critical for DCS to bring to bear some of the same strategies—clearer expectations for providers, regular evaluation, and performance-based contracting—to non-custodial services. The Department's progress in carrying out *Needs Assessment IV* has been slow and uneven in comparison to many other areas of its work, and this issue will require increased attention during the next monitoring period.

Conclusion:

In the year that has passed since the TAC's last monitoring report, the Department has been able to maintain many of its accomplishments, while addressing fiscal challenges occasioned by developments on the state and federal levels. It is critical that the Department make progress over the next twelve months in addressing the key challenges discussed above in order to achieve the results envisioned by the Settlement Agreement.

KEY OUTCOME AND PERFORMANCE MEASURES AT A GLANCE

The following tables present statewide performance on key outcome and performance measures.

Table 1 presents the Settlement Agreement Section XVI outcome and performance measure requirements and the Department's level of achievement of those requirements for both Reporting Period III and Interim Reporting Period III.[9] Where available, breakouts of data by race for Reporting Period III are included in parentheses after the statewide performance percentage, with the percentage for White children listed first and the percentage for African-American children listed second.

Table 2 compares performance for the 2006 and 2007 entry cohorts on first placement rates, initial placements in family settings, and initial placement in kinship homes. Table 3 presents average case manager and supervisory caseloads over the period from July 2007 to June 2008, and Table 4 presents the percentages of critical Child and Family Team Meetings held during the second quarter of 2008. Table 5 presents first investigation rates and first substantiation rates for 2006 and 2007. Finally, Table 6 presents statewide performance for the past three QSR reviews.

[9] Although Period III began on December 1, 2005, unless otherwise indicated, the TAC reports Period III performance based on the 18-month period from January 1, 2007 through June 30, 2008 (referred to as Reporting Period III) and reports separately the earlier part of Period III under the designation "Interim Reporting Period III" (January 1, 2006 through December 31, 2006). The TAC did not feel that separate reporting for the first month of Period III (December 2005) was necessary.

Table 1: Settlement Agreement Outcomes	Settlement Agreement Standard	Reporting Period III[10]	Interim Reporting Period III
XVI.A.1 Time to Reunification			
o Reunification within 12 months of custody	80%	79% (80%/76%)	72%
o Reunification within 24 months of custody (cumulative)[11]	95%	95%	92%
XVI.A.2 Time to Adoption			
o Finalization within 12 months of guardianship	75%	74% (76%/70%)	74%
XVI.A.3 Number of Placements			
o 2 or fewer placements within past 12 months	90%	88% (88%/86%)	84%
o 2 or fewer placements within past 24 months	85%	80%	76%
XVI.A.4 Length of Time in Placement			
o 2 years or less	75%	80% (82%/74%)	77%
o Between 2 and 3 years	No more than 20%	10%	13%
o More than 3 years	No more than 5%	10%	10%
XVI.A.5 Reentry			
o Reentry within 12 months of most recent discharge	No more than 5%	6% (6%/7%)	7%
XVI.A.6 Adoptive Placement Disruption[12]			
o Adoptive placements that disrupted prior to finalization	No more than 5%	2.2% (2.6%/1.5%)	NA
XVI.A.7 Achievement measures			
o Youth exiting to non-permanency who met at least one achievement measure	90%	84% (86%/80%)	84%

[10] Several of these measures do not cover the full 18 months of Reporting Period III. A detailed description of the reporting period for each measure is provided in Section One and in the table headings in Appendix B.

[11] The **"cumulative performance standard"** reflects the total performance required by the Settlement Agreement. For example, the Settlement Agreement requires that 80% of children exit to reunification within 12 months and that an additional 15% (75% of the remaining 20%) exit to reunification within 24 months, for a total of 95% of children exiting to reunification within 24 months. The **"cumulative performance percentage"** for each reporting period is calculated by adding the number of cases meeting the first requirement (reunification within 12 months) and the number of cases meeting the second requirement (reunification within 24 months) and then dividing by the total number of relevant cases (all children reunified).

[12] The use of the "intent to adopt" in measuring performance for both Adoptive Placement Disruption (XVI.A.6) and Timeliness of Adoptive Placement (XVI.B.5) has been problematic. See footnotes 109 and 111 for a detailed discussion of the limited utility of measures based on the signing of the "intent to adopt."

Table 1 (continued): Settlement Agreement Outcomes	Settlement Agreement Standard	Reporting Period III	Interim Reporting Period III
XVI.B.1 Parent-Child Visits			
○ Visits at least twice per month	50%	22%	27%
○ Visits at least once per month (cumulative)	80%	39%	56%
XVI.B.2 Sibling Visits			
○ Visits at least once per month	90%	37%	49%
○ Visits at least once every two months (cumulative)	99%	61%	67%
XVI.B.3 Sibling Placement			
○ Sibling groups placed together (entry cohorts)	85%	85%	85%
○ Sibling groups placed together (point-in-time)	85%	83%	81%
XVI.B.4 Timeliness of TPR Filing			
○ TPR filed within 3 months of sole adoption goal	65%	85%	82%
○ TPR filed within 6 months of sole adoption goal	75%	32%	40%
XVI.B.5 Timeliness of Adoptive Placement			
○ Intent to adopt form signed within 6 months of guardianship	65%	63% (65%/55%)	
XVI.B.6 PPLA Goals			
○ Class members with sole PPLA Goals on June 30, 2008	No more than 5%	0.4% (0.4%/0.6%)	0.9%
XVI.B.7 Placement within 75 Miles			
○ Class members placed within 75 miles on June 30, 2008	85%	90% (90%/89%)	89%

Table 2: Placements	2007 entry cohort	2006 entry cohort
First placement rate (per 1,000)	3.2 (2.9/3.6)	3.2
Initial placements in family settings	92% (93%/89%)	91%
Initial placements in kinship homes (as % of all initial placements)	18.6%	16.7%
Initial placements in kinship homes (as % of initial family setting placements)	22% (25%/14%)	21%

Table 3: Caseloads	Percentage within Settlement Agreement limits
Case Manager Caseload (average percentage for July 2007 through June 2008)	90%
Supervisory Caseload (average percentage for July 2007 through June 2008)	93%

Table 4: Child and Family Team Meetings	Third Quarter 2008 (7/1/08 to 9/30/08)
Children entering custody who had at least one Initial CFTM	77%
Children entering custody who had at least one Initial Perm Plan CFTM	86%
Children w/ placement disruptions who had at least one Placement Stability CFTM	58%
Children beginning THV or released from custody who had at least one Discharge CFTM	26%
Children with at least one CFTM during reporting period	54%

Table 5: Child Protective Services (CPS)	2007	2006
First investigation rate (per 1,000)	30.0	38.5
First substantiation rate (per 1,000)	4.7	6

Table 6: QSR Indicator (% acceptable)	**2007-2008**	**2006-2007**	**2005-2006**
Child and Family Indicators			
Safety	95%	92%	91%
Stability	58%	62%	59%
Appropriate Placement	88%	91%	88%
Health/Physical Well-Being	97%	95%	95%
Emotional/Behavioral Well-Being	73%	74%	74%
Learning and Development	77%	74%	67%
Caregiver Functioning	92%	93%	90%
Permanence	16%	36%	36%
Family Functioning & Resourcefulness	23%	34%	34%
Family Connections	40%	52%	41%
Satisfaction	73%	72%	62%
System Performance Indicators			
Engagement	38%	47%	42%
Teamwork and Coordination	31%	39%	26%
Ongoing Functional Assessment	30%	38%	30%
Long-Term View	28%	28%	30%
Child and Family Permanency Planning Process	28%	41%	25%
Permanency Plan/Service Implementation	31%	38%	37%
Tracking and Adjustment	36%	41%	31%
Resource Availability and Use	59%	58%	55%
Informal Support and Community Involvement	49%	60%	52%
Resource Family Supports/ Support for Congregate Care Providers	83%	81%	80%
Transitioning for Child and Family	30%	37%	28%

SECTION ONE: DATA AND OUTCOME MEASURES OVERVIEW

Introduction:

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

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

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

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

For a number of areas addressed by these questions, the Settlement Agreement establishes specific measures of outcomes and performance and specifies numerical standards that the Department is to achieve for Period III, which ended on June 30, 2008.[13] This section reports on the Department's level of achievement on these specific measures for Reporting Period III,[14] and, for comparison, provides relevant data from Interim Reporting Period III (January 1, 2006 through December 31, 2006).[15] The discussion is supplemented by additional data and measures relevant to the particular area of focus.

The primary data sources for this section are reports from TNKids (some produced by the University of Chicago Chapin Hall Center for Children, others produced internally by the Department), and the results of the Quality Service Reviews (in-depth case reviews conducted jointly by the Department, the Tennessee Commission on Children and Youth, and the TAC and

[13] Section XVI of the Settlement Agreement specifies performance percentages to be achieved during each of three reporting periods. Subsequent modifications of the Settlement Agreement (in December 2003 and May 2007) extended the original Period II by 15 months and redefined Period III to be the 31-month period beginning December 1, 2005 and ending June 30, 2008. The Department's performance for Period I was the subject of a monitoring report by the original monitor, and performance for Period II was the subject of the March 2006 Monitoring Report issued by the TAC. In order to provide an interim measure of performance between periods, the TAC included data for calendar year 2006, referred to as "Interim Reporting Period III," in its September 2007 Monitoring Report. Both previous TAC Monitoring Reports are available online at: http://www.state.tn.us/youth/dcsguide/fedinitiatives.htm.

[14] Although Period III began on December 1, 2005, unless otherwise indicated, the TAC reports Period III performance based on the 18-month period from January 1, 2007 through June 30, 2008 (referred to as Reporting Period III) and reports separately the earlier part of Period III under the designation "Interim Reporting Period III" (January 1, 2006 through December 31, 2006). The TAC did not feel that separate reporting for the first month of Period III (December 2005) was necessary.

[15] Appendix B includes individual tables for each Section XVI Outcome and Performance Measure. Each table includes: the Department's level of achievement for Reporting Period III and Interim Reporting Period III, both statewide and by region, and the Settlement Agreement's standard for Period III.

TAC monitoring staff).[16] A more detailed description of each of the data sources relied on in this section is presented in Appendix C,[17] and a brief orientation to the aggregate data explaining the three types of data presented (point-in-time, entry cohort, and exit cohort) is presented in Appendix D. In addition, Appendix E presents tables which are the data sources for many of the figures in this section.[18]

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

Before addressing the three core questions regarding system performance, it is important to have some basic information about the children coming into foster care: how many they are, where they come from, and why they are placed in foster care. This subsection provides information related to the numbers of children in state custody, the adjudication that resulted in their placement, the placement dynamics (placement rates and discharge rates), and their age distribution. Appendix F presents data related to key outcome and performance measures by race and ethnicity.[19]

Key findings:

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

- The number of children in placement has been decreasing since 2004. This has resulted from a combination of an increase in discharges from state custody and a slight decrease in admissions over the course of the past three years. In 2007, there were fewer children in placement than there were during any other year since the entry of the Settlement Agreement in September 2001.

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[16] The Department believes that some of the reviewers who participated in the 2006-2007 review applied a less stringent approach to scoring and that as a result, at least some of the 2006-2007 scores were inflated. Because of these significant concerns about inter-rater reliability, the Department is not using the 2006-2007 scores for its own management purposes. The TAC nevertheless felt it appropriate to include the 2006-2007 results in this monitoring report.

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

[18] In 2008, what had been the East region was divided into two regions, "East" and "Smoky Mountain." In order to facilitate comparison with previous years' performance, unless otherwise specified (by the designations of "new East region" and/or "Smoky Mountain region") the data presented for "East" throughout this report reflect the original East region as a whole and do not reflect the recent split into the two "new" regions.

[19] In January 2007, the TAC issued a monitoring report focused on issues of racial disparity that included a detailed analysis of race and ethnicity data based on a study conducted by Chapin Hall (entitled "Entry and Exit Disparities in the Tennessee Foster Care System" and available online at http://www.chapinhall.org/article_abstract.aspx?ar=1440). The Chapin Hall report is relatively recent and the data analysis and findings remain sufficiently current for purposes of this monitoring report. For this reason, rather than repeat that data and analysis in this monitoring report, readers are referred to the January 2007 Monitoring Report.

- The statewide placement rate[20] has also decreased slightly since 2004 but remains higher than it was at the time of the entry of the Settlement Agreement. On the regional level, placement rates decreased considerably between 2006 and 2007 for four regions (Davidson, Upper Cumberland, Northeast, and Southwest) and increased considerably for two regions (East and Southeast).

1. Placement Population

Figure 1 below provides some basic information about the composition of the DCS custodial population in out-of-home placement during the eight-year period beginning July 1, 2000.[21]

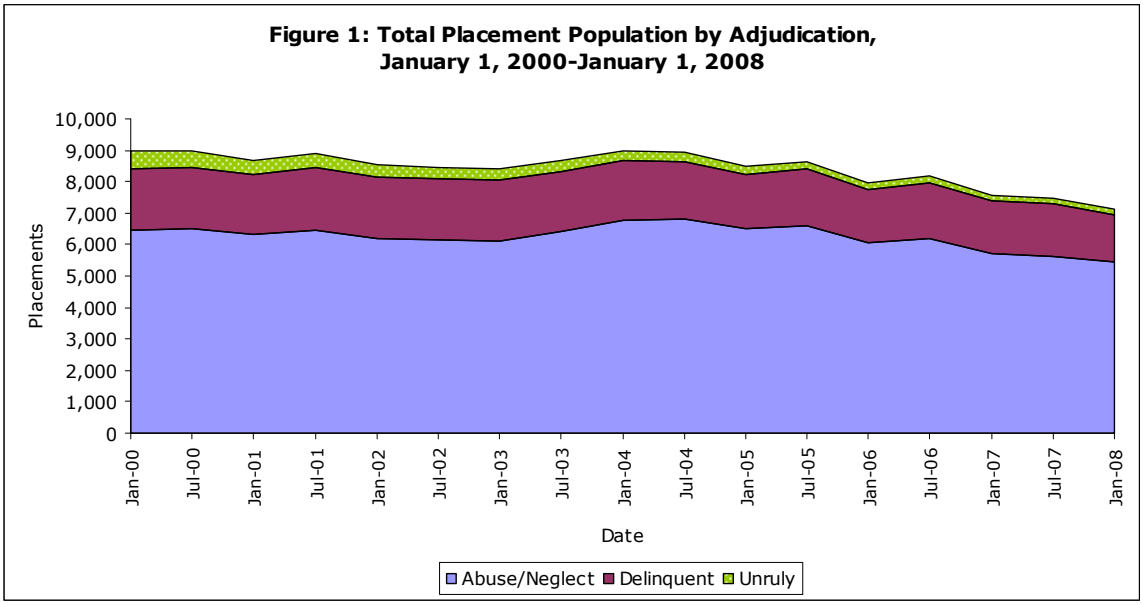
Between 2000 and 2004, the daily population of all children in DCS placement ranged from approximately 8,500 to 9,000. The daily population began to decrease in the second half of 2005, and by January 2008 had decreased to a low of 7,122—a decrease of 16% from the 8,505 children in DCS placement on January 1, 2005.

As Figure 1 reflects, the majority of children enter placement because of findings that they were neglected or abused. On January 1, 2008, for example, 5,439 (76%) of the children in placement were neglected or abused, 163 (2%) were unruly (were truant from school, had run away from home, or engaged in other non-criminal misbehavior) and 1,520 (21%) were delinquent (had committed a criminal offense). Over the last several years, the Department has experienced some fluctuations in its daily placement population, but there has been an overall decrease in the number of children in placement in each category of adjudication.[22]

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

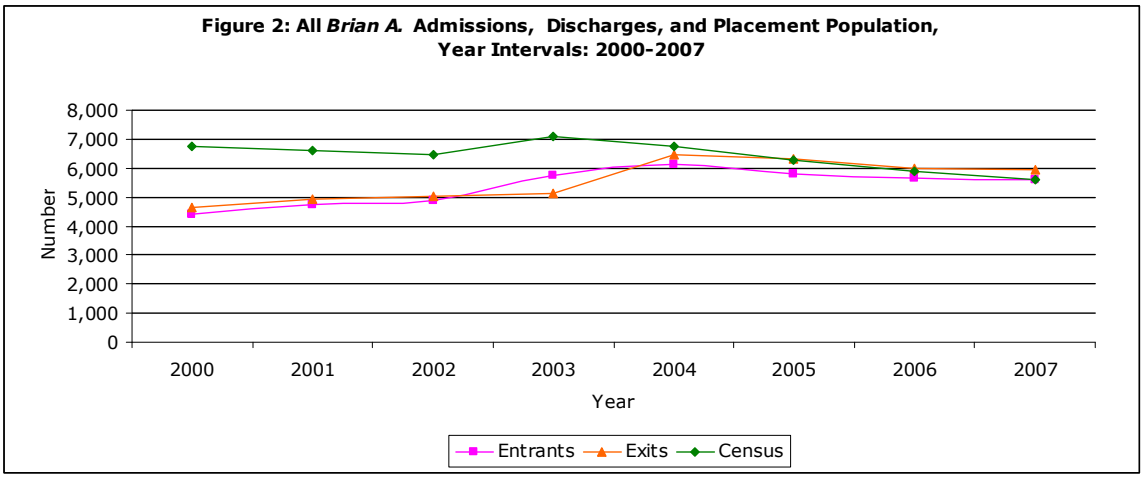
[21] There are some children who are in DCS legal custody but are physically living in their own homes, either awaiting out-of-home placement or on a trial home visit. The "custodial population" (children in DCS legal custody) on any given day will therefore be higher than the "placement population" (children in out-of-home placement). For example, at the time of the January 1, 2008 snapshot, there were 8,172 children in DCS legal custody, of whom 7,122 were "in placement."

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



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Fluctuations in the number of children in placement reflect trends in both admissions and discharges. As indicated in Figure 2, the number of *Brian A.* class members entering placement increased from 2000 through 2004. However, discharges from placement slightly exceeded admissions into placement for 2000-2002, resulting in a decline in the placement population. In 2003, placements rose and exceeded discharges, resulting in an increase in the placement population. Since 2004, the number of admissions has decreased slightly and discharges have generally exceeded admissions, resulting in a significant decline in the placement population to its lowest point in the past eight years.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

2. Placement Rates

One of the goals of a child welfare system is to improve its ability to effectively intervene on behalf of abused and neglected children without the necessity of removing them from their

families and bringing them into state custody. By better identifying children who can safely remain with their families or with relatives with support services and by providing those families and children the support services they need, child welfare agencies can avoid the unnecessary placement of children away from their birth families and therefore more effectively use the scarce out-of-home placement resources for those children who cannot safely remain at home.

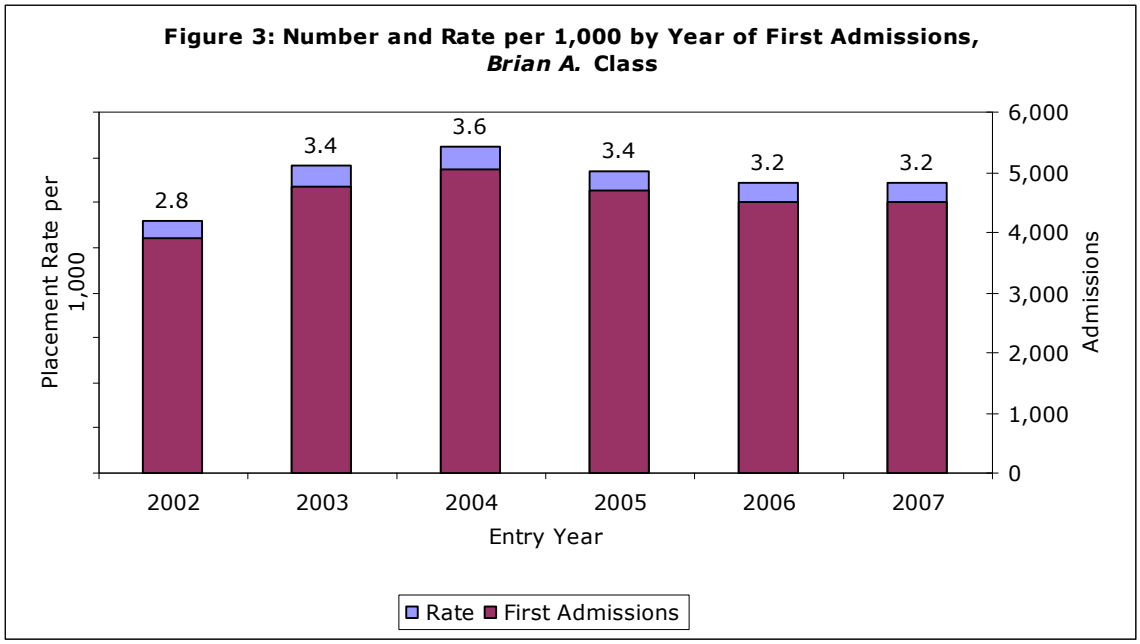
One of the factors that influence the number of children coming into out-of-home placement is the number of children in the general population. The larger the number of children in the general population, the larger the number of children who may be subject to abuse or neglect, or who may have conflicts at home or at school leading to truancy and runaway behavior. It is therefore important to look at the "placement rates" of class members (number placed per 1,000 children in the general population) and not just the raw numbers of placements.[23]

Figure 3 shows the patterns in statewide first placement[24] rates and in the number of first placements in Tennessee over the past several years. First placement rates in Tennessee increased between 2000 and 2004, with a jump of 22% from 2002 to 2003. However, first placement rates decreased somewhat between 2004 and 2006 and have remained steady at 3.2 per 1,000 children for 2006 and 2007.[25]

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

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

[25] In general, when child welfare systems become more effective, one would expect to see placement rates decrease, because more families get supportive services and are able to keep children at home.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008. The 2002 placement rate was calculated using the 2000 U.S. Census counts, and the placement rates for subsequent years were calculated using the 2005 Census Estimate produced by Claritas.

Figure 4 below displays regional placement rates for 2006 and 2007, and Figure 5 compares the number of admissions by region for 2006 and 2007. In Figure 5, the regions are ordered according to their placement ***rates*** for 2007, with the region with the highest placement rate listed first and the lowest listed last.

East Region, which had both the largest number of placements and the highest placement rate in 2006, also had the greatest increase in placement number and in placement rate from 2006 to 2007.[26] This was one factor influencing the Department's decision to split the region into two smaller regions.[27]

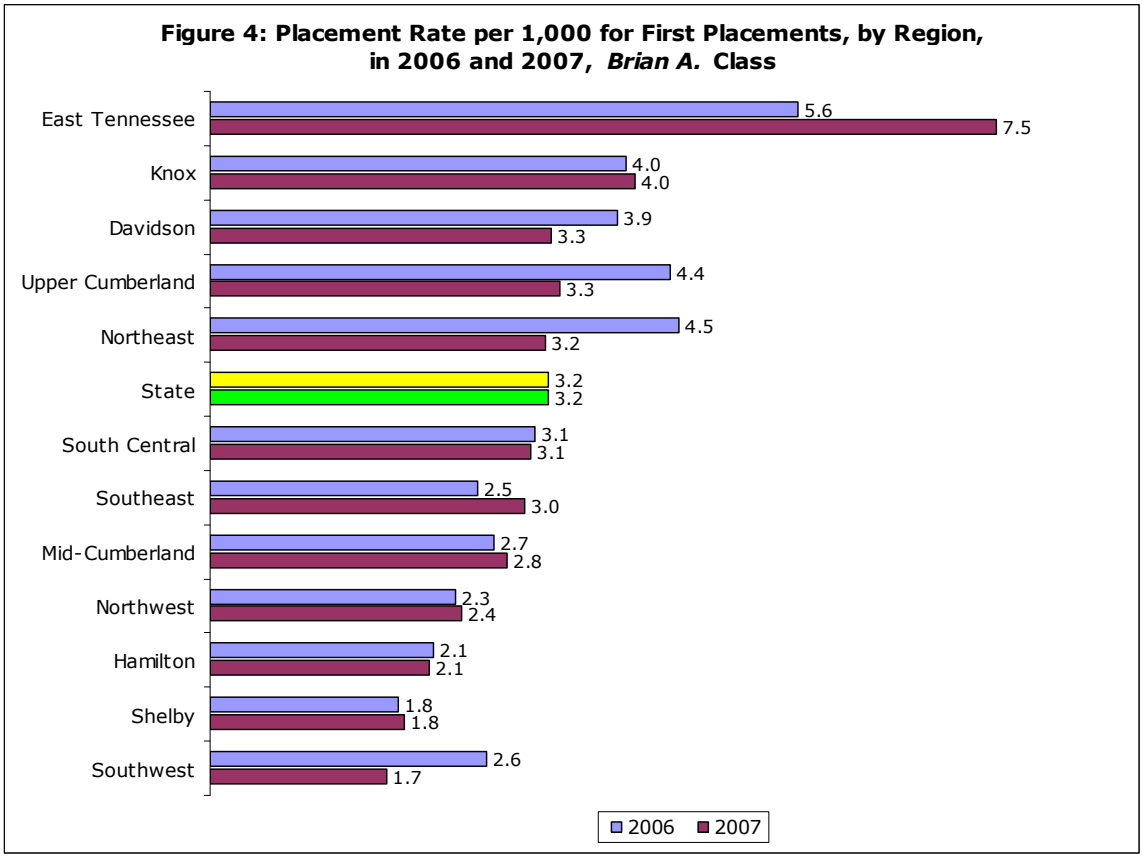
In four regions (Davidson, Upper Cumberland, Northeast, and Southwest) placement rates dropped significantly (by more than 0.5 per 1,000) between 2006 and 2007.[28] Shelby County maintained its historically low placement rate.[29]

[26] In contrast to East Region, Mid-Cumberland, which had the second highest number of placements in 2006 and an increased number in 2007, nevertheless had the fifth lowest placement rate in 2007.

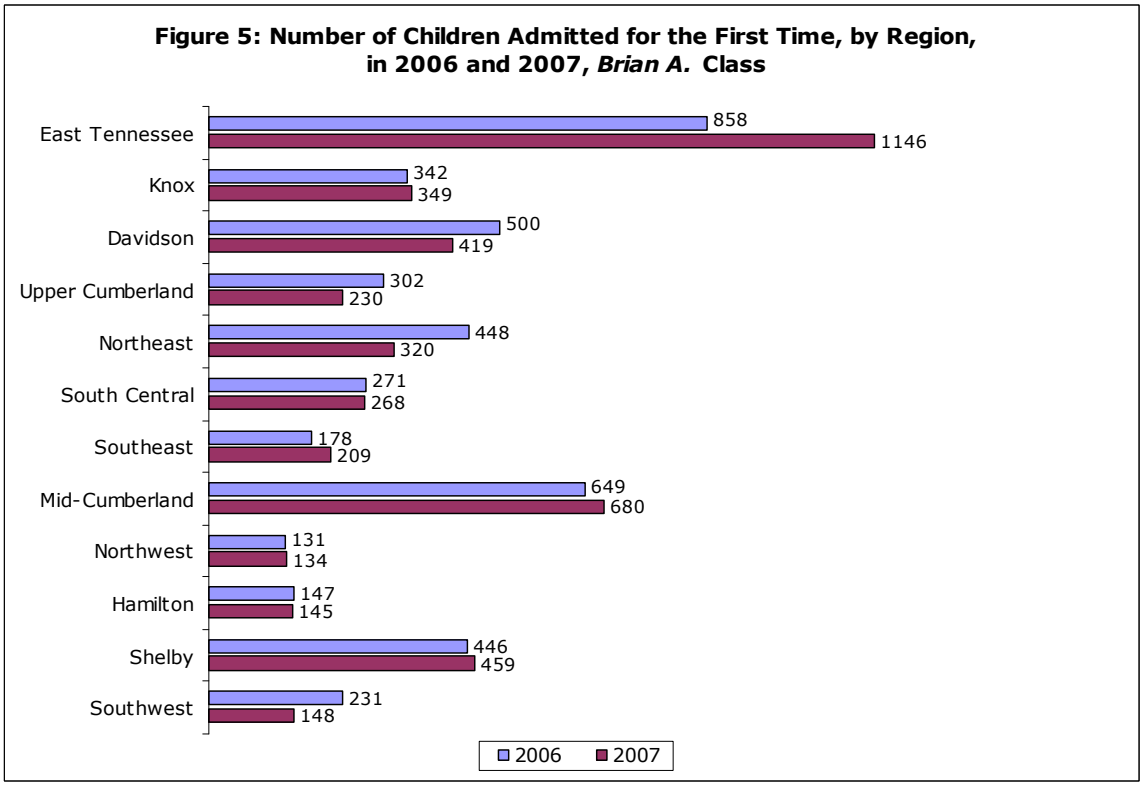
[27] The first placement rates for the new East and Smoky Mountain regions for 2007 were 9.0 and 6.2, respectively. There were 621 first placements in the new East region during 2007, and there were 525 first placements during 2007 in the Smoky Mountain region.

[28] For purposes of this monitoring report, placement rate percentage point changes of less than 0.5 are treated as within the range of what would be considered a "stable" placement rate.

[29] As reported in previous monitoring reports, Shelby County continues to have one of the lowest first placement rates. The Department has not yet identified the factors that contribute to Shelby's unique placement dynamics. However, the remarkably low utilization of kinship resource homes in Shelby County compared to other regions (see discussion at page 28) suggests that Shelby may be using relatives as alternatives to custody significantly more than other regions, which could account for some of the lower rate of custodial placement.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008 and the 2005 Census Estimate calculated by Claritas.

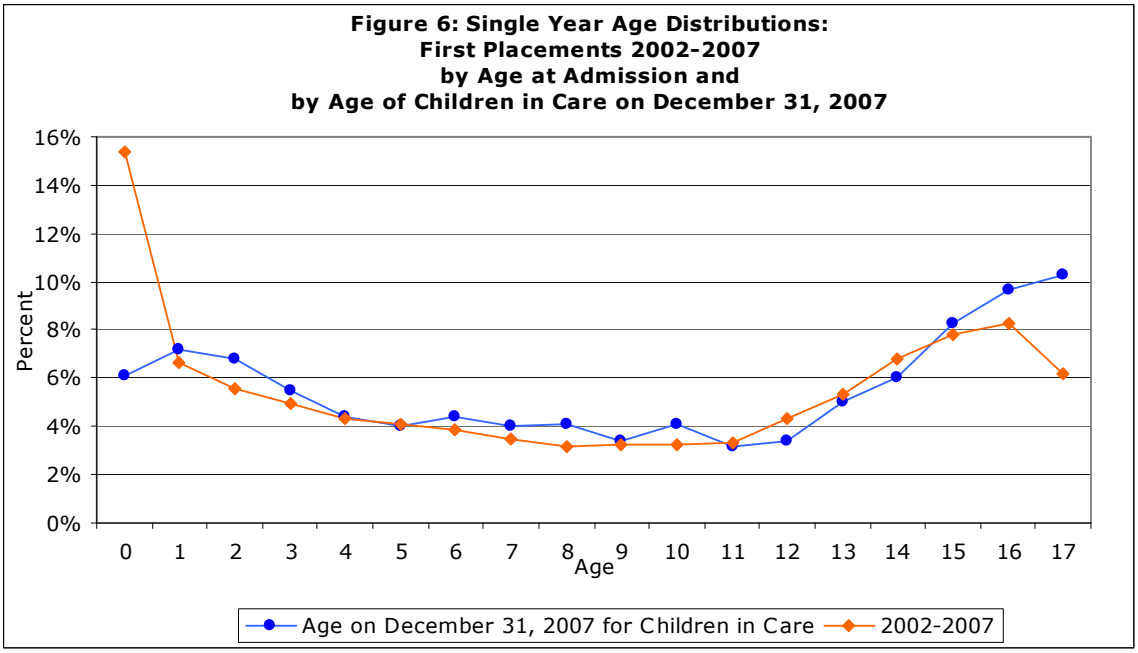


Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

3. Placement by Age Group

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

Figure 6 below shows the age of children in the *Brian A.* class served by Tennessee's child welfare system, using both entry cohort data organized by the age of the child when the child first entered out-of-home placement (the orange line) and point-in-time data showing the age distribution of those children in out-of-home placement on December 31, 2007 (the blue line). Because the age distribution of class members entering out-of-home placement over the last several years has remained relatively constant, data from cohort years 2002 to 2007 is shown together.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

The largest age group by far entering out-of-home placement is infants; the next largest age groups are the teenagers (16, 15, and 14, respectively). While infants are the largest age group in any given entry cohort, the point-in-time data reflect that on any given day there are more 17-year-olds in out-of-home placement than any other age group, with the next largest groups being 16-year-olds and 15-year-olds.

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

It is traumatic for children to move from their homes to a completely new environment, even when they have been maltreated or are at risk of maltreatment in their home environment. A child's home community is the source of a child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life. For this reason, both the DCS *Practice Model* and the Settlement Agreement emphasize placing children with siblings, close to their home and community, and in the least restrictive placement possible, utilizing resource families drawn from a child's kinship network whenever possible rather than placing a child with strangers.

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

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

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

Key findings:

- Approximately 90% of children entering foster care are placed in family settings, a significant improvement compared to 2002 and a significant achievement compared to many other child welfare systems.

- The Department's performance in initially placing children in kinship resource homes has improved slightly over the past three years, with kinship resource homes increasing from 16.3% of first placements in 2005 to 18.6% in 2007.[30]

[30] The Department generally uses the term "kinship resource home" to refer to both resource homes headed by relatives (persons with whom a child has a blood relationship) and resource homes headed by fictive kin (persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member, or a family friend). Previously, the aggregate data produced from TNKids related to kinship resource homes only included kinship resource homes headed by relatives because TNKids did not indicate

- Some regions are significantly more successful in utilizing kinship resource homes than others. In the new East region and in Northeast, kinship homes account for 38% and 30% of ***first placements***, respectively. In Shelby, Southwest, and Knox, however, kinship homes account for less than 10% of ***first placements*** (1%, 9%, and 9%, respectively). Expressed in a somewhat different way, of those children whose ***first placements*** during 2007 were in ***resource homes,*** 43% in the new East region and 35% in Northeast were kinship resource home placements. Only 1% in Shelby,[31] 10% in Knox, and 11% in Southwest of children who were ***first placed in resource homes*** during 2007 were placed in kinship resource homes. This considerable regional variation suggests that there is significant opportunity for improving kinship resource home utilization.

- The Department's performance in avoiding the use of emergency placement settings continues to improve. Initial placements in emergency settings have decreased significantly, from 9% of initial placements in 2002 to 2% of initial placements in 2007.[32]

- The Department continues to place the large majority (approximately 90%) of children in custody either within their home regions or within 75 miles of their homes.

- The four single-county urban regions continue to be much more successful in initially placing children within their home counties (84%) than are the eight largely rural regions (49%). In 2007, the percentage of children initially placed in their home counties increased in several rural regions—most significantly in Northeast, Northwest, South Central, and Southwest. In the urban regions, the percentage for 2007 increased in Davidson, Knox, and Shelby and decreased in Hamilton County.

- Tennessee's children continue to experience a significant number of placement moves, in excess of both the *Brian A.* requirements and the targets set by DCS; however, there has been a steady improvement in placement stability for each entry cohort since 2002. Seventy-eight percent (78%) of children entering care during 2006 experienced two or fewer placements during a two-year window of observation,[33] compared to 69% of children entering care during 2002.

- Children whose first placement when entering out-of-home care was with relatives continue to be significantly less likely to move than children placed in non-relative resource homes. Of the 755 children entering out-of-home placement for the first time in 2006 who were initially placed with relatives, 64% did not experience a placement move,

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whether a non-relative resource home was headed by "fictive kin." The Department had not anticipated having the ability to expand reporting to include fictive kin until the implementation of the new SACWIS system during 2010. However, the Department released an enhancement to TNKids during the last year that permits the identification of "fictive kin" in the system. As a result of this expanded reporting capacity, the kinship resource home data for 2007, 2006, and at least some of 2005 includes fictive kin homes.

[31] As discussed further in footnote 29, this may reflect greater utilization of relatives as alternatives to placement in custody.

[32] Expressed as a percentage of initial congregate care placements, initial placements in emergency settings decreased from 46% of initial congregate care placements in 2002 to 18% of initial congregate care placements in 2007.

[33] The term "two-year window of observation" is defined and discussed in footnote 50.

compared to 49% of the 3,192 children entering out-of-home placement for the first time in 2006 who were initially placed in non-relative resource homes.[34] Improved identification, utilization, and support of kinship resource homes is therefore a reasonable strategy for improving stability (in addition to the other benefits to children of relative placements).

- For children who change placements while in care, those moves tend to occur during the first six months in out-of-home care. A focus on understanding and addressing the factors that contribute to placement moves in the first six months in care would reasonably be expected to improve placement stability.

- The Department continues to struggle to provide appropriately frequent parent-child visits for the large majority of children in care for whom the permanency goal is reunification, and performance in this area has declined somewhat since March 2007.

- For siblings placed in foster care, the Department has experienced significant success in keeping sibling groups together. However, for those sibling groups who are separated while in care, there appears to be significant room for improving the frequency of sibling contact, and, as with parent-child visits, performance has declined somewhat since March 2007.

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

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

Figure 7 below shows first placements by placement type for the past six years. The family placement bars reflect both kinship resource homes[35] (top portion of each bar) and non-kinship resource homes (bottom portion of each bar). In 2002, 80% of children entering out-of-home placement for the first time were initially placed in family settings. This percentage has increased over the past six years, reaching 89% in 2007. This improvement is reflected in the significant number of children with higher levels of need who are being successfully provided for through therapeutic resource homes.[36]

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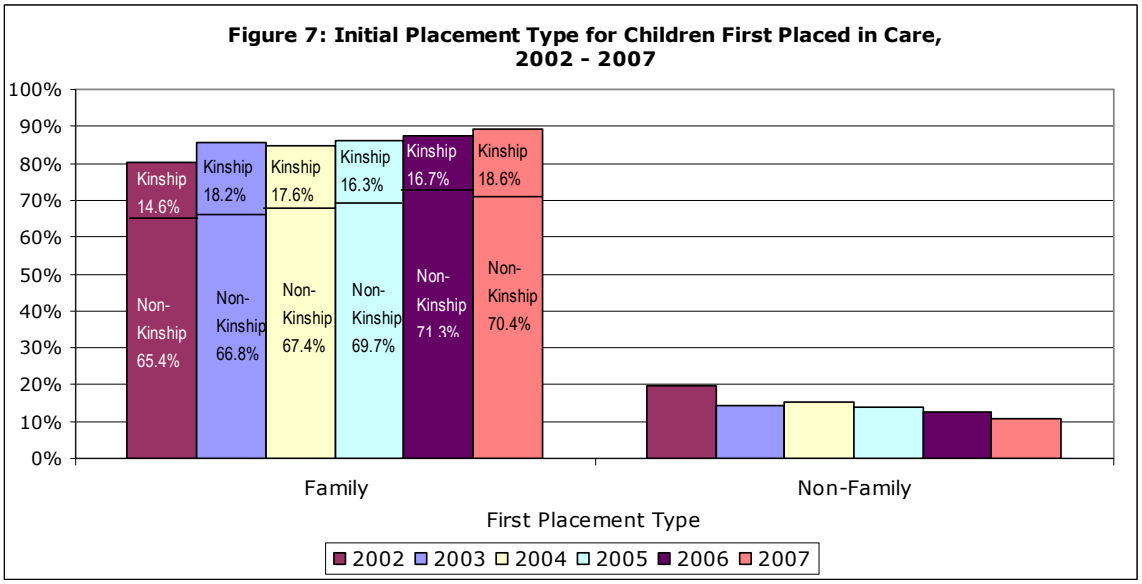
[34] Consistent with the discussion in footnote 30, the term "non-relative resource home" as used here does not include fictive kin.

[35] "Fictive kin" are included in the data for 2007, 2006, and at least parts of 2005 but are not reflected in the data for earlier years. See footnote 30.

[36] The Department now produces a monthly report ("Placements by Adjudication") that provides information about "level of care" of *Brian A.* class members in their current placements. (The "level of care" ranges from Level I to Level IV, with the higher level of care reflecting a higher level of service need and a higher per diem rate.) Family settings make up the largest proportion of Level II and Level III placements. For example, as of June 30, 2008, 763 (79%) of the 967 Level II placements were in resource homes, 75 (8%) were trial home visits, 128 (13%) were placements in group settings (excluding Independent Living programs and "Observation and Assessment" placements), and one (0%) was a placement in a Independent Living program. Of the 618 Level III placements on this date, 326 (53%) were in resource homes, 24 (4%) were trial home visits, and 268 (43%) were in group settings



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

The percentage of initial placements in kinship resource homes has improved slightly over the past three years, with kinship resource homes increasing from 16.3% of first placements in 2005 to 18.6% in 2007.[37]

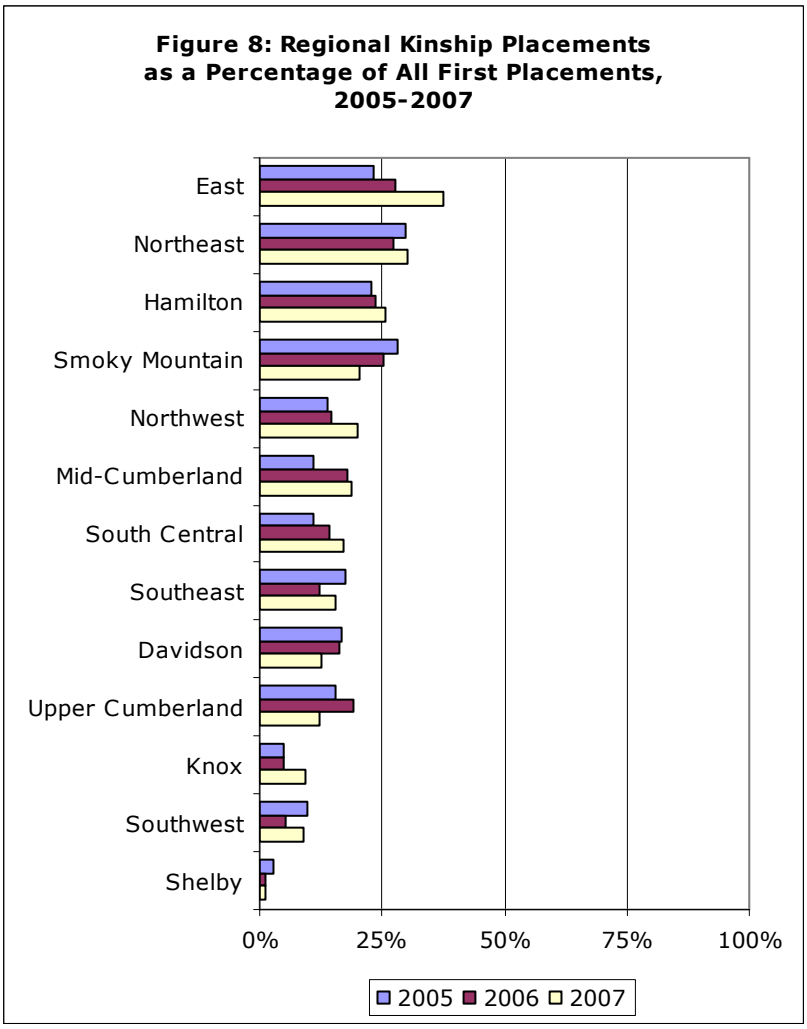
There is significant regional variation in the percentage of initial placements in kinship resource homes. Figure 8 displays the regional percentages of initial placements in kinship resource homes for children entering out-of-home placement during 2005, 2006, and 2007. The regions are ordered in the figure according to the percentage of initial placements in kinship resource homes during 2007.

The new East region, at 38%, had the highest percentage of children entering care for the first time in 2007 who were initially placed in kinship resource homes. This is a 15 percentage point increase from new East's 2005 percentage. More than a quarter of children entering care for the first time in 2007 were initially placed in kinship homes in two other regions—30% in Northeast and 26% in Hamilton.

Shelby has had the lowest percentage of initial placements in kinship resource homes for all three years, with 3% in 2005 and 1% in 2006 and 2007. Both Knox and Southwest placed 9% of children entering in 2007 in kinship homes initially, but this was a four percentage point increase for Knox compared to 2005. Smoky Mountain has experienced the largest decrease in initial placement in kinship resource homes, from 28% in 2005 to 21% in 2007.

(excluding Independent Living programs and "Observation and Assessment" placements). There were 36 Level IV placements on this date; all of these placements were in psychiatric facilities (Center for Intensive Residential Treatment, First Hospital Corporation of Chattanooga (Pinebreeze), and Parkridge Medical Center, Inc. (Valley), as well as two placements in out-of-state psychiatric facilities). The fact that one child is of a different level than another child does not preclude them from being placed in the same facility or resource home. For example, many congregate care facilities serve both Level II and Level III children, and as of June 30, 2008, 14 Level III children were being served by particular psychiatric facilities that were otherwise serving Level IV children.

[37] The percentage of children initially placed in a kinship home does not necessarily correlate to the percentage of children placed in a kinship home placement on any given day.

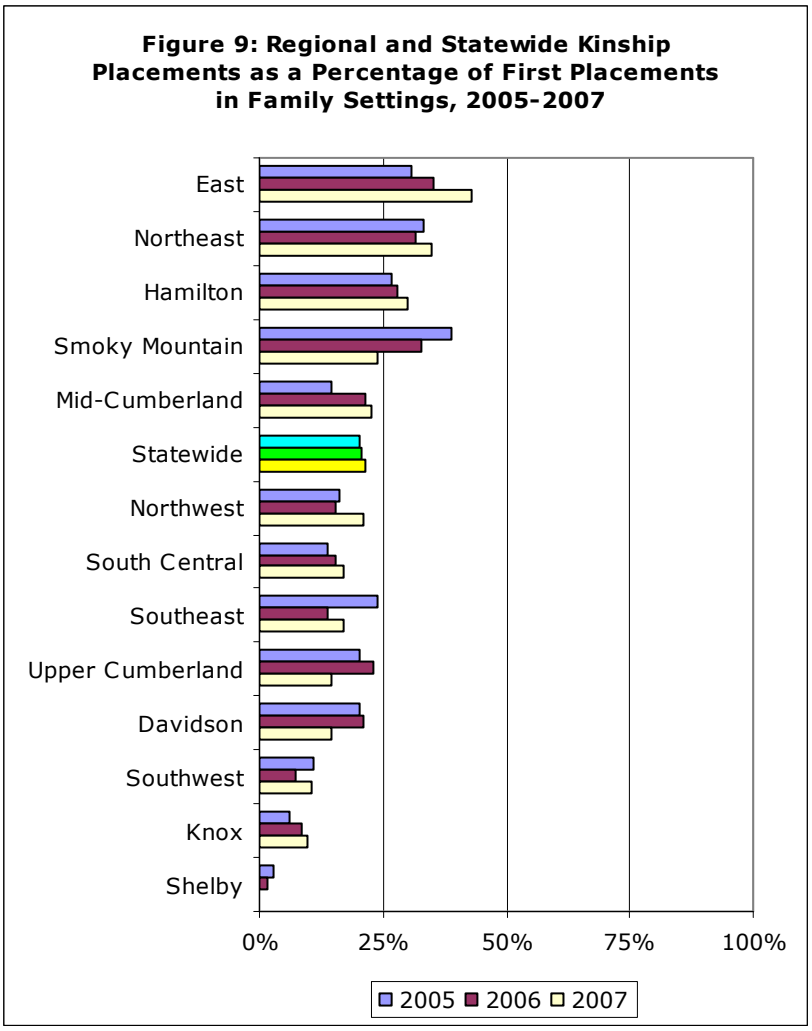


Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

While the TAC has reported on initial kinship placements as a percentage of all initial placements, the Department, for its own management purposes, tracks initial kinship placements as a percentage of first placements in resource homes (rather than as a percentage of all first placements).[38]

Statewide and regional performance for initial kinship placements as a percentage of initial resource home placements is presented in Figure 9 for children first placed during 2005, 2006, and 2007. The statewide and regional trends for this measure are very similar to those discussed above for kinship placements as a percentage of all initial placements.

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



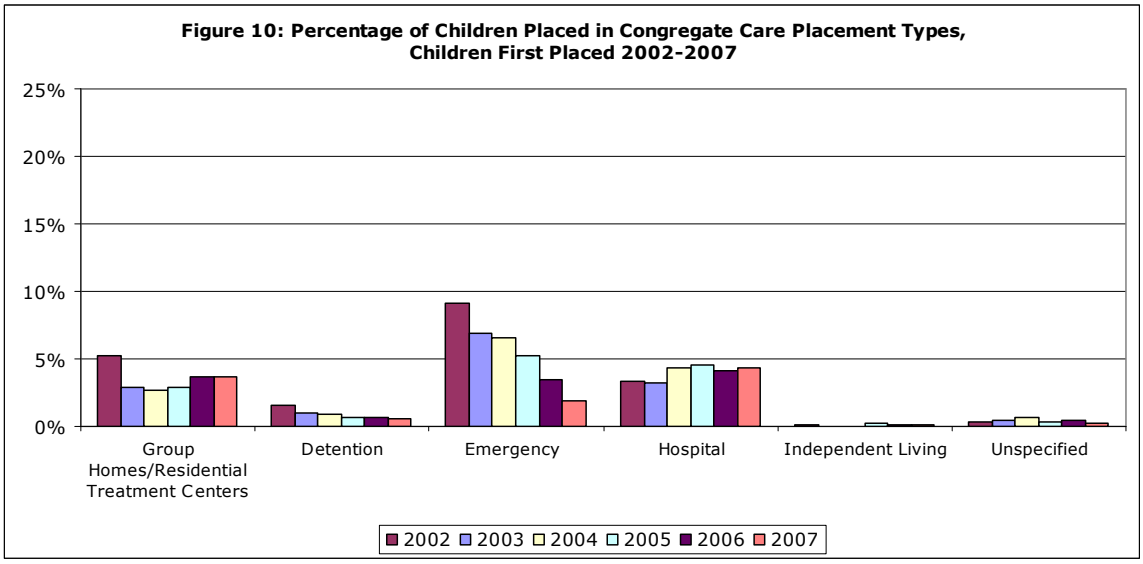
Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.

Figure 10 below shows the different types of congregate care placements for the initial placements shown in Figure 7.

The percentage of initial emergency placements has decreased significantly since 2002, from 9% (357) of the 3,918 first placements during 2002 to only 2% (85) of the 4,507 first placements in 2007. Initial placements in group homes/residential treatment centers and in detention centers have also decreased since 2002. Placements in group homes/residential treatment centers made up 5% of initial placements in 2002, decreased to 3% in 2003 through 2005, and increased again slightly to 4% in 2006 and 2007. Initial placements in detention centers decreased from 2% in 2002 to 1% in 2007.

The percentage of initial hospital placements increased slightly over this period from 3% in 2002 to 4% in 2007, and there was a slight increase in the percentage of unspecified initial placements from 2003 to 2006. There were only 10 unspecified initial placements in 2007.[39]

[39] "Unspecified" indicates a data entry error (including failure to enter type of placement).



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

While the focus of most of the Department's reporting is on first placements, the Department also produces a "point-in-time" report that looks at the placement type for all children in custody on the last day of each month, regardless of whether they are in a "first placement" or a subsequent placement. The "*Brian A.* Class Clients by Placement Setting and Adjudication" report for June 30, 2008 indicates that 89% of the 6,147 *Brian A.* class members in custody on that date were placed in family settings. Performance as measured by this report on a monthly basis has consistently remained at this level with little fluctuation for at least the past couple of years. This is consistent with the increasing trend in placements in family settings for "first placements" of children entering custody during the year, presented earlier on pages 27-28.[40]

2. Serving Class Members in or near Their Home Communities

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

The Settlement Agreement requires that, for Period III, "*at least 85% of children in the class shall be placed within the region from which they entered placement or within a 75 mile radius of the home from which the child entered custody.*" (XVI.B.7)[41]

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[40] In early 2008, the Department began producing a third report, "New Entries into Custody," which provides the number and percentage of children entering custody during the month who are placed in various family and congregate care settings. In contrast to the report on placement settings by cohort year (presented on pages 27-28), the monthly "New Entries into Custody" report frequently reflects a smaller percentage of children entering custody during the month who are initially placed in family settings. Differences in measurement between the two reports account for the discrepancy. Since the TAC has presented the cohort year report in previous monitoring reports, the TAC continues to rely on that report in order to show trends over time.

[41] The TAC has interpreted this to mean that on any given day during the 18-month period, at least 85% of the children in the class should be placed within the 75-mile limit.

At the end of Reporting Period III (June 2008),[42] 90% of children in custody in June 2008 were placed within a 75-mile radius of the home from which they entered custody. As of December 31, 2006 (the end of Interim Reporting Period III), 89% of children were placed within a 75-mile radius of the home from which they entered custody.[43]

For its own internal management purposes, the Department utilizes "percent of children placed within their home county"—a more exacting measure than that of the Settlement Agreement—to evaluate the extent to which children are placed in close proximity to their home communities. The Department is committed to increasing the percentage of children placed within their home counties.[44]

The Department's regional goals for in-county placement take into account the differences between large, single county urban regions and the other primarily rural multi-county regions. Those differences are reflected in Figure 11, which displays in-county first placement rates for the four urban regions (Shelby, Davidson, Knox, Hamilton) (urban in-county placement rate) separately from in-county first placement rates for the remaining multi-county regions (rural in-county placement rate). For children first entering out-of-home placement during 2007, 84% of children from urban counties were initially placed in their home counties (compared to 83% during 2006), while 49% of children from multi-county rural regions were initially placed in their home counties (compared to 47% in 2006). These data reflect the need for additional resource family recruitment in rural areas.

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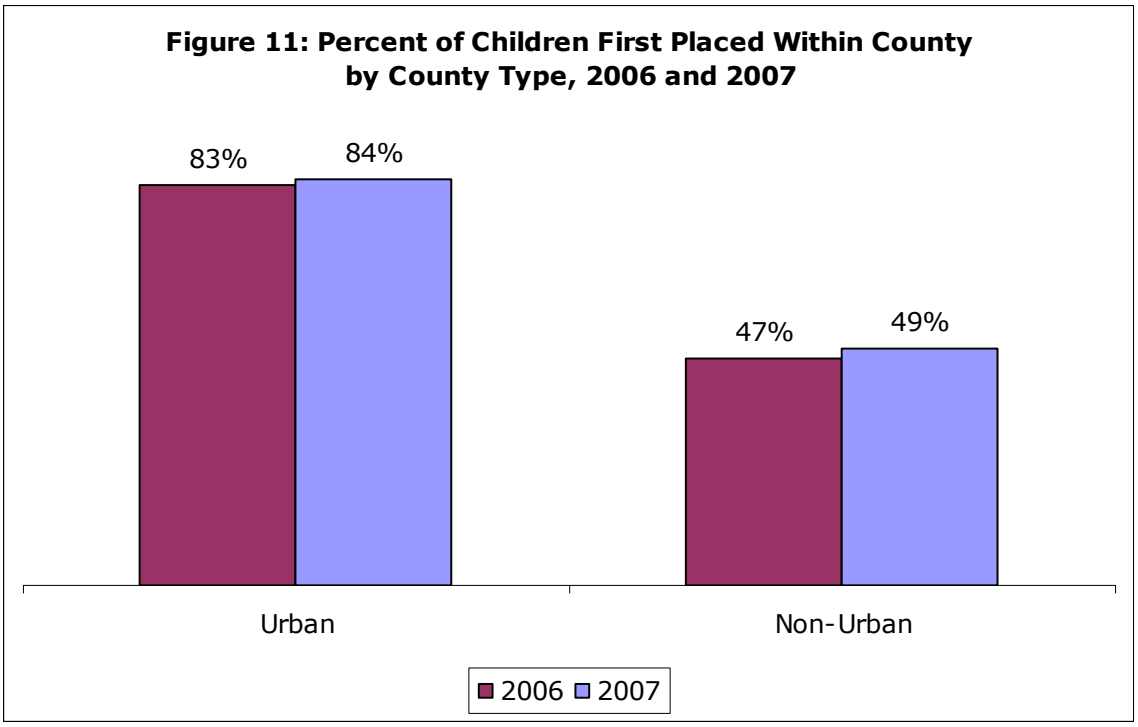
[42] The Department reports performance for the last month of Reporting Period III (during the month of June 2008) for this measure.

[43] In calculating the percentage of children whose placements are within the 75 mile limit, the Department uses a strict standard that effectively includes as "non-compliant" children whose placement is "undetermined," children who are on runaway, and children who are in out-of-state (ICPC) placements.

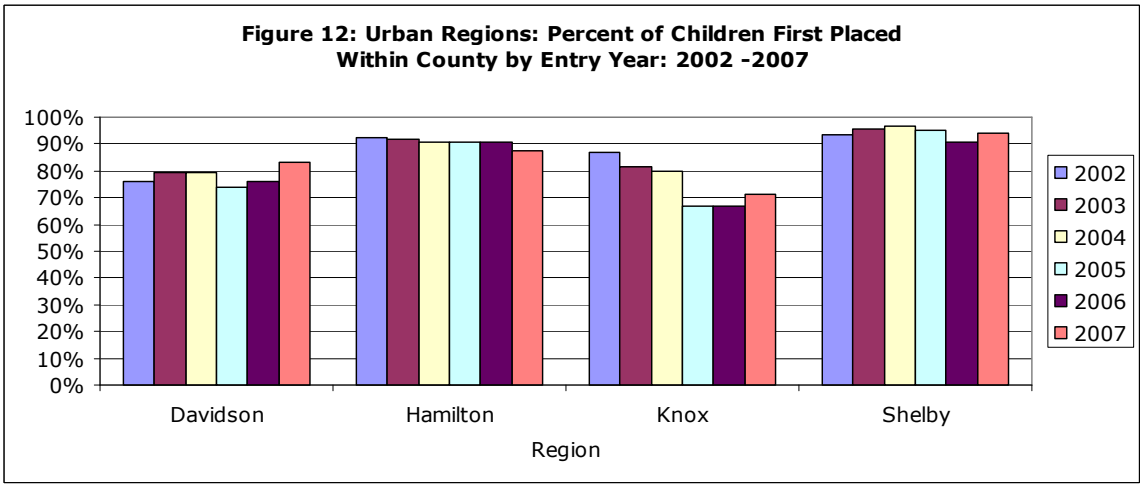
[44] While it certainly makes sense to focus on increasing in-county placements generally, the "in-county" measure is an imperfect measure of the extent to which children are being placed in or near their home communities. On the one hand, for children from large counties, a placement within the county,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

The Settlement Agreement recognizes that a child can appropriately be placed outside of a 75-mile radius of the home if "*the child's needs are so exceptional that they cannot be met by a family or facility within the region, or the child needs re-placement and the child's permanency goal is to be returned to his parents who at that time reside out of the region or the child is to be placed with a relative out of the region.*" (XVI.B.7.a)

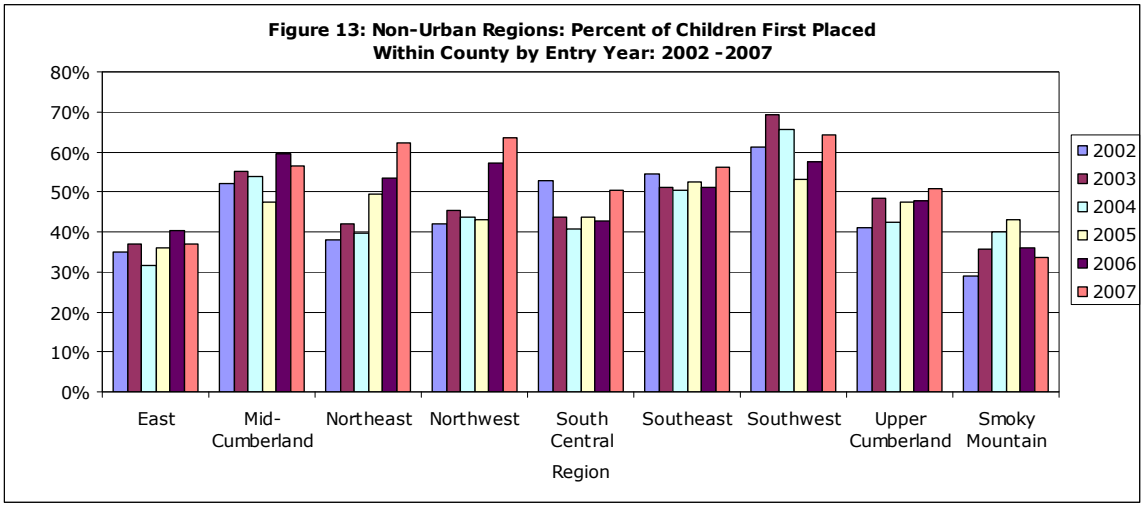


Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Figures 12 and 13 in combination present the performance of each of the regions with respect to in-county placement rates from 2002 through 2007.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008. Information about the 2000 and 2001 entry cohorts is not displayed because county data for those years was incomplete.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008. Information about the 2000 and 2001 entry cohorts is not displayed because county data for those years was incomplete.

3. Improving Stability While in Placement

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

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

Children in foster care in Tennessee still experience a significant number of moves, in excess of both the *Brian A.* requirements and the targets set by DCS. For this reason, improving placement stability for children in state custody is a substantial priority for improvement. The goal should be to improve the placement process so that the percentage of children experiencing "no moves" increases and so that those children who do change placements move no more than once.[45] The Department has been pursuing a number of strategies to address this challenge and recent data (both point-in-time and cohort) suggest on-going incremental improvement in placement stability.

For Period III, the Settlement Agreement establishes the following requirements related to placement stability:[46]

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[45] As discussed elsewhere in this report, improving the placement process requires a focus on better assessment of the child's strengths and needs and a sufficient range of resource homes (and knowledge of those resource homes) to make a good match and ensure services necessary to support the match. See discussion in Section Six at page 173.

[46] According to the Settlement Agreement, "*measures in this section apply to children in care at any time during the reporting period and children still in care at the end of the reporting period. Placements made prior to September*

- "*At least 90% of children in care at any time between January 1, 2007 and June 30, 2008 shall have had two or fewer placements within the previous 12 months in custody, not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 30 days;*" and

- *"At least 85% of children in care at any time between January 1, 2007 and June 30, 2008 shall have had two or fewer placements within the previous 24 months in custody, not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 30 days.*"[47] (XVI.A.3)

During Reporting Period III (January 1, 2007 through June 30, 2008), 88% (10,038) of the 11,452 children in custody at any time during that period had two or fewer placements within the previous 12 months in custody, and 80% (9,150) of those children had two or fewer placements within the previous 24 months in custody. While still short of the percentages required by the Settlement Agreement, this represents an increase of four percentage points over performance for Interim Reporting Period III (January 1-December 31, 2006)—from 84% to 88% for the 12-month measure and from 76% to 80% for the 24-month measure.

In addition to reporting as required by the Settlement Agreement, the Department uses other measures to examine placement stability.

Figure 14 below presents the number of placement moves experienced by children first entering custody in 2006, observing placement stability through April 30, 2008, a "window" for observing placement stability that is a minimum of 16 months (for children entering care during December 2006) and a maximum of 28 months (for children entering in January 2006).

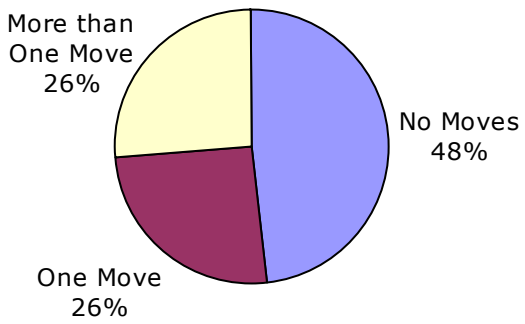
Forty-eight percent (48%) of the children entering care during 2006 experienced no placement moves and 26% moved only once during this window.[48]

1, 2001, shall not be counted in this measure. For children requiring emergency hospitalization who return to their immediate prior placement, that return shall not count as an additional placement."

[47] This provision has been amended by agreement of the parties. It replaces language under the original Settlement Agreement that provided, for Period III, *"at least 85% of children in care at any time during the reporting period shall have had two or fewer placements not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 10 days.*" For its reporting on this measure, the Department excludes trial home visits in addition to runaways and emergency hospitalizations because trial home visits are not out-of-home placements.

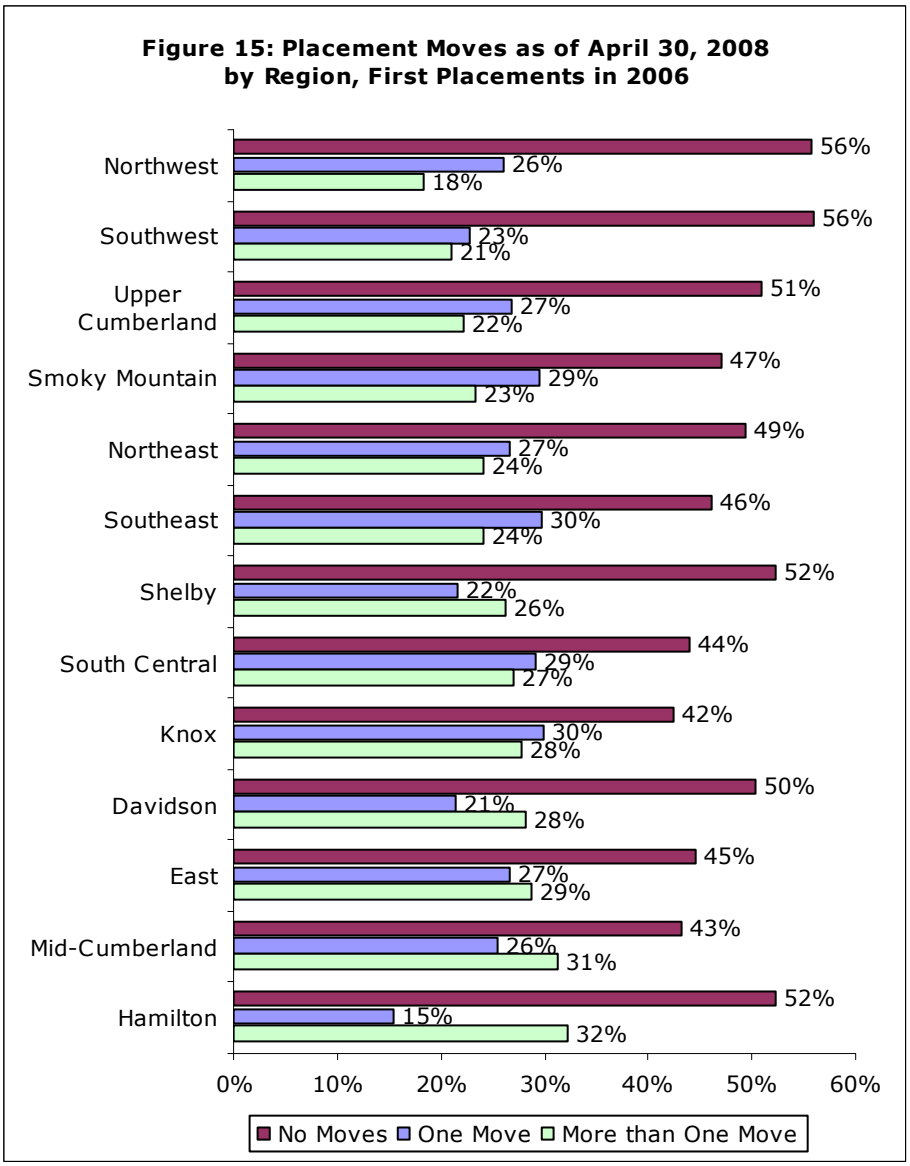
[48] Data for the 2005 entry cohort, presented in the September 2007 Monitoring Report, using a comparable window of observation (through March 31, 2007), showed the same percentages: 48% of children entering out-of-home care in 2005 experienced no placement moves, 26% experienced one move, and 26% experienced two or more moves.

Figure 14: Placement Moves as of April 30, 2008, First Placements in 2006



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Figure 15 provides a regional breakdown of this data. The figure organizes the regions by performance, with those regions with the lowest percentage of children moving more than once at the top.



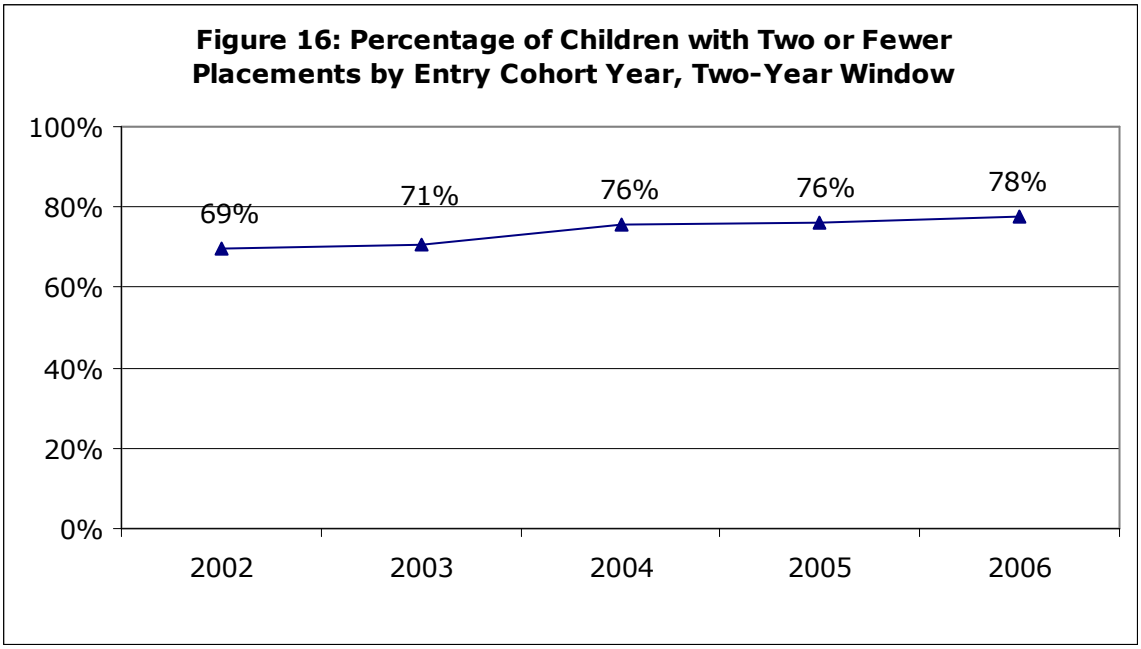
Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

The Department also tracks placement stability over time. Figure 16 presents the percentages of children experiencing two or fewer placements for each cohort year, observing placements over a two-year window. For example, placement moves for children entering out-of-home care[49] during 2002 are observed from the date of custody in 2002 through December 31, 2003, allowing for a two-year window of observation. Placement moves for the 2003 entry cohort are observed through December 31, 2004, and so on.[50]

[49] Unlike other cohort data presented in this report, this placement stability measure includes all children entering out-of-home placement, regardless of whether the children are entering care for the first time or are reentering care. This measure also excludes all out-of-home placement episodes lasting fewer than five days.

[50] This "two-year window" for each cohort year observes placement stability from a minimum of 12 months for children entering care during December of the first year to a maximum of 24 months for children entering care during January of the first year.

Placement stability has increased steadily for each subsequent entry cohort. Of children entering care during 2002, 69% experienced two or fewer placements. Of children entering care during 2006, 78% experienced two or fewer placements.[51]



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.

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

First, children who are placed in kinship resource homes appear to have more stable placement than children placed in non-kinship resource homes. This is consistent with trends nationally. As of April 30, 2008, 64% of the 755 children entering out-of-home placement for the first time in 2006 who were initially placed with relatives did not experience a placement move, compared to 49% of the 3,192 children entering out-of-home placement for the first time in 2006 who were initially placed in non-relative resource homes. The Department has recognized that increased identification and utilization of relatives and fictive kin as resource parents for children would reasonably be expected to improve placement stability. The Department continues to place special emphasis on improving regional kinship resource home recruitment and retention efforts.

Second, for those children who experience placement moves while in care, most of the placement moves occur in the first six months in care. A reasonable approach to improving

[51] The Department also produces a similar measure of placement stability for the children who were already in care at the beginning of each year (the "in care population"). The measure observes placement moves for children in care at the beginning of each year over a two-year window. For example, placement moves for children in care on January 1, 2002 are observed from January 1, 2002 through December 31, 2003. Placement stability for the in care population has also increased slightly: 80% of children in care on January 1, 2002 experienced two or fewer placements during the two-year window; 83% of the children in care on January 1, 2006 experienced two or fewer placements during the two-year window.

placement stability might therefore be to focus on understanding and addressing the factors that contribute to placement moves in the first six months in care.

A more detailed presentation of this additional stability data, including an analysis of placement moves by region, is contained in Appendix G.[52]

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

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

As discussed in this subsection, the percentage of sibling groups placed together continues to be a significant strength for Tennessee's child welfare system; however, inadequate parent-child contact and inadequate sibling contact (for those siblings not placed together) were identified as areas of concern in the September 2007 Monitoring Report, and performance in those areas appears to have declined since that report was issued.

a. Contact with Parents

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

The Settlement Agreement provides two exceptions:

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

[52] Stability is also measured by the Quality Service Review (QSR). However, the focus of the QSR is not just on placement stability but also on stability of school settings and stability of relationships. Generally, a case cannot receive an acceptable score for Stability if the child has experienced more than two placements in the 12-month period prior to the review. However, a case in which the child had experienced two or fewer placements might nevertheless be scored unacceptable for Stability if the child experienced disruption in school settings or disruption of important personal, therapeutic, or professional relationships.

Table 7 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Stability in the past three annual QSRs.

Table 7: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Stability	**59%** (103/227)	**62%** (106/172)	**58%** (113/195)

Source: Annual QSR finalized databases

The numbers are presented in parentheses, with the first number (to the left of the slash mark) reflecting the number of cases with acceptable Stability scores and the second number (to the right of the slash mark) reflecting the total number of cases reviewed.

- *"The child's case manager may consider the wishes of a child (generally older adolescents) and document any deviation from usual visitation requirements."* (XVI.B.1)

For Period III, the Settlement Agreement states that *"50% of all class members with a goal of reunification shall be visited at least twice per month. For the remaining class members with a goal of reunification who are not visited at least twice per month, at least 60% shall be visited once a month."*

The TNKids system is not presently able to identify children whose visits with their parents would be subject to either exception,[53] and therefore the Department applies the standard to all class members with a goal of reunification who are placed away from their parents, excluding only the small number of children who have run away from care or are placed out-of-state.[54]

For the month of June 2008,[55] children and parents visited twice per month in 22% of the cases (compared to 50% required by the Settlement Agreement), and of the remaining cases, 23% visited once per month (compared to 60% required by the Settlement Agreement). Or, stated differently, a total of 39% of children visited with their parents at least once during June 2008. The Settlement Agreement effectively requires 80% visit at least once per month.[56] The percentage of children not visiting with their parents at all during the month was 65%.

Figure 17 below presents performance on this measure since January 2007. The percentage of children visiting with their parents at least once during the month reached a high point in March 2007 (Interim Reporting Period III) when visits with parents were documented for 56% of children (27% visited with their parents twice during the month and 29% visited with their parents once during the month). This coincided with an intensive data clean up focused on documentation of family visits (with parents and siblings).[57] Performance has followed a

[53] These exceptions should be documented in the case file—in case notes, permanency plans, and in the TNKids visitation module; however, these are "narrative text fields" at this time and therefore gathering and reporting that information would require case file reviews. The parties agreed that conducting such case file reviews was not an appropriate use of monitoring resources at this time, given that the Department does not contend at this point that it is meeting or close to meeting the performance target, even if the exceptions were to be excluded from the calculation.

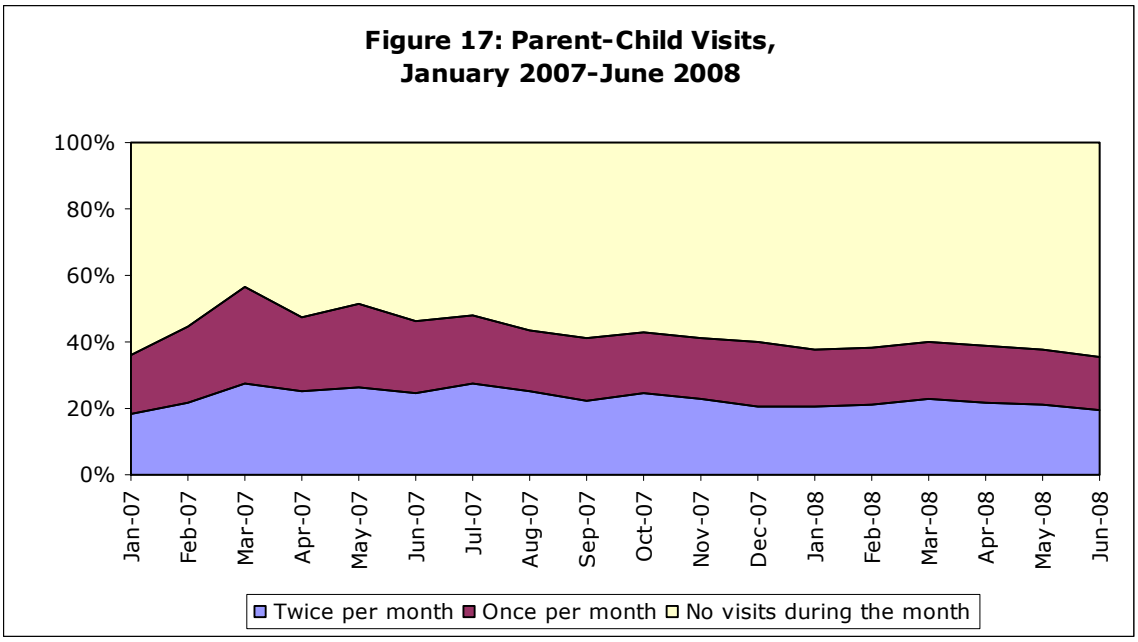
[54] Under DCS policy, until parental rights are terminated, parents and children retain their right to visits and contact with each other. As with any other situation in which the interests of the child require a deviation from the visiting standard, if there is a reason to restrict visits prior to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

[55] The Department reports performance at the end of the Reporting Period (during June 2008) for this measure.

[56] This "effective" Settlement Agreement requirement is calculated by adding the number of cases in which the child visited with a parent at least twice per month to the number of cases in which the child visited with a parent at least once per month and then dividing by the total number of relevant cases (i.e., all children with a goal of reunification who were placed away from their parents during June 2008, excluding only the small number of children who had run away from care or were placed out-of-state).

[57] The Department had conducted a "cleaning" of its parent-child visit data for March 2007 and sibling visit data for February and March 2007 to ensure that all visits that had occurred during those months were documented in TNKids. Although the cleaning resulted in a higher percentage of documented visits, TAC monitoring staff found a few cases that were coded as a visit between the child and parent in March even though the TNKids narrative stated that the visit had been canceled or did not occur because of a valid court order prohibiting visits. A targeted review would be necessary to gauge the frequency of such mistakes. Similar coding mistakes might also affect the Department's reporting of sibling visits and case manager contacts with children and families. Notwithstanding

downward trend since that time, returning by June 2008 to 39%, a comparable level of performance to that in January 2007 (36%).[58]



Source: TNKids "Parent-Child Visit Compliance Summary Reports" (CEN-PRTCHDVT-200) for January 2007 through June 2008.

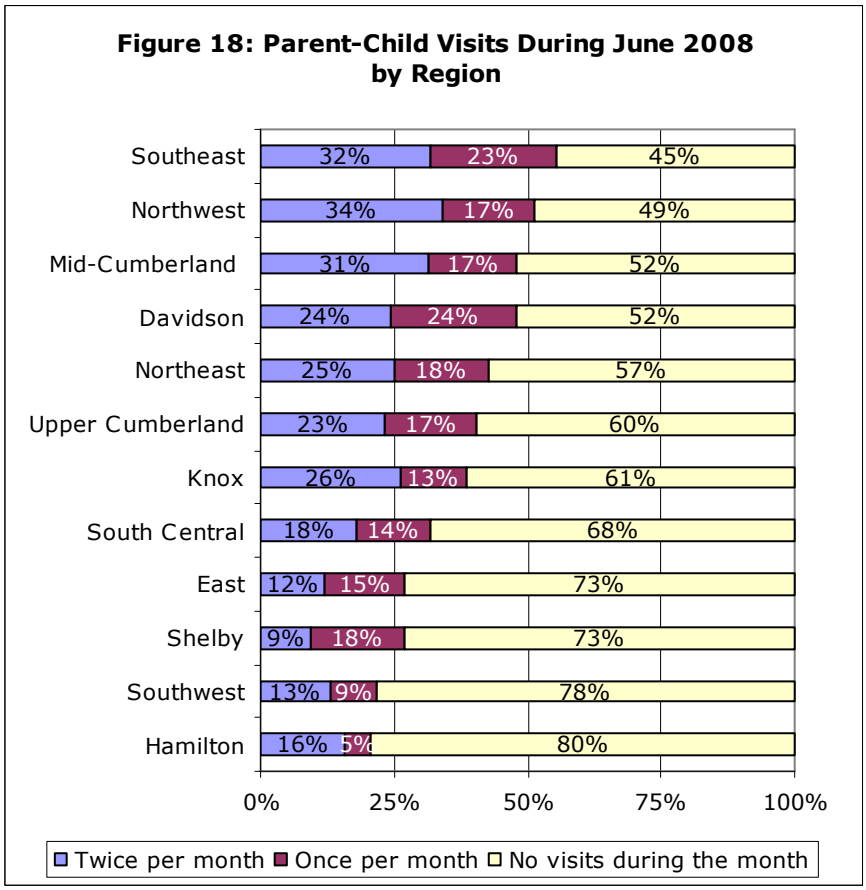
The significant decline in performance since March 2007 seems particularly discouraging in light of the fact that the Department had expected parent-child visit data to improve once the private providers were responsible for and able to enter visit data in TNKids through the web application. Private providers have been doing that data entry since the summer of 2007, and the rate of parent-child visits has nevertheless declined.[59]

There is significant regional variation in performance on this measure as shown in Figure 18 below. Southeast and Northwest were the only two regions with more than half of children visiting with their parents at least once during June 2008. Less than a quarter of children in Southwest and Hamilton visited with their parents during the month.

these concerns related to the accuracy of the TNKids coding of visits, the data regarding visits presented in this monitoring report refer to visits as documented in TNKids.

[58] It is likely that there is some underreporting of parent-child visits. In previous case file reviews, TAC monitoring staff noted that while case managers would record visits that they arranged, they might not record parent-child visits that were arranged by the resource parents. (See discussion in the September 2007 Monitoring Report, page 33 and in the January 2007 Monitoring Report, page 48.)

[59] Prior to that time, private providers were dependent on DCS staff entering documentation of private provider facilitated visits into TNKids and there was some belief that, at least in some cases, DCS entry of these visits was either delayed or omitted. It was therefore expected that once the private providers were responsible for and able to enter visit data in TNKids through the web application, the parent-child visit data would improve.



Source: TNKids "Parent-Child Visit Compliance Summary Report" (CEN-PRTCHDVT-200), generated August 1, 2008 for the month of June 2008.

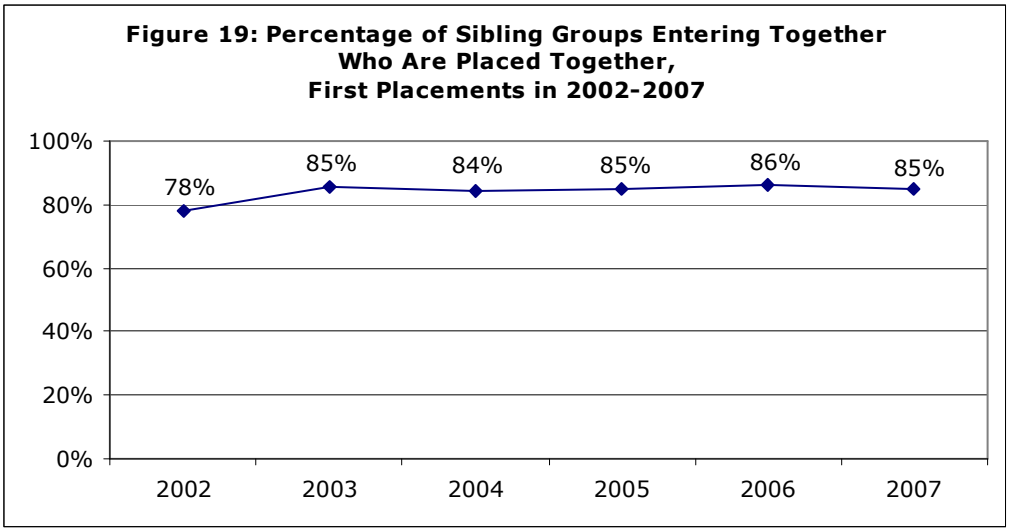
b. Placement with Siblings

The Settlement Agreement provides that, "*siblings who enter placement at or near the same time shall be placed together, unless doing so is harmful to one or more of the siblings, one of the siblings has such exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together. If a sibling group is separated at the initial placement, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts will be documented and maintained in the case file.*" (XVI.B.3)

For Period III, the Settlement states that "*at least 85% of all siblings who entered placement during the reporting period shall be placed together in the same foster home or other placement.*"

The TNKids system is not presently able to identify children whose placement with their siblings would be subject to any of the exceptions, and therefore the Department applies the standard to all sibling groups who enter custody within 30 days of one another.

During calendar year 2007,[60] 85% of sibling groups entering out-of-home placement together for the first time were placed together. Figure 19 displays performance on this measure for entry cohorts 2002 through 2007. Performance has remained between 84% and 86% since 2003.[61]



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.

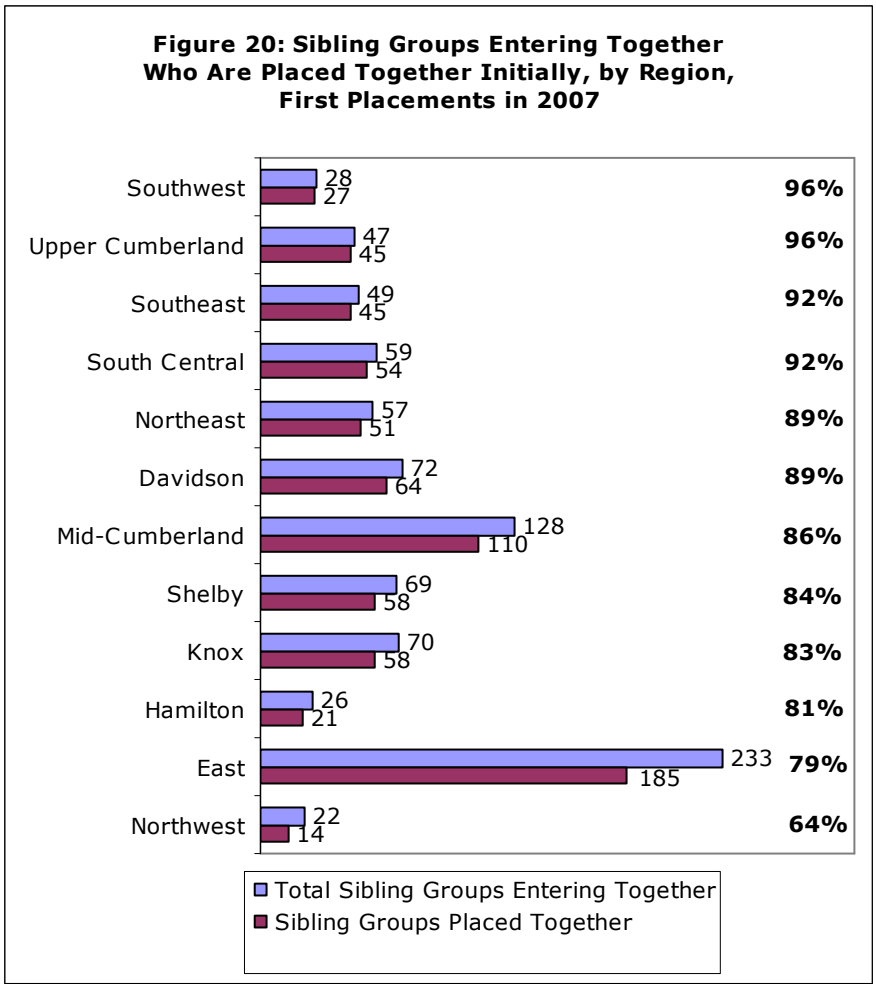
Figure 20 below presents both the total number of sibling groups entering together for the first time in 2007 and the number of those sibling groups who were placed together initially. The regions are ordered in the figure by the percentage of sibling groups initially placed together, with the region with the highest percentage of sibling groups initially placed together at the top.

East had by far the largest ***number*** of sibling groups entering out-of-home placement together for the first time in 2007; 233 sibling groups compared to 128 in Mid-Cumberland and 22 to 72 in each of the remaining ten regions. East also had the largest ***number*** of sibling groups placed together initially than in any other region: 185 sibling groups compared to 110 in Mid-Cumberland and 14 to 64 in each of the remaining ten regions. However, the ***percentage*** of sibling groups in East initially placed together (79%) is lower than any other region except Northwest.

Mid-Cumberland accounts for the second largest ***number*** of sibling groups entering together and initially placed together. A higher ***percentage*** of those sibling groups were initially placed together than in East and in four other regions (Shelby, Knox, Hamilton, and Northwest).

[60] The Department's reporting of this measure is done by calendar year.

[61] The September 2007 Monitoring Report reported a slightly different sibling separation percentage for 2006 than reported for 2006 in Figure 19. These slight differences appear to be a result of data cleaning that occurred between the production of data for the September 2007 Monitoring Report and the production of data for this report.

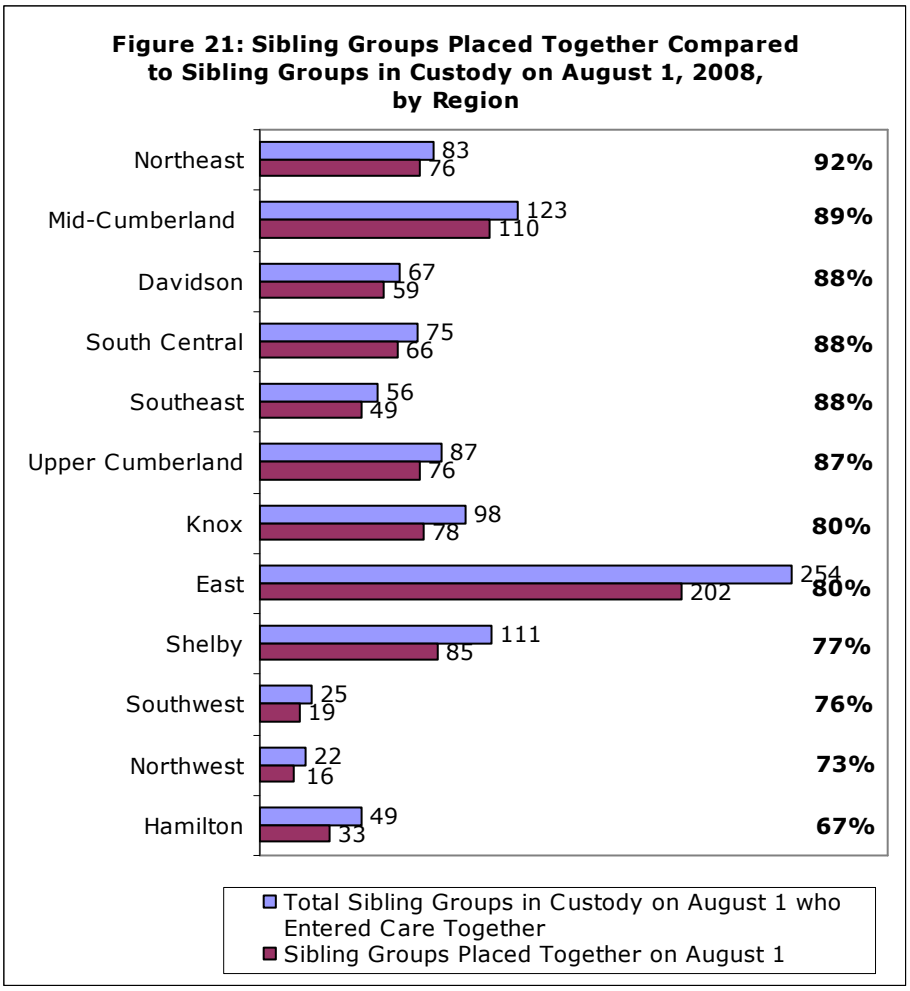


Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.

The Department also tracks the placement of all sibling groups in custody at the beginning of each month. As of August 1, 2008, 83% (869) of the 1,050 sibling groups in custody were placed together.[62] Since the Department began producing this report in November 2007, this percentage has remained quite stable, hitting its lowest point of 80.2% on December 1, 2007 and reaching its highest point on August 1, 2008.

Figure 21 displays regional performance on this measure as of August 1, 2008. As shown in the figure, the placement of sibling groups in custody on August 1, 2008 differs significantly from the initial placement of sibling groups entering out-of-home care during 2007. There are differences between the two measures for every region, though the differences are more pronounced for some regions than for others.

[62] For purposes of producing this particular measure on sibling placement, the Department defines a "sibling group" as siblings who entered custody within 30 days of one another and excludes any child from the sibling group who is on runaway status on the date the report is generated.



Source: TNKids "Active *Brian A.* Class Sibling Groups Not Placed Together Visitation Summary Report" (SBL-ASGNPTVS-200), generated August 1, 2008 for the months of May and June 2008.

c. Contact with Siblings

For Period III, the Settlement Agreement requires that *"90% of all children in the class in placement who have siblings with whom they are not living shall visit with those siblings at least once a month. Of the remaining children in the class in placement who have siblings with whom they are not living and with whom they did not visit at least once a month, at least 90% shall visit at least once every two months."* (XVI.B.2)

The Settlement Agreement allows an exception for "*situations when there is a court order prohibiting visitation or limiting visitation to less frequently than once every two months.*" As is the case with reporting on parent-child visits, TNKids is not able to produce a report on sibling visits that identifies and excludes children subject to this exception. The Department in its reporting applies this standard to all sibling groups who entered custody within 30 days of one another and are separated during the reporting period, irrespective of whether there is a court

order limiting or prohibiting visits.[63] The reporting on this performance measure therefore includes these class members as well, and thus current reporting is likely to slightly understate performance on the Settlement Agreement requirement.[64]

For the months of May and June 2008,[65] the statewide percentage of separated siblings groups[66] having face-to-face visits at least once per month during that two-month period was 37% (compared to 90% required by the Settlement Agreement). Of the remaining separated sibling groups, 39% visited once during the two-month period (compared to 90% required by the Settlement Agreement). Or, stated differently, a total of 61% of sibling groups visited at least once during the two-month period; the Settlement Agreement effectively requires 99%.[67] The percentage of siblings groups not visiting at all during the two-month period was 39%.

Figure 22 below presents performance on this measure since the Department began producing this report for the months of August and September 2006. During August and September 2006, a total of 49% of separated sibling groups visited at least once during the two-month period. This percentage reached a high point of 76% in June and July 2007 and has exhibited a slight downward trend since that time.

The percentage of separated sibling groups visiting at least once each month increased from 29% in August and September 2006 to a high point of 49% in February and March 2007 and has also exhibited a slight downward trend since that time.[68]

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[63] As with reporting on parent child visiting, identifying and eliminating these exceptions from the report would require a separate case file review, something that the parties agree is not an appropriate use of the monitoring resources at this time, especially because the number of children to whom this exclusion applies is likely to be small.

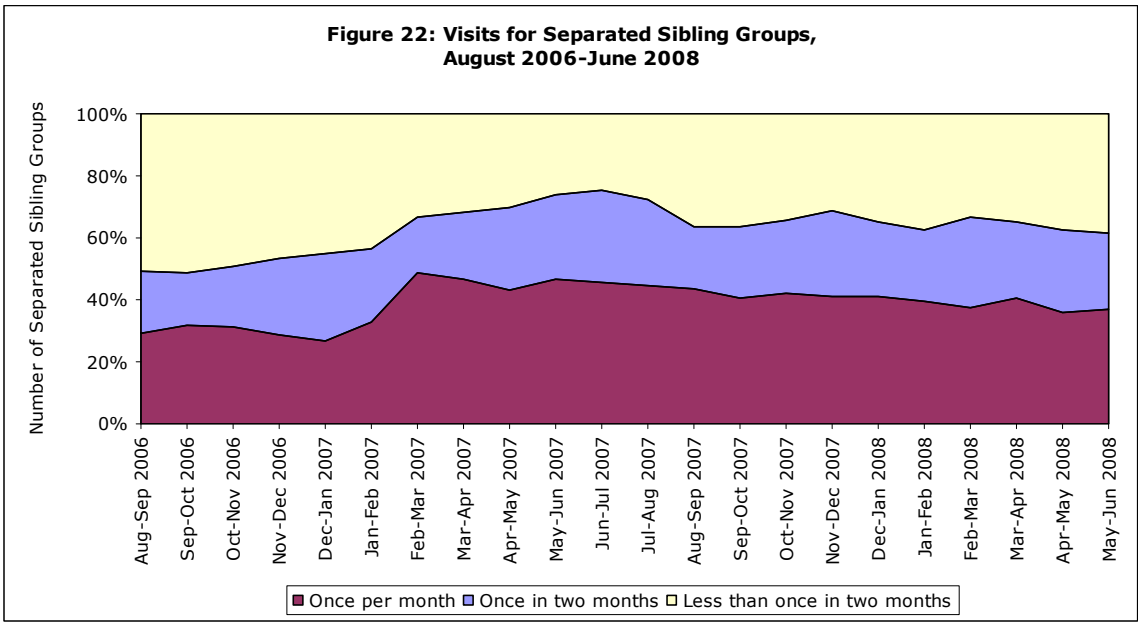
[64] Notwithstanding the under-reporting, the Department recognizes that it is far from meeting the requirements of the Settlement Agreement in this area.

[65] The Department reports performance for the end of the Reporting Period III (during May and June 2008) for this measure.

[66] This measure includes all sibling groups in custody during the two-month period who originally entered custody within 30 days of one another, regardless of the type of entry (first placement or reentry) or placement type (with family or out-of-home), and excludes any child from the sibling group who is on runaway status on the date the report is generated.

[67] This "effective" Settlement Agreement requirement is calculated by adding the number of sibling groups visiting at least once per month to the number of sibling groups visiting at least once during the two-month period and then dividing by the total number of relevant sibling groups (i.e., all sibling groups who entered custody within 30 days of one another and were separated during May and June 2008).

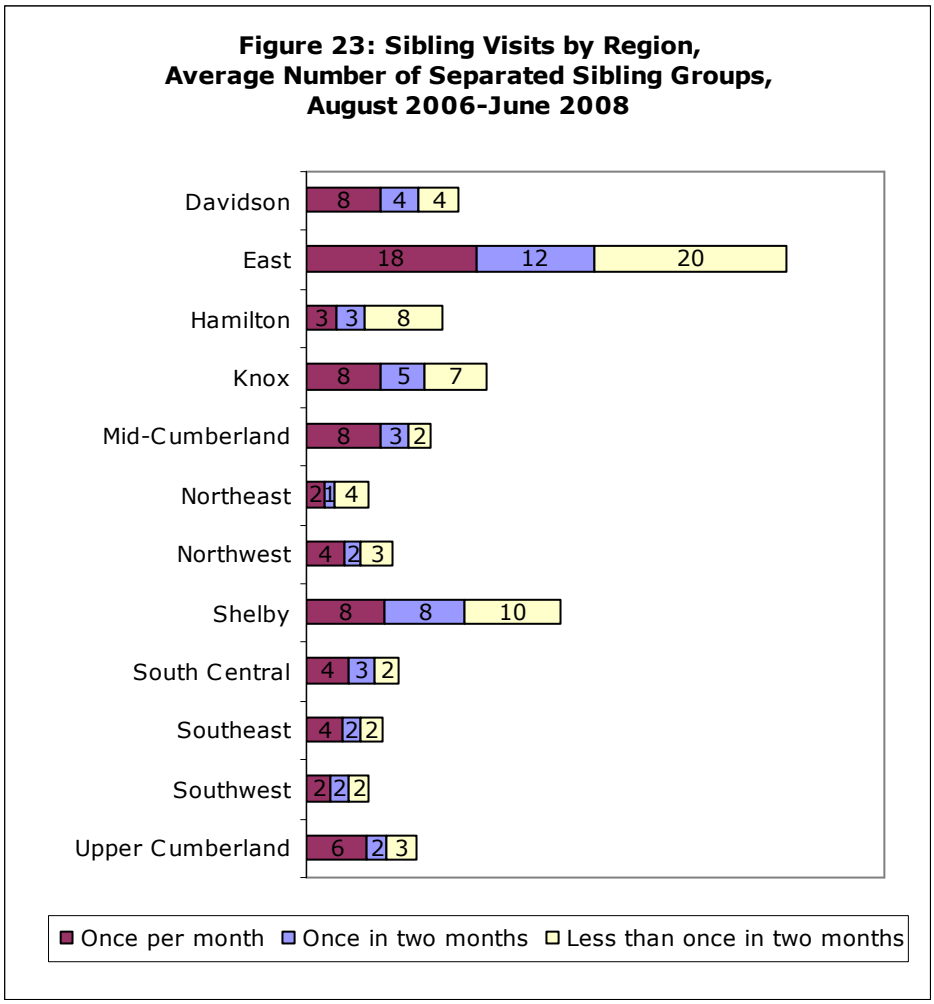
[68] As noted in the previous discussion of parent-child visits on pages 40 and 41, sibling visit data for February and March 2007 (Interim Reporting Period III) were the focus of a data cleaning initiative to ensure that all visits occurring during the month were documented in TNKids. Subsequent to that cleaning, there has been a decline in reported sibling visits, even though private providers are now entering into TNKids sibling visits they supervise directly—an enhancement that was expected to increase documentation of visits. It is not clear to what extent this decline reflects a decline in sibling visits or instead reflects a failure to document visits that are in fact occurring.



Source: TNKids "Active *Brian A.* Class Sibling Groups Not Placed Together Visitation Summary Reports" (SBL-ASGNPTVS-200) for August and September 2006 through May and June 2008.

Figure 23 below presents the average number of separated sibling groups visiting one another at each frequency, by region, for the period from August 2006 to June 2008.[69] East and Shelby both account for a substantial number of the separated sibling groups and an even larger proportion of those visiting less than once in two months.

[69] Because of the relatively small number of sibling groups who are separated in most regions, there is considerable fluctuation from month to month.. In order to provide some meaningful way of understanding and comparing regional performance, the figure gathers and presents information based on a monthly average of relevant regional sibling separation data over a 22-month period.



Source: TNKids "Active *Brian A.* Class Sibling Groups Not Placed Together Visitation Summary Reports" (SBL-ASGNPTVS-200) for August and September 2006 through May and June 2008.

d. Family Connections

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

Table 8 presents the number and percentage[70] of *Brian A.* cases receiving acceptable scores for Family Connections in the past three annual QSRs. The Family Connections indicator is only scored for cases in which (a) the child was placed out-of-home and (b) maintaining at least one family relationship was appropriate.

Table 8: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Family Connections	**41%** (73/180)	**52%** (66/128)	**40%** (55/137)

Source: Annual QSR finalized databases.

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

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

Key Findings:

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

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

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

- While over half of children who are discharged from state custody upon reaching the age of 18 remain in a secondary education program and slightly more than a quarter have graduated high school, completed a GED, and/or are employed in some capacity (either

[70] In this table (and in similar tables throughout the report), the numbers of cases are presented in parentheses, with the first number (to the left of the slash mark) reflecting the number of applicable cases (in this instance, cases with acceptable scores for family connections) and the second number (to the right of the slash mark) reflecting the total number of cases reviewed.

part-time or full-time), a significant minority of children "age out" without such achievement/ongoing involvement.

1. Ensuring the Safety of Children in Foster Care

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

The Settlement Agreement requires that the Department's Child Protective Services (CPS) system be adequately staffed to ensure receipt, screening, and investigation of alleged abuse and neglect of children in DCS custody within the time frames and in the manner required by law, and the Settlement Agreement has specific provisions related to addressing allegations of children being abused and neglected while in care. The Department has recognized the important interrelationship between CPS work in general and the system's ability to serve children in custody and therefore DCS has appropriately included improvements in CPS staffing and performance as part of its "*Brian A*." implementation plan.[71]

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

a. CFSR Abuse in Care Measure

The U.S. Department of Health and Human Services (DHHS) has established measures for purposes of the federally required Child and Family Services Review (CFSR) for calculating the rate of abuse and neglect of children in foster care by resource parents and congregate care facility staff and has set federal standards for the states to meet. The DHHS standard (revised to be more stringent beginning in fiscal year 2004) requires that no more than 0.32% of all children in care be victims of substantiated maltreatment by a resource parent or congregate care facility staff member. Under this standard, the term "all children in care" applies to both *Brian A.* class members (children adjudicated dependent/neglected or unruly) and children adjudicated delinquent. Tennessee reported that 0.28% of *Brian A.* children had been the victims of substantiated abuse or neglect by resource parents and/or congregate care facility staff for the 12-

[71] The overall functioning of the CPS process prior to a child's entry into state custody is not within the scope of the Settlement Agreement. Nevertheless, Section Three of this report includes discussion of some of the efforts the Department has made to improve the CPS process generally.

month period ending September 30, 2007 and that 0.32% had been the victims of such substantiated abuse or neglect for the 12-month period ending March 31, 2008.[72]

Beyond the CFSR data related to incidence of abuse and neglect of children while in care, there are a number of other sources of information that are relevant to evaluating the extent to which children in state custody are in safe placements and protected from harm and that examine a broader range of safety threats than those included in the CFSR measure. These sources of information include: the Quality Service Review, the Special Investigations Unit (SIU) reports, and the Serious Incident Reporting (SIR) system.

b. Quality Service Review Results

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

Table 9 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Safety in the past three annual QSRs.[73]

Table 9: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Safety	**91%** (206/227)	**92%** (158/172)	**95%** (185/195)

Source: Annual QSR finalized databases.

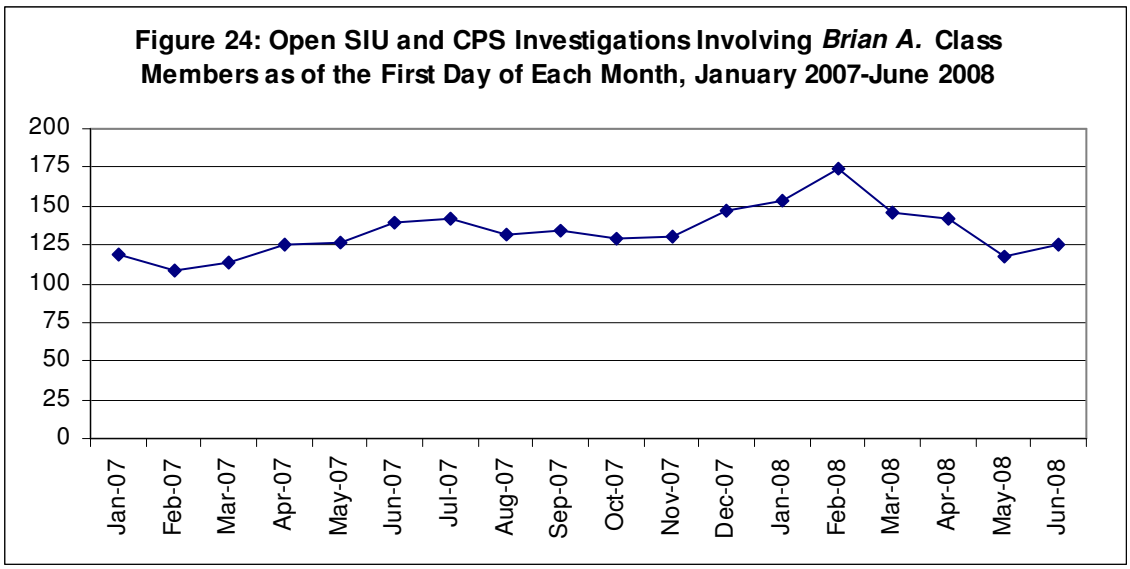
c. Special Investigations Unit and Child Protective Services Investigations of Reports of Abuse or Neglect of Children while in State Custody

The "Special Investigations Unit" (SIU) investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is another foster child, a resource parent or resource parent's family member, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional. Child Protective Services (CPS) investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is a member of the child's birth family or family friend.[74]

While the Department does not regularly report substantiated abuse and neglect of children while in care beyond the CFSR measure data, the available data on the number of investigations of allegations of abuse and neglect of children in care provides some measure of the extent to which concerns about abuse and neglect of children in foster care (sufficient to warrant investigation) are brought to the Department's attention.

[72] Like the majority of other states, the Department has eliminated from its definition of abuse in care the categories of "substantial risk of physical abuse" and "substantial risk of sexual abuse." "Substantiated at risk allegations" are therefore no longer included in the CFSR percentages.
[73] For discussion of the circumstances of the 15 cases that failed for safety in 2007-2008, see page 150.
[74] CPS and SIU investigations and related data are more fully discussed in Section Three.

Figure 24 below displays the number of open investigations (both CPS and SIU) involving *Brian A.* class members as of the first day of each month for January 2007 through June 2008. Over the past year, the number of open investigations on the first day of each month has ranged between 125 and 175.[75]



Source: TNKids "*Brian A.* Class Open Investigations Over 60 Days Old Report" (CPS-BRIANINV-200) reports as of the first day of each month for January 2007 through June 2008.

d. Serious Incident Reports

The Serious Incident Reporting automated system provides data on the number of reports received from private providers and reviewed by the Department regarding the variety of categories of "serious incidents" which private providers are required to report regarding children in their care.[76] Reporting is required both for serious incidents involving improper conduct, such as reports of abuse and neglect or inappropriate use of restraint or seclusion, and for serious incidents involving proper conduct, such as taking a child to an emergency room for appropriate medical treatment, or appropriate use of restraint or seclusion. Serious incident reports are assigned a numbered "severity level" (1 through 4, with one being the least severe) based on the nature and circumstances of the incident.[77] The severity level determines the intensity of review and/or follow-up required of Departmental staff.

[75] For a breakdown of the length of time that these investigations have been open as of the first day of each month, see Section Three at page 84.

[76] While the reporting is supposed to be done electronically through a web-based application, the Department continues to receive a small number of reports through the old system of faxing hard copies. (Faxing of hard copies serves as a back up when providers are unable to access the web-based system.) Ten percent (378) of the 3,912 serious incidents reported during the third quarter of 2007 were faxed; this percentage fell to 4% for the fourth quarter of 2007 (149/4,095) and the first quarter of 2008 (166/3,938). As reported in previous monitoring reports, the Department is not yet routinely reporting incidents occurring in DCS operated placements through the Serious Incident Reporting process.

[77] At this time, a serious incident with a severity level of 4 includes an incident involving the death or near death of a child in DCS custody, both of which are immediately reported to the Executive Director for Child Safety (and to 911, as appropriate). Incidents that do not involve death or near death but result in serious permanent injury or disability (e.g., administration of medication that results in permanent paralysis but did not constitute a near death

Table 10 below displays the number of serious incidents reported through the Automated System between January 1, 2008 and March 31, 2008 by severity level and incident type for both *Brian A.* class members and children with delinquent adjudications. (There were no level 4 serious incidents reported during this time period.)[78]

incident) are now categorized as Level 3 rather than Level 4 incidents. (Because it can be difficult to distinguish between a "near death" incident and an incident that results in serious permanent injury, there is likely inconsistency in reporters' categorizations of such incidents as Level 3 and Level 4.) At this time, Level 4 incidents are entered into the automated SIR reporting system after the Director of Child Safety and emergency personnel, as necessary, have already responded. The main function of the SIR system is to alert DCS staff of an incident requiring a response. Since these incidents have already been reported and responded to prior to their entry into the SIR system, the Department is considering eliminating the Level 4 incident category from the SIR automated system. Level 1 incidents currently include rejection or a disruption of service (an agency not accepting a child into its program or refusing to continue providing services to a child over the Department's objection) and some medication errors that are non-injurious, such as a child's refusal to take a Tylenol that had been prescribed. By definition, these are not incidents that pose a serious risk of harm or cause actual harm. While these Level 1 incidents are entered into the automated SIR reporting system, reporting on Level 1 incidents serves a different purpose than the reporting on Level 2, 3, and 4 incidents.

[78] The TAC anticipates including more detailed discussion of SIR data in future monitoring reports.

Table 10: Serious Incident Reports Received Through Automated System, January 1, 2008-March 31, 2008						
Incident Type	Severity Level				Total Number of Incidents	Percentage of Total Incidents
	Level 1	Level 2	Level 3	Unknown		
Abduction	0	0	4	0	4	0.1%
Abuse or neglect	0	0	140	0	140	3.6%
Alleged Abuse	0	0	0	3	3	0.1%
Alleged Abuse by Staff	0	0	0	2	2	0.1%
Alleged Sexual Abuse	0	0	0	2	2	0.1%
Arrest of child or youth	0	0	114	0	114	2.9%
Arrest of parent, surrogate or staff person	0	0	4	0	4	0.1%
Assault	0	476	92	29	597	15.2%
Contraband	0	10	189	3	202	5.1%
Death	0	0	0	2	2	0.1%
Destruction of Property	0	0	0	6	6	0.2%
Disruption of Service	3	0	0	0	3	0.1%
Drug Use	0	0	0	1	1	0.0%
Emergency Medical Treatment	0	384	85	13	482	12.2%
Emergency Use of Psychotropic medication(s)	0	0	4	0	4	0.1%
Injury	0	0	0	3	3	0.1%
Major Event at Agency	0	0	51	0	51	1.3%
Mechanical Restraint	0	0	9	0	9	0.2%
Medication Error	355	57	51	8	471	12.0%
Mental Health Crisis	0	51	103	0	154	3.9%
Mental Health Transfer	0	0	0	2	2	0.1%
Mobile Crisis	0	0	0	2	2	0.1%
Physical Restraint	0	685	162	43	890	22.6%
Police	0	0	0	9	9	0.2%
Runaway	0	0	0	26	26	0.7%
Runaway (off facility property and out of physical sight of staff)	0	0	692	0	692	17.6%
Seclusion	0	15	36	0	51	1.3%
Sexual Misconduct	0	0	0	4	4	0.1%
Suicide Attempt	0	0	0	1	1	0.0%
Theft	0	0	0	2	2	0.1%
Unruly	0	0	0	4	4	0.1%
Weapon	0	0	0	1	1	0.0%
Total	**358**	**1678**	**1736**	**166**	**3938**	**100.0%**

Source: Serious Incident Automated Reporting System, data for the period January 1 through March 31, 2008.

There were a total of 3,938 serious incidents reported between January 1 and March 31, 2008, and five incident types made up the vast majority of the reports: physical restraint[79] (890);

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

runaway[80] (692); assault[81] (597); emergency medical treatment[82] (482); and medication error[83] (471). There were no Level 4 serious incidents reported during this quarter.

2. Meeting the Health Needs of Children in Care

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

There are a number of data sources that the Department uses to track and report on the extent to which the Department is identifying and responding to health care needs of children in its custody, including the Quality Service Review (QSR) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT)[84] data reports.

a. Quality Service Review Results

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

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

If the child is taking medications, the reviewer must specifically determine whether the prescribing physician is monitoring the medications at least quarterly for safety and effectiveness, whether the child demonstrates age appropriate understanding of the medications, their purposes, and their administration, and whether the caregiver(s) with whom the child lives has an appropriate understanding of the medications, their purposes, and their administration.

To receive a minimally acceptable score for this indicator, the child's health status must be good (unless the child has a serious chronic condition, in which case the child must be receiving at least the minimally appropriate treatment and support relative to that condition). Routine health

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

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

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

[83] Medication error is defined as the administration of a medication not in accordance with the prescribing provider's instructions and/or DCS policy and procedure.

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

and dental care have to have been received (even if it may not have been received on schedule). Immunizations must be current (even if they may not have been received on schedule). Acute or chronic health care must be generally adequate, although some follow-ups or required treatments may have been missed or delayed, and symptom reduction must be adequate. The child may have frequent colds, infections or non-suspicious minor injuries that respond to treatment.

Table 11 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Health and Physical Well-Being in the past three annual QSRs.

Table 11: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Health and Physical Well-Being	**95%** (216/227)	**95%** (164/172)	**97%** (190/195)

Source: Annual QSR finalized databases.

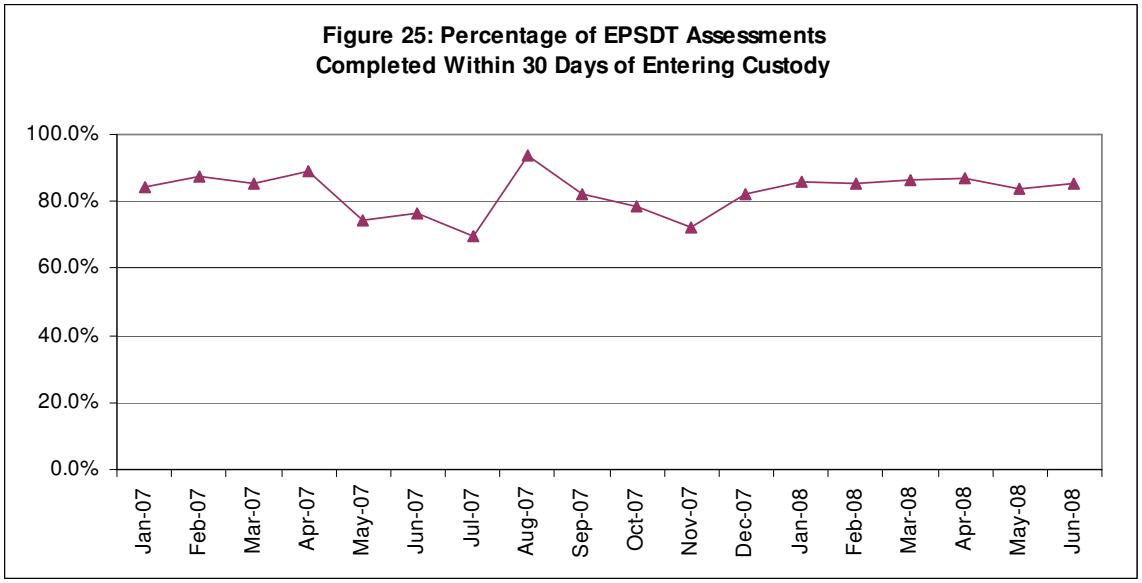
b. EPSDT Assessments

The EPSDT report is primarily designed to meet the reporting requirements of *John B. v. Goetz*, a class action lawsuit focused on Tennessee's implementation of EPSDT, which includes as a subclass children in DCS custody. Produced by the Division of Analysis and Reporting at the beginning of every month, the EPSDT report provides information regarding the completion of initial and annual health assessments as well as annual dental assessments for children in custody.[85] The report for the month of June 2008 found that 85% of the 302 *Brian A.* class members entering custody during the month received an EPSDT assessment within 30 days of entering custody. The report also shows that 94% of the 7,148 *John B.* class children in custody during the month had received an EPSDT assessment within the past year and that 84% of the 6,025 *John B.* class children in custody during the month who were four years or older had received a dental assessment within the past year.[86]

As reflected in Figure 25 below, there has been some considerable variation over the past 18 months in the percentage of initial assessments completed within 30 days of entering custody. Performance ranged from a high of 94% in August 2007 to a low of 70% in July 2007.

[85] Because the subclass includes all children in DCS custody except those placed in the four youth development centers, this report includes both *Brian A.* class members and some children with delinquent adjudications. Youth running away from DCS custody and youth in custody for fewer than 30 days are excluded from this report.

[86] The Department uses *John B.* class children as the base population for reporting on annual medical and dental assessments because these activities are relevant to the *John B.* Settlement Agreement. They are not specific requirements of the *Brian A.* Settlement Agreement. Assessments within 30 days of entry into custody, however, are required by the *Brian A.* Settlement Agreement, and the Department therefore uses *Brian A.* class children as the base population for reporting on initial assessments.



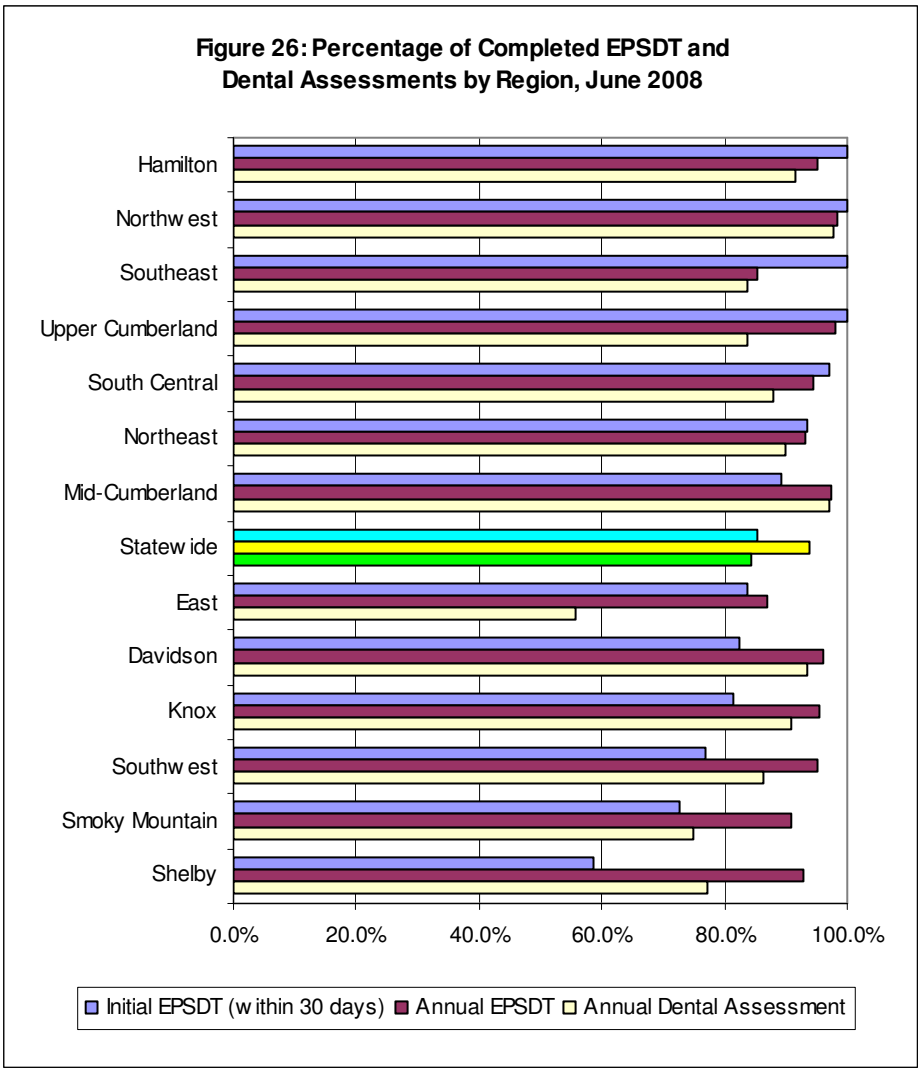
Source: Division of Reporting and Analysis EPSDT reports (EPSTBLSC_EPSDT_CMPNT_TBLS_123_Summ) for January 2007 through June 2008.

In contrast, the percentages of annual medical and dental assessments have remained relatively stable over this time period. Annual medical assessments ranged from a high of 95% in February 2007 to a low of 93% in January 2008, and annual dental assessments ranged from a high of 88% in February 2007 to a low of 82% in December 2007.

There is considerable variation in regional performance on these measures. Figure 26 below presents regional performance for the June 2008 report, arranged by percentage of initial EPSDT assessments completed within 30 days of entering custody.

In Hamilton, Northwest, Southeast, and Upper Cumberland, 100% of children received an EPSDT assessment within 30 days of entering custody. The percentages of children receiving initial assessments within 30 days in the remaining regions ranged from 59% in Shelby to 97% in South Central. Performance in Davidson County has improved significantly since early 2007, when the percentage of children receiving initial assessments within 30 days was typically under 60%.

Regional performance ranged from 86% in Southeast to 99% in Northwest for annual EPSDT assessments and from 56% in the new East region to 98% in Northwest for annual dental assessments.



Source: Division of Reporting and Analysis EPSDT reports (EPSTBLSC_EPSDT_CMPNT_TBLS_123_Summ) for January 2007 through June 2008.

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

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

a. Quality Service Review Results

The Quality Service Reviews provide information about the extent to which the Department is identifying and meeting the mental health needs of children in its care.
The QSR indicator for Emotional/Behavioral Well-Being requires that the reviewer examine the emotional and behavioral functioning of the child in-home and school settings, to determine that either:

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

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

Table 12 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Emotional and Behavioral Well-Being in the past three annual QSRs. In the 2006-2007 and 2007-2008 reviews, this indicator was scored only for cases of children age 2 or older.

Table 12: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Emotional and Behavioral Well-Being	**74%** (167/227)	**74%** (116/157)	**73%** (130/178)

Source: Annual QSR finalized databases.

b. Psychotropic Medications

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

On average, during any given month between January and December 2007, 1,274 class members were receiving one or more psychotropic medications. The monthly numbers of children receiving medication during that time ranged from a low of 1,205 to a high of 1,343. A total of 2,922 (25%) of the 11,647 class members who were in DCS custody at any time during 2007 received one or more psychotropic medications at some point during their time in care.

This reflects a decrease in the use of psychotropic medications among class members over the last year. As reported in the September 2007 Monitoring Report, 2,986 (35%) of the 8,499 class members in DCS custody at any time during 2006 received one or more psychotropic medications at some point during their time in care. The Department's analysis of the BlueCross BlueShield pharmacy data for 2007, including detailed breakdowns by age and race, is attached as Appendix H.

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

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

a. Quality Service Review Results

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

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

Table 13 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Learning and Development in the past three annual QSRs.

Table 13: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Learning and Development	**67%** (153/227)	**74%** (127/172)	**77%** (150/195)

Source: Annual QSR finalized databases.

5. Preparing Older Youth for Adulthood

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

The Settlement Agreement states that for Period III "*at least 90% of the children who are discharged from foster care during the reporting period 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 alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full-time.*" (XVI.A.7)[87]

[87] *This measure excludes children on runaway status at the time they reach the age of 18.* (XVI.A.7)

For Reporting Period III, the Department provided data on youth discharged from foster care at age 18 between July 1, 2007 and June 30, 2008. Of the 485 youth discharged during that period, 84% (406) met one or more of those educational or vocational achievement categories, which was the same percentage reported for Interim Reporting Period III.

Over one quarter (28%) had received a high school diploma or GED. (Because of the way in which this measure is calculated, the youth in this category may also be enrolled in a post-secondary or vocational education program, employed, and/or receiving post-custody services.[88]) Of the remaining youth who have not yet obtained a high school diploma or GED, 55% were enrolled in school (either completing high school or an alternative educational program), and an additional 1% who were not enrolled in school and had not received a high school diploma or GED were employed part- or full-time. There were no youth receiving post-custody services who had not met one of the other achievement categories.

As reported in the September 2007 Monitoring Report, because of concerns that data on educational and vocational achievement of youth discharged from foster care was not being entered into TNKids, the Department conducted follow-up on the youth who did not meet any of the achievement categories.[89] The Department found that 73% of the youth appearing in the report as not having met any of the achievement categories had actually met at least one category, but the data had not been entered into TNKids.[90]

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

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

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

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

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[88] Some youth may have achieved two or more of these measures upon discharge. In those cases only one achievement was selected for this outcome. Achievements were selected in the following order: GED/High School Diploma, enrolled in school, employed (full-time) at discharge. By agreement of the parties, the Department reports employment, without distinguishing between full-time and part-time.

[89] The Department used a report from an earlier month for this follow-up in order to complete the follow-up in time for inclusion in the September 2007 Monitoring Report.

[90] The Department has not conducted any similar follow-up review since that time, nor has the TAC conducted its own review to verify the Department's finding.

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

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

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

Key findings:

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

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

- The median length of stay decreased to 6.4 months in 2004, and performance in 2005 and 2006 was very similar to that in 2004. However, the median length of stay increased somewhat in 2007 to 7.0 months.

- There continues to be a significant variation in median length of stay among the regions. In 2006, the median length of stay ranged from 2.8 months for Davidson to 8.7 months for Hamilton and Knox.

- The rate of exit to a permanent exit (including reunification with family, discharge to a relative, and adoption) has increased for each entry cohort since 2002.[91]

[91] The "rate of exit to permanency" reflects how quickly children are exiting to permanency. An increase in the rate of exit does not necessarily mean that more children are exiting to permanency, but it does indicate that those who do exit to permanency are reaching permanency faster. As discussed on page 67, while it is still to early to be certain, there is some reason to believe that the Department is experiencing an increase in the percentage of children exiting to permanency in later cohorts.

Subsections 1 and 2 below present measures focused on how rapidly children exit custody to a permanent placement. Subsection 3 presents measures focused on how likely children are to exit to a permanent placement rather than a non-permanent exit (running away or "aging out" of the system), and subsection 4 presents measures focused on how likely children are to remain in a permanent placement rather than reentering care.

1. Time to Permanency through Reunification and Adoption

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

a. Time to Reunification

For Period III, the Settlement Agreement requires that "*at least 80% of children entering care after September 1, 2001, who are reunified with their parents or caretakers at the time of discharge from custody, shall be reunified within 12 months of the latest removal date.*" The Settlement Agreement further requires that "*of the remaining children (i.e. those who are not reunified with their parents or caretakers at the time of discharge from custody within 12 months of the latest removal date), 75% shall be reunified within 24 months of the latest removal date.*" (XVI.A.1)

For Reporting Period III, the Department provided data on children reunified with their parents or caretakers between July 1, 2007 and June 30, 2008. Of the 3,611 children reunified with their parents or caretakers during that period, 79% (2,836) were reunified within 12 months.[92] Of the remaining 577 children, 75% (198) were reunified within 24 months.[93] This is an improvement over performance for Interim Reporting Period III. Of the children reunified with their parents during that period (calendar year 2006), 72% were reunified within 12 months, and 73% of the remaining children were reunified within 24 months.

b. Adoption Finalization

For Period III, the Settlement Agreement requires that of those children whose parental rights have been terminated or surrendered during the reporting period (i.e., those in full guardianship), *"75% shall have their adoption finalized or permanent guardianship transferred within 12 months of being in full guardianship."* (XVI.A.2)[94]

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[92] The reunification data regularly reported on by DCS and used by the TAC in this report includes both exits to "Reunification with Parents/Caretakers" and exits to "Live with Other Relatives." The Settlement Agreement limits this measure to exits to "Reunification with Parent/Caretakers."

[93] The Settlement Agreement requires that 80% of children exit to reunification within 12 months and that an additional 15% (75% of the remaining 20%) exit to reunification within 24 months, for a total of 95% of children exiting to reunification within 24 months. Of children reunified with their parents or caretakers between July 1, 2007 and June 30, 2008, a total of 95% were reunified within 24 months.

[94] This provision has been amended by agreement of the parties. It replaces language under the original Settlement Agreement that provided, for Period III, "*at least 85% of adoptions that become final within the reporting period shall have become final within 6 months of the adoptive placement.*"

For Reporting Period III, the Department provided data on all children for whom parental rights were terminated or surrendered between January 1, 2006 and June 30, 2007. Of the 1,738 children for whom parental rights were terminated or surrendered during that period, 74% (1,284) had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship. This is the same percentage reported for Interim Reporting Period III.

2. Length of Time in Placement

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

The Settlement Agreement states that for Period III"*at least 75% of the children in placement shall have been in placement for two years or less.*"[95] (XVI.A.4) For Reporting Period III, the Department provided data on children in custody between July 1, 2007 and June 30, 2008. Of the 11,452 children in custody during that period, 80% (9,122) had been in custody for two years or less. The finding for Interim Reporting Period III was similar: 77% of children in custody during calendar year 2006 had been in custody for two years or less.

The Settlement Agreement further provides that "*no more than 20% of the children in placement shall have been in placement for between 2 and 3 years.*" (XVI.A.4) Ten percent (1,194) of the children in custody during Reporting Period III had been in custody between two and three years. Thirteen percent of children in custody during Interim Reporting Period III had been in custody between two and three years.

Finally, the Settlement Agreement states that "*no more than 5% of the children in placement shall have been placed for more than 3 years.*" (XVI.A.4) Ten percent (1,136) of the children in custody during Reporting Period III had been in custody for more than three years, the same percentage reported for Interim Reporting Period III.[96]

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[95] The Settlement Agreement further provides that "*this measure shall include all children who entered care after October 1, 1998 and either left care at any time during the reporting period or are still in care at the end of the reporting period. Measurement shall exclude children still in care at the end of the reporting period who are in a long term relative placement for whom a long term placement agreement has been signed, and shall exclude children in permanent foster care.*" (XVI.A.4)

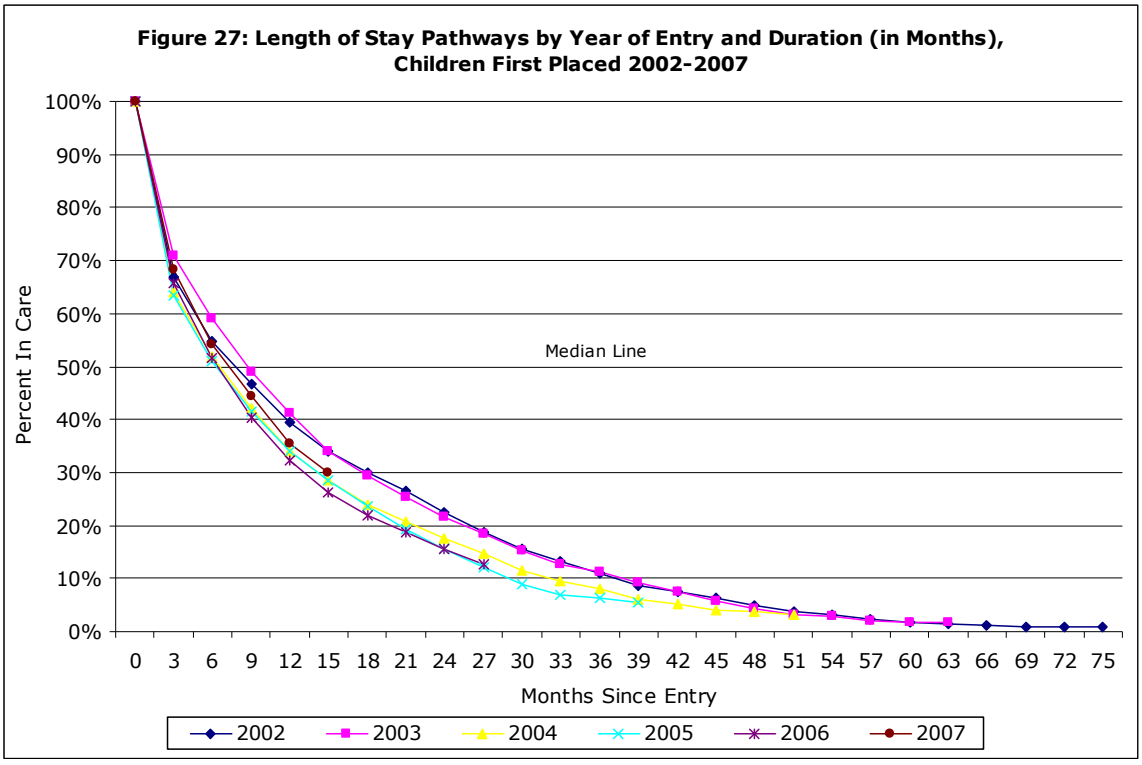
[96] The September 2007 Monitoring Report presented the findings of the Department's targeted review of the 1,230 children who as of December 31, 2006 had been in DCS custody for more than three years. By June 30, 2007, 712 of those children had exited custody. Of the 501 remaining, the Department determined that 57% were making progress toward permanency, 17% had some identified barrier to permanency that was understandably impeding progress (e.g., severely disabled child, child on runaway, pursuing placement through the Interstate Compact on Placement of Children, and "legal barriers"), and 26% either did not have an identified placement or continued to reject adoption or subsidized permanent guardianship. These cases are among those subject to the review process discussed in Section Eight, including the ongoing review overseen by the Commissioner of children who have been in care for more than 15 months and the "FOCUS Team" process for identifying families for children in permanent guardianship for whom no permanent family has yet been identified.

To better understand the circumstances surrounding the "long-stayers" and in order to assess the extent to which the variety of reviews are succeeding in moving these cases to permanency, the TAC anticipates having TAC

In addition to reporting on length of stay as required by the Settlement Agreement, the Department tracks length of time in placement in a number of other ways, focusing on entry cohorts (all children entering during a specific year).[97]

Figure 27 shows length of stay by duration in months for six entry cohorts, 2002-2007.[98] Each line shows how many children were still in placement after each monthly interval of time. For example, for the 2002 entry cohort, the figure shows that after 75 months, all but about 1% of children had been discharged from foster care. The pattern of those discharges can be seen by following the path back in time.[99]

The data in Figure 27 show that the timing of exit from foster care in Tennessee has not changed very much over the last six years. The paths traced by each entry cohort are similar. However, children in the 2004, 2005, and 2006 cohorts exited care somewhat faster than children in 2002 and 2003 cohorts, at least for the first two to three years. The exit trajectory for the 2007 cohort appears to be similar to that of the 2004-2006 cohorts.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

monitoring staff conduct a targeted review in November 2008 of children who as of December 31, 2007 had been in care for more than 15 months.

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

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

[99] This figure is useful for providing a general sense of the speed at which children from each cohort leave placement—regardless of their exit destination. Length of stay depicted in this way is useful because one can begin to see the shape of the paths or curves—and therefore the speed at which children exit—before all the children have exited from each entry cohort. Steeper curves, which can be observed within the first six months, indicate faster movement out of care. Shallower curves indicate slower exits from foster care.

The Department tracks and reports on median lengths of stay (or median durations)—the number of months that have passed at the point at which 50% of the children entering care in a given cohort year have exited care. While median durations provide less detail than the data in Figure 27, they provide a useful summary statistic that can be compared over time and across subgroups in the population.

Table 14 shows median durations for cohort years 2002 to 2007, statewide and by region.[100] Statewide, 50% of children entering care in 2002 spent 7.6 months in out-of-home placement; that number of months increased to 8.6 by 2003, decreased to less than 6.5 during 2004, 2005, and 2006,[101] and then increased again to 6.9 for 2007. The regional medians affirm the statewide trends, but indicate that the magnitude of the change differs significantly around the state.

Table 14: Median Duration in Months by Entry Year and Region, First Placements January 2001 - December 2007

	2002	2003	2004	2005	2006	2007
Statewide	7.6	8.6	6.4	6.3	6.4	6.9
Davidson	6.9	7.2	4.4	1.8	2.8	2.8
East Tennessee	3.7	6.4	4.8	8.0	5.0	6.5
Hamilton	9.9	15.9	8.4	7.6	8.7	
Knox	12.9	11.0	10.4	9.6	8.7	11.0
Mid-Cumberland	7.4	8.0	7.3	7.7	7.0	6.1
Northeast	6.8	7.8	6.0	5.3	7.9	7.6
Northwest	8.4	5.8	5.3	4.4	3.5	4.8
Shelby	12.3	11.5	9.2	7.9	7.6	6.6
Smoky Mountain	6.9	6.6	5.1	7.8	5.3	7.6
South Central	5.8	7.4	6.2	5.3	7.5	
Southeast	7.2	10.7	6.0	4.5	7.6	5.8
Southwest	7.7	7.8	5.0	3.9	4.7	6.7
Upper Cumberland	7.2	10.9	7.7	8.7	8.0	9.8

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2008.
Blank cells indicate that too few children have exited to calculate a duration for that median.

3. Improving Exits to Permanency

While the Department tracks and reports on the two separate measures for timely exit to permanency set forth in the Settlement Agreement (time to reunification for those children who exit to reunification and time to adoption for those who exit to adoption), the Department also

[100] Median durations presented for 2007 should be considered preliminary.
[101] The September 2007 Monitoring Report contained erroneous length of stay data for the 2006 entry cohort, both statewide and for the regions (see the September 2007 Monitoring Report at page 54). The length of stay analysis for the 2006 entry cohort was inadvertently conducted using an incomplete data file. Chapin Hall has modified the collection and analysis processes involved in order to prevent this error from occurring in the future.

utilizes a different measure that focuses generally on permanent exits of all types. Additional information on exits to permanency by exit type is included as Appendix I. In addition, the Department tracks and reports the number of finalized adoptions by fiscal year.

a. Rate of Exit to Permanency

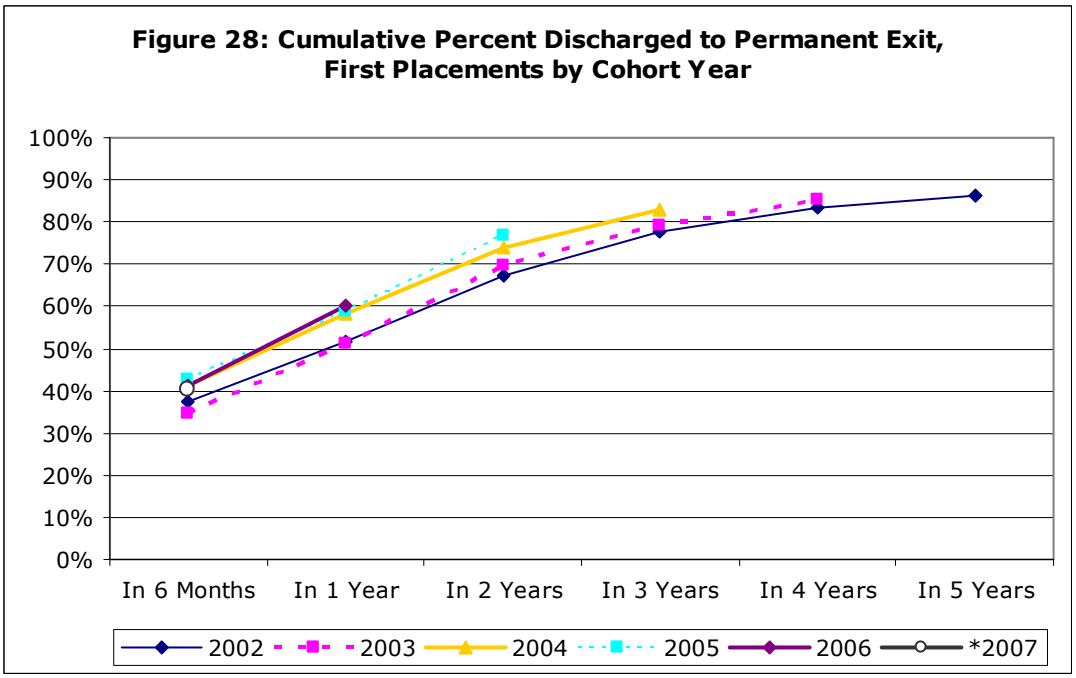
i. All Permanent Exits

Children who entered care in 2004, 2005, and 2006 exited to permanency more quickly than did children who entered care in 2002 and 2003. Not enough time has passed to be able to determine whether this trend will continue for the 2007 entry cohort.

Figure 28 shows the percentage of permanent exits[102] for entry cohorts 2002-2007.[103] Each line shows the percentage of children entering during each year who were discharged from placement to a permanent exit after each interval of time. For example, for the 2002 entry cohort, the figure shows that a little less than 37% had exited to a permanent exit within six months of entering care, and just over 52% had exited within one year. The curve becomes less steep as the time intervals become longer, indicating that the rate of discharge to permanency slows as children remain in care longer. The curves for subsequent entry cohorts show the same pattern of decreasing exits to permanency over time. However, as the increasingly steeper curves for each successive cohort indicate, children in later cohort years are exiting to permanency more quickly. For example, while 37% of children entering care in 2002 exited to permanency within six months, 43% of children entering care in 2005 exited to permanency within six months. Similarly, while only 67% of children entering care in 2002 exited to permanency within two years, 77% of children entering care in 2005 exited to permanency within two years.

The data also suggest that the overall percentage of children exiting to permanency might be increasing for children in more recent entry cohorts. If that in fact turns out to be the case, a higher percentage of children in later cohort years would have exited to permanency within five years than children in earlier cohort years. However, more time is needed to observe exits before a conclusion can be drawn regarding the overall percentage of children in each cohort year who exit to permanency.

[102] Reunification, discharge to a relative, and adoption are the three exit types included in this "permanent exit" category.
[103] This measure includes all children entering out-of-home placement for the first time during the cohort year who remain in care for more than four days.



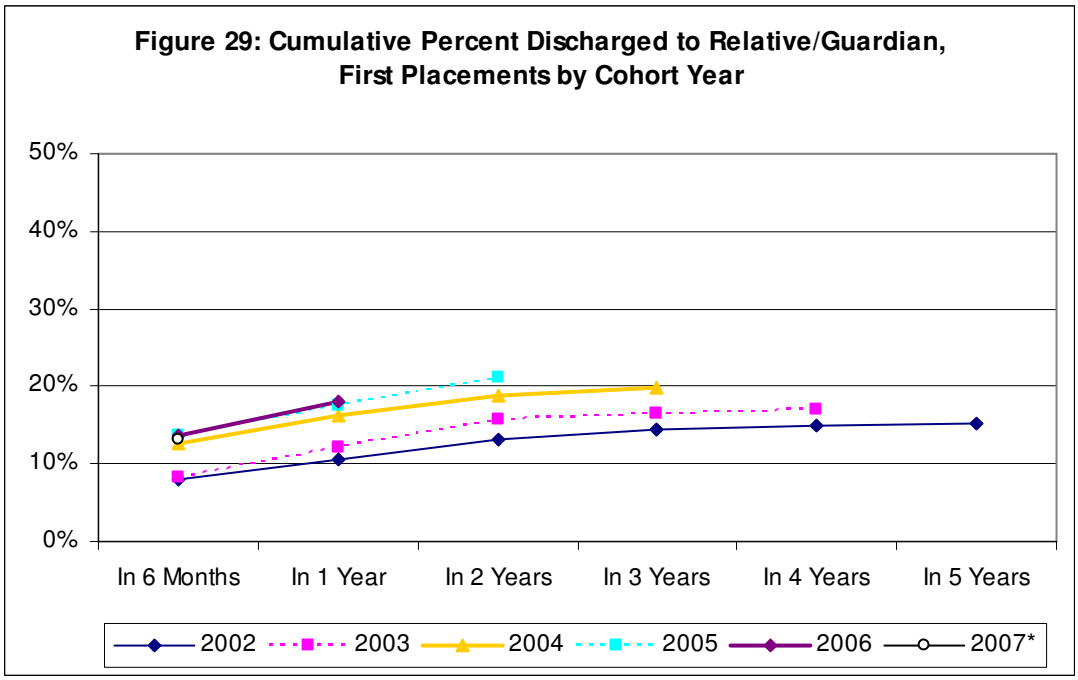
Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.
*Permanent exits in six months for children first placed during 2007 should be considered preliminary.

ii. Permanent Exits to Relatives

Both the rate and the overall percentage of children exiting to relatives has increased significantly for children entering care in the years since 2002. Similar to Figure 28 above, the lines in Figure 29 show the percentage of children entering care during each cohort year (2002 through 2007) who were discharged from placement to relatives after each interval of time.

Only 15% of children entering care during 2002 had exited to a relative within five years of entering care, while 21% of children entering care during 2005 had exited to a relative within two years of entering care and 18% of children entering care during 2006 had exited to a relative within one year of entering care.[104]

[104] One of the possible contributing factors to the increase in exits to relatives is the implementation of subsidized permanent guardianship as a permanency option under the Federal IV-E waiver. Subsidized permanent guardianship provides an alternative permanency option for kinship resource parents who wish to provide legal permanence to a child in their home, but who do not wish to adopt and do not feel that, were they to get custody of the child, they could provide for the child without additional assistance. See Appendix N for additional discussion of subsidized permanent guardianship.

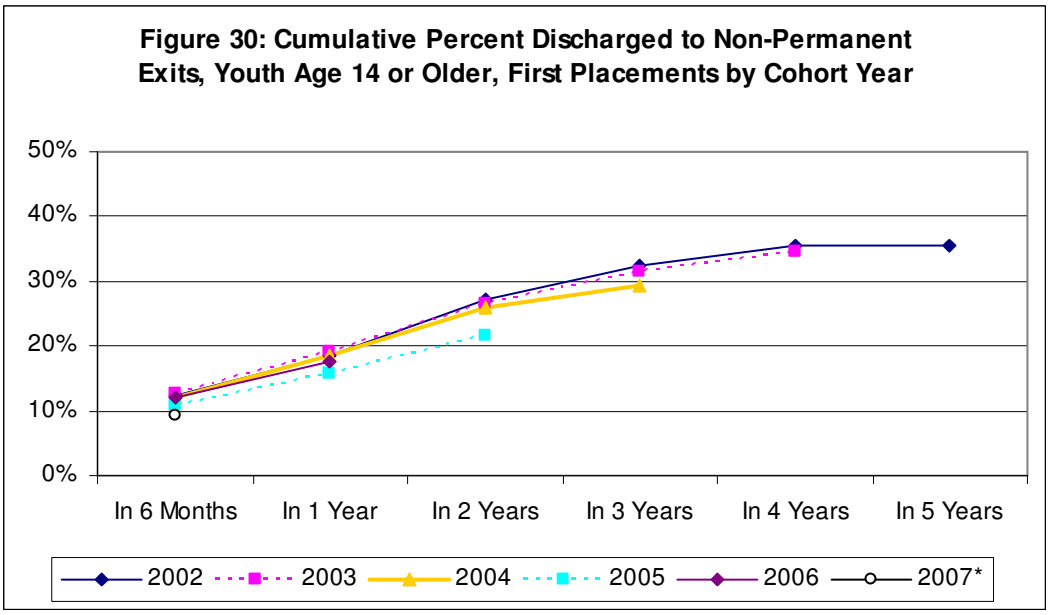


Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.
*Permanent exits in six months for children first placed during 2007 should be considered preliminary.

iii. Non-Permanent Exits

In addition, the rate and percentage of discharges from care to a non-permanent exit[105] has decreased for youth age 14 or older who entered care in the years since 2002 (the vast majority of discharges to non-permanent exits are among youth age 14 or older). As shown in Figure 30 below, 27% of youth age 14 or older who entered care during 2002 were discharged to a non-permanent exit within two years of entering care, while only 22% of youth age 14 or older who entered care during 2005 were discharged to a non-permanent exit within two years of entering care. While it is too early to be certain, the data suggest that the number and percentage of children "aging out" of care without a permanent family may be decreasing.

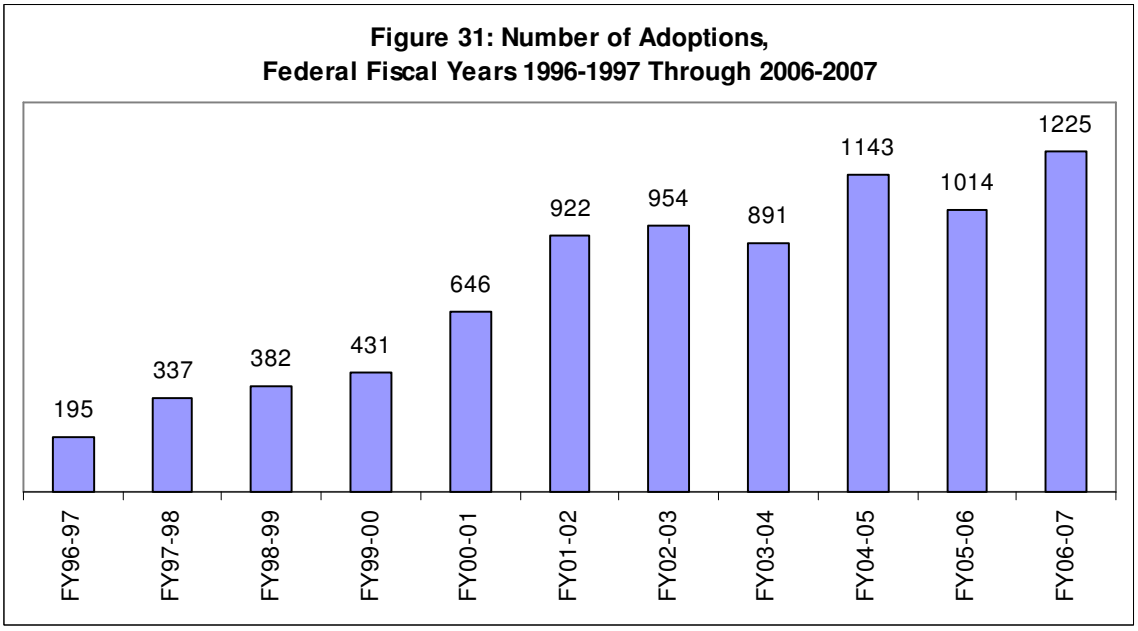
[105] Non-permanent exits include running away, aging out, and death.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.
*Permanent exits in six months for children first placed during 2007 should be considered preliminary.

b. Annual Adoption Finalization

As reported in the September 2007 Monitoring Report, the Department was recognized by the U.S. Department of Health and Human Services in 2006 for impressive increases in the number of children for whom it has successfully found adoptive homes. The Department continues to maintain a high level of success in this area. Figure 31 below displays the substantial increase in the annual number of finalized adoptions over the past 11 federal fiscal years (October 1 through September 30).



Source: AFCARS Adoptions Reports as of September 30, 2007.

4. Reducing Reentry into Care and Disrupted Adoptive Placement

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

a. Reentry rates

The Settlement Agreement establishes a maximum reentry rate which the Department is to achieve by June 30, 2008 (the end of Period III): "*No more than 5% of children who are discharged from foster care at any time during fiscal year 2007 (July 1, 2006 through June 30, 2007) shall reenter custody within 12 months after the discharge date from the prior custody episode*." (XVI.A.5)

At the time that the reporting for this measure was developed, the Department was not able to provide aggregate data on children who reenter care after adoption finalization. This measure therefore observes reentry for children who exited custody during the reporting period to all permanent or non-permanent exits[106] except adoption.[107]

For Reporting Period III, the Department provided data on children discharged from foster care between July 1, 2006 and June 30, 2007. The statewide reentry rate for children discharged from foster care during that period was 6.3%—that is, of the 5,836 children who exited care between July 1, 2006 and June 30, 2007, 368 reentered care within 12 months of their discharge date. As reported in the September 2007 Monitoring Report, the statewide reentry rate for children discharged from foster care during calendar year 2005 (Interim Reporting Period III) was 7.4%.[108]

b. Disrupted Adoptive Placements and Post-Adoption Reentry

The Settlement Agreement also establishes a measure focused on adoptive placement disruption as a way of tracking the extent to which a pre-adoptive placement ultimately results in a finalized adoptive placement.

For Period III, the Settlement Agreement states that "*no more than 5% of the adoptive placements that occurred in the reporting period shall have disrupted.*" (XVI.A.6) For purposes of this measurement, an adoptive placement disruption refers to a disruption after the

[106] Because the measure includes children who "age out" of custody as part of the group examined for reentry, it is important to note the number of children falling into that category when reviewing the reentry data (since those who age out, by definition, can never reenter). Of the 5,836 children who exited during the reporting period, 615 aged out of custody.

[107] As discussed further below, the Department has just recently developed the capacity to report reentry from adoption.

[108] Reentry data prior years cannot be used for comparison with recent reentry data.

resource family has signed a document called an "intent to adopt" but prior to adoption finalization.

For Reporting Period III, the Department provided data on adoptive placements occurring between July 1, 2007 and June 30, 2008. Two percent (28) of the 1,254 adoptive placements occurring during that period disrupted as of June 30, 2008.[109]

Although the Settlement Agreement does not include a measure of adoptive placement disruption or dissolution after the finalization of the adoption, the Department has just recently developed the capacity to report reentry from adoption and has been producing a monthly report entitled "Previous Adopted Children Reentering Custody" since May 2008. According to these reports, six children who had previously exited to adoption reentered custody during May; six reentered during June; and six reentered during July.[110]

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

The Settlement Agreement includes a performance measure focused on the timelines of the filing of petitions to terminate parental rights, a key step in the process by which children are freed for adoption and placed in adoptive homes.[111]

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[109] The use of the signing of the intent to adopt as the surrogate measure for placement in a pre-adoptive home has proven in practice to be unrelated to the date that the child was first placed in the pre-adoptive home. In a system in which resource parents are "dually approved" and more than 80% of adoptions are by resource families who fostered the children prior to the children being freed for adoption, the signing of an intent to adopt clearly has no relationship to the actual date of placement. As a matter of practice, it appears that the signing of the "intent to adopt" document actually occurs just a short time prior to finalization and does not coincide with either the physical placement of the child in the home or with the identification of the resource home as the pre-adoptive placement. In the process by which the team decides to move forward with a particular family as the pre-adoptive placement, the signing of the intent comes not at the time that the child is first placed in the home nor at the time the team decides that this family is the one to pursue as the permanent family, but rather well after that decision has been made and the child has already been in that family's home. The use of the "intent to adopt" has proven to be almost as poor a measure for determining adoption disruption as the "signing of the adoption contract," the original Settlement Agreement measure that the parties subsequently abandoned in favor of the "intent to adopt" measure.

[110] As of August 29, 2008, one of the 18 children reentering care from adoption during May, June, and July had been reunited with his adoptive parents and 12 continue to have a sole or concurrent goal of reunification. For the five remaining children, the adoption disruption appears to be permanent. One child was released from custody to a previous resource parent, one child has a goal to exit custody with a relative, and three children have adoption goals. The TAC expects to provide supplemental reporting on adoption reentry.

[111] The Settlement Agreement also includes a measure of the "timeliness of adoptive placement," utilizing the "signing of the intent to adopt" as the surrogate measure for the time of the adoptive placement. The measure focuses on the time it takes for the Department, once there has been a termination of parental rights or surrender (i.e., full guardianship) for a child in the plaintiff class, to identify an adoptive home and obtain a signed "consent to adopt" form from the prospective adoptive parents. (XVI.B.5) For Period III, the Settlement Agreement requires that "*at least 65% of children freed for adoption during the reporting period (for whom termination of parental rights was obtained) shall have an adoptive home identified and an 'intent to adopt' agreement signed within 6 months of full guardianship. Of the remaining children in the class who have been freed for adoption during the reporting period (for whom termination of parental rights was obtained) who have not had an adoptive home identified and an adoption contract signed within 6 months, at least 85% shall have an adoptive home identified and an "intent to adopt" agreement signed within 12 months of full guardianship*." However, as discussed in footnote 109, as a matter of practice, the identification of a family as a pre-adoptive home and the placement of the child in

The Settlement Agreement provides that for Period III "*at least 65% of children in the class with a sole permanency goal of adoption during the reporting period shall have a petition to terminate parental rights filed within 3 months of when goal was changed to adoption. Of the remaining children in the class with a sole permanency goal of adoption during the reporting period who did not have a petition to terminate parental rights filed within 3 months, at least 75% shall have a petition for termination of parental rights filed within 6 months of when the goal was changed to adoption.*" (XVI.B.4)

For Reporting Period III, the Department provided data on children with sole goals of adoption established between July 1, 2007 and June 30, 2008. Of the 692 children with a sole goal of adoption for at least three months during that period,[112] 85% (586) had TPR petitions filed within three months of the date that adoption became the sole goal.[113] For the remaining children who did not have TPR petitions filed within three months, the Department looked at those children who had a sole adoption goal for at least six months during the reporting period (excluding the children who had a TPR petition filed within three months). Thirty-two percent (23) of these 71 children had TPR petitions filed within six months.[114]

For Interim Reporting Period III, the Department provided data on children with sole goals of adoption established during calendar year 2005.[115] Of children with a sole goal of adoption for at least three months during 2005,[116] 82% had TPR petitions filed within three months of the date that adoption became the sole goal. For the remaining children who did not have TPR petitions filed within three months and who had a sole adoption goal for at least six months during 2005, 40% had TPR petitions filed within six months.

6. Limiting Planned Permanent Living Arrangement as a Permanency Goal

In the vast majority of cases, the preferred permanency options are reunification with family or adoption. While federal law recognizes Planned Permanent Living Arrangement (the

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that home usually both occur well before the signing of the "intent to adopt", which is more of a paperwork formality, completed shortly before the adoption finalization. The measure is essentially the equivalent of the time from full guardianship to adoption finalization. (XVI.A.2) The parties have therefore agreed that reporting of the time from full guardianship to execution of the intent to adopt is of minimal value, and that for purposes of Period III reporting, the time from full guardianship to adoption finalization would be used as the XVI.B.5 performance measure. As discussed in Subsection 1 above, 74% of the children who had been freed for adoption between January 1, 2006 and June 30, 2007 had their adoptions finalized within 12 months of full guardianship. (Nevertheless, the Department has continued to report this measure as required by the Settlement Agreement, and the data are included in the "Key Outcome and Performance Measures at a Glance" table on page 14.)

[112] This includes 16 children with delinquent adjudications.

[113] For purposes of this report, if two separate TPR petitions are filed in a particular case, the calculation of time to TPR filing is based on the filing of the first petition.

[114] Performance on this measure may be slightly under-reported because of changes resulting from the TNKids build during May 2008. The Department has corrected this problem for future reports but has not yet reproduced earlier reports that were affected.

[115] In the September 2007 Monitoring Report, the TAC indicated its intent to provide supplemental reporting on this measure because the relevant data for 2006 was not available at the time of the report. After further reflection the TAC decided that it was not a good investment of time and resources to require the Department to rerun the report for 2006, since Reporting Period III focuses solely on the 18-month period beginning January 1, 2007.

[116] This included seven children with delinquent adjudications.

designation that Tennessee now uses for what was previously called "permanent foster care" or "long term foster care") as a permissible permanency option, the parties agreed that the circumstances under which such an option would be preferable to adoption or return to family were so unusual and the potential misuse of this option so great that a measure limiting its use would be appropriate.

The Settlement Agreement states that for Period III, "*no more than 5% of children in the plaintiff class shall have a goal of permanent or long term foster care.*" (XVI.B.6)[117]

As of June 30, 2008 (the last day of Reporting Period III), 0.4% of the children in the plaintiff class had a sole goal of PPLA, with no region exceeding 2.9%. As of December 31, 2006 (the last day of Interim Reporting Period III), the statewide rate for PPLA was 0.9%, with no region exceeding 3.1%.

The percentage of class members who had a concurrent PPLA goal on June 30, 2008 was 2.11%, with no region exceeding 5.1%.[118]

[117] In addition to placing this percentage limitation on the overall use of PPLA as a permanency goal, the Settlement Agreement, as recently amended, required the TAC to review and approve the standards and processes for determining when PPLA is an appropriate goal. See discussion at page 206.

[118] The use of PPLA as a concurrent goal is generally related to qualifying a child for the option of subsidized permanent guardianship under the terms of the Title IV-E waiver.

SECTION TWO: STRUCTURE OF THE AGENCY

Section Two of the Settlement Agreement requires the Department to establish, implement, and maintain statewide policies, standards and practices, create and utilize common forms across regions, and ensure uniformity in regional and statewide data collection and reporting.

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

While there continues to be variation among regions in the extent to which the Department's *Practice Model* has been effectively implemented, the Department's policy, practice standards, training, and evaluation process send the consistent and clear message that the expectations for quality practice with families and children are the same irrespective of which of the 95 counties a child and family happen to live in.

The Department has recently modified its regional structure, expanding from 12 to 13 regions by splitting what had been the largest region (East) into two new regions, East and Smoky Mountain.

SECTION THREE: REPORTING OF CHILD ABUSE AND NEGLECT

A. Child Protective Services Process

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

The "Special Investigations Unit" (SIU) investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is another foster child, a resource parent or resource parent's family member, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional.[119] Child Protective Services (CPS) has responsibility for investigating reports of abuse or neglect for children in DCS custody alleged to have occurred during the course of a home visit or during a runaway episode.[120] The Special Investigations Unit (SIU) is now a Division of the Office of Child Safety, which has overall responsibility for Child Protective Services (CPS); SIU investigations are therefore now subject to all of the protocols and processes applicable to CPS cases in general.[121]

Although the Settlement Agreement requirements apply solely to the abuse or neglect of children in state custody rather than in the general population, the Department has recognized the important interrelationship between CPS work in general and the system's ability to serve children in custody. Therefore, as part of the Department's continuing reform efforts, DCS has included work to improve the timeliness and quality of CPS investigations across the board and have developed and implemented strategies to divert families to an "assessment" and service track through their Multiple Response System (MRS). This section therefore includes a discussion of efforts to improve both the CPS process in general and efforts under the Settlement Agreement to improve SIU operations and quality assurance functions in particular.

In this monitoring period, the Department has taken a number of actions to improve the overall operation of its CPS system. Actions have included:

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[119] The responsibilities of SIU extend not only to investigating allegations of abuse and neglect of children while in foster care, but also to allegations of abuse and neglect involving "third party" perpetrators such as staff members at child care centers, schools, or churches.

[120] CPS also conducts the vast majority of the investigations of reports of abuse or neglect involving children not in DCS custody.

[121] In February 2008, the Department, in order to comply with Council on Accreditation (COA) standards (see Section Five at footnote 138), issued a policy shortening the timeframe for CPS investigations to 30 days from the original 60-day requirement. An exception is made to complete the investigation within 60 days for CPS investigations involving the Child Protective Investigative Team (CPIT) or the Child Abuse Review Team (CART).

- continued management attention to tracking and improving the effectiveness of the centralized intake system for receiving and screening reports of abuse and neglect and assigning those cases for investigation;

- adopting a Structured Decision Making (SDM) tool as the safety and risk assessment tool for use in CPS investigations and in screening and assignment of referrals at Central Intake;[122]

- implementing a Multiple Response System (MRS) statewide which distinguishes families on the level of risk to child safety and diverts lower risk cases to an assessment and community based services track; and

- monitoring CPS caseloads and response times in an effort to ensure adequate staffing of CPS and attention to timely completion of investigations.

With respect to SIU investigations, the Department, as discussed further in Subsection B, has paid particular attention to ensuring that appropriate communication and follow-up actions occur in response to reports of abuse or neglect of children in care.

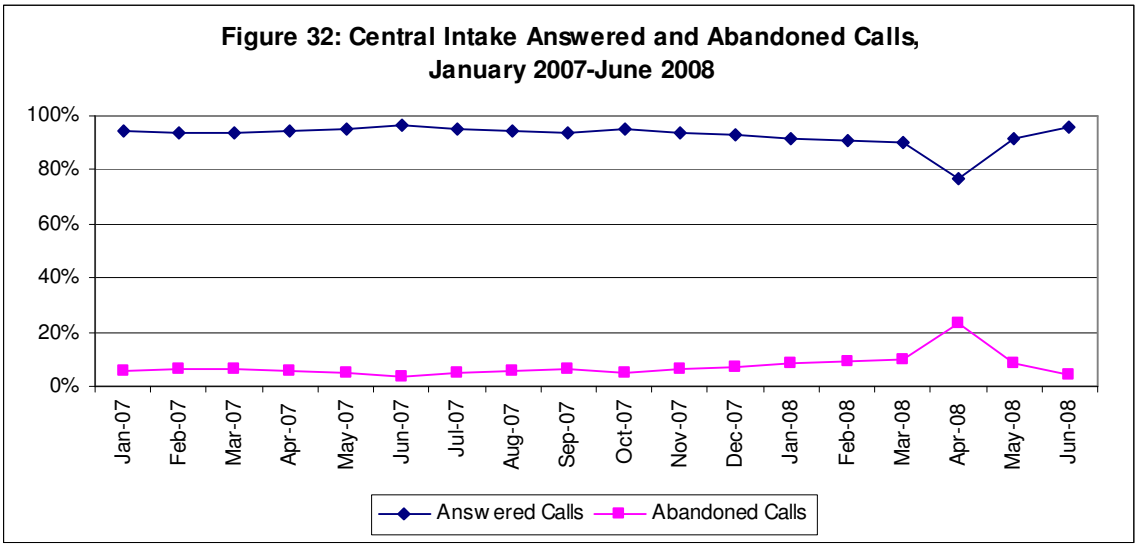
1. Timeliness of CPS Process

The Department focuses on three key indicators of the timeliness of its CPS process: the first is the responsiveness of its Central Intake staff to phone calls alleging child abuse or neglect. The Department looks at "wait times" (the time a person calling in to the system waits before being connected to a CPS intake staff who takes down the information regarding the allegations); "abandoned" or "dropped" calls (the number of calls that are terminated as the result of someone hanging up before they connect to an intake person); and "talk time" (the amount of time an intake worker spends on the phone with the person making the report). The Department utilizes the automated tracking and reporting capacity of the Central Intake telephone system to which the vast majority of reports of abuse and neglect are directed.[123] The system is used to generate aggregate reports for the entire Central Intake Unit, for teams within that unit, or for individual intake workers.

Figure 32 below shows the percentage of answered and abandoned calls to Central Intake monthly for the period between January 2007 and June 2008.

[122] The SDM protocol is not used for SIU investigations. The Department originally intended to adapt it for use for SIU but was not able to do so and has reverted to using their prior assessment instrument (Risk Oriented Case Management Assessment).

[123] The automated tracking and reporting system has been in operation since 2005. The automated system receives and tracks all reports of abuse or neglect received through phone calls or through the Department's abuse and neglect reporting webpage. The Department receives a small number of reports of abuse or neglect through fax, email, or letter. Such reports are typically non-urgent, and Central Intake staff ensure that these reports are entered into TNKids. Central Intake generally receives between 320 and 420 such reports each week.



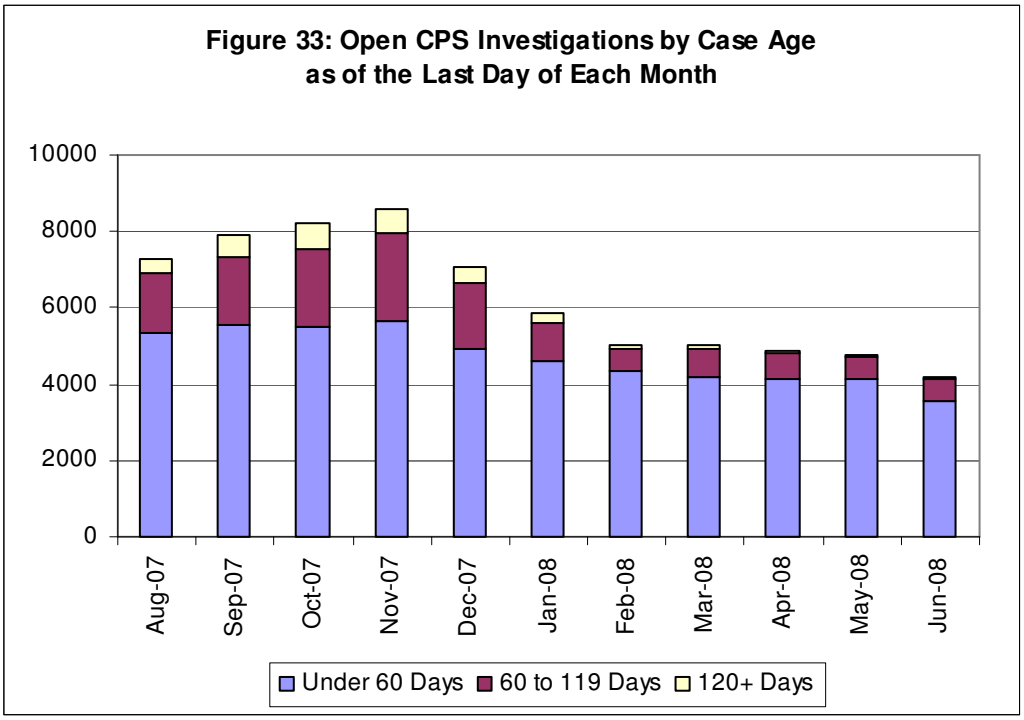
Source: Interactive Intelligence "Distribution Queue Performance (Date by Queue)" reports for January 2007 through June 2008.

As seen in the figure, during 2007, close to 95% of calls were answered each month, with only about 5% of calls being "abandoned." Performance declined during the first part of 2008, with the number of abandoned calls during April 2008 reaching a high of 23%. The Director of Central Intake attributes that month's poor performance to a combination of two factors: staff being out for training; and a significant increase in total calls resulting from increased publicity during Child Abuse Awareness Month. Since then, performance has improved again. In June 2008, 11,074 calls were answered (96%) and 520 calls were abandoned.

Over the past 18 months, the average time to answer a call has generally remained under one minute and 20 seconds each month, ranging from a low of 17 seconds in June 2007 to a high of over three minutes in April 2008. During June 2008, the average time to answer a call was 28 seconds. Central Intake workers spent an average of ten minutes gathering information from each call. The Director of Central Intake monitors the data daily and uses it to review individual worker and team performance. Since April 2008, the Director developed an "overflow" plan by training some Central Office staff to answer calls to Central Intake; these staff can be deployed if there are days when the volume of calls is too great for the number of available Central Intake staff. Central Intake may need to increase staffing levels, especially if the volume of calls continues to increase. Based on data from the federal Department of Health and Human Services (DHHS) 2006 Child Maltreatment Report, Central Intake workers in Tennessee handle more screened-in referrals per day than workers in 29 of 33 other states with Central Intake systems.[124] The second key DCS indicator of the timeliness of the CPS process is the time to completion of the CPS investigation. The Department produces regular reports to track the time from the receipt by DCS of the report of abuse and neglect to the completion of the CPS investigation. Figure 33 below shows the number of "overdue" CPS investigations (investigations that take

[124] For each state, the total number of screened-in referrals is divided by the total number of screening and intake workers and then divided by 365 to obtain a daily average. See page 24 of the DHHS 2006 Child Maltreatment Report, available online at http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm.

longer than 60 days to complete) on the last day of each quarter for the period from August 2007 through June 2008.[125]



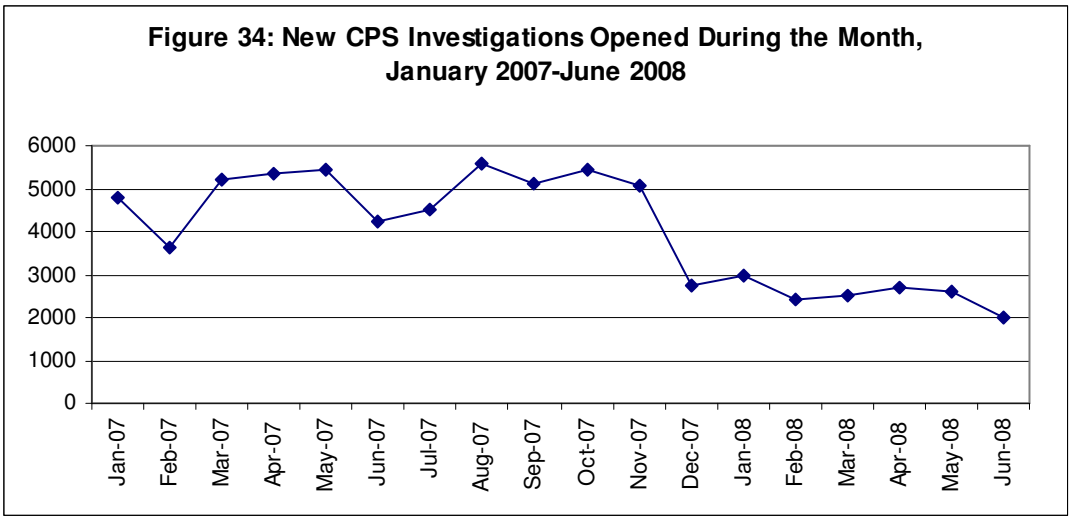
Source: TNKids "Statewide Summary Report of Overdue vs. Open CPS and SIU Investigations" (CPS-INVPODUE-200) as of the last day of each month during the period August 2007 through June 2008.

As seen in Figure 33, the Department has continued to reduce the number and percentage of CPS investigations that take longer than 60 days to complete. As of June 30, 2008, of the 4,186 CPS investigations that were open at the end of the month, 3,564 (85%) had been open less than 60 days; 569 (14%) had been open 60 to 119 days, and 53 (1%) had been open more than 120 days.

It is important to note that the total number of CPS investigations has dropped dramatically since the Department began implementing the Multiple Response System. Figure 34 below shows the number of new CPS investigations opened each month in the period between January 2007 and June 2008. Between November and December 2007, the Department began reporting CPS investigations and MRS assessments separately, and the steep drop in the number of new CPS investigations during that time period reflects the change in reporting. The average number of new CPS investigations decreased by about 50% after the Department began reporting MRS assessments separately.[126]

[125] Reports on the number of overdue CPS investigations only (excluding SIU investigations) are available beginning in August 2007. See Appendix J for an historical look at performance on overdue investigations (including both CPS and SIU) that can be compared against the data presented in previous Monitoring Reports.

[126] The average number of new investigations opened between January and November 2007 was 4,937, while the average number of new investigations opened between December 2007 and June 2008 was 2,568. The difference between these two averages is 52%.



Source: TNKids "CPS Team Leader Caseload" reports for the period from January 2007 through June 2008.

As reflected in the figure, at the end of March 2006, the Department had over 10,000 open investigations, compared to the 4,186 open at the end of June 2008. However, the total number of families involved with the Department does not appear to have significantly changed. According to the Department's "MRS Case Manager Caseload Activity" report, there were 4,813 open MRS assessments as of June 30, 2008, for a combined total of 8,999 open CPS investigations and MRS assessments as of the end of June 2008.

2. Adequacy of CPS Staffing

While the Central Intake response times and the investigation completion times provide some indication of the adequacy of CPS staffing, the Department also tracks staffing at Central Intake and the number of open investigations on the caseload of each CPS worker as part of its effort to ensure sufficient staffing of basic CPS functions. As of June 30, 2008, there were 66 positions allocated to Central Intake and of those, 64 were filled. As of June 30, 2008, there were 781 positions allocated to CPS, 748 of which were filled.[127]

The *Brian A.* Settlement Agreement does not contain a caseload standard for CPS investigative workers; however, the Department has adopted as its caseload guideline the Child Welfare League of America (CWLA) standard that a CPS worker receive no more than 11 new CPS cases for investigation each month. Given that investigations are expected to be completed within 60 days, at any given time a CPS case manager should have no more than 30 open cases. CPS supervisors are expected to supervise no more than eight case managers. Table 15 below shows the distribution of CPS case manager caseloads as of June 30, 2008, both statewide and by region. According to these data, 96% of CPS case managers have a caseload of 30 or fewer cases.[128]

[127] Information on MRS positions will be presented in a subsequent monitoring report, once MRS implementation is complete.

[128] The caseload report on which this table is based may include a small number of investigations that have been closed for some time. The Department is working to correct this reporting problem; however, the impact on overall reporting accuracy is believed to be minimal.

Table 15: CPS Case Manager Caseloads, Number of Workers with Assigned Cases as of June 30, 2008			
Region	**0 – 12 cases**	**13 – 24 cases**	**25+ cases**
Davidson	50	4	0
East	19	8	2
Hamilton	2	9	0
Knox	21	6	3
Mid-Cumberland	34	25	13
Northeast	22	6	0
Northwest	8	2	0
Shelby	59	32	0
Smoky Mountain	23	18	4
South Central	22	5	0
Southeast	15	6	0
Southwest	18	4	0
Upper Cumberland	21	8	0
SIU	19	9	0
TOTAL	**333 (67%)**	**142 (29%)**	**22 (4%)**

Source: TNKids "CPS Case Manager Caseload Activity Report" for the month of June 2008.

The Department intends that CPS case managers carry only CPS investigations on their caseloads and assessment track case managers carry only assessment cases on their caseloads. However, there are circumstances that preclude this from occurring. When a child enters custody from the assessment track, the case must be switched to an investigation in order to "indicate" a perpetrator. Since it would not be in the best interest of the child and family to reassign the case to an investigator in that situation, an assessment track case manager would carry the investigation. In addition, as counties struggle with vacancies and a higher than expected volume of referrals, overflow assessment track cases are sometimes assigned to an investigation case manager.

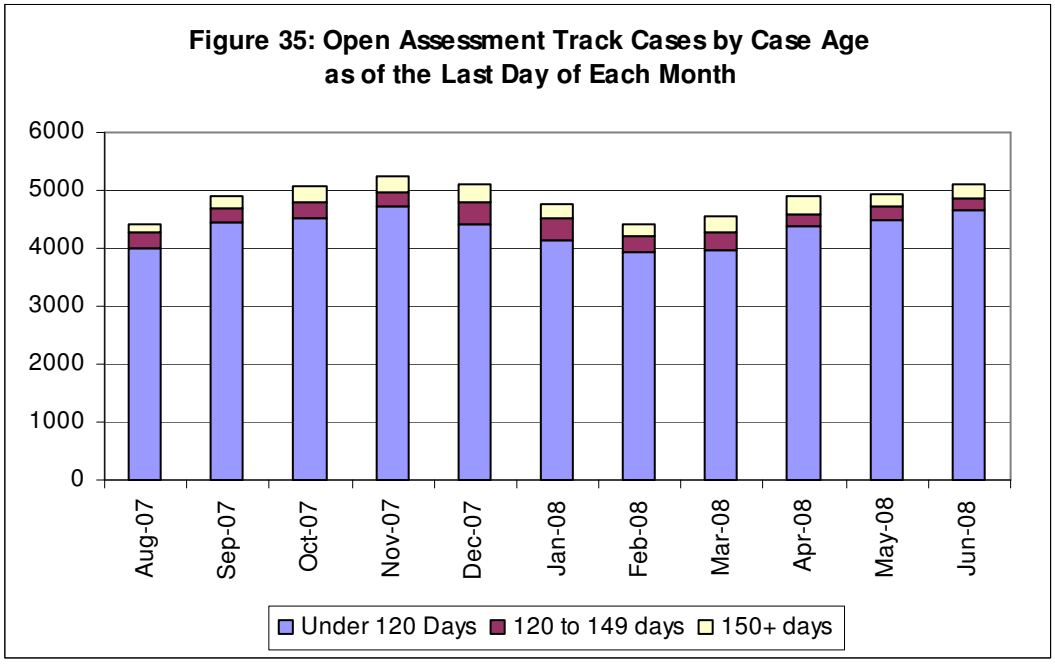
3. Implementation of the Multiple Response System for Child Protective Services

As part of its work to enhance the front-end provision of services to families in need of services and at risk for child maltreatment, the Department is implementing a Multiple Response System (MRS), allowing for more than one approach to responding to child abuse and neglect reports. MRS moves the focus of CPS from investigating in an incident-based manner to a more strengths-based, family assessment approach for some reports of abuse and neglect. MRS embraces the engagement of parents, involvement of families in protecting their children, and the involvement of the community in addressing the needs of children and families. There are three

tracks to the MRS system: investigation, assessment, and resource linkage. The Department began this work in 2005 with pilot initiatives and has been moving forward with statewide implementation.

Under MRS, families at low risk for child abuse and neglect but in need of support are served by a DCS case manager for a period of up to 120 days with the goal of linking the family to community-based services and supports, without the punitive effect of indicating and labeling someone a perpetrator.

Under DCS policy, families whose cases are triaged to the MRS assessment track are supposed to receive a Family Functional Assessment (FFA) within 30 days, and if needed, be provided with supportive services and linkage to appropriate community services for a period of up to 120 days. Figure 35 below shows the percentage of open assessment track cases by case age as of the last day of each month for the period August 2007 through June 2008. The vast majority (between 87% and 91% over this time period) of assessment track cases are open fewer than 120 days.



Source: TNKids "Statewide Summary Report of Overdue vs. Open CPS Assessments" (CPS-ASMTODUE-200) for the period August 2007 through June 2008.

The MRS process also requires the formation of Community Advisory Boards in each region to expand the breadth and depth of community partnerships and resources to serve children and families. Implementation of MRS is ongoing; however, as indicated previously, it has already had a dramatic impact on the number of CPS investigations. In addition, early MRS pilot sites have reported a decrease in the number of children entering custody, which they attribute to MRS implementation. While MRS offers much promise to improve the Department's ability to support families and to ensure the safety of children in their own homes, it is too soon to fully assess the impact of MRS on outcomes for children and families.

B. Specific Requirements for Responding to Allegations of Children Being Subject to Abuse and Neglect While in Foster Care Placement

The Settlement Agreement (III.B) requires all reports of neglect/abuse in institutional, residential, group, or contract agency resource home placement be:

- received and investigated in the manner and within the time frame provided by law;
- referred to and reviewed by the Quality Assurance (QA) Unit; and
- referred to and reviewed by the DCS Licensing Unit (as appropriate).

The QA Unit is required to ensure that the reports are reviewed to identify any pattern of abuse or neglect.

The QA unit, and where appropriate, the DCS Licensing Unit are responsible for taking appropriate action with respect to these reports of abuse or neglect including:

- determining appropriate corrective action plans;
- ensuring implementation of those plans;
- providing additional monitoring;
- ensuring closure/termination of contract when appropriate;
- completing review of complaints of abuse and neglect within 90 days; and
- providing reports of the investigations to the *Brian A.* Monitor. (III.B)

1. Organizational Processes Related to Allegations of Abuse and Neglect While in Foster Care

All reports of abuse or neglect while in care, whether investigated by SIU or CPS, are processed through the Central Intake System, and response times are tracked as part of the Central Intake process.

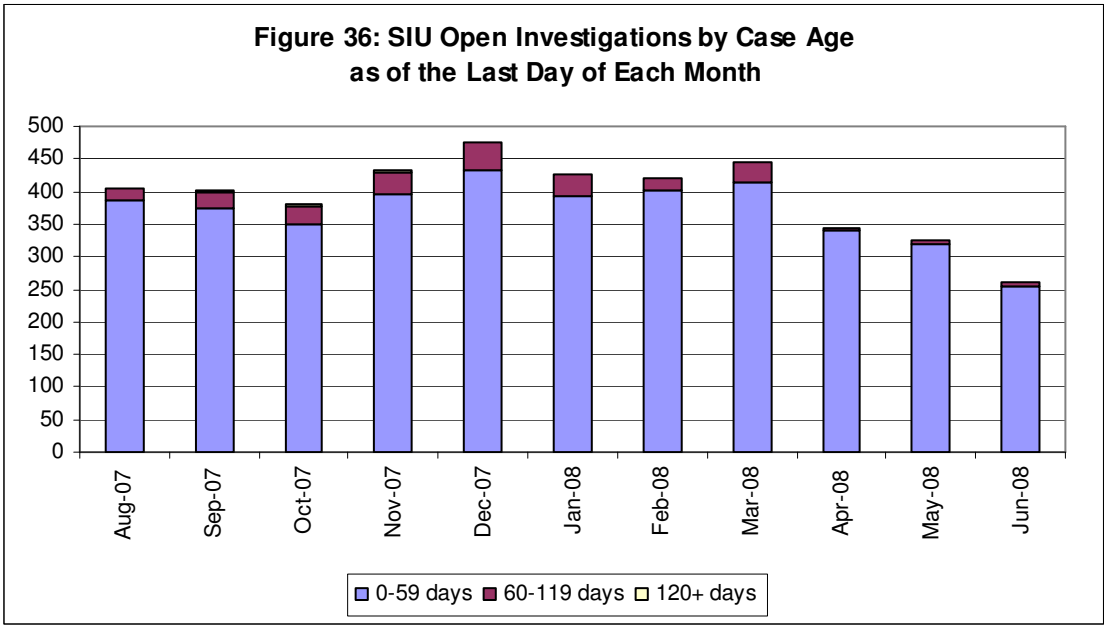
The Office of Performance and Quality Improvement (PQI) is responsible for: (1) reviewing the SIU reports and the results of the SIU investigations; and (2) ensuring that information related to any findings of abuse and neglect by the SIU and/or any concerns that are raised by SIU about a particular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

During this monitoring period, the Department has engaged in extensive work to improve the internal notification process at the initiation, during, and after a report requiring an SIU investigation. It has also improved its quality assurance processes through the PQI Office, through the use of an internal SIU CQI workgroup, and through the Green and Yellow Provider

Quality Teams which are more fully described in Subsection 4 below and in Sections Eleven and Twelve of this report.

2. Timeliness of SIU Investigations

TNKids produces monthly reports on the volume of new SIU investigations and closed investigations (including, but not limited to, *Brian A.* class members)[129] during the month, as well as the number of investigations not completed within the 60 days required by law (or "overdue" investigations). Figure 36 below shows the number of SIU open investigations by case age as of the last day of each month for the period August 2007 to June 2008.

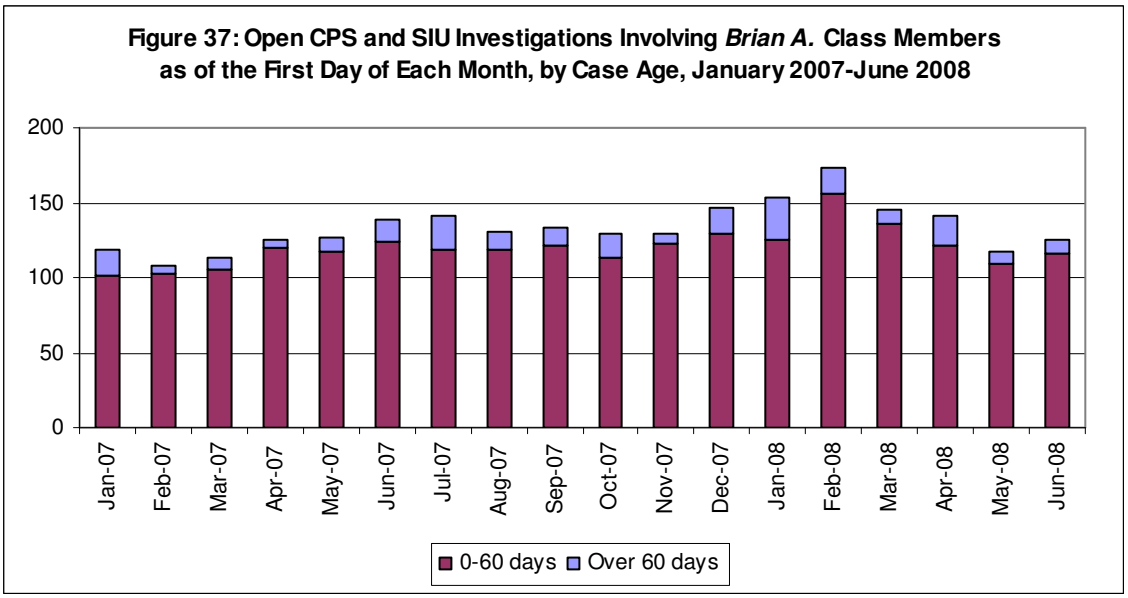


Source: TNKids "Statewide Summary Report of Overdue vs. Open CPS & SIU Investigations" (CPS-INVPODUE-200) for the period August 2007 through June 2008.

The Department also produces a monthly report from TNKids (the "*Brian A.* Class Open Investigations Over 60 Days Old Report") of the number and percentage of overdue investigations for *Brian A.* class members only. The report includes both SIU and CPS investigations involving *Brian A.* class members.[130] Figure 37 below shows the number of open *Brian A.* investigations each month during the period January 2007 through June 2008. The figure confirms that the Department continues to conduct the majority of SIU investigations in a timely fashion. The Department's most recent data as of the beginning of July 2008 shows that there were 111 open *Brian A.* investigations statewide. Of those, five investigations (5%) were open more than 60 days, ranging from one day to 38 days overdue as of July 1, 2008.

[129] See footnote 119 for a discussion of the scope of abuse and neglect allegations investigated by the Special Investigations Unit.

[130] See page 76 for a description of the allocation of responsibility between CPS and SIU for allegations of abuse or neglect of children while in custody.

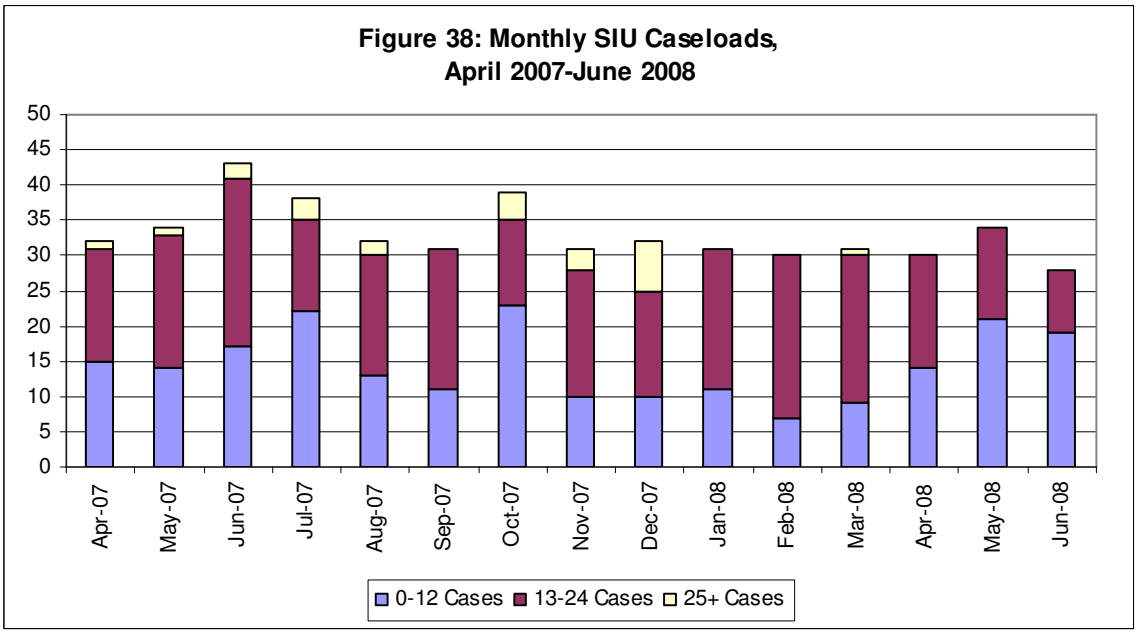


Source: TNKids "*Brian A.* Class Open Investigations Over 60 Days Old" (CPS-BRIANINV-200) for the period January 2007 through June 2008.

3. Adequacy of SIU Staffing

As of June 30, 2008, there were 30 positions allocated for SIU, 28 of which were filled. Figure 38 below shows SIU caseloads as of the last day of each month for the period April 2007 through June 2008.[131] In accordance with CWLA standards, SIU investigators should have no more than 11 new cases each month and no more than 30 open cases at any one time. As of June 2008, no SIU case manager had a caseload over 30 cases.

[131] The fluctuation in the number of SIU investigators from month to month reflected in Figure 38 results from a combination of new hires, transfers, terminations, and staff on medical or maternity leave.



Source: TNKids "CPS Case Manager Caseload Activity Report" for the period April 2007 through June 2008.

4. Review of Reports of Abuse or Neglect in Care by the Quality Assurance Unit

At the time of the September 2007 Monitoring Report, the Office of Performance and Quality Improvement (PQI), the Department's "Quality Assurance Unit," had recently assumed responsibility for reviewing the SIU process and ensuring that information regarding the reports and results of those investigations is analyzed and shared and that appropriate corrective action is taken.

Since that time, the PQI Office has developed multiple processes for reviewing and analyzing SIU reports. While an SIU investigation is ongoing, most of the efforts to ensure quality are the responsibility of the SIU Director, with assistance of SIU Team Leaders and Team Coordinators. After the SIU investigation, the scope of review is expanded to include the Division of Evaluation and Monitoring (E&M) in the PQI Office.[132]

In early 2007, E&M began work on developing an instrument for reviewing SIU investigations. After several revisions, two final instruments were developed. The first, called the "short form," is a cursory review of the SIU investigation closing notification and was developed for use with a large number of the closing notifications received every month. The second instrument, called the "long form," is a more in-depth review of investigation processes, documentation, and quality, designed for use in a review of a smaller sample of SIU investigations, including both the closing notifications and the documentation in the TNKids investigation file.

In early 2007, an E&M staff member reviewed a sample of 40 SIU investigations closed between January and April 2007 using the long form instrument, and the PQI Office released a report on

[132] At this time, the PQI Office has not developed a review process for CPS investigations of abuse or neglect of *Brian A.* children while in custody.

the review findings in July 2007. After this first report was released, a different E&M staff member began a quarterly systematic review of a sample of SIU investigations involving *Brian A.* class members using the long form instrument. The first quarterly review reports identified problems in SIU documentation and concerns about investigation quality. More recent reviews have found better documentation, suggesting improvement in investigation quality. The most recent review of 50 SIU investigations closed during the second quarter of 2008 did not identify any cases in which the PQI staff member either had concerns about the classification decision or had additional concerns not identified by the SIU investigator. Despite these improvements, concerns remain regarding the quality of some SIU investigations, including instances of: failure to complete interviews with case managers and collaterals in a timely manner; failure to send initial and closing notifications to all appropriate parties; failure to document and review previous investigations involving the child or perpetrator; failure to use (or to use properly) the standardized risk assessment tool; and failure to freeze resource homes at the initiation of an investigation.

In June 2007, the Department decided that this PQI staff member would also attempt to review each month all of the SIU investigation closing notifications involving *Brian A.* class members using the short form instrument and that this staff member would enter this information in a database that could be used to monitor trends, including repeat allegations involving the same child, the same perpetrator, the same facility, or the same resource home. Because of the volume of SIU closing notifications received every month and the intensity of the work, the staff member was sometimes unable to review every closing notification during the month and was unable to keep the database up-to-date.

The Department has begun using Provider Quality Teams (PQT), discussed in more detail in Section Twelve, to review cases in which a child has been found to have been abused or neglected while in state custody.

One of the green-level Provider Quality Teams (the Green PQT) is responsible for reviewing the closing notification of every SIU investigation involving a resource home placement in which the allegations were either indicated or were unfounded but the investigator noted concerns. The team includes PQI and other Central Office staff, SIU staff, foster parent advocates, and regional staff upon request. All closing notifications involving private provider resource homes are reviewed by staff in the Child Placement and Private Providers Division. All closing notifications involving DCS resource homes are reviewed by staff in the Foster Care and Adoption Division. These staff members present the "indicated" and "unfounded with concerns" cases to the Green PQT. The Green PQT makes recommendations for ensuring the safety of the children involved and for addressing concerns regarding the resource homes involved. The Green PQT also monitors the implementation of those recommendations.

The Yellow PQT, which includes the Director of PQI as well as representatives from the Performance Management Unit and Evaluation and Monitoring within PQI, is responsible for addressing concerns regarding private provider agencies, with a focus on congregate care facilities. It would appear that the PQT should review the closing notification of every SIU investigation involving a congregate care facility in which the allegations were either indicated or were unfounded but the investigator noted concerns, and the Department appears to be moving in that direction. The Department has recently decided that the PQI staff member who

had been conducting SIU closing notification reviews should focus on closing notifications in SIU cases involving provider group homes and facilities that were indicated or unfounded with investigator concerns.

The Department has also developed a Continuous Quality Improvement (CQI) team for SIU to address issues related to SIU quality and process. The team meets monthly and includes SIU staff, Central Office staff, Regional Administrators and other regional staff, and foster parent advocates.

SECTION FOUR: REGIONAL SERVICES

Section IV of the Settlement Agreement requires that each region have a full range of the following community based services to support families, resource families, and pre-adoptive/adoptive families:

- family preservation/removal prevention services;
- reunification services/transition support services;
- placement stabilization services;
- crisis intervention services; and
- in-home services.

As discussed in the September 2007 Monitoring Report, there are service providers in each region of the state with whom DCS contracts who offer services that fall within each of these categories; however, the Department generally does not have sufficient data to understand the quality and effectiveness of the services provided,[133] or the extent to which the services are of the type and in the amount that children and families need, or that the services are actually consistently accessible to families in a timely manner.

For this reason, the Department has chosen to focus *Needs Assessment IV* on family preservation services (i.e., services for families in which children remain in their own homes but are at risk of placement because they have been abused or neglected) and reunification services.

Among the steps the Department has taken so far are:

- a review of the relevant literature;
- surveys of birth parents, DCS staff, service providers, and other stakeholders, seeking their opinions regarding the availability and quality of family preservation and reunification services;
- analysis of those elements of Quality Service Reviews that address the provision of needed services; and
- conducting a number of focus groups.

While the Department has not yet completed its review of this material, preliminary findings include the following:

- Most regions report difficulty in providing testing and treatment for alcohol or drug abuse, for parents who are not eligible for TennCare services;
- Most regions report difficulty in providing adequate transportation to services;
- While many regions report adequate availability of most other services, in the Northeast, East, and Smoky Mountain regions there appears to be a wide range of services that are in short supply;

[133] There are some providers of these services who are also contracting with the state to provide placements for children. As a result of its work with performance based contracting, the Department has more information regarding the quality and effectiveness of the work of those providers.

- There is low confidence in the quality of in-home services; and
- Among the challenges to improving services are the nature of the procurement process used for most family preservation and reunification services (it is done through "Designated Purchasing Authority," which essentially allows any qualified organization to enter a rotational system for referrals); the absence of a useful system for evaluating provider performance; and the dearth of service providers in many rural areas.

The Department has taken some preliminary steps based on these initial needs assessment findings. It has experimented in one region (Northwest) with using a Request for Proposals to identify a single provider to manage family preservation and reunification services, and is trying to prototype a more useful provider evaluation process in another region (Knox).

The Department is not yet well-positioned to complete its data analysis, and to develop recommendations which will be the basis of spending *Needs Assessment IV* dollars. At the TAC's request, the Department is now trying to identify the additional project management and staff resources needed to bring this work to completion.

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

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

Section V of the Settlement Agreement is focused on the recruitment, training, and retention of a well-qualified workforce. It includes a range of provisions related to qualifications for hiring and promotion, pre-service and in-service training, salary ranges, caseload limits, and supervision of case managers and others working directly with children and families.[134]

A. Requirement of Background Checks for DCS and Private Provider Agency Staff and Resource Parents (V.F.4)

The Settlement Agreement (V.F.4) requires a *"criminal records check and a child abuse registry screening"* (referred to in this report as a "criminal records and DCS background check") for all persons applying for all DCS and contract agency positions which involve any contact with children.[135]

Tennessee law requires that all persons working with children supply fingerprint samples and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.[136] Department policy requires criminal records and DCS background checks for all persons applying for all DCS and private provider agency positions involving direct contact with children.[137]

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[134] Section V also includes a provision that by July 1, 2002, Community Service Agency (CSA) staff not carry caseloads *"that include children in the plaintiff class."* (V.A) At the time of the Settlement, the CSAs were separate agencies with which the Department contracted for a variety of services including custodial case management. As part of its reform effort, the Department ended its contract with the CSAs and absorbed the CSA case management functions into the Department.

[135] Tennessee does not have a "child abuse registry." DCS has interpreted the term child abuse registry screening as it is used in the Settlement Agreement to refer to what DCS calls "DCS background checks." A DCS background check consists of a search of both TNKids and an historical pre-TNKids list called Social Service Management System (SSMS) for any reports of abuse or neglect in which the person subject to the background check was indicated as a perpetrator of abuse or neglect. SSMS records are not as accurate or complete as TNKids. The SSMS records at times only contain a reference to a person being "indicated" as a perpetrator of abuse or neglect, without any information about the nature of the abuse and neglect alleged or the circumstances under which it occurred. Records after 1999 are found in TNKids and these records are believed to be complete, accurate, and readily accessible.

[136] "Criminal violation information required of persons having access to children. Such persons also shall submit to a criminal history records check to be conducted through the Tennessee Bureau of Investigation, shall supply fingerprint samples to the Tennessee Bureau of Investigation and to the Federal Bureau of Investigation, and shall submit to a review of such person's status on the Department of Health's vulnerable persons registry under title 68, chapter 11, part 10." TCA 37-5-511 (2).

[137] There are certain criminal offense histories which disqualify a person from holding such a position and there is a process for case by case exceptions to disqualification. (V.F.4)

1. Criminal Records and DCS Background Checks on DCS Employees

The Department has had in place for a number of years procedures for ensuring criminal records and DCS background checks for new DCS employees. However, in the course of its preparation for Council On Accreditation (COA) accreditation,[138] the Department recognized that those procedures had not adequately ensured that all DCS employees had been subject to the full criminal records and background checks contemplated by the Settlement Agreement and required by DCS policy.

First, as discussed in the September 2007 Monitoring Report, there were two groups of employees who, as a result of the special circumstances under which they became DCS employees, were not subject to the Department's internal process applied to "new hires." The first group consisted of those employees who transferred into the newly created Department of Children's Services in 1996 when a number of divisions of several state departments serving children in state custody were consolidated to form a single custodial department.[139] The second group consisted of those employees who transferred to DCS from the Community Services Agencies as part of the shift of custodial caseload responsibilities from the CSAs to DCS.[140] The Department has completed its review of the personnel files of all employees in these two groups and for any of those employees for whom documentation of criminal records and DCS background checks was incomplete, such checks have since been completed.

Second, and in some ways more concerning than the situation regarding those special groups, the Department discovered that there was a lack of uniformity in the way in which the Department had been conducting its criminal records and background checks of its employees. As a result, background checks on some employees had been less thorough, involving searches of some, but not all, of the relevant criminal record databases.

The Department has made considerable progress in addressing both problems. First, to ensure that all new hires have full criminal records checks, the Department has revised its policy to provide detailed direction for completing criminal records checks on employees.[141]

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[138] The Council on Accreditation (COA) is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization. COA partners with human service organizations to improve service delivery outcomes by developing, applying, and promoting accreditation standards. The accreditation process includes an evaluation of an organization's level of compliance with best practice standards. Those standards require, among other things, that the Department maintain documentation of criminal records and background checks in each employee's official personnel file.

[139] There were 999 DCS employees in this group who had been hired before July 1, 1996. This number included employees who were not involved in the initial formation of DCS, but who transferred into the Department from other agencies in state government. Criminal records checks have now been completed on all of these employees regardless of job classification or contact with children.

[140] When the non-custodial caseload carrying Community Service Agency (CSA) employees were absorbed by DCS in 2006, the Department required that criminal records and DCS background checks be completed on each CSA staff member who was joining the Department. However, there were some caseload carrying CSA employees who transferred to DCS in 2001 and 2002 as a result of the Settlement Agreement prohibition against CSA staff handling custodial caseloads. It was unclear whether those employees had been subject to the criminal records and DCS background checks at that time.

[141] As discussed further in this section, similar clarification and detailed direction has also been provided for those conducting background checks of prospective resource parents and private provider staff.

Second, as part of its preparation for COA accreditation, the Department has been conducting multi-step reviews of the personnel files of its present employees. The Department undertook an initial review of all personnel files to determine what background check information was documented in each file. For those employees whose files lacked background check information, the Department asked Internal Affairs to review its files for that missing documentation. This initial review of personnel files was completed in November of 2007 and the Internal Affairs review was completed in January of 2008.

Since that time, regional offices have been required to complete new background checks on DCS employees whose personnel files were missing documentation. In addition, regions were required to ensure that full background checks complying with the new DCS Employee Background Check Policy (DCS Policy 4.1) were completed for those employees for whom less thorough criminal records checks had been conducted. The new policies require that criminal records checks be obtained from all courts with criminal jurisdiction (Criminal Court, Municipal Court, General Session Court) for each jurisdiction in which the applicant has been a resident at any point during the last five years.[142]

The Department is now in the process of completing a second review of all personnel files to ensure that each file contains documentation of the full criminal records and DCS background checks required by DCS policy. The Department anticipates that this second audit will be completed by November 15, 2008, and that for any staff for whom background check information is found lacking, full background checks will be completed and documented by January 15, 2009.[143]

After the Department has verified that all personnel files contain criminal background checks, the Department intends to implement an annual audit process.[144] At this point, the Department intends to have its Office of Human Resource Development (Human Resources) conduct a review of 25% of all personnel files each year to verify that the files contain the required information and documentation.

A "spot check" of personnel files conducted by TAC monitoring staff in September and October 2008 identified a significant number of files that lacked required documentation, including a number of files that lacked documentation of the required criminal records and/or DCS background checks. The TAC has not yet determined whether the files lacked the documentation and the checks had in fact been completed, or whether the absence of documentation reflects the failure to conduct the required checks. In addition, the TAC has not determined whether the files that were the subject of the spot check had already been subject to the Department's personnel file audit. If those files had been audited prior to the spot check, it would raise serious questions about the Department's audit process. The TAC has advised the

[142] Since the implementation of the new policies, some regions have said that they have encountered problems getting information from certain courts. The Department is aware of these problems but has not yet successfully addressed them.

[143] The Department had originally anticipated completing this "100% audit" several months ago; however, completion of the audit has been delayed by a variety of activities, including the Voluntary Buyout Program (VBP) initiated by the State of Tennessee in response to the state budget crisis, and by TNKids system related issues which impacted the completion of some background checks.

[144] Implementation of an annual personnel file audit process is a requirement of COA accreditation.

Department of the concerns raised by the "spot check" and is awaiting the Department's response.

2. Criminal Records and DCS Background Checks on Contract Agency Employees

While the Department is directly responsible for ensuring that it has completed criminal records and DCS background checks of all of its own employees, the private provider agencies are required, by contract provision and/or licensing requirement, to ensure that they have completed such checks of all of their employees before those employees are allowed to work directly with children. Private providers are required to maintain documentation of the criminal records and DCS background checks in private provider personnel files.[145]

Just as the Department discovered a lack of consistency in the thoroughness of criminal records checks of DCS employees, the Department found similar problems with the criminal records checks conducted by private provider agencies of their employees. As was the case with DCS criminal records checks, the private providers and the internet background check services they relied on did not always include a search of all of the relevant criminal court records in their background checks. The *Private Provider Manual* and applicable DCS policies have been revised to clarify the expectations for criminal records checks, and DCS has worked with the private providers to ensure that they understand the expectations.[146]

The Department's contract and licensing oversight processes include monitoring of documentation of criminal records and DCS background checks of private provider staff.[147] If in the course of contract and licensing reviews, private provider employee files are found to be lacking documentation of criminal records and/or DCS background checks, the provider agency must provide such documentation, either as part of the corrective action plan required by the contract performance review or as a condition of maintaining their license in the case of a licensing review.[148] Contract and licensing reviews, however, include only a sample of employee files and the Department recognizes the danger of relying solely on these reviews to

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[145] The Department has established a process by which private providers submit names of employees to DCS and the Department conducts a search of its records to determine whether those employees had been alleged to be a perpetrator of abuse or neglect.

[146] Similar to the experience of regional DCS staff, private providers and background check companies have said that they have encountered problems getting information from certain courts. As previously discussed, the Department is aware of the problem. (See Footnote 142.)

[147] As discussed in more detail in Section Twelve, DCS has both a Licensing Unit (focused on compliance with licensing standards) and a Program Accountability Review (PAR) team (focused on compliance with contract requirements), each of which conduct inspections and reviews of private provider agencies. The PAR reviews of all private provider residential programs include an examination of the personnel files of 30% of the residential program staff, with special emphasis on reviewing files of new hires. As a part of the licensure process, the DCS Licensing Unit visits private provider programs that are licensed by DCS and a 25% sample of employee files (with an emphasis on new hires) are routinely checked for pertinent data, including background data as required in licensing standards. (As further discussed in Section Twelve, while all private provider agencies serving DCS children must be licensed, the licensing authority for some agencies is not DCS, but rather the Department of Mental Health and Developmental Disability (DMHDD).)

[148] See Section Twelve for discussion of the role of the Provider Quality Team in responding to concerns identified by PAR and Licensing reviews.

ensure that criminal records and DCS background checks are being uniformly conducted by private providers.[149]

3. Criminal Records and DCS Background Checks on Resource Parents

Criminal records and DCS background checks are a required part of the resource parent approval process for both DCS resource homes and private provider agency homes. Documentation of those checks is required to be in the resource parent file.[150]

a. DCS Resource Homes

The Placement Services Division, within the region, is responsible for ensuring that criminal records and DCS background checks are completed as part of the approval process for DCS Resource Homes. Before the Resource Parent Support and Assessment Worker approves a resource home, he or she must review the criminal records and DCS background check. A child cannot be placed in a non-kinship resource home until the approval process is complete. A child can be placed in a kinship resource home prior to the completion of the approval process; however, even under those circumstances, a prompt criminal records check must be conducted as part of the pre-approval placement process.

The Department is planning to implement a IV-E eligibility review process for DCS homes similar to the RHET process for private provider resource homes described below.

As part of Project ASK, a survey conducted by DCS of resource homes serving teenagers, the Department reviewed the files of 1,001 resource families, including 365 DCS homes. Of those DCS homes, 102 were missing at least one background check document.

b. Private Provider Resource Homes

The Department's contract and licensing oversight processes include monitoring to ensure that criminal records and DCS background checks have been completed on private provider resource parents. Contract and licensing reviews include an inspection of a sample of the files of the private provider agency's resource parents, with special focus on new resource parents, to verify

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[149] For example, in the course of an SIU allegation involving a facility that was serving DCS children through a subcontract with another DCS contract agency, DCS discovered that the subcontractor had not conducted background checks on its employees. Although DCS contracts specify that the contract provider is responsible for ensuring that any subcontractors meet all of the requirements of the Department's contract with the agency, and although contract and licensing reviews of provider employee personnel files may at times include personnel files of some subcontractor employees, this reliance on boilerplate contract language and a spot check of private provider employee case files in this particular case was not sufficient to ensure that the contractor was conscientiously and effectively enforcing this requirement on the employees of the agency with whom it subcontracted.

[150] Criminal records and DCS background checks of prospective resource parents are required as part of the standards for approval that DCS maintains as required by Section IX.B of the Settlement Agreement, not by the requirements related to "employees" in Section V.F.4, the last sentence of which reads as follows: "*This provision shall not apply to foster and adoptive parents.*" Nevertheless, it appeared appropriate to include this discussion here, as part of the broader discussion of DCS background and criminal records checks, rather than separately in Section Nine.

that there is appropriate documentation in the resource parent file, including documentation of required criminal record and DCS background checks.

The Department has now implemented the Resource Home Eligibility Team (RHET), through which the Department internally maintains all documents relating to the Title IV-E eligibility of private provider resource homes. The documents required for IV-E eligibility include fingerprint results, criminal records checks, DCS background checks, several abuse and offender registry checks, and completion of PATH training.[151]

RHET is responsible for reviewing the IV-E eligibility documents of each private provider resource home, both initially (new homes) and annually through the re-evaluation process. RHET maintains all required documentation on a DCS computer drive.[152] If a resource home is found to lack one or more of the required documents, RHET staff are expected to access TNKids and enter a "freeze" to prevent any new admissions to those homes until the documentation is provided.

In the process of developing the database, RHET discovered a number of homes that lacked IV-E eligibility documentation for certain periods of time. For example, some homes were approved prior to the completion of background checks and some homes were not re-approved on time, thereby resulting in unapproved periods being recorded in TNKids. As of March 2008, 2,521 resource homes had been reviewed by RHET and of those homes, 56 were found to be out of compliance. The Department is developing a process to assess financial penalties for private provider resource homes that are out of compliance.

As part of Project ASK, a survey conducted by DCS of resource homes serving teenagers, the Department reviewed the files of 1,001 resource families, including 613 private provider homes. Of those private provider homes, 83 were missing at least one background check document.

B. Education and Experience Requirements for Hiring and Promotion of Case Managers; Education Requirements for Child Care Workers (V.F.3)

The Settlement Agreement establishes basic education requirements for persons employed as "child care workers" and more extensive requirements for both hiring and promotion of case managers.

[151] While RHET maintains electronic copies of these eligibility documents, private providers remain contractually responsible for ensuring that their resource homes and their residential facilities are meeting the requirements for IV-E eligibility and that copies of the required documentation are furnished to the Department.

[152] The scanning process and compilation of all pertinent IV-E eligibility documentation that began in May 2007 for all private provider resource homes was completed in March of 2008. The documents scanned into the RHET database consist of all new home approval documents and annual re-approval documents that were completed on or after July 1, 2006.

1. Child Care Workers

The Settlement Agreement provides that child care workers employed in any child care facility or program providing placements and services to children in foster care and their families are to have at least a high school diploma or a GED. (V.F.3)

Under present civil service requirements, child care workers employed by the Department at DCS operated facilities must meet this requirement as a condition of employment.[153] The *Private Provider Manual* requires that child care workers employed by private providers must also meet this requirement.[154]

The vast majority of child care workers are employed by private provider agencies. The Department's contract and licensing oversight processes for private providers both include a review of personnel files for documentation of the required educational qualifications.[155] Based on the TAC monitoring staff review of both the Performance Accountability Reviews (contract oversight) and DCS Licensing Unit inspection reports, compliance with this particular requirement does not appear to be a problem.[156]

2. Case Managers

a. Minimum Educational Requirements

The Settlement Agreement (V.B.1, 2, 3) establishes minimum educational and experience qualifications for case managers which include:

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[153] In the regions and facilities operated by DCS, the non-professional staff that may supervise children are: Community Services Assistants (also sometimes called Case Assistants), Food Service Stewards, Teacher's Assistants, and Children's Services Officers and Corporals. All of these are positions specific to DCS Group Homes with the exception of the Community Services Assistants. All require either a high school diploma or a GED. The Department reviewed the credentials for all of these staff during the review of the official personnel files for COA and found that all personnel met this condition of employment. Additionally, correctional teachers also provide supervision in group homes. The correctional teacher position requires a minimum of a bachelor's degree, unless they have received professional credentialing from the Department (DOE) of Education as a Vocational Instructor. Those with DOE credentialing are in Vocational Instructor per Specialty positions which require a high school diploma.

[154] As set forth in the *Private Provider Manual*, a child care worker must have a minimum of a high school diploma or a GED. One year of experience working in a children's services program is preferred. Volunteer experience, practicum, and intern experience in programs/facilities that work with dysfunctional children and families may be counted as pertinent experience. Child care worker supervisors must have an associate's degree with emphasis in working with children. In addition, one year of experience working in a children's services program is required with experience in a residential setting. Two additional years of work experience in a residential setting with children may be substituted for the associate's degree.

[155] These review processes are discussed further in Section Twelve.

[156] As discussed in the September 2007 Monitoring Report, occasionally an agency is cited for absence of documentation of education in the personnel file. In most of those cases, the agency has provided subsequent documentation that the worker meets the educational requirements. For educational or experience requirements that the Department has imposed beyond those specifically required by the Settlement Agreement, a waiver can be granted by the Director of the Child Placement and Private Providers (CPPP) Division. Absent such a waiver, an employee who does not meet all of the requirements set forth in the *Private Provider Manual* must be removed from the position.

for entry level case managers (CM1), a bachelor's degree (BA), with preference for a bachelor's degree (BA) in social work or related behavioral science; The Tennessee Department of Human Resources job specifications for each of the case manager positions reflect all of the education and experience requirements set forth in the Settlement Agreement.[157]

The job specifications presently state that a preference is given for those with degrees in social work or a related behavioral science. Applicants for case manager positions who have a degree in social work receive four additional points for this degree when their applications are scored for purposes of establishing their positions on the register from which case managers are hired.

The Department has established a new Graduate Trainee Register for graduates of the Bachelor of Social Work Child Welfare Certification Program (BSW Certification Program) discussed in more detail in Subsection E below. This new register is the preferred list from which entry level case manager positions are filled.[158] Only graduates of the BSW Certification Program can qualify for this Graduate Trainee Register. The BSW Certification Program includes two required courses, Child Welfare 1 & 2 (which cover the content of the Department's pre-service curriculum for new case managers), and 380 hours of field placement practicum with DCS or a DCS private provider.[159]

This new Graduate Trainee Register simplifies the process for hiring graduates from the BSW Certification Program (irrespective of whether they participate in the stipend program). It avoids the delays and complications, discussed in the January 2006 Monitoring Report, which had previously impeded hiring BSW Certification Program graduates from the general case manager register.

b. Training and Competency/Performance Evaluation Requirements

The Settlement Agreement includes pre-service and in-service training requirements (discussed at greater length in Subsection D below) and also requires case managers to pass competency and performance evaluations for both retention and promotion.

- To be able to carry cases (other than a training caseload), a case manager must complete pre-service training and pass a skills-based competency evaluation. (V.D)

[157] Although these requirements apply to present hires, the Department has identified three employees who do not have a college degree and one employee with a degree from a school that does not have appropriate accreditation. The three employees without degrees were each "grandfathered" into their present positions when the Department was created. The positions they held prior to the formation of DCS required either a degree or "relevant experience." When the Department was formed, their previous classification was converted to the case manager series. Because each of the employees had civil service status, they were allowed to remain in the position, but were prohibited from carrying a caseload. Each of these employees is classified as a Case Manager 2. Of the three, two are in Shelby and one is in Mid-Cumberland. The two Shelby employees are on the Resource Management Team. One of them has announced plans to retire in September 2008. The employee in Mid-Cumberland is assigned to the recruitment of resource parents. The employee with the degree from the school with the unacceptable accreditation is in Shelby. The employee is a Case Manager 2 in the Juvenile Justice unit.

[158] This new register was implemented in November 2007.

[159] A person holding a Social Work degree or related human services degree who did not complete the Child Welfare 1 & 2 courses and DCS field practice would not be eligible to be placed on the Graduate Trainee Register.

- To be promoted/retained, a case manager must satisfactorily complete a performance evaluation (within one year for CM1; within six months for CM2). (V.B.1, V.B.2)

- To assume supervisory responsibility, a team leader or supervisor must complete training and pass a skills-based competency evaluation. (V.F.1)

The Settlement Agreement requires the Department to develop, in consultation with the TAC, both a "skills-based competency evaluation" and a "performance evaluation tool." Case manager evaluations must include an evaluation of performance on the case management requirements of the Settlement Agreement.

In addition, the Settlement Agreement (V.E.2) provides that the training unit shall on an annual basis:

- determine DCS workers in need of retraining as indicated by workers' failure to meet requirements of the Settlement Agreement, DCS policy, and/or reasonable professional standards; (V.E.2) and

- ensure additional training is provided to those workers so that those workers who do not improve as a result of such training are eligible for reassignment or termination. (V.E.2)

The Department is in the process of implementing the performance evaluation process contemplated by the Settlement Agreement. It has developed the performance evaluation tool and has articulated the process for ensuring that it is used as contemplated by the Settlement Agreement.

i. Competency Evaluation of New Case Managers Prior to Assuming Caseload

The Department requires that new case managers, other than those who graduated from the BSW Certification Program, complete pre-service training and receive a competency evaluation that includes both a knowledge exam and a skills assessment prior to assuming regular caseload responsibilities. Graduation from the BSW Certification Program includes successful completion of course work and performance requirements equivalent to successful completion of the pre-service training.

The new case managers must demonstrate basic competencies in "critical skill" areas including: developing a professional helping relationship with the child(ren) and families; conducting family-centered assessments; developing and implementing family-centered planning; and completing accurate documentation that reflects the values of strengths-based, family-centered, culturally-competent casework.[160]

[160] The evaluation component for new worker certification has been developed by the Training Consortium (discussed in further detail in Subsection D) in collaboration with the Department and in consultation with the TAC. It consists of a knowledge exam and a competency assessment. The knowledge exam consists of four sections: Building Trusting Relationships, Conducting Family-Centered Assessments, Family-Centered Planning, and Specialty Area (Child Protective Services or Permanence). Each section of the exam contains 30 questions. Pending further refinement, including further work in validating an appropriate cut score, a passing score requires at least 15 items (50%) correct in each section.

According to information provided by the Department's Training division, 623 new case manager trainees enrolled in the new Case Manager Certification Program from January 1, 2007 through June 30, 2008, started the training and were subject to the knowledge exam and competency assessment. As of June 30, 2008, of those 623 trainees, 91% (567) passed the knowledge exam, 78% (485) on the first attempt. One additional case manager was "pending the knowledge exam." Four hundred and eighty-seven of these new case managers had passed both the knowledge exam and the competency assessment requirements for certification and 52 were "pending competency assessments."[161] Eighty-three of the 623 trainees were no longer employed with the Department:[162]

Of the 83 who are no longer employed with the Department:

- 49 left before entering final Course 9
- 34 left after entering final Course 9

The Training Consortium reports quarterly on the status of the completion of final assessment and knowledge exams. The Department has just recently developed a training related computer database, the Training Tracking Tool, to provide automated tracking and reporting of all pre-service and in-service training.[163] The Training Tracking Tool is intended as a "stop gap"

The skills assessment requires that new workers demonstrate, at a satisfactory level, ten key skills for working with children and families. Workers are expected to score at least a three on a five-point rating scale for each of the ten skills. The skills assessment is completed in the field where assessors, DCS team leaders and/or OJT coaches, observe the worker in live interactions with children and families. Throughout pre-service training, OJT coaches and trainers are expected to provide feedback to new workers who practice the ten skills in the classroom and during OJT weeks.

All final competency assessments for new case managers are submitted to the Training Consortium subcontractor, the University of Tennessee Social Work Office of Research and Public Service (UT SWORPS), to track completion of the assessments and to review to ensure a quality process. UT SWORPS informs, via letters, the Division of Professional Development and Training (Training division) and the regional staff on the certification status (whether they passed or not) of new case managers and generates reports of how many new case managers are completing the certification process.

While the Department believes that its competency evaluation for new case managers presently meets the requirements of the Settlement Agreement, the Department anticipates continually refining the competency evaluation and improving the observation and evaluation component of the pre-service training, including developing the skills of the evaluators, working to ensure inter-rater reliability, modifying the focus and content of the evaluation, and adjusting "cut scores."

[161] New hires have up to 30 days to complete the final skills demonstration assessment (Course 9) and the final knowledge exam that encompasses the certification program. A person who fails the exam and or the assessment on the first attempt is given the opportunity to retake the test and/or assessment at least two more times. If after the third attempt, the new case manager has not passed both components, a Case Manager Team Meeting (CMTM) is held to determine the source of the difficulties that the case manager is having and develop a plan of action. This may include repeating some of the OJT activities with additional coaching and mentoring, repeating some of the classroom course work, or discussion of termination (the new hire is assessed as not being able to perform the necessary job duties). Regions have the option of reassigning new staff to other areas of the Department. A CMTM is held to discuss the next course of action.

[162] The 83 who enrolled but did not complete the training include some who passed one or more of the exams or evaluations and others who did not.

[163] Prior to the development of this tool, regional training coordinators each had their own method of tracking training, some using Excel spreadsheets or similar computer systems, and others using some kind of "hard copy" tracking, such as an index card file system. The Department believes that the Training Tracking Tool (which has only been in use since June 2, 2008) will ensure that all training coordinators are collecting the same information

measure, until the training related component of Tennessee's new Project Edison data system is available.[164]

ii. Performance Evaluation of Experienced Case Managers

(a) Performance Evaluation tool and catalog

The Department recently finalized a performance evaluation tool and catalog for promotion and retention of experienced case managers.[165] The Department has yet to develop and deliver training on the use of the tool. The Department plans to begin training on July 1, 2009 and anticipates that the performance evaluation tool and catalog will be in use statewide by the end of January 2010.[166]

(b) Promotion of staff to supervisory positions

The Settlement Agreement contemplates that promotion of staff to supervisory positions of team leader and team coordinator is to be based on a performance evaluation that ensures that candidates for those positions have the ability to coach and mentor those whom they supervise in the core competencies of practice, which would include those related to the Child and Family Team process. However, as was noted in the September 2007 Monitoring Report, it is not clear that the criteria for creation of the civil service register from which supervisory positions must be filled will allow the Department to either require those competencies of supervisor position applicants or even allow the Department to prioritize hiring those applicants who demonstrate those competencies ahead of those who do not.[167]

While the Department requires the submission of the performance evaluation prior to processing any case manager promotions, unless the performance evaluation criteria are directly related to

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and forwarding that information in a standardized and uniform format to the Professional Development and Training Division.

[164] Project Edison is Tennessee's Enterprise Resource Planning (ERP) system. ERP systems use an integrated software package to perform administrative business functions, including personnel administration. The personnel administration functions of Edison will allow the Department to track and report all employee training and eventually track and report training of resource parents and private provider staff. While some parts of the Edison system will be up and running on October 15, 2008, the Department does not know at what point the more sophisticated training tracking component of Edison will be available to the Department.

[165] The tool consists of a Performance Management Form and the Performance Evaluation Catalog for Individual Goal Setting. The Performance Catalog ties the performance evaluation tool to the certification process and matches pre-service training and certification. The performance evaluation process begins with the initial job plan, which contains measures for both service outcomes and professional core competencies. Service outcome indicators are selected from the Performance Catalog, which lists the skill sets employees need to meet the service outcomes for each of the professional core competencies.

[166] As discussed in the September 2007 Monitoring Report, the Department had originally anticipated that it would complete the tool and catalog and begin implementation of the performance evaluation using this tool by January of 2008.

[167] The civil service criteria for promotion are not aligned with the key quality characteristics required of more experienced and supervisory case managers. There may therefore be situations in which persons with the competencies that are required for these positions cannot be hired from the applicable civil service registers because persons who do not have these competencies are placed higher up on the register (based on the other qualities "valued" by the civil service scoring/rating process).

the criteria used by the register to rank applicants for supervisory positions, it is not clear what impact the performance evaluation will ultimately have on promotion. It will be important for the Department to address this issue with the Tennessee Department of Personnel in order to be able to fully implement this particular requirement of the Settlement Agreement with respect to its case manager supervisor positions.

(c) Supervisor ability to coach and mentor supervisees

The Department has developed and begun implementing an approach to the training and evaluation of supervisory personnel, the purpose of which is to ensure that supervisors understand and have the ability to coach and mentor the case managers they supervise on the core skills required by Tennessee's *Practice Model*. As part of what is referred to as the "Good to Great Initiative," the regions are each responsible for carrying out the training and evaluation of their supervisory staff. Each region is expected to identify those supervisors who already demonstrate high quality performance and to have those supervisors coach and mentor other supervisors.

The implementation of the "Good to Great Initiative" is still in its early stages and it is not clear how many experienced supervisors have the skills to coach and mentor their less skilled peers. Nor is it clear how much time these experienced supervisors will be able to devote to this coaching and mentoring, given their other responsibilities.

(d) Identifying retraining needs

One of the purposes of the performance evaluation process is to identify supervisors and case managers in need of retraining and to ensure that they receive that retraining. The information collected from the professional development portion of the performance evaluation is supposed to inform the Department of the professional development strengths and needs of its staff. However, at this point, there is no formal process established for gleaning training needs from the performance evaluations and developing training to respond to those needs.

Participants in any of the training sessions conducted by the Training Consortium are routinely provided with the opportunity to identify any training needs they have on the course evaluation forms. However, while TCCW collects and reviews these evaluations, it is not clear at this point that the evaluation form is a valuable a tool for identifying important training needs.

C. **Training Infrastructure** (V.E)

The Settlement Agreement requires the Department to:

- create a full-time training unit;
- headed by a chief of training with appropriate qualifications; and
- with sufficient staff, budget, and other resources to provide training needed to ensure that case managers and supervisors comply with mandates of the Settlement Agreement. (V.E.1)

As discussed at length in previous monitoring reports, one of the most significant improvements implemented by the Department has been the expansion and enhancement of the Department's training capacity through a partnership with the Tennessee Social Work Education Consortium ("Training Consortium") and its administrative hub, the Tennessee Center for Child Welfare (TCCW).[168] The Training Consortium consists of 14 public and private universities that offer accredited undergraduate degrees in social work.[169] While DCS maintains a full-time training unit within the Department and works closely with the Training Consortium, the bulk of the Department's training is provided by Training Consortium staff, not by the Department's Professional Development and Training Division.

The combined budget for both the Professional Development and Training Division and the Training Consortium is substantial ($20 million in fiscal year 2007-2008). Resources allocated to the training function appear to be sufficient to support curriculum development, delivery of pre-service training, and updated training for existing staff.

1. Pre-Service Training

Currently, 11 of the 14 Consortium universities participate in the delivery of pre-service training. The Training Consortium staff have developed a pre-service training calendar that is designed around the hiring patterns and practices of the Department.[170] The training schedule for the first half of the fiscal year 2008-2009 calls for a total of 12 pre-service groups statewide.[171] Staff from the Training division met with the Department's Human Resources staff, as well as the regional training coordinators, to develop a process to ensure that newly hired case managers are able to begin Course 1 orientation as close as possible to the date that they are hired in order to avoid any significant delay before they begin the certification program. The regional Human Resources staff have been working with their respective training coordinators to hire staff on

[168] The Tennessee Center for Child Welfare, located at Middle Tennessee State University, is the base of operations for the Training Consortium.

[169] The Training Consortium's major responsibility is to develop, deliver, and evaluate professional training programs for DCS staff. Of the 14 Consortium universities, 11 offer pre-service training (University of Memphis, University of Tennessee-Martin, Union University, Freed-Hardeman University, Austin Peay State University, Middle Tennessee State University, Tennessee State University, Belmont University, Southern Adventist University, University of Tennessee-Knoxville and East Tennessee State University). The BSW stipend program is offered by ten of these 11 colleges and universities (Belmont University does not offer the stipend component at this time because of lack of participation) and also by two other Consortium members, University of Tennessee-Chattanooga and Lincoln-Memorial University. David Lipscomb University is the only university included in the Training Consortium that does not have a subcontract to deliver any services to the Department. Although they are an accredited BSW program and are invited to participate in the University Consortium, the school has never had a subcontract to provide any services, such as the stipend program or training, to the Department.

[170] The locations of trainings are determined by the number and work location of the new hires. Training Consortium trainers may travel to a new training location if the number of DCS new hires requires a change in the previously scheduled training site location. In addition, DCS new hires may travel outside their regions to participate in pre-service training, especially when group numbers are small and staff from several regions are combined to form one pre-service training group.

[171] One pre-service training group is scheduled to begin every month in each grand region at the beginning of the month. Every other month a second group is scheduled to start in the Middle Grand Region after the 16th of the month to accommodate the statewide regional hiring patterns that are not met by the beginning of the month groups. The start dates for newly hired staff will be either the first or the 16th of the month.

dates consistent with the pre-service schedule. Since October 2006 when this scheduling process was put into place, the Training Division has not received any reports of problems or delays in getting new staff into pre-service training.

2. OJT Coaches

The Department has recognized the critical importance of the On-the-Job Training (OJT) experience for new case managers. Unless new case managers have opportunities to see what they are taught in the classroom being practiced in the field and unless they have opportunities to be coached and mentored in the first months of their practice, it will be difficult for them to develop the skills that good practice demands.

Table 16 below shows the number of new case managers that each OJT coach worked with in each region each month between July 2007 and June 2008.[172] Because new workers begin pre-service training when they are hired, at any given time the OJT coaches will be working with some new workers who are in the first weeks of training and others who are nearing the completion of their training. The numbers will fluctuate as some complete the training and as additional new hires begin the training. OJT coaches work with new case managers until they have successfully completed the certification process, which includes the successful completion of the final knowledge exam and the final skills assessment.[173]

[172] Data has not yet been received by the Department for South Central. Note that the OJT coach for East and Smoky Mountain was the same person for fiscal year 2007-2008.

[173] The certification is based in part on observations of the skills and abilities demonstrated by the new case manager as he or she handles a "training caseload." The training caseload consists of no more than five cases. While working the training caseload, the new case managers are observed and supervised by experienced staff (a supervisor, the OJT coach, the assigned mentor, a trained assessor, or an experienced case manager). The new case manager may continue to work on the cases in the training caseload after completing certification. Often these cases are originally assigned to the new case manager with the intention that the new case manager will eventually become the primary worker on the cases after certification.

Table 16: OJT Coach Workload Between July 2007 - June 2008												
Region	**Jul-07**	**Aug-07**	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**
Hamilton	7	8	8	4	5	5	5	5	0	0	3	3
Northeast	4	2	7	7	8	8	3	5	3	3	5	5
Upper Cumberland	7	6	6	14	14	15	16	16	16	14	13	9
South Central												
East	4	9	11	10	8	13	15	21	16	18	20	12
Smoky Mountain	5	10	12	9	12	8	9	9	13	14	10	7
Northwest	1	1	1	4	5	5	5	2	1	1	0	0
Shelby	0	0	11	0	13	4	0	0	15	0	0	0
Davidson coach 1	3	5	6	6	5	4	3	1	1	1	5	5
Davidson coach 2	1	1	5	5	5	5	3	2	0	0	7	7
Knox	13	12	14	8	5	9	8	9	8	12	14	13
Southeast	4	7	7	9	8	8	6	8	10	10	10	8
Southwest	5	5	4	11	11	13	15	14	15	12	12	8
Mid-Cumberland	4	5	23	24	29	32	22	22	21	17	15	19

Source: OJT weekly reports from July 2006 through June 2008 as reported by the OJT coaches.

In the September 2007 Monitoring Report, the TAC discussed the importance of providing mentoring and coaching for new case managers and expressed concern about the Department's capacity to provide that mentoring and coaching. A year later, those concerns remain.

The Department had originally envisioned its OJT coaches providing such modeling, mentoring, and coaching. However, there are currently only 13 OJT Coaches across the state (three fewer than a year ago) and, as is reflected in Table 16, they are routinely working with such large numbers of trainees at any given time that it is not possible for them to spend much time individually with trainees working on their skill development.

OJT coaches have therefore made efforts to create opportunities for new workers to shadow and work with more experienced case managers and have depended on those case managers and on the new workers' supervisors to provide much of the mentoring and coaching that had been envisioned as a significant part of the pre-service training.

Some case managers have benefited from working closely with those OJT coaches whose workloads have allowed a significant amount of individualized attention, but it appears that this level of interaction with the OJT coach is not the norm.

There are some efforts underway to help OJT coaches develop their own coaching and mentoring skills and to integrate their work with others who have coaching and mentoring responsibilities.[174] This presents a good opportunity to reexamine the role of the OJT coaches and the allocation of the OJT coach positions.[175]

D. Training Requirements for DCS and Private Provider Case Managers (V.E.3)

The Settlement Agreement includes specific requirements for pre-service and in-service training of case managers and supervisors:

For DCS case managers, the Settlement Agreement (V.E.3) requires:

- 160 hours pre-service, including instructional training and supervised field training;
- 40 hours in-service annually;
- curriculum to be reviewed and developed in consultation with TAC; and
- training to ensure case managers are meeting Settlement Agreement requirements.

For DCS Case Managers with Supervisory Responsibility, the Settlement Agreement (V.E.3) requires:

- 40 hours of training specific to supervision of child welfare caseworkers; and
- 24 hours of in-service each year.

Private provider case managers with comparable responsibilities to DCS case managers (which would also include private provider case managers with supervisory responsibility) are required to complete the same number of pre-service and in-service hours as their DCS counterparts and the Department is required to ensure that the training curriculum for these case managers corresponds with the DCS pre-service and in-service training.[176] (V.E.4)

Title IV-E training allows states to claim a 75% federal match for certain training of state and local agency staff and current and prospective foster and adoptive parents.

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[174] Currently OJT coaches gather together on a bi-monthly basis for workshops and trainings. Since July 1, 2008, OJT coaches have been involved in staff development opportunities conducted by the Tennessee Center for Child Welfare (TCCW). OJT coaches work together as a team with MSW specialists, trainers, and skilled facilitators to develop their coaching skills.

[175] During the past year, OJT coaches in Knox and East were at some point assigned to handle CPS cases in addition to whatever OJT responsibilities they had. Davidson and Mid-Cumberland regions, each of which had two OJT coach positions a year ago, each converted one of their coach positions into a regular case carrying position. Both the use of coaches to help handle a CPS overload and the reallocation of coach positions to case carrying positions may have been a good allocation of resources under the circumstances, but it suggests that the OJT functions of those positions may not be perceived in the regions as being as valuable as they were conceived to be in the training design.

[176] The Department is also required, prior to contracting with any agency, to review, approve, and monitor curriculum for private provider pre-service and in-service training for case workers to ensure that general content areas are appropriate to the work being performed by the agency. (V.E.4.)

1. Pre-service Training for New Case Managers

As reported in greater detail in previous monitoring reports, the Department has developed a high quality, skills focused pre-service curriculum, which, when delivered by experienced and knowledgeable trainers, presents new workers with content knowledge and training on the basic competencies required for appropriate entry level casework.

To complete the pre-service training successfully, all new workers, other than graduates of the BSW Certification Program, must attend four weeks of class sessions, participate in four weeks of On-The-Job (OJT) activities, pass a knowledge-based written exam, and be observed in settings in which they demonstrate basic competencies.[177] (Graduation from the BSW Certification Program includes successful completion of course work and performance requirements equivalent to successful completion of the pre-service training.)

The Department is informed of the completion of pre-service training by new hires through the Training Consortium via letter to the Training Director, the new hire, and the OJT Coach. A copy of the letter and the final skills demonstration assessment is supposed to be filed in the training record section of the personnel file.

The Council on Accreditation (COA) accreditation process requires the Department to have documentation of pre-service and in-service training records in personnel files.[178]

2. In-service Training for DCS Case Managers

a. In-service Training for Experienced Case Managers

As discussed in the September 2007 Monitoring Report, in order to ensure that case managers who were hired prior to the implementation of the new pre-service training curriculum met the knowledge and competency expectations of the new curriculum, the Department developed an "in-service" version of the new pre-service curriculum, designed for delivery to this group of experienced case managers. Two thousand two hundred seventy-five (2,275) case managers and 743 supervisors who were hired prior to the implementation of the new pre-service training curriculum have received the "in-service" version of the new pre-service curriculum. This includes all current case managers who are either carrying a caseload that includes *Brian A*. class members or are supervising case managers who have such a caseload (including all team leaders and all team coordinators) who were hired prior to the implementation of the new pre-service curriculum.

While all of the experienced case managers have now received the pre-service training, they have not all received a "skills assessment" comparable to the competency evaluation that new

[177] In response to feedback from staff, the Department is considering altering the structure of the pre-service training which involves alternating a week of classroom training with a week of "On-the-Job" (OJT) training. There is some sentiment in favor of having more of the classroom training in the first weeks of pre-service to allow greater continuity in the coaching, mentoring, and shadowing opportunities that would then make up the OJT experience toward the end of the training.
[178] COA standard HR 7.01.

workers receive as part of the "pre-service training." The Department has worked with the Training Consortium to develop two versions of a "professional skills assessment," one for case managers without supervisory responsibility and the other for supervisors.

The Department is focusing first on completing the professional skill assessment for all team leaders and team coordinators and then completing assessments on the remaining experienced case managers. The Department anticipates that skills assessments for all team leaders and team coordinators will be completed by December 31, 2008.

b. In-service Training to Meet Annual 40-hour Requirement

Through a combination of required in-service trainings that have accompanied many of the process improvements, practice changes, and Departmental initiatives and optional trainings offered during the year, the Department provides a wide range of in-service training opportunities for case managers.[179]

At the time the TAC issued its last monitoring report, the Department had not yet implemented a tracking system to ensure that DCS case managers are receiving the 40 hours of annual in-service training required by the Settlement Agreement.[180] (V.E.3) As mentioned above in Subsection B, the Department has just recently developed a training related computer database, the Training Tracking Tool, to provide automated tracking and reporting of all pre-service and in-service training. The Department reports that they have been effectively tracking in-service hours since June 2008. The Tennessee Center for Child Welfare (TCCW) has also entered into a partnership with the Tennessee Board of Regents to use their *Desire to Learn* learning management system, launched in July 2008, to track all training provided through the Consortium.

3. In-Service Training for DCS Supervisors

According to the Settlement Agreement, *"all case manager supervisors shall receive a minimum of 40 hours of in-service training that is directed specifically at the supervision of child welfare case workers, prior to receiving any supervisory responsibilities."* (V.E.3)

To meet this requirement, the Training Consortium delivers a five-day supervisor training known as *Supervision Basics*.[181] This training is required for all new (recently promoted) case manager supervisors including case manager 3s, team coordinators, and team leaders. In addition, all existing supervisors who have not previously participated in the training have been required to take either the five-day training or a three-day version of the five-day training.[182] There have

[179] The TCCW Curriculum Catalog contains an extensive list of in-service course offerings for case managers.
[180] Prior to the last monitoring report, the Department believed that most, if not all, of its case managers had been receiving at least 40 hours of in-service training annually because of all of the required training associated with the implementation of new policies, procedures, processes, and practices.
[181] *Supervision Basics* provides information about effective supervisory skills, quality casework, legal issues, ethical responsibilities, leadership skills, team building, personnel issues, and policy and federal laws that impact practice.
[182] All experienced supervisors in East, Smoky Mountain, Davidson, Shelby, and Hamilton regions were required to take the five-day training. Experienced supervisors in the remaining regions whose professional skills assessment

been 247 supervisors who have completed the five-day version of *Supervision Basics*. There have been 87 supervisors who have completed the modified three-day version of supervisor training.[183]

In addition to the required initial 40 hours of training for new supervisors, the Settlement Agreement requires that *"all case managers with supervisory responsibility shall receive a minimum of 24 hours of in-service training each year."* (V.E.3) To meet this requirement, experienced supervisors can select from a wide range of course offerings, including those provided through the Consortium, as well as those provided by the Tennessee Department of Human Resources. In-service training opportunities are also available to experienced supervisors through regional Good to Great Academy training, Skilled Facilitator Training, and Quality Service Review training.

4. Private Provider Agency Case Manager Training

According to the Settlement Agreement, private provider case managers with comparable responsibilities to DCS case managers (which would also include private provider case managers with supervisory responsibility) are required to complete the same number of pre-service and in-service hours as their DCS counterparts and the Department is required to ensure that the training curriculum for these case managers corresponds with the DCS pre-service and in-service training required of DCS case managers. (V.E.4)

As was discussed in the September 2007 Monitoring Report, the Department has been limited in its ability to monitor private provider training to ensure that it is comparable in content and number of hours to that required of the Department's case managers.[184]

Private providers are required by contract to annually submit to the Department their training plans, training calendars, and pre-service curricula. However, at the time that the September 2007 Monitoring Report was issued, the Department had not been tracking private provider compliance with this provision and had not been reviewing any training materials that had been submitted. The Performance Accountability Reviews (PAR) of personnel files include a review of documentation of pre-service and in-service training looking at the number of hours and, to some extent, the topics covered by the training. However, PAR does not review the content of the curriculum or know the extent to which the training "corresponds" with that required of DCS case managers.

The Department anticipated that it would have a system for tracking and monitoring private provider training by January 1, 2008; however, while some progress has been made, the Department does not yet have that tracking and monitoring capacity.

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results suggest they would benefit from the opportunity to do so were required to complete the five-day training; all other experienced supervisors in those regions were required to take the three-day training.

[183] The Training division has not yet received the training rosters from all of the regions verifying all supervisor participation in the three-day modified version of supervisory training.

[184] All private provider agency case managers with comparable responsibilities to DCS case managers must receive the required 160 hours (80 classroom and 80 supervised field practice) of pre-service training or the in-service training required by the Settlement Agreement.

The Department had not been regularly reviewing and approving training curricula used by private providers or tracking private provider staff training beyond what was done through the PAR review process. At the time of the report, the TCCW had just hired a program director to supervise that effort and established three positions focused on ensuring that private provider training for staff meets the requirements of the Settlement Agreement. (V.E.4) Shortly after the issuance of the September 2007 Monitoring Report, the person hired to lead that effort resigned.

The Department has recently hired a full-time TCCW/DCS program coordinator who is responsible for reviewing private provider training curricula to make sure that it is comparable in content to the required DCS pre-service and in-service training.[185] As of November 1, 2008, the program coordinator has received and reviewed the curricula of 100% of the 55 private providers subject to this requirement.

As the Department leadership has become more focused on this issue, they recognized that it has not established clear expectations regarding the specific content of pre-service and in-service training of private provider staff. The Department is in the process of pulling together a cross functional team that includes Consortium trainers, DCS staff, and private providers for the purpose of identifying the substantive areas that private provider staff need to cover in their pre-service and in-service training, establishing a process for the submission and review of private provider curricula, training materials, and training schedules, and ensuring that there is tracking and reporting of private provider staff training so that the Department can be confident that private provider staff with comparable responsibilities to DCS staff are receiving pre-service and in-service training that corresponds to that required of DCS staff.

E. Additional Requirements for Improving Workforce Quality (V.C)

The Settlement Agreement required the Department, in consultation with the TAC, to develop and implement stipends and other incentives to support graduate work as part of ensuring that the Department is able to hire and retain case managers with undergraduate and graduate degrees in Social Work and related fields. (V.C)

The Settlement Agreement also required the Department to assess and determine whether salary increases are necessary to ensure that Tennessee is competitive with neighboring states concerning compensation for case managers and supervisors. (V.C)

As discussed in greater detail in previous monitoring reports, the Department has established a variety of stipend and incentive programs for both undergraduate and graduate work and has significantly increased salaries in accordance with recommendations of the salary comparability study that was required by the Settlement Agreement.

[185] This is the same position that had just been filled at the time of the September 2007 Monitoring Report. Shortly after the issuance of that report the person hired to fill the position resigned.

1. Stipend Programs (V.C)

The Department's BSW Stipend Program allows qualified students in the BSW Certification Program to receive tuition assistance and a financial stipend in exchange for a commitment to work for DCS as a case manager upon graduation. For each year that the student receives assistance, the student commits to working a year for the Department.

The BSW Stipend Program began in 2004 and the first stipend students graduated in May 2005. As of May 2008, there have been 161 participants in the BSW Stipend Program. Of those 156 graduated and five left the program before graduating.

Of the 156 graduates, 108 are currently employed by the Department. Of the 48 not currently employed by the Department, 17 graduated in May and are expected to be hired.[186] Five other former stipend students are presently pursuing MSW degrees and are expected to come to work for DCS upon graduating in May 2009.[187]

Fifteen graduates who were hired by the Department subsequently left. Of those, 12 resigned after accepting other positions and three were terminated for unsatisfactory performance.

Thirteen other graduates never came to work for DCS. All are being contacted by DCS to determine whether they intend to honor the agreement. Those who choose not to come to work will be required to repay any funds expended by DCS towards their education, as will the five students who withdrew from school without fulfilling their commitment. Those students who were hired by the Department, but do not complete two years, are required to repay the Department on a prorated basis.[188]

The Department also hired 18 graduates of the BSW Certification Program, who did not participate in the stipend program. Fourteen are currently employed. Two were terminated for unsatisfactory performance and two resigned.

The Department anticipates that there will be approximately 110 BSW students enrolled in the stipend program in fall 2008.

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[186] Of the 48 stipend students who graduated in May 2008, 28 were hired before mid-August when all hiring for state government positions was suspended to allow the state to implement the new Edison computer system. Three have since been hired and seven have been interviewed and are pending reference checks. The Department expects the remaining seven to be interviewed in the near future.

[187] MSW stipend students make the same "year for year" commitment to work for the Department as BSW stipend students make. If they received a stipend to complete two years of the MSW program, then they are committed to working for DCS for two years. If they received a stipend to complete two years of a BSW program and then, as these three students have done, immediately went into the one year MSW advanced standing program and received a stipend, they are committed to working for DCS for three years after graduation.

[188] This includes students who are terminated from DCS employment during the two years.

2. MSW/MSSW Stipend Program (V.C)

The Department's MSW/MSSW stipend program allows qualified MSW/MSSW students employed by the Department to receive tuition assistance and a financial stipend in exchange for a commitment to work for the Department as a DCS case manager upon graduation. As is the case for the BSW stipend program, for each year that the student receives tuition assistance and a stipend, the student agrees to work a year for the Department upon graduation.

Eighty-nine DCS employees have participated in the MSW/MSSW program. Of those, 32 received an MSW/MSSW degree since the program began (15 of them graduating this past May) and all of these graduates are presently employed by the Department. The remaining 57 employees along with 25 employees new to the program (for a total of 82 employees) will be participating in the MSW/MSSW program at the start of the 2008-2009 academic year.

3. Salary Adjustments (V.C)

In 2003, the Department initiated a special three year salary adjustment process in response to the findings of the salary comparability study required by the Settlement Agreement. (V.C) That three year adjustment was completed in 2006. In addition, as a result of a general salary increase applied to a broad range of state government positions, case manager salaries were increased by an additional 3% in fiscal year 2007-2008. Table 17 compares the case manager salary ranges in 2003 with the salary ranges in 2006 and 2007.

Table 17: Salaries for DCS Case Carrying Positions for 2003, 2006, and 2007

Class Title	2003	2006	2007
Case Manager 1	$22,500 –35,412	$29,376 – 40,968	$30,252 – $42,192
Case Manager 2	$25,476 – 40,884	$33,312 – 46,452	$34,308 – $47,844
Case Manager 3	$26,580 – 45,576	$34,656 – 48,348	$35,700 – $49,800
Team Leader	$28,860 – 46,128	$37,740 – 52,644	$38,868 – $54,228
Team Coordinator	$34,584 – 54,264	$44,772 – 62,460	$46,116 – $64,332

Source: Department of Children's Services, Office of Human Resource Development.

F. Provisions Related To Caseloads and Case Coverage (V.A, V.D, V.E, V.F, V.G)

The Settlement Agreement establishes caseload limits and case coverage requirements and includes specific provisions related to turnover rates, transfers of cases, and assuring that case files are maintained, up-to-date, and complete.

1. Caseload Limits

The caseload limits apply to caseloads carried by DCS case managers and also caseloads carried by those private provider case managers who have comparable responsibilities to those of DCS case managers. (V.A)

The Settlement Agreement (V.D, V.F) establishes the following maximum caseloads for case managers and supervisors:[189]

- new case manager who has not completed training and certification: training caseload only; (V.D)
- case manager 1: 15 children; (V.F)
- case manager 2 or case manager 3 with no supervisory responsibilities: 20 children; (V.F)
- a case manager 3 who supervises one to two case managers: ten children; (V.F)
- a case manager 3 who supervises three to four case managers: 0 children; (V.F) and
- a case manager 4: 0 children. (V.F)

The Settlement Agreement established caseload limits of 12 for "adoption unit case managers." (V.F) However, the Department has as part of its reform effort eliminated the separate case carrying adoption unit.[190]

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[189] There are four case manager positions, two of which (CM1 and CM2) are non-supervisory positions and two of which (CM3 and CM4) are supervisory. Case Manager 1 is a trainee/entry level class for a person with no previous case management experience; after successful completion of a mandatory one year training period, a CM1 will be reclassified as a CM2. A CM2 is responsible for providing working level case management services to children and their families, and requires at least one year of case management experience. A CM3 can have supervisory responsibility for leading and training CM1s and CM2s in the performance of case management work. A CM4 is typically responsible for the supervision of staff (including CM3s) in a regional or field office or a single/small residential program, who are providing case management services for children and their families. The terms CM4 and Team Leader are used interchangeably. A Team Coordinator supervises the CM4s/Team Leaders.

[190] Under the "one worker/one child" approach, the child's case manager is responsible for that child until the child reaches permanency, including permanency through adoption. The Department has eliminated the "handoff" from a "foster care unit case manager" to an "adoption unit case manager" of children whose permanency goal becomes adoption.

Adoption specialists or permanency specialists, instead of handling caseloads, are to help provide the Child and Family Team and the case manager with expertise in the adoption process and assistance in identifying and carrying out the variety of tasks associated with moving a child toward successful adoption. Their job is to support the case manager with completing the adoption paperwork and locating homes for children with no identified permanent families.

As discussed in the September 2007 Monitoring Report, in some regions where there have been large percentages of vacancies (as a result of both turnover and case managers being out on medical or maternity leave) the permanency specialists who were formerly adoption workers have been assigned cases. All *Brian A.* cases, regardless of the case manager carrying the case, are counted when the caseload cap report is run. However, permanency specialists still carry the adoption worker position number in TNKids and they would therefore be reported as being in or out of compliance based on whether they were within the 12 child caseload limit established by the Settlement Agreement for the "adoption unit case managers."

In addition, in the spring of 2007, the East region began to experience a significant increase in the number of children entering custody. In response, the Regional Administrator made the decision to assign cases to a number of non-caseload carrying staff. For example, four resource parent support staff were assigned approximately 15-20 cases. (The impact of the reassignment on the regions resource parent support capacity was mitigated by the fact that the Department contracted with a private provider to complete home studies and with the Training Consortium to conduct PATH classes; in addition, the region continued to have 12 staff assigned to Resource Parent Support.)

The Settlement Agreement also provides that *"for those workers carrying a mixed caseload," those workers shall carry no more than the "weighted equivalent, as those weights have been determined in consultation with the Technical Assistance Committee."* The Department is currently developing proposed standards for weighted caseloads in connection with the implementation of its Multiple Response System (MRS); however, at present, the Department takes the position that if there is at least one *Brian A.* case on his or her caseload, the caseload cannot exceed the *Brian A.* caseload limits and must be reported on that basis.[191]

a. DCS Case Manager Caseloads

As has been noted in previous monitoring reports, one of the most significant accomplishments of the Department's reform effort has been the reduction of caseloads to manageable limits. In the early years of the reform, the Department dramatically increased the number of front-line case manager and supervisor positions. Over the past several years, the Department has been tracking and reporting regional caseloads on a monthly basis to identify regions experiencing the greatest difficulty keeping caseloads within limits and has allocated additional positions to those regions.[192]

The table below presents the extent to which statewide and regional case manager caseloads over the past 18 months (January 2007 through June 2008) were within the caseload limits established by the Settlement Agreement to ensure that caseloads are small enough to allow effective work with families and children.[193] (V.F.) As is reflected in the table, about 91% of case manager caseloads statewide fall within the established caseload limits (between 88% and 93% over the 18 months of reporting).

Apart from the exceptional circumstances of the type experienced by the East region, the Department maintains that the only other non-caseload carrying staff who should currently be carrying cases are adoption/permanency specialists and those staff are only supposed to be carrying the cases of children with whom they had been involved at the time of the transfer to the one child/one worker model.

[191] As a result of the implementation of the Multiple Response System (MRS), some case managers now have mixed caseloads of custodial and non-custodial cases. Because this is a relatively recent development the Department has not yet developed a standard for such mixed caseloads. The Department is engaged in a workload analysis to determine reasonable caseload standards and staffing levels for appropriate handling of investigations, assessments, and blended caseloads of in-home and custodial cases.

There are case managers who carry a mix of juvenile justice (non-*Brian A.*) and child welfare (*Brian A.*) cases. Again, if the case manager has at least one *Brian A.* class member on his or her caseload, the entire caseload is subject to the caseload limits that would apply to a caseload that consisted entirely of *Brian A.* cases.

[192] The Department has a work group, which includes the fiscal, human resources, and program staff to strengthen and monitor this process. The Department is trying to make sure that the Office of Human Resource Development (HR) and the Department of Finance and Administration (FA) are communicating when there is a resignation or other changes in an employee's status, and they are tracking the information with supervisors on caseload reassignment (FA tracks information through TNKids). The annual rightsizing efforts is an example of one of the accomplishments of the work group.

[193] Case manager caseloads are within standards if:

- a case manager 2 and a case manager 3 with no supervisory responsibilities have a caseload of 20 or fewer children;
- a case manager 3 who supervises one to two case managers has a caseload of no more than 10 cases;
- a case manager 3 who supervises three to four case managers has no cases;
- a case manager 4 has no cases. (V.F.)

The table also reflects the regional variation. Between January 1, 2007 and June 1, 2008 nine regions had caseload compliance rates above the statewide 12-month average, while three (Mid-Cumberland, Upper Cumberland, and East,) had caseload compliance levels significantly below that average. East struggled the most, with caseload compliance ranging from 56% to 82% for caseload compliance, while Southwest, South Central, and Hamilton had the highest compliance rates (over 98% for the 12-month period).

Region	Table 18: Case Manager Caseload Limit Compliance Rates for July 2007 - June 2008																		
	January 2007	February 2007	March 2007	April 2007	May 2007	June 2007	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	January 2008	February 2008	March 2008	April 2008	May 2008	June 2008	
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Averages
Southwest	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	95.7%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%
South Central	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	95.8%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	98.0%	100.0%	99.2%
Hamilton	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	97.6%	97.6%	97.4%	100.0%	97.4%	100.0%	100.0%	97.4%	97.6%	97.6%	95.1%	98.7%
Shelby	96.2%	96.1%	93.0%	93.6%	93.8%	96.1%	96.9%	95.8%	94.6%	96.3%	95.1%	97.0%	96.8%	100.0%	100.0%	97.4%	99.1%	96.5%	96.5%
Knox	91.3%	100.0%	100.0%	97.9%	97.9%	100.0%	97.8%	97.9%	97.8%	98.1%	98.2%	100.0%	98.4%	93.3%	92.2%	91.7%	95.8%	91.3%	96.4%
Northwest	86.5%	91.9%	91.7%	91.9%	94.6%	94.6%	94.4%	97.1%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	96.4%
Southeast	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	97.6%	100.0%	97.4%	100.0%	97.4%	94.7%	89.2%	87.2%	87.2%	88.9%	95.4%
Davidson	91.1%	91.6%	90.7%	85.4%	93.8%	96.2%	93.4%	97.4%	96.2%	93.3%	89.2%	89.2%	93.1%	97.1%	100.0%	100.0%	100.0%	98.5%	95.2%
Northeast	94.0%	95.8%	92.8%	95.5%	82.8%	92.1%	93.8%	92.2%	98.4%	96.9%	92.1%	90.8%	93.8%	91.0%	93.4%	95.1%	90.3%	91.9%	92.9%
Statewide	**91.9%**	**93.2%**	**92.4%**	**91.2%**	**90.9%**	**91.3%**	**91.4%**	**92.0%**	**90.3%**	**90.1%**	**88.2%**	**89.8%**	**89.4%**	**89.4%**	**90.3%**	**90.1%**	**92.6%**	**92.3%**	**90.9%**
Mid-Cumberland	89.4%	88.1%	89.4%	89.7%	94.3%	91.4%	93.1%	85.7%	78.2%	73.4%	82.3%	88.2%	81.4%	82.6%	82.6%	77.8%	95.4%	92.3%	86.4%
Upper Cumberland	98.4%	95.2%	90.0%	85.0%	81.0%	76.3%	79.6%	84.2%	87.3%	87.7%	82.4%	88.9%	82.8%	74.1%	78.6%	75.4%	78.0%	86.4%	84.0%
East Tennessee	73.8%	79.1%	81.7%	79.1%	73.6%	71.0%	73.9%	79.3%	66.0%	68.9%	56.4%	62.0%	64.9%	69.3%	71.4%	78.1%	79.8%	80.3%	72.7%

Source*: Brian A.* Caseload Limit Compliance Report for January 2007 through June 2008.

It is important not only to know what percentage of caseloads exceed caseload limits during a particular month, but also to know by how many cases those caseloads exceed the limits. A caseload that is one or two cases over the limit creates a much lesser burden than one that exceeds the limit by ten cases. It is, therefore, important to look at the number of caseloads carried by the approximately 10% of workers whose caseloads are over the limit in any given month.

As reflected in Table 19 below, of the 56 case managers whose caseloads as of June 1, 2008 exceeded the applicable caseload limit, 27 of those workers exceeded those limits by just one to two cases. There were 17 workers with caseloads that were three to five cases over the limit. There were 12 workers with even larger caseloads: ten workers who were six to ten cases over the limit; one worker who was 11-20 cases over the limit; and one worker who was 21+ cases over the limit.[194] Of those 12 case managers whose caseloads exceeded the limits by six or more cases, seven were from East, two from Mid-Cumberland, one each from Knox, Southeast, and Upper Cumberland.[195]

For 44 case managers who as of June 1, 2008 were carrying caseloads of one to five over their respective limits, TAC monitoring staff examined these case managers' caseloads for July and August 2008 to determine if the caseloads returned to the level of compliance. By August 2008 the caseloads of 32 of the 44 case managers were back within the caseload limit, five were one to two cases over the limit, and seven were three to five over the limit.

For case managers who as of June 1, 2008 were carrying caseloads of six or more over their respective caseload limits, TAC monitoring staff examined these case managers' caseloads for July and August 2008 to determine if the caseloads returned to the level of compliance. By August, the caseloads of seven of the ten case managers were back within the caseload limits; the remaining case managers had caseloads that were six to eight cases over the limit.

[194] At least some of the higher over limit caseloads are attributable to situations involving workers whose caseload was composed entirely of juvenile delinquency cases (Juvenile Justice caseload) and non-custodial unruly and neglect and abuse cases (Family Support Services/Family Crisis Intervention Program caseload). If one of the unruly or neglected or abused children on the non-custodial caseload comes into custody, the case will at that time be on that case manager's "tree," even if the case is promptly transferred to another case manager with a *Brian A.* caseload. This was the case for one of the case managers discussed in the text above whose caseload was identified as having been more than 21 cases over the limit in June. By July, that one case had been reassigned and the juvenile justice case manager had no *Brian A.* cases.

[195] The regions that have had the greatest difficulty keeping caseloads within the *Brian A.* caseload limits have been regions which have consistently experienced high turnover/vacancy rates. As discussed further in Subsection 2 below, the Department is now allowing regions with high turnover/vacancy rates to "over hire" by a number of staff equivalent to half the average number of vacancies over the past six months. Davidson, Mid-Cumberland, East, and Upper Cumberland are each now able to "over-hire" case managers according to that formula.

Table 19: Case Manager Caseloads Exceeding *Brian A.* Standards by Position as of June 1, 2008					
Job Class/Position	**1-2 Cases Over Limit**	**3-5 Cases Over Limit**	**6-10 Cases Over Limit**	**11-20 Cases Over Limit**	**21+ Cases Over Limit**
Case Manager 1	4	5	3	0	1
Case Manager 2	14	11	3	1	0
Case Manager 3 (Non-Supervisor)	1	0	0	0	0
Case Manager 3 (Supervisor 1-2)	6	1	2	0	0
Case Manager 3 (Supervisor 3-4)	0	0	1	0	0
Case Manager 3 (Supervisor 5+)	0	0	0	0	0
Case Manager 4	2	0	1	0	0
Case Manager 4 (Filling Vacancy)	0	0	0	0	0
Totals:	**27**	**17**	**10**	**1**	**1**

Source*: Brian A.* Caseload Threshold Employee Compliance Exception Report as of June 1, 2008.

b. DCS Supervisor Caseloads

Table 20 presents the numbers of supervisors, statewide and by region, whose supervisory workloads over Reporting Period III (January 2007 through June 2008) were within the five to one supervisee to supervisor workload limit which, under the Settlement Agreement standards, are considered small enough to allow effective supervision. (V.F) As is reflected in the table, expressed as a statewide 18-month average, 91% of supervisors had manageable workloads over that period.

The table also reflects the regional variation. Between January 1, 2007 and June 1, 2008 six regions had supervisory workload compliance rates above the statewide 18-month average, while six (Southwest, South Central, East, Davidson, Southeast, and Northwest) had workload compliance levels below that average. Northwest struggled the most with a 18-month average of 80% of supervisors having workloads within limits, a contrast to Mid-Cumberland, Upper Cumberland, and Hamilton which had the highest average compliance rates (between 96-99%).

Region	Table 20: Supervisor Caseload Limit Compliance Rates for July 2007 - June 2008																		
	January 2007	February 2007	March 2007	April 2007	May 2007	June 2007	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	January 2008	February 2008	March 2008	April 2008	May 2008	June 2008	
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Averages
Mid-Cumberland	94.7%	100.0%	100.0%	100.0%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	99.6%
Upper Cumberland	100.0%	94.4%	94.1%	94.1%	100.0%	94.1%	94.1%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	94.1%	94.1%	94.1%	97.0%
Hamilton	90.9%	90.9%	100.0%	100.0%	100.0%	100.0%	90.9%	90.9%	90.0%	90.0%	90.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%
Northeast	85.7%	94.7%	90.0%	89.5%	94.4%	93.8%	93.8%	87.5%	100.0%	94.1%	100.0%	100.0%	93.8%	88.2%	100.0%	100.0%	100.0%	100.0%	96.4%
Shelby	93.9%	90.6%	90.6%	96.9%	90.6%	100.0%	100.0%	100.0%	88.9%	95.8%	91.3%	95.5%	90.9%	95.5%	86.4%	82.6%	87.0%	88.0%	91.8%
Knox	100.0%	72.7%	75.0%	72.7%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	84.6%	84.6%	87.5%	100.0%	100.0%	92.9%	92.9%	100.0%	94.6%
Statewide	**89.1%**	**87.9%**	**85.7%**	**86.4%**	**88.9%**	**88.1%**	**91.8%**	**89.7%**	**91.0%**	**95.2%**	**92.4%**	**92.4%**	**92.0%**	**94.2%**	**96.2%**	**94.7%**	**94.3%**	**94.9%**	**93.2%**
Southwest	70.0%	63.6%	60.0%	72.7%	100.0%	90.9%	100.0%	93.3%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%
South Central	100.0%	92.3%	92.3%	92.3%	85.7%	85.7%	53.9%	61.5%	92.3%	92.3%	91.7%	91.7%	91.7%	91.7%	91.7%	100.0%	92.9%	100.0%	87.6%
East Tennessee	83.3%	88.0%	79.2%	76.0%	83.3%	70.8%	96.3%	80.8%	91.7%	95.8%	96.0%	87.5%	84.0%	92.6%	96.3%	96.4%	96.6%	93.3%	92.3%
Davidson	73.7%	73.7%	73.7%	75.0%	58.8%	75.0%	87.5%	82.4%	76.5%	100.0%	82.4%	87.5%	86.7%	92.9%	100.0%	100.0%	100.0%	93.3%	90.8%
Southeast	92.3%	100.0%	91.7%	83.3%	75.0%	72.7%	91.7%	84.6%	91.7%	91.7%	81.8%	81.8%	81.8%	75.0%	81.8%	75.0%	66.7%	81.8%	82.1%
Northwest	75.0%	75.0%	57.1%	57.1%	71.4%	71.4%	57.1%	85.7%	75.0%	75.0%	75.0%	75.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	85.9%

Source*: Brian A.* Supervisor Caseload Limit Compliance Report for January 2007 through June 2008.

It is important not only to know what percentage of supervisors have workloads that exceed the five supervisee limit during a particular month, but also to know by how many supervisees they exceed that limit. Supervising six case managers instead of five creates a much lesser burden on a supervisor than supervising seven or eight. It is, therefore, important to look at the number of supervisees supervised by the approximately 7% of supervisors whose workloads were over the limit in any given month.

As reflected in Table 21, of the ten supervisors whose workloads as of June 1, 2008 exceeded the supervisor/supervisee standard nine exceeded the standards by just one supervisee. One (a case manager 4 for East) supervised four case managers over the supervisory limits.

TAC monitoring staff followed up on each of the case manager supervisors who as of June 1, 2008 had workloads greater than five. The workload of the case manager supervisor who was four supervisees over the limit (a total workload of nine supervisees) was back to five as of the following month. Of the case managers who had been one over the supervisee limit, six were back at five and two remained at one over the limit.

Table 21: Supervisory Caseloads Exceeding *Brian A.* Standards by Position as of June 1, 2008

Job Class/Position	Supervising 1 Over Limit	Supervising 4 Over Limit
Case Manager 3 (Supervising 5+)	1	0
Case Manager 4	7	1
Case Manager 4 (Filling Vacancy)	1	0
Totals:	**9**	**1**

Source: TNKids *Brian A.* Caseload Threshold Employee Compliance Exception Report for June 1, 2008.

c. Private Provider Caseloads

Under DCS policy, reflected in the *Private Provider Manual*, private provider case managers and supervisors with comparable responsibilities to the DCS case manager are required to comply with the caseload limits applicable to DCS case managers and supervisors.

Private provider caseloads are monitored as part of the annual reviews conducted by the Program Accountability Review (PAR) Unit. Based on a review of PAR reports, it appears that private provider caseloads have been found to meet the required caseload limits.[196]

[196] Children served by private provider case managers generally also have a DCS case manager assigned to each of their cases and those cases are also counted as part of the DCS case manager caseloads. The Department has a unique, Davidson County specific, contract with a private provider for case management services. Under the contract, the private provider provides Davidson County with a team coordinator, and two teams, each headed by a team leader, with each team leader supervising five case managers. The caseloads of those private provider supervisors and case managers covered by this contract are tracked and reported in the Davidson County DCS caseload reports as if they were part of the regional DCS office. The Department reports that the caseloads handled

2. Special Requirements for Regions with High Staff Turnover (V.G)

Staff turnover has always been a significant problem for the Department. While there appears to be some improvement in turnover rate, high turnover continues to be a challenge for the Department. In order to ensure that there are sufficient staff to maintain required caseloads in each region, the Settlement Agreement requires "over-hiring" for any region in which annual turnover rate exceeds 10% and where reassigned cases are transferred to workers already at caseload limits. (V.G)

The Department has developed a process for tracking, reporting, and responding to regional turnover. As noted in the September 2007 Monitoring Report, the Tennessee Department of Human Resource Development approved the use of overlap positions ("over-hires") for regions that have an annual turnover rate over 10%. Since turnover rates in excess of 10% still exist across the state, the Department has developed a pool of case managers ("over-hiring") that can be deployed to regions experiencing high turnover. The Department began piloting use of this pool in four regions (Davidson, East, Mid-Cumberland, and Upper Cumberland) in November of 2007. Adjustments to the over-hire pool have been made on a quarterly basis by the Deputy Commissioner in conjunction with Human Resources. Reports of monthly turnover have been sent on a monthly basis to the Commissioner, Deputy Commissioner, and Regional Administrators for review and adjustment of the over-hire pool.[197]

For regions with an annual turnover rate over 10%, the Department had intended that each region in consultation with the Central Office would develop a strategic plan that would include setting specific turnover reduction goals. While there were some early efforts to develop these regional plans, the Department recognizes that this is an area which needs renewed focus.

The Department is planning to create a statewide workgroup to look at turnover and to implement various strategies to reduce staff turnover. This workgroup is expected to convene in the next month.

The table below presents the annualized turnover rates for fiscal year 2007-08.[198] Decreases in turnover were seen for CM1 positions where the turnover rate went from 22.2% in 2007 to 14.6% in 2008. Other positions only varied a few percentage points between 2007 and 2008.[199]

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by these private provider teams are generally smaller than the DCS case manager caseloads and have not exceeded the caseload limits.

[197] The monthly DCS Vacancy Report lists all of the Department's open positions including case manager positions.

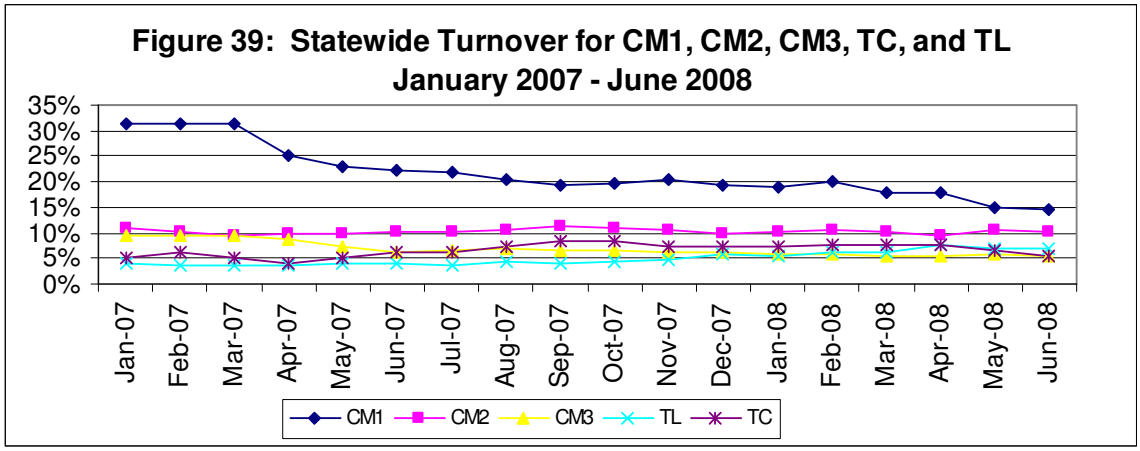
[198] Only separations from the Department are calculated in this turnover rate. However, the "turnover" in case managers that children and families experience results not just from case managers leaving the Department, but from case managers transferring or being promoted into new positions. While the current Human Resources data system does not have the ability to report on promotions or lateral moves, it is critical that the Department examine and respond to the impact of this kind of "turnover." The Department hopes to be able to report on this type of information after the implementation of Project Edison, described in footnote 164.

[199] The turnover data reported in the September 2007 Monitoring Report for fiscal year 2006-2007 (Table 13 at page 100 and accompanying text) was incorrectly calculated by the Department.

Table 22: Annualized Case Manager Turnover by Region for Fiscal Year 2006-07 and 2007-08										
REGION	Case Manager 1 Turnover %		Case Manager 2 Turnover %		Case Manager 3 Turnover %		Case Manager 4 Turnover %		Team Coordinator Turnover %	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
Davidson	28.9%	11.7%	12.6%	9.7%	4.8%	5.2%	5.5%	5.5%	0.0%	10.0%
East	17.6%	10.3%	12.3%	13.6%	9.8%	9.8%	4.0%	6.0%	0.0%	22.2%
Hamilton	18.9%	29.8%	7.3%	7.5%	0.0%	13.8%	10.1%	0.0%	0.0%	0.0%
Knox	40.6%	0.0%	9.3%	10.8%	0.0%	5.9%	18.1%	0.0%	0.0%	0.0%
Mid-Cumberland	23.9%	28.3%	15.0%	20.3%	14.7%	15.8%	18.0%	8.0%	9.9%	10.3%
Northeast	18.3%	13.4%	9.7%	8.7%	9.1%	4.7%	5.9%	2.9%	14.3%	0.0%
Northwest	13.6%	32.4%	5.3%	3.8%	0.0%	0.0%	5.8%	11.8%	0.0%	0.0%
Shelby	17.6%	13.7%	9.5%	7.6%	3.7%	3.8%	5.2%	1.7%	0.0%	6.1%
South Central	16.8%	4.6%	7.7%	10.5%	0.0%	9.0%	3.8%	3.8%	0.0%	0.0%
Southeast	23.6%	0.0%	17.7%	11.2%	11.4%	0.0%	0.0%	0.0%	18.8%	0.0%
Southwest	10.6%	30.0%	3.9%	5.9%	0.0%	0.0%	6.4%	3.2%	12.2%	0.0%
Upper Cumberland	22.9%	4.4%	7.1%	7.4%	5.5%	0.0%	0.0%	3.5%	16.0%	15.8%
Statewide	**22.2%**	**14.6%**	**10.2%**	**10.4%**	**5.3%**	**6.1%**	**7.1%**	**4.0%**	**5.5%**	**6.1%**

Source: Office of Human Resource Development.

Figure 39 below shows the statewide annualized turnover rates for January 2007 through June 2008 for case manager 1, case manager 2, case manager 3, and team leader positions.[200] Although case manager 1 positions experienced turnover over 30% in the beginning of 2007, the turnover rate for this job classification has gradually decreased to 14.6% as of June 2008.[201]



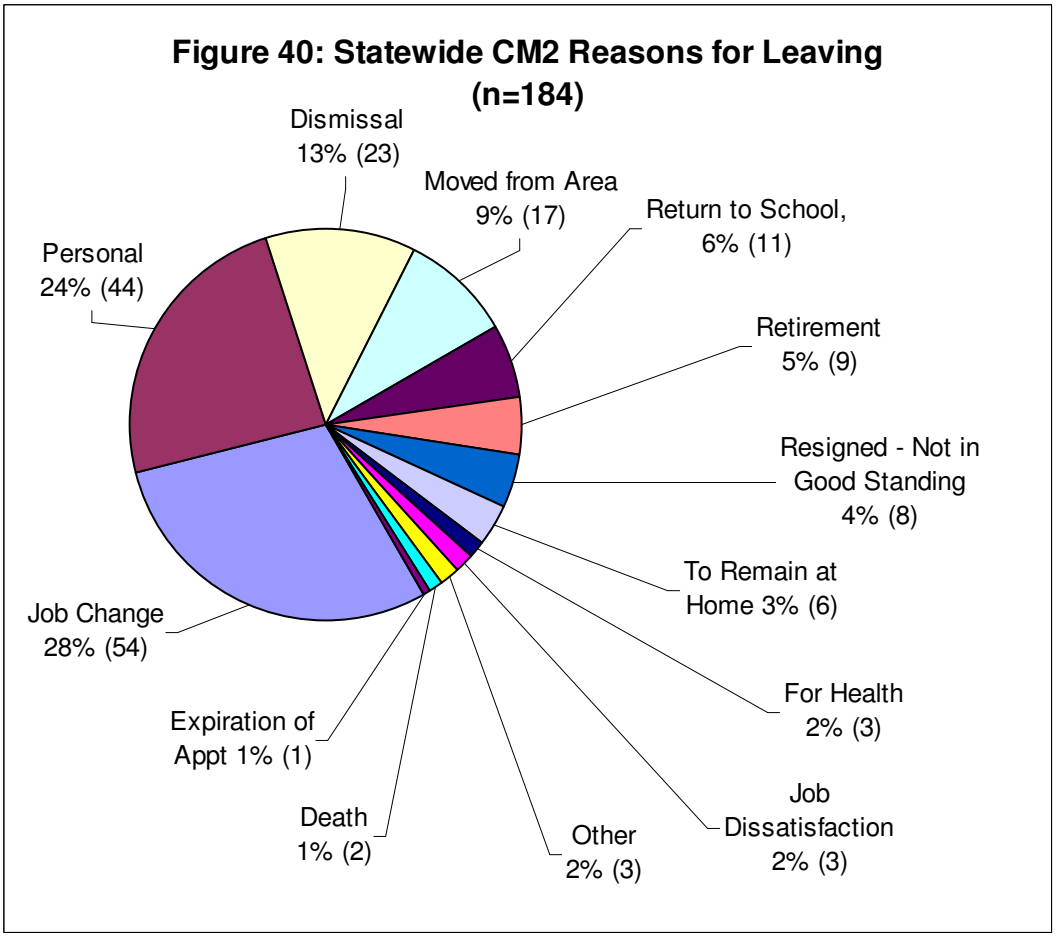
Source: Office of Human Resource Development.

The Turnover Data Report also includes information about whether the turnover was the result of resignation, retirement, transfer, promotion, demotion, death, or termination (involuntary). Figure 40 below reflects that 28% of the CM2 turnover was a result of leaving to take a job

[200] DCS calculates and presents turnover as an annualized turnover figure for each month. For example, the turnover rate report for June 2008 would be an annualized rate for the twelve month period beginning July 1, 2007 and ending June 30, 2008; the turnover rate report for July 2007 would be for the twelve month period beginning August 1, 2006 and ending July 31, 2007. To figure the annualized regional turnover for the applicable 12-month period for a certain job classification (for example, CM1), the Department takes the total number of people who have worked as a CM1 in the region at any time during the previous 12-month period, divide by 12 months to get average number of employees per month for that region. The separations in that region for the month are then divided by the average number of employees per month to calculate the turnover percentage rate for that region.

[201] See Subsection B.2.b.i for the number of CM1 terminations prior to completion of training. Of the 83 new case managers referred to in that subsection who are no longer employed with the Department, 49 left before entering Course 9 and 34 left after entering Course 9. During Course 9 the new case managers have one week up to one month to complete final assessment, Pre and post-tests, competency assessments and training evaluation forms implemented in classroom training and during OJT experiences.

outside of the Department. Twenty-four percent of CM2s separated from the Department for "personal reasons." Other reasons accounting for a significant percentage of CM2 dismissals included moving from the area, returning to school, and retirement.



Source: Office of Human Resource Development.

The Department believes that a key to reducing turnover is to ensure that the applicants for entry level case manager positions understand the nature of the work, have had special social work training and field experience to prepare them for the work, and are committed to serving as DCS case managers. For this reason, the Department's primary strategy for reducing turnover is increased reliance on graduates of the BSW Certification Program, discussed in Subsection E above, to provide a pipeline of trained and committed entry level applicants who understand the demands of this kind of work.

The Department projects that 25% of all entry level case managers hired in 2008 will be graduates with BSW degrees from one of the schools in the Training Consortium. The Department's Human Resources division anticipates that the percentage should continue to rise and that within five years 80-90% of the Department's entry level hires at the CM1 level will have BSW Certification Program graduates. They expect to reach this level in approximately five years. The expectation is that these employees will stay longer because they want to work in public child welfare and have had two years of preparation, including relevant field placement experience, before joining the Department. Because the certification courses are included in the

undergraduate curriculum, these graduates do not have to complete pre-service training and come to the Department ready to carry a caseload.

The Department is also working aggressively to enroll more employees in graduate level social work or related degree programs. This should translate into employees who are better prepared to assume higher levels of responsibility.

The Department is also taking actions to better understand regional turnover rates and to identify factors that contribute to turnover so that actions can be designed to address those factors. The Department is developing and implementing an exit interview process. For employees who voluntarily terminate employment, regional Human Resources staff will conduct a face-to-face interview with separating employees who agree to participate. Results of these exit interviews will be made available with the reasons for termination. The Department expects this process to be implemented statewide by November 2008 and the first report is expected to be issued by January 2009.

3. Requirements for Case Reassignment (V.F.5)

The Settlement Agreement establishes requirements related to the process for reassigning cases from one worker to another. (V.F.5) These requirements include the following:

- no cases are to be uncovered at any time;
- cases of any worker leaving the agency are to be reassigned within one business day of the worker's departure;
- there is to be a face-to-face meeting between the departing worker and the receiving worker for each case, unless there is a "documented emergency" or the case manager leaves without notice; and
- every effort is to be made to have the departing worker introduce the receiving case manager to the child and family.

The Department has promulgated policies and standards in accordance with these provisions of the Settlement Agreement.[202] However, as discussed in the September 2007 Monitoring Report, the Department has determined, based on its own assessment of its performance in this area, that it has not been meeting these standards for case reassignment.[203]

As noted in the September 2007 Monitoring Report, TNKids does not routinely capture information needed to assess whether the failure to have a face-to-face meeting between the departing worker and receiving worker in a particular case was the result of a "documented emergency" or "leave without notice."

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[202] Although it is the Department's expectation that all private providers have policies regarding case reassignment, the *Private Provider Manual* does not have specific language at this time regarding case reassignment. It is stated that all providers must adhere to the Settlement Agreement provisions. The Department anticipates that the next revision of the *Private Provider Manual* will include case reassignment policy.

[203] The Department's assessment is consistent with the findings of case reviews previously conducted by the TAC. The 2006 Case File Review found documentation that a case transfer meeting occurred between the departing case managers and receiving case managers for all case transfers in only 18% of the 49 applicable cases in the review sample. See January 2006 Monitoring Report, page 86.

The Department is developing the capacity to use its TNKids system to track and report on case reassignment to ensure that it is able to flag all cases that have not been reassigned within one business day. The Department intends to run a report that will identify those case managers or teams that are having difficulty meeting these requirements and to understand the obstacles to achieving reassignment within this time frame and implement strategies to overcome these obstacles. The report will provide summary information comparing the number of case reassignments or transfers to a new case manager that occurred in the reporting period to the number of case transition meetings recorded "complete" for the same reporting period. This report will also provide detail regarding the client cases where reassignments/transfers occurred but no case transition meeting was recorded or completed. The Department anticipates that this reporting and follow up process will be in place by January 1, 2009.

4. Requirements for File Maintenance and Documentation (V.G)

One of the basic requirements for a well-functioning child welfare system is that case files be kept up-to-date and that there are no significant gaps in documents. For that reason, the Settlement Agreement establishes a number of requirements for case file maintenance and documentation. (V.G) The Department's policies require that all child case files be kept in an organized manner, and contain all pertinent information required to effectively manage the case.

As reflected in the Case File Reviews, and the Department's own self assessment, performance in this area is not yet meeting the requirements of the Settlement Agreement.[204]

The COA standards include a requirement for timely data entry. The Department expects to see improvements in this area as they move forward with the COA accreditation process and implement strategies to meet the file maintenance related requirements of COA and the Settlement Agreement.

The Department has developed a monthly report that shows the timeliness of entry of case recordings, which has been in use since February 2008. If a case recording is entered into TNKids more than 30 days past the date the event occurred, then the case manager's name appears on the report. The Department sends the report to the Regional CQI coordinator. The Regional CQI coordinator is expected to inform team leaders of those case managers under their supervision who over a period of months have not been entering case recordings into TNKids in a timely manner. Team leaders are expected to address whatever issues are preventing the case manager from entering case recordings in a timely manner.

As reflected in the table below, over the eight months that the Department has been tracking timeliness of entry of case recordings, the percentage of case recordings entered into TNKids within 30 days of the "occurred date" has increased both statewide and in each region.

[204] In the 2006 Case File Review, reviewers found significant gaps in documentation in over one-third (38%) of the cases reviewed, and delays in the updating of documentation of contacts and developments in two thirds (65%) of the cases. Case recordings were updated within the required 30-day time period in most (85%) of the cases, but in the remaining 15% case recordings had not been updated within the 30-day time frame. See January 2007 Monitoring Report, page 102.

Table 23: Percent of Case Recordings Completed Within 30 days of Occurred Date February 1, 2008 - September 1, 2008								
Regions	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**	**Sep-08**
Davidson	87.3%	87.7%	89.7%	89.3%	89.3%	89.4%	89.4%	93.8%
East Tennessee	81.2%	81.9%	84.9%	85.1%	85.0%	85.3%	84.9%	88.2%
Hamilton	83.9%	84.5%	87.6%	87.9%	87.6%	87.8%	88.0%	91.7%
Knox	81.9%	82.5%	83.8%	83.7%	83.3%	83.2%	82.4%	86.5%
Mid Cumberland	88.6%	89.7%	93.5%	93.6%	93.4%	92.8%	92.5%	95.6%
Northeast	84.8%	85.5%	87.4%	87.2%	87.1%	86.1%	85.9%	89.6%
Northwest	94.1%	93.7%	98.5%	95.5%	95.5%	95.1%	94.3%	95.3%
Shelby	89.3%	89.6%	92.6%	92.9%	93.0%	92.8%	91.2%	95.1%
South Central	83.4%	83.9%	91.1%	92.2%	91.9%	91.2%	90.8%	91.1%
Southeast	82.1%	81.8%	82.9%	82.8%	81.5%	81.5%	81.8%	85.2%
Southwest	93.1%	92.5%	94.2%	94.9%	94.7%	94.7%	94.0%	94.4%
Upper Cumberland	83.8%	84.7%	90.1%	90.1%	90.2%	90.2%	89.9%	91.1%
Statewide	**85.4%**	**86.0%**	**89.6%**	**89.2%**	**89.0%**	**88.7%**	**88.2%**	**91.3%**

Source: *Brian A.* Timeliness of Entry on Case Recordings monthly report for February 1, 2008 to September 1, 2008.

SECTION SIX: PLACEMENT AND SUPERVISION OF CHILDREN

Section VI of the Settlement Agreement contains a broad range of provisions related to assessment, placement and service provision. The provisions as a whole are intended to ensure that the needs of children and families are identified, that services to address those needs are provided, and that children are placed in the least restrictive settings to meet those needs (in most cases, family like settings).

A. Needs Assessment (VI.A)

The Settlement Agreement requires that the Department conduct a Needs Assessment with annual updates (collectively referred to as the Annual Needs Assessments) during the original five-year period contemplated by the Settlement Agreement. The Settlement Agreement specifies that the recommendations of the Annual Needs Assessments be implemented by the Department, and establishes an additional financial commitment of four to six million dollars each year to fund Needs Assessment recommendations.

As a result of stipulations of the parties that extended the original timelines of the Settlement Agreement (and as a result of the circumstances that gave rise to those stipulations), the Needs Assessment has been a biannual, rather than an annual, activity. The Department has completed *Needs Assessments I, II, and III* of the five contemplated by the Settlement Agreement and has done some preliminary work on *Needs Assessment IV*.

1. Implementation of Needs Assessment Recommendations

a. Needs Assessment I

The primary recommendation of *Needs Assessment I* was that the Department develop and implement a clearly articulated "practice model" to guide the Department and all of its partners toward the achievement of agreed-upon outcomes related to safety, well-being, and permanency for children. *Needs Assessment I* called for investment in the technical assistance and training needed to convey the model and associated practice skills to both DCS staff and key partners (resource parents, private providers, community stakeholders, and advocates).

The Department developed its *Practice Model* and a plan for implementation that included substantial investments in training. It has worked closely with the private provider agencies to ensure that their work is aligned with the *Practice Model*. While there remains considerable variation in the quality of front-line and supervisory practice, both within the Department and among the private providers, the Department has clearly articulated its *Practice Model*, successfully communicated both internally and to its partners the core principles, values, practice skills and intended outcomes of the *Practice Model*, and has overhauled its training and evaluation processes to better align with and reinforce the *Practice Model*.

Needs Assessment I also recommended creation of two "pools" of additional funding: a "venture capital" pool to assist private providers in modifying existing services and capacities to provide more individualized services to children and families, particularly services that are home or community based; and a "flexible funds" pool to allow the regions to make readily accessible to front-line workers key supports for individualized case planning and service provision. The Department experienced some difficulty in "operationalizing" flex funding and venture capital recommendations at the local level. Some regions have been better able to utilize flex funds and develop additional services and supports than others. As previously reported, the early use of and accounting for funds expended for *Needs Assessment I* was problematic. The Department agreed to increase future needs assessment funding in an amount equal to the unexpended *Need Assessment I* allocation.

b. Needs Assessment II

Needs Assessment II focused primarily on placement, services and support issues related to the recruitment and retention of qualified resource homes (foster and adoptive; kinship and non-kinship); it also included an initial assessment of the provision of independent living services and transitional assistance to older youth.

Needs Assessment II identified as priority areas for utilizing needs assessment funding: supporting the development of regional recruitment plans; increasing transportation services; expanding availability of placement support and stabilization services; addressing unnecessary delays in the resource home approval process; and ensuring accurate and easily accessible information about available resource homes.

The Department has invested resources and engaged in activities consistent with these recommendations.[205]

c. Needs Assessment III

Needs Assessment III focused on the Department's efforts to meet the needs of adolescent foster youth. *Needs Assessment III* identified three broad areas for improving outcomes, recommending that the Department:

- strengthen youth engagement and build a youth voice infrastructure;
- redefine the work of the Independent Living Division by integrating preparation for adulthood and relational permanency[206] efforts; and
- collaborate with other state agencies and external partners to build a system supporting successful youth transition to adulthood.

Needs Assessment III found considerable variation in the extent to which older youth were accessing services and supports for which they were or should have been eligible. In some situations those services had not been readily available; in others there had been bureaucratic

[205] See discussion in Section Nine.
[206] The term "relational permanency" refers to the establishment of enduring connections to supportive, caring adults without the formal family relationship that is denoted by the "legal permanency" options such as reunification, adoption, or subsidized permanent guardianship.

obstacles to accessing the services (including policies that restricted eligibility beyond what was required by state and federal law). A major impediment to older youth receiving independent living services has been a lack of knowledge among case managers and supervisors, resource parents and private provider staff, and among the youth themselves about available services and the means for accessing them. Whatever the reasons, *Needs Assessment III* found that a significant number of eligible children were not getting all of the services to which they were entitled and/or were not receiving those services in a timely manner.

In response to the findings and recommendations of *Needs Assessment III*, the Department developed an InTERdependent Living Strategic Plan[207], submitted for approval by the TAC in December 2007. The Strategic Plan is organized around goals in five areas:

- educational attainment;
- housing;
- establishment of permanent connections;
- community engagement; and
- establishment of comprehensive mental health services for transitioning youth.

The strategic plan also includes action steps necessary to achieve the goals, timelines for completion, and persons responsible for ensuring the various action steps are completed. The Department has already taken a number of actions in response to *Needs Assessment III*, including:

- hiring a new Director of InTERdependent Living;
- revising policies governing post-custody services to expand eligibility to all class members, unless they are placed in a secure facility upon aging out;
- contracting with a private provider to provide Transitional Living[208] services for youth who "age out" of foster care and are not eligible for services from the John H. Chafee Independence Program;[209]
- partnering with the same Provider to provide mentors for older youth in custody;[210]

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[207] The Department renamed what had formerly been referred to as Independent Living, because the term "inTERdependent living" was considered more consistent with the Department's vision for older youth transitioning to adulthood. The "TER" is an acronym for Teaming to Engage Resources.

[208] The program provides supportive case management for up to 12 months past the custodial episode. The private provider submitted a progress report in December 2007 detailing the outcomes of their program and, as of December 27, 2007, there were 410 young adults being served by the partnership grant.

[209] The John H. Chafee Foster Care Independence Program (CFCIP) offers assistance to help current and former foster care youths achieve self-sufficiency. Grants are offered to states who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care as well as youth 18-21 who have aged out of the foster care system. For further discussion, see: http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm.

[210] In the first year of the program, over 300 volunteers participated, exceeding the goal by 20%. As of August 7, 2008, 13 mentors have decided to become resource parents and have attended or are attending PATH classes; five of which have completed PATH and are currently fostering their mentee, with one mentor fostering their mentee and their sibling; and four have expressed interest in becoming a resource parent and attending PATH.

- partnering with AmeriCorps for 13 AmeriCorps VISTA positions to coordinate Youth 4 Youth boards across the state;[211]
- developing a program in partnership with one Consortium University that provides housing options for youth in need of housing resources over school breaks and has specifically designed a website to help former foster children access resources;
- developing policies and protocols to guide case managers in obtaining adult services from the Division of Mental Retardation Services (DMRS) or the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), for youth identified as needing continued support. Youth who are eligible for DMRS services and who are "aging out" are prioritized as needing services immediately on the waiting list; and
- developing a Memorandum of Understanding with DMRS to facilitate the transition to adulthood of children diagnosed with Mental Retardation who "age out" of care and need adult supportive services from DMRS.[212]

The Department continues to work on implementing the InTERdependent Living Strategic Plan.

2. Total Expenditures of Needs Assessment Dollars for Implementation of Recommendations

The Department has thus far spent $34,902,491 of the designated Needs Assessment dollars to support implementation of the recommendations for *Needs Assessments I, II, and III*. This amount includes $2,940,141 in fiscal year 2003, $6,919,456 in fiscal year 2004, $6,164,899 in fiscal year 2005, $5,401,105 in fiscal year 2006, $6,088,590 in fiscal year 2007, and $7,388,300 in fiscal year 2008.

B. Placement Standards, Limits and Exceptions (VI.C)

1. General Standard for Appropriate Placement of Children

The Settlement Agreement establishes as the general standard for placement that children be placed in accordance with their needs, as close to home and community as possible, and in the least restrictive, most home-like setting, with siblings. (VI.C.5)

Some of the TNKids aggregate data reports shed light on the Department's performance with respect to this general standard. For example, as discussed earlier in this report, approximately 90% of children in care are served in resource family settings rather than congregate care, an indication of considerable success in finding "home-like" placements for most children. On the other hand, many children experience multiple placements, suggesting that a significant number

[211] As of June 2008, three positions were vacant, and three positions were filled by youth who are foster care alumni.
[212] For fiscal year 2007-2008, there were 20 *Brian A.* class members whose transfer to DMRS was delayed for various reasons. The Department continued to provide services to those children after they reached the age of majority, until the transfer to DMRS was complete. As a part of the Memorandum, DMRS is financially responsible for services once the child turns 18 and is billed by DCS for services provided over age 18.

of children are placed in resource homes or congregate care settings that prove unable to meet their needs.

The Quality Service Reviews (QSRs) also provide some data relevant to this general standard. The QSR indicator for Appropriateness of Placement requires the reviewer to consider whether the child, at the time of the review, is in the "most appropriate placement." To receive a minimally acceptable score on this indicator, the reviewer must find that: the placement is consistent with the child's needs, age, ability, and peer group, as well as the child's language, culture, and/or religious practice;[213] the child is in the least restrictive environment; the child is in a placement that is a good match for the child; and the child maintains some connections with his/her community.

Table 24 presents the number and percentage of *Brian A.* cases receiving acceptable scores for appropriateness of placement in the past three annual QSRs.[214]

Table 24: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Appropriateness of Placement	**88%** (184/209)	**91%** (157/172)	**88%** (171/195)

Source: Annual QSR finalized databases.

2. Specific Placement Limitations

Consistent with and in furtherance of the general standard for appropriate placement, the Settlement Agreement creates a set of specific limitations on settings and circumstances of the placement of class members and identifies circumstances under which departure from those limitations is acceptable. (VI.C) The Settlement Agreement also requires that the Department establish a process of high level supervisory review, acknowledgement, and approval of placements that depart from those limitations. (VI.C.1,2,7,8,9) The purpose of that process is to document those instances of departure from the placement limitations, explain the circumstances that resulted in the departure, and determine whether the departure falls within one or more of the permissible exceptions to the placement limitation (compliant exception) or does not fall within one of those exceptions and thus constitutes a violation of the Settlement Agreement (non-compliant exception).[215]

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[213] Among the cases from the 2006-2007 QSR review that were scored unacceptable on this indicator was that of an Hispanic child who spoke very little English placed in a home with resource parents who did not speak Spanish.

[214] In the 2005-2006 QSR review, the appropriateness of placement indicator was not scored for 18 children who were on a trial home visit, placed in-home, or exited custody to permanency or aged out. All cases were scored for appropriateness of placement in the 2006-2007 and 2007-2008 QSRs.

[215] The distinction between a compliant and a non-compliant exception is not necessarily the same as the distinction between a reasonable placement decision and an unreasonable placement decision. For example, an exception to allow a large sibling group reentering care to live with the resource parent they had lived with before, even if there is now one other foster child in that home, would be both reasonable and "compliant" if the regional administrator concludes this is the best placement for the children involved and the amount of risk created by having one additional child in the home is manageable. By contrast, an exception to allow a group of siblings to be placed further than 75 miles from their home because there is no closer home that can accept a sibling group may be reasonable in the sense that this is an appropriate decision given the alternatives available at the time of placement,

There are two primary sources of information on which the Department relies in tracking and reporting on its progress in ensuring placements that comply with the placement limitations. First, there are a number of aggregate data reports that the Department produces from the TNKids database that provide relevant information on many of the placement limitations. These reports help identify those children whose placement falls outside of the general placement limitations, but these reports do not provide information on the extent to which those identified children fall within one of the permissible exceptions to the specific limitation.

Second, there is a regular monthly administrative review process conducted by the Division of Child Placement and Private Providers (CPPP), referred to as the Exceptions Desk Review. Division staff review and analyze documentation of a sample of the Placement Exception Requests (PER) to both understand the extent to which those exceptions are or are not appropriate and to ensure that the required regional supervisory review and approval/acknowledgement process is being complied with.[216] The regions provide CPPP with a spreadsheet listing each child for which a PER has been filed during the month, and CPPP selects a sample of PERs to review.

The CPPP Division issues a monthly Exceptions Desk Review Report, setting forth both regional and statewide data. The monthly reports include information on the number of exception requests filed in the regions, the number of requests that reflect permissible exceptions (compliant) and the number that reflect violations (non-compliant). According to the Exceptions Desk Review Reports for the period January 2007 through June 2008, 5,236 PERs were filed.[217]

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but "non-compliant" in the sense that it reflects a larger systemic problem (the failure to recruit enough resource homes that can take large sibling groups closer to the children's home).

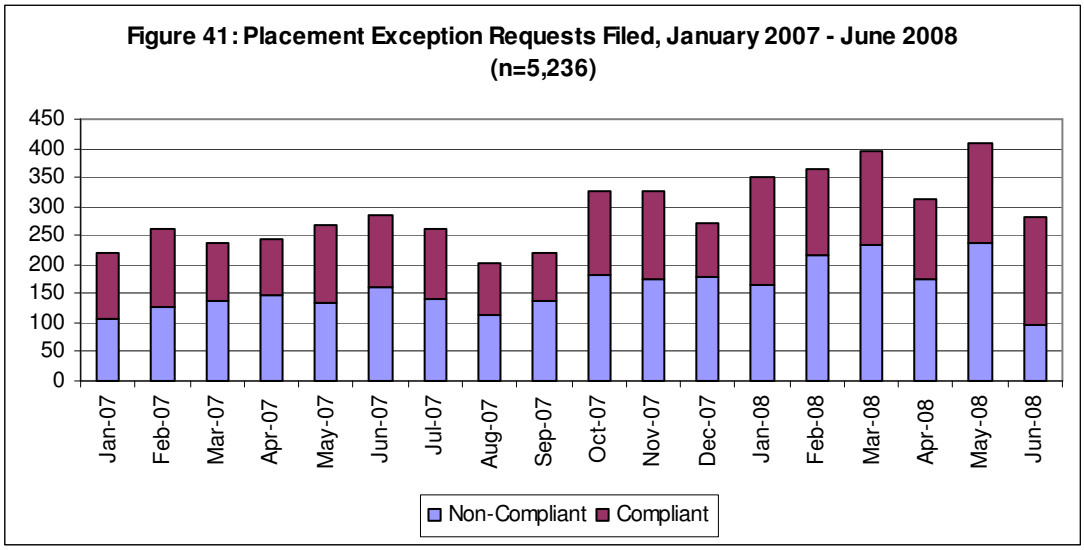
[216] The Department, some time ago, developed a Placement Exception Request (PER) form that was approved by the TAC (a copy of the most recent version of this form is attached as Appendix K). Each region must file a PER form for any of the following placement circumstances: placement not within the region or 75 miles; more than three children in a resource home under age three; more than three resource children in the home; more than six children total in the resource home; siblings placed apart; child under age six placed in a congregate group home; child placed in a residential treatment center or group care setting with capacity in excess of eight children; shelter placement in excess of 30 days; multiple shelter placements; or more than two therapeutic children in a resource home (the last is DCS Policy but not required by the Settlement Agreement).

PER forms must be submitted irrespective of whether the placement falls within a permissible exception (compliant exception) or constitutes a violation (non-compliant exception). The exception request must be submitted with respect to each child. For example, for a six child sibling group, three of whom are placed in one resource home and three in another, there must be six separate requests filed (one for each child); similarly if a single child is placed in a home with a number of other foster children that brought the numbers above the standard, an exception form would have to be filed on each foster child in the home. The regional administrator must sign each form and then the number of PERs filed for each month is reported to the Director of Child Placement and Private Providers.

The exceptions are broken down in two categories; compliant with *Brian A.* and non-compliant with *Brian A.* For example, a child not placed within region or 75 miles would be described as a "compliant exception" if the child's needs are so exceptional that they cannot be met by a family or facility in the region. If the placement of a child outside of the region and more than 75 miles from home was made simply because there are insufficient numbers of resource families in the region, that exception would be described as "non-compliant."

[217] The monthly reports produced by CPPP also include results of an in-depth review of at least a 10% sample of the exceptions reported by each region, to evaluate the quality of the reasoning of the region in approving the exception and the documentation of the decision, in terms of both the facts included in support of the exception and the completeness of the form. These reviews reveal a wide regional variation in both the extent of the documentation and the quality of reasoning supporting the exception.

Of these exceptions, 2,371 (45%) were deemed compliant and 2,865 (55%) were deemed non-compliant. Figure 41 presents Placement Exception Request data by month.[218]



Source: Exceptions Desk Reviews January 2007 – June 2008.

At this point, it is difficult to compare or relate most of the aggregate data reports for a particular month to the Exceptions Desk Review report for that month. The aggregate data reports include all children who as of the day of the report are in placements that fall outside of the general placement limits, irrespective of whether they were placed that month or have been in that placement for a number of months. The Exceptions Desk Review reports include only those children who were actually placed that month, since the exception request must be filed at the time the child is initially placed in the placement that is outside the general placement limit. For this reason, the aggregate database cannot presently be used to determine whether an exception request has been filed for every child who is placed outside the general placement limitations.[219]

[218] Because the Department is not yet satisfied that PERs are being filed in every case in which policy requires, an increase in PERs from one month to the next could be the result of an increase in placements that fall into that particular exception category, but might also be the result of improved compliance with the PER filing requirement.

[219] While the Department believes that this process is providing sufficiently accurate data for purposes of present reporting on the extent to which placement exceptions are compliant and non-compliant with *Brian A.*, there is considerable variation in how the exception reports are filled out, and it is possible for discrepancies in the reporting to occur, as would be expected of a reporting process that relies entirely on hand-counting from hard copy forms. Because there is no present way to link the exception reporting process with the TNKids reporting on placement limitations, there is no way to assure that such exception requests have been filed on every child for whom one is required. CPPP is working on developing mechanisms for comparing available data with the PERs sent by the regions for a few of the placement exception categories where this may be possible. For example as discussed below in subsection B.2.g, CPPP is provided a monthly report of all children placed during the month in a residential placement that has more than eight DCS children in it on the day the data is pulled. While this is not an exact measure because it may leave out congregate care placements that have a capacity more than eight but do not have more than eight DCS children at the time of the report, it will capture many of the children for whom a PER should have been filed each month. CPPP also reviews on a weekly basis the use of Primary Treatment Centers (PTC) by the regions, and follows up with the individual region whenever a child is in the PTC placement for 25 days or more. CPPP is beginning to use this data to reconcile the information being provided by the regions related PTC placements lasting longer than 30 days.

In an effort to ensure compliance with the PER process, the Department has recently provided training and technical assistance to the regions on the PER process. The Commissioner facilitated individual meetings with the Regional Administrators to discuss the results of the monthly Exceptions Desk Review. These meetings focused on: the regional exceptions processes and review of the decision making of individual exceptions; the process for the Regional Administrator's review of PERs; the region's activities around diligent searches and family placements; using data to determine resource needs; and engaging providers in recruitment and retention of resource homes. These efforts are to ensure that the regions understand the exceptions process and the importance of completing exceptions on all placements that are non-compliant with *Brian A*.

For those cases for which exception requests are filed, lack of specific "in region" resources—resource homes that can accommodate large sibling groups, therapeutic resource homes, resource homes for medically fragile children, residential treatment programs especially in rural regions—appears to be the major reason for filing exception requests. These constitute "non-compliant" exceptions.

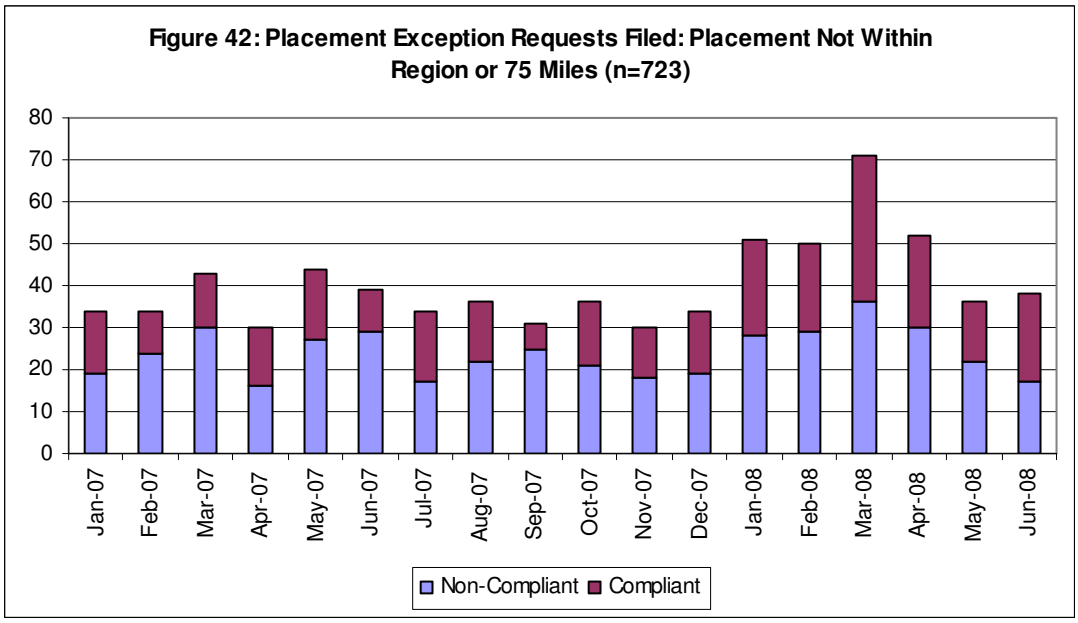
The following subsections identify the placement limitations and present data and findings related to each limitation.[220]

a. Limits on placement of children out of their home region unless the out-of-region placement is within 75 miles of their home (VI.C.1)

The Settlement Agreement requires that children be placed within their own region or within 75 miles of the home from which they entered custody. An exception to this requirement is permitted if the child's needs cannot be met by a family or facility within the region, if the child is being moved closer to parents who are no longer living in the home region, or if the child is being placed with relatives outside of the home region. Any such exception must be certified in writing by the regional administrator or team coordinator based on his or her own examination of the circumstances.

As reported in Section One of this report, about 90% of children in placement are at any given time in placements that are within 75 miles of their home. Based on an examination of the Exceptions Desk Reviews for the period from January 2007 through June 2008, a total of 723 placement exception requests were filed for children outside the 75-mile limit, of which 294 (37%) were designated as compliant and 429 (59%) were designated as non-compliant.

[220] For purposes of calculating the various measures of these placement limits, a child is considered to enter foster care custody on the day the child enters legal custody or the day the child enters DCS physical custody, whichever comes first. (VI.B)



Source: Exceptions Desk Reviews January 2007 – June 2008.

b. Limits on placement of children in emergency and temporary facilities in excess of 30 days or more than once within a 12-month period (VI.C.2)

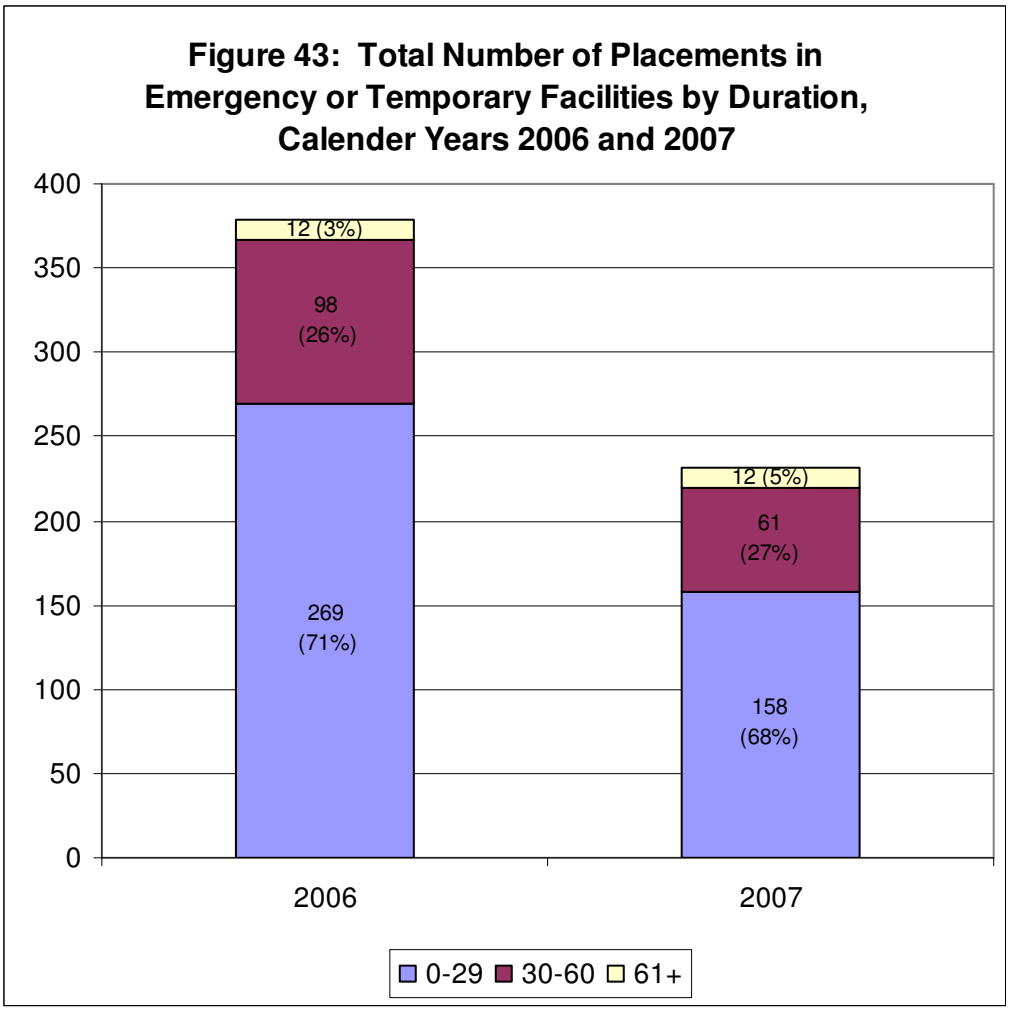
The Settlement Agreement limits the placement of children in emergency or temporary facilities to one placement within a 12-month period not to exceed 30 days. Two exceptions to this limit are allowed. For children who are either returning from runaway or who require immediate removal from their current placement because they face a direct threat to their safety or pose a threat to the safety of others, an additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of five days. An additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of 15 days for children whose behavior has changed so significantly that placement for the purposes of assessment is critical for the determination of an appropriate placement; in such a case, the regional administrator must certify in writing that the assessment is essential for determining an appropriate placement.

According to the "*Brian A.* Class 12-Month Report of Children in Emergency/Temporary Facilities" for the period from January 1 through December 31, 2007 (produced by the Division of Reporting and Analysis), there were 231 placements in emergency or temporary facilities during 2007, involving 198 different children. Of the 231 placements during 2007, 68% (158) lasted fewer than 30 days, 27% (61) lasted between 30 and 60 days, and 5% (12) lasted more than 60 days.[221]

As reflected in Figure 43, this represents a significant reduction in use of emergency or temporary placements compared to 2006. In 2006, there were 379 such placements (involving

[221] This report slightly overstates cases in excess of the limit because it includes placements lasting 30 days with the placements exceeding 30 days.

324 children), 71% (269) of which lasted fewer than 30 days, 26% (98) of which lasted between 30 and 60 days, and 3% (12) of which lasted more than 60 days.[222]



Source: DCS Reporting and Analysis Division Report "*Brian A.* Number of Placements in Emergency or Temporary Facilities Region Summary, 12 Month Report from January 1, 2006 through December 31, 2006 and January 1, 2007 through December 31, 2007" created January 3, 2007 and January 3, 2008.

There was also a reduction from 2006 to 2007 in the number of children who experienced multiple placements in emergency or temporary placements. Twenty-six children experienced such multiple placements during 2007 compared with 48 children during 2006.[223] Of the 198 children who experienced a placement in an emergency or temporary facility in 2007, 172 experienced one placement, and 26 experienced more than one placement.

While there was a significant reduction in the use of emergency and temporary placements in 2007 compared to 2006, data for the first six months of 2008 suggest that use will be somewhat higher this year than last. During the first six months of 2008, there were 165 such placements,

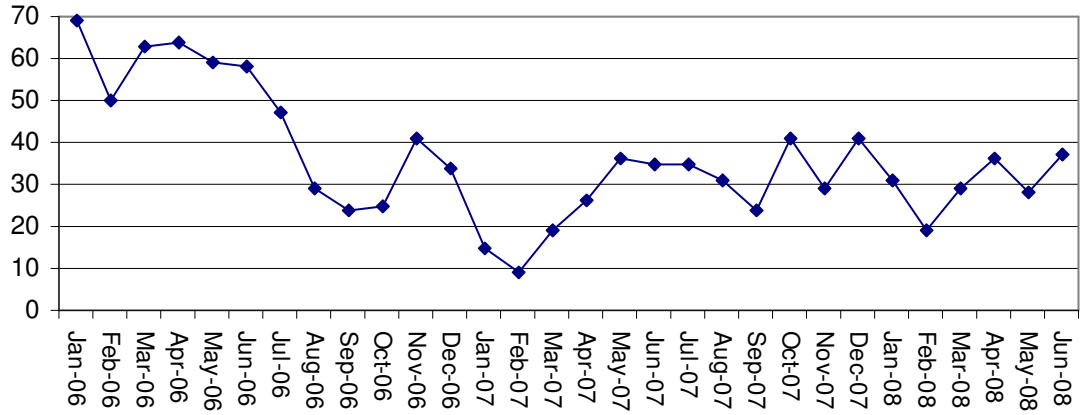
[222] The significant reduction in these placements does not appear to be attributable to the slight reduction in the number of children in custody.

[223] Of the 26 children experiencing multiple placements in 2007, 22 experienced two placements, two experienced three placements, one experienced four placements, and one experienced five placements.

71% (117) of which lasted fewer than 30 days, 22% (36) of which lasted between 30 and 60 days, and 7% (12) of which lasted more than 60 days.

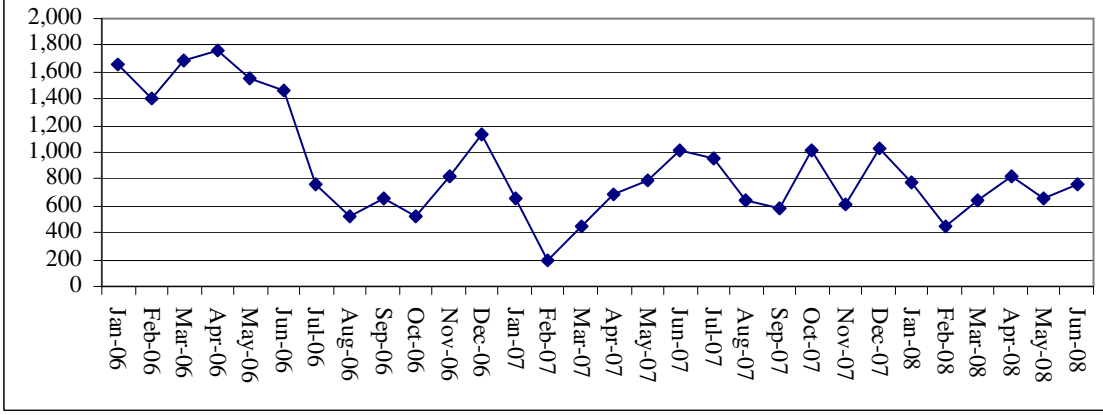
The Division of Reporting and Analysis produces a report each month showing the number of placements in emergency or temporary facilities over the previous 12-month period. It also produces a monthly report showing the cumulative number of days those placements lasted. Figures 44 and 45 show the data from these monthly reports for the 30-month period, beginning January 2006 and ending June 2008. As reflected in the figures, use of Emergency or Temporary Facilities declined in the latter half of 2006 and continued its marked decline reaching its lowest point in February 2007. Since February 2007, use of emergency and temporary placements has increased but remains well below the January 2006 level.

Figure 44: Number of Placements in Emergency or Temporary Facilities Occuring During Each Month, Calender Years 2006 and 2007



Source: DCS Reporting and Analysis Division Report "*Brian A.* Number of Placements in Emergency or Temporary Facilities", 12 1-Month Periods from January 1, 2006 through December 31, 2006, created January 3, 2007; 12 1-Month Periods from January 1, 2007 through December 31, 2007, created January 3, 2008; and 12 1-Month Periods from July 1, 2007 through June 30, 2008, created July 3, 2008.

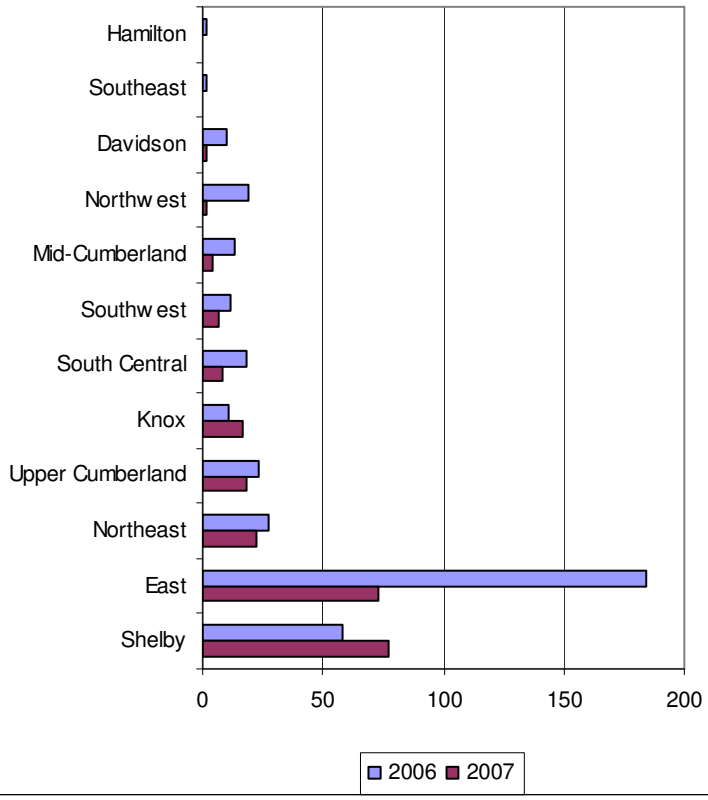
Figure 45: Number of Placement Days in Emergency or Temporary Facilities Occuring During Each Month, Calender Years 2006 and 2007



Source: DCS Reporting and Analysis Division Report "*Brian A.* Number of Placements in Emergency or Temporary Facilities", 12 1-Month Periods from January 1, 2006 through December 31, 2006, created January 3, 2007; 12 1-Month Periods from January 1, 2007 through December 31, 2007, created January 3, 2008; and 12 1-Month Periods from July 1, 2007 through June 30, 2008, created July 3, 2008.
This figure presents the sum of the number of days of each placement in an emergency or temporary placement during the month.

There is considerable regional variation in the use of emergency and temporary facilities. As reflected in Figure 46 below, overall use of emergency or temporary facilities declined statewide and for most regions from 2006 to 2007. However, use of such placements increased in Knox and Shelby. In addition, the East region has markedly lowered its use of emergency or temporary facilities from 2006 to 2007; however, East, as well as Shelby, continue to use emergency or temporary placements significantly more often than the other regions. These two regions also accounted for 23 of the 26 children who experienced multiple emergency or temporary placements in 2007; nine were from the East region, and 14 were from the Shelby region.[224]

Figure 46: Number of Placements in Emergency or Temporary Facilities Over the Course of the Year by Region, Calender Years 2006 and 2007



Source: DCS Reporting and Analysis Division Report "*Brian A.* Number of Placements in Emergency or Temporary Facilities Region Summary," 12 Month Report for the periods January 1, 2006 through December 31, 2006 and January 1, 2007 through December 31, 2007, created January 3, 2007 and January 3, 2008.

In an effort to develop strategies for reducing the use of emergency and temporary placements, the Division of Continuous Quality Improvement (CQI) reviewed the relevant monthly reports to identify regions with the highest use of emergency or temporary placements from August 2007 to July 2008. As a result of this review, three regions were identified: Shelby, East (now East and Smoky Mountain), and Northeast. Each region was provided with an analysis of its use of emergency or temporary placements, showing where these children are placed, reason for

[224] The Smoky Mountain region is included in the East region in this analysis.

placement, and length of placement. Each region is expected to review its placement practices to get a better understanding of the reasons that it is using these placements significantly more often than other regions and develop strategies to reduce its use. Each region is expected to develop and submit an action plan to the Central Office Utilization Review team.

The Department has also begun to focus on these placements as a part of their bi-weekly Utilization Review meetings held by Central Office.[225] Increased monitoring over time of the appropriateness of these placements is expected to decrease the number of placement days and decrease overall use of emergency and temporary shelters.

A review of the Exceptions Desk Review data related to this placement exception suggests that there may be some misunderstanding in the field about the requirements for filing PERs whenever a child is in an emergency or temporary placement in excess of 30 days or experiences multiple placements in emergency or temporary placement during a 12-month period. Based on the aggregate reporting data discussed above, a significantly larger number of exceptions than have been reported by the regions should have been filed. Nevertheless, of the cases for which PERs were filed, about 75% of those exceptions were deemed "non-compliant."

For the period from January 2007 through June 2008, a total of 16 PERs were filed for children in emergency or temporary placements in excess of 30 days, of which four (25%) were designated as compliant and 12 (75%) were designated as non-compliant. For that same period, a total of three PERs were filed for children experiencing multiple emergency or temporary placements within a 12-month period, of which one was designated as compliant and two were designated as non-compliant.[226]

c. Prohibition against placement of children in jail, correction facility, or detention center (VI.C.3)

The Settlement Agreement prohibits the placement of a *Brian A.* class member, by DCS or with knowledge of DCS, in a jail, correctional, or detention facility, unless the child is charged with a delinquent act or is otherwise placed in such a facility by court order. The Settlement Agreement also requires that DCS notify law enforcement and judicial officials across Tennessee of this policy.

The Division of Reporting and Analysis produces a semi-monthly report entitled the "*Brian A.* Placement Report," which provides data regarding the placement of every *Brian A.* class member as of the date on which the report is produced.[227]

According to the Director of the Division of Reporting and Analysis, reviews of those children whose placement is listed as "detention" have generally found that the majority of the cases were

[225] See Section Six at page 149 regarding limits on placements of children in group care with excess of eight beds for more discussion on these meetings.
[226] As discussed in more detail on page 134, the Department has recently taken a number of steps to ensure that the Regional Administrators and the regions understand the expectations regarding the filing of exception requests and anticipates that there will be fewer discrepancies in the future between the number of "exceptional placements" and the number of PERs.
[227] Because this is a point-in-time data report, this report would not identify a child who came into detention but was released during the period between reports.

simply data entry errors and the children had not in fact been in a jail, correctional or detention facility; and that with relatively few exceptions, the remainder of the cases were found to be within the permissible exceptions: a child charged with delinquent conduct and held on that basis; a child placed by order of the court; a child arrested and held briefly, with DCS picking the child up promptly upon being notified by the court or detention center.

In order to determine the extent to which detention center placements are consistent with the Settlement Agreement requirements, the TAC monitoring staff conducted a targeted case review of the class members identified as having been placed in pre-trial detention centers or Youth Development Centers in the latter half of 2007. The TAC monitoring staff reviewed 12 semi-monthly "*Brian A*. Placement Reports"[228] from July 2007 through December 2007 to identify class members who had been detained, and then reviewed the TNKids file of each child to determine the length and reason for the placement.[229]

There were 101 different *Brian A.* class members whose names appeared on the reports at some time over this six-month period. The number of class members appearing on any given semi-monthly report during this period ranged from a low of 11 to a high of 25.[230]

Of the 101 *Brian A.* class members reviewed, the vast majority of cases fell within one or more of the exceptions permitted by the Settlement Agreement. In addition, it appeared that the Department responded relatively quickly when it had notice of a class member being placed in detention.

There were five cases in which class members were detained in apparent violation of the Settlement Agreement. In four of the five cases, the child was ultimately moved from the detention center to a residential treatment setting. In those four cases, the Department deemed the time in detention necessary to allow the Department to locate an appropriate treatment alternative. In the remaining case, the child was detained at the Department's request to allow time to "increase the child's level of care" and find a more suitable placement; however, the child was subsequently released to a resource home in which she had previously been placed and it is not clear why that placement could not have been made sooner.

Figure 47 presents a regional breakdown of the 101 children reviewed. In order to factor into the comparison the differences in the numbers of children in custody among the regions, the figure displays the regions' average daily placement population (n), the number of class members detained from that region (in parentheses to the right of the percentage), and expresses the number as a percentage of the average daily population of the region during that time.

As Figure 47 reflects, when measured as a percentage of the daily regional in-care population, the four urban regions (Hamilton, Shelby, Davidson and Knox) appear to utilize detention to a greater extent than the rural regions. In terms of absolute numbers of children in the sample, the

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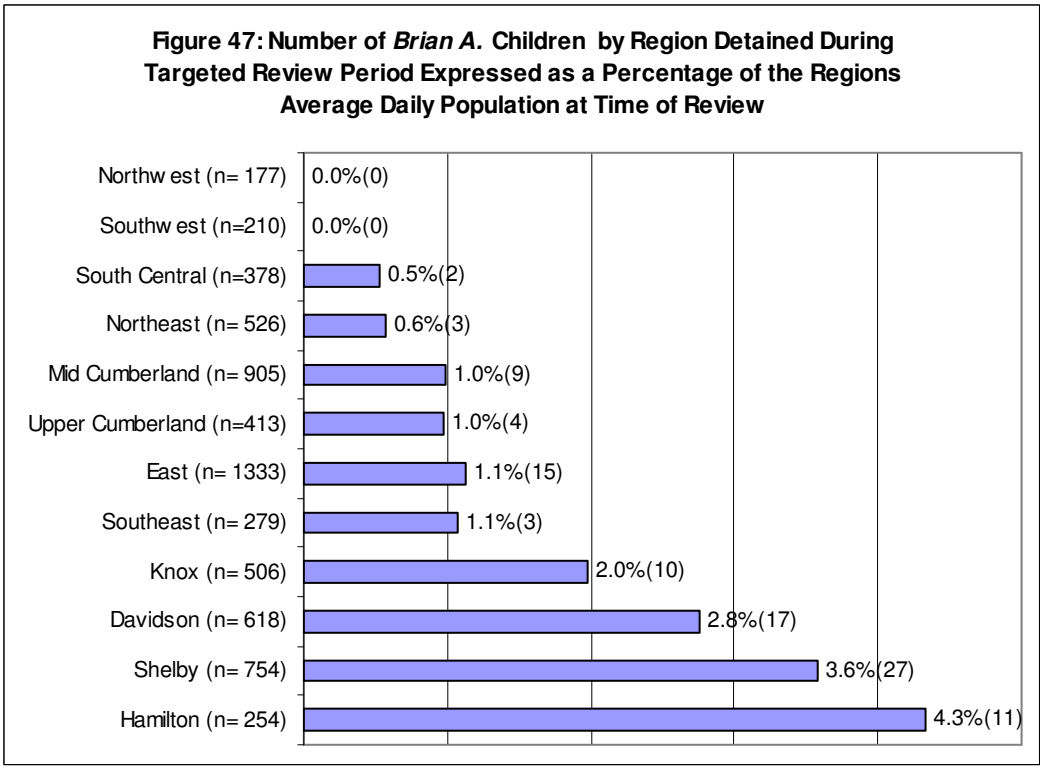
[228] There is a detention report called the "*Brian A*. Detention Placement Report;" however, that report excludes placements in YDCs.

[229] The TAC was not furnished the report for November 15, 2007, so TAC monitoring staff used the November 15, 2007 "*Brian A*. Mega Report" as the source for *Brian A.* class members in detention for that date.

[230] The *Brian A*. Placement Report for June 30, 2008, the end date for Period III, lists 13 *Brian A*. class members as being placed in jail, correctional, or detention facilities.

four urban regions account for 65 of the 101 cases reviewed, and when the East region is added, those five regions account for 80 of the 101 cases reviewed.



Source: Report of Targeted Case Review of Children Identified in *Brian A.* Class List as Having Been Placed in Pre-trial Detention Centers or Youth Development Centers. The "n" is the average population of the region over the six-month review period. The number in parentheses is the number of class members placed in detention during the review period.

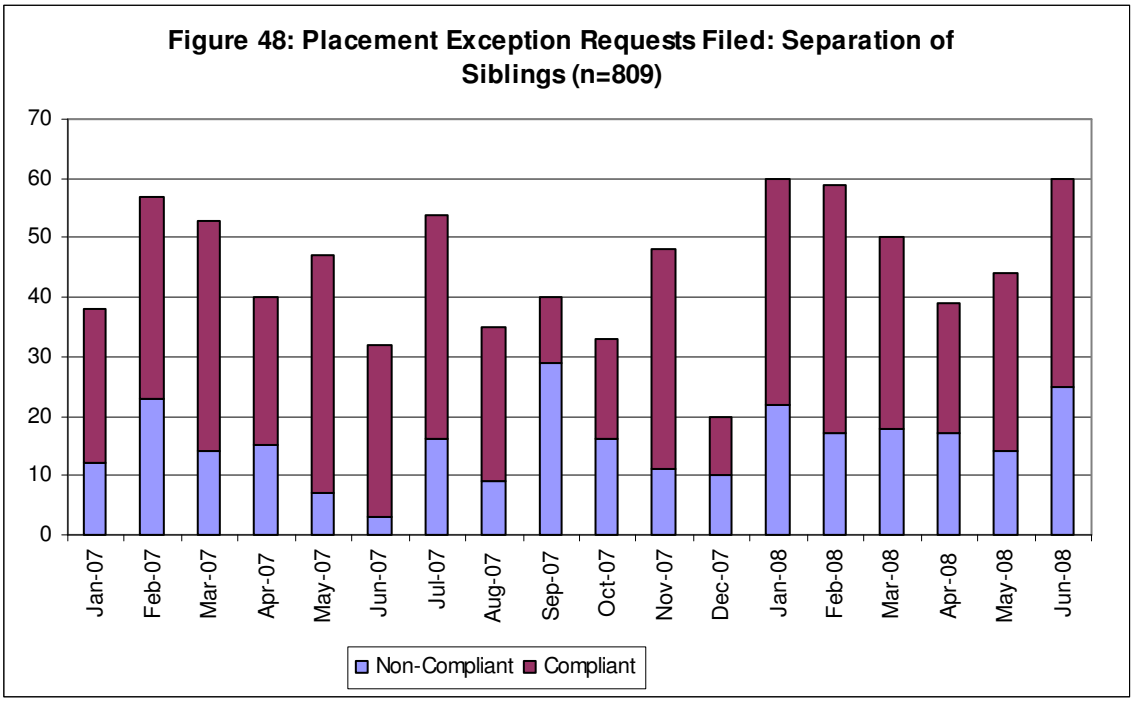
d. Limits on sibling separation (VI.C.6)

The Settlement Agreement generally requires that siblings who enter placement at or near the same time be placed together. The Settlement Agreement allows siblings to be separated: (1) if placing the siblings together would be harmful to one or more of the siblings; (2) if one of the siblings has such exceptional needs that those needs can only be met in a specialized program or facility; or (3) if the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together. If a sibling group is not placed together initially, the case manager is required to make immediate efforts to locate or recruit a family in whose home the siblings can be reunited.

Keeping siblings together is a relative strength of DCS practice. As reported in Section One, 85% of *Brian A.* sibling groups entering custody during the period January 1, 2007 through December 31, 2007 were initially placed together, and at any given time approximately 83% of siblings are placed together.

The aggregate report does not presently distinguish between separations that fall within one of the permissible exceptions and those that constitute *Brian A.* violations. Based on an examination of the Placement Exceptions Desk Reviews for the period January 2007 through June 2008, a total of 809 exceptions were filed for children separated from siblings. Of the 809

exceptions, 531 (66%) were designated as compliant with *Brian A.* and 278 (34%) were designated non-compliant.[231]



Source: Exceptions Desk Reviews January 2007 – June 2008.

e. Resource home capacity limits (VI.C.7)

The Settlement Agreement limits the placement of a child in a resource home if that placement will result in: (1) more than three foster children in that resource home; (2) more than a total of six children, including the resource family's natural and/or adopted children; or (3) more than three children under the age of 3 residing in a resource home. The Settlement Agreement allows the "Regional Assistant Commissioner"[232] to make an exception to these limits on an individual basis in the best interests of the child, but such exceptions are not to exceed more than 10% of all placements made annually in each region, must include detailed reasons justifying the exception, and must be reported to the TAC annually. The only other exception permitted is when the placement of a sibling group in a resource home with no other children in the home would exceed these limits.

[231] As reported in the September 2007 Report, the 2006 Case File Review examination of sibling separation included follow-up in cases in which siblings were separated at any point during the review period to determine whether such separation fell within one of the permissible exceptions. A total of 36% of the children in the review sample were separated from some or all of their siblings at some point during the review period. Based on both information in the case files and the supplemental documentation provided by the Department, reviewers concluded that all sibling separations fell into one or more of the exceptions of the Settlement Agreement permitting sibling separation. See January 2007 Monitoring Report, pages 44-46. The TAC anticipates doing a review of Placement Exceptions Requests related to sibling separation.

[232] As a result of a restructuring of the Department, the position of Regional Assistant Commissioner was eliminated. Under the current structure, authority for this particular responsibility is exercised by the Regional Administrator or his/her designee.

There are two sources of information relevant to the Department's performance with respect to this exception: the Department's own data from its exception request process; and the results of a targeted review conducted by TAC staff of resource homes with more than three children in them.[233] Both sources of information reflect that a significant percentage of placements of children in resource homes with more than three children in them are not consistent with the capacity limitations established by the Settlement Agreement.

i. Results of the Targeted Review

TAC monitoring staff conducted a targeted review of resource homes with greater than three foster children or greater than six total children.[234] TAC monitoring staff conducted telephone interviews with 57 resource parents, whose homes, as of December 5, 2007, were reported by TNKids as housing 241 class members.[235] Eighteen (32%) of those homes were private provider homes and 39 (68%) homes were DCS resource homes.

The targeted review found that, in a significant number of cases, resource homes which exceeded the general capacity limits did not meet a permissible exception. Of the 57 homes surveyed with more than three foster children or more than six total children, the reviewers found:

- In 24 (42%) homes, the situation clearly met a permissible exception for having more than three children in the home: there was one sibling group, no other foster children in the home, and there were no more than a total of six children, including the resource family's natural and/or adopted children.[236]

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[233]TNKids produces two reports at the beginning of each month related to resource home capacity exceptions. The "*Brian A.* Resource Homes Compliance Summary Report" provides the **number of resource homes** that exceed these limits on the date of the production of the report. The "*Brian A.* Class Children with Resource Homes Compliance Exception Summary Report" provides information about the ***number of children*** placed in resource homes exceeding the limits as of the report date. However, these reports exclude any resource home in which a sibling group is placed, irrespective of whether there are other foster children in the home who are not part of the sibling group. For this reason, the report cannot be relied on at all to determine the number of homes that exceed capacity.

[234] At the TAC's request, the Department ran a TNKids report identifying all resource homes which as of December 5, 2007 had more than three foster children and/or more than six total children (including sibling groups). The TNKids report identified 203 homes meeting one or both of these exceptions. Eight hundred and seventy-seven class members were placed in these 203 homes. These 877 children constituted approximately 14% of the class members in custody. (For purposes of this calculation, the number of class members in custody as of December 5 was assumed to be 6,410, which is the number reflected in the November 30 *Brian A.* class list.) A sample of 80 homes was pulled for this review. Reviewers were able to obtain contact information for 69 of those homes and successfully conducted telephone interviews with a resource parent in 57 of those homes. Eleven of the 80 homes (14%) had wrong or disconnected numbers listed in TNKids. TAC monitoring staff attempted to get replacement numbers from the Division of Foster Care and Adoption in Central Office. TAC monitoring staff were able to get replacement numbers for six of these homes, some of which were also incorrect numbers. Some of the homes were closed by DCS or at the request of the resource parent during the time period.

[235] Reviewers found some discrepancies between the information in the TNKids report related to the numbers of children in the home and the information provided by the resource parent about the status of the home on December 5: 33% (19) of homes had a discrepancy in number of children (foster, birth and/or adopted); in seven of those 19 homes there was a discrepancy in number of foster children residing in the home on December 5.

[236] In 15 of these homes, the children of the sibling group were the only children in the home (no other foster, birth, or adopted children); in nine of these homes there were additional birth or adopted children, but the total did not exceed six children.

- In 30 (53%) of the homes, there was a sibling group, but there was also at least one additional foster child in the home who was not part of the sibling group (including homes with two sibling groups).

- In the 35 homes for which reviewers inquired about the ages of all of the children in the home, no home had more than three children under the age of 3 in the home.[237]

With respect to the "best interest" exception, permitted by the Settlement Agreement, for up to 10% of the homes that exceed the capacity limits and do not meet one of the other exceptions, the reviewers could not make specific findings for two reasons. First, the Settlement Agreement does not enumerate any considerations that should go into that determination; second, the reviewers felt that making such a determination would require a much broader inquiry into the facts and reasoning of the Child and Family Team at the time of placement. However, the reviewers did seek to determine whether a child whose placement would otherwise violate the capacity limits had some pre-existing relationship with the resource parent and/or the other children in the home, since that might arguably support a "best interest" finding for that child.

In 15 (26%) of the 57 homes surveyed, one, some, or all of children had a connection to the resource parent prior to the placement with that resource parent. For some, it was a significant relationship established prior to the child coming into custody; for others, it was a connection established through previous resource parents or respite care providers.[238]

ii. Exception Request Data

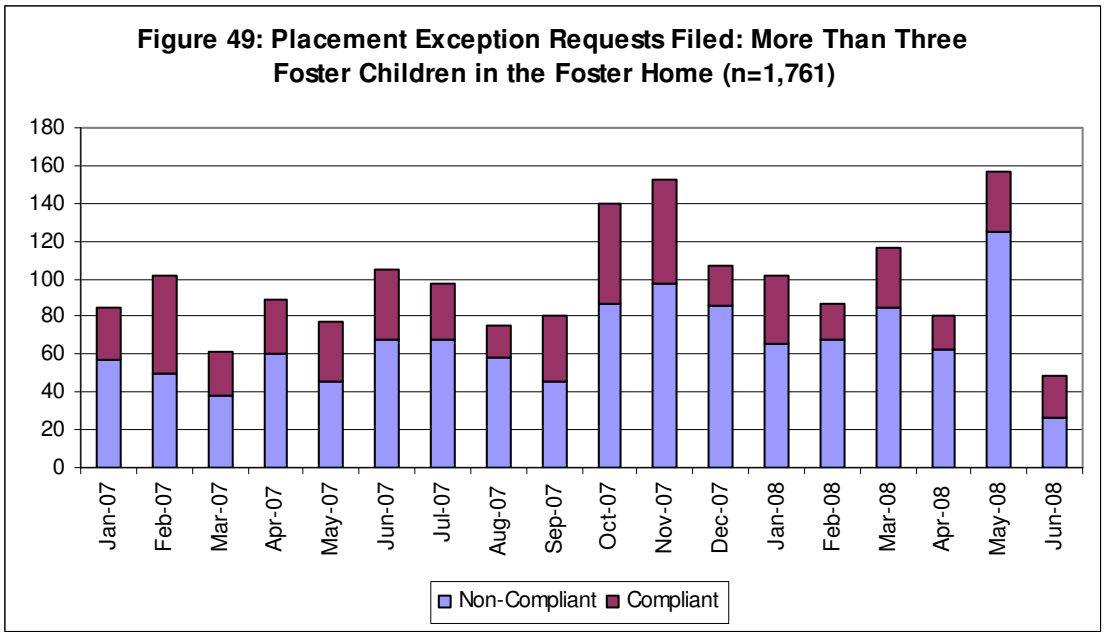
The findings of the Case File Review are consistent with the data generated by the Department's PER process.[239]

As set forth in Figure 49 below, a significant number of children were placed in resource homes that exceeded the capacity limits and did not fall within any of the permissible exceptions. Based on an examination of the Exceptions Desk Reviews for the period from January 2007 through June 2008, a total of 2,255 placement exception requests were filed for resource home capacity exceptions, of which 760 (34%) were designated as compliant and 1,495 (66%) were designated as non-compliant.

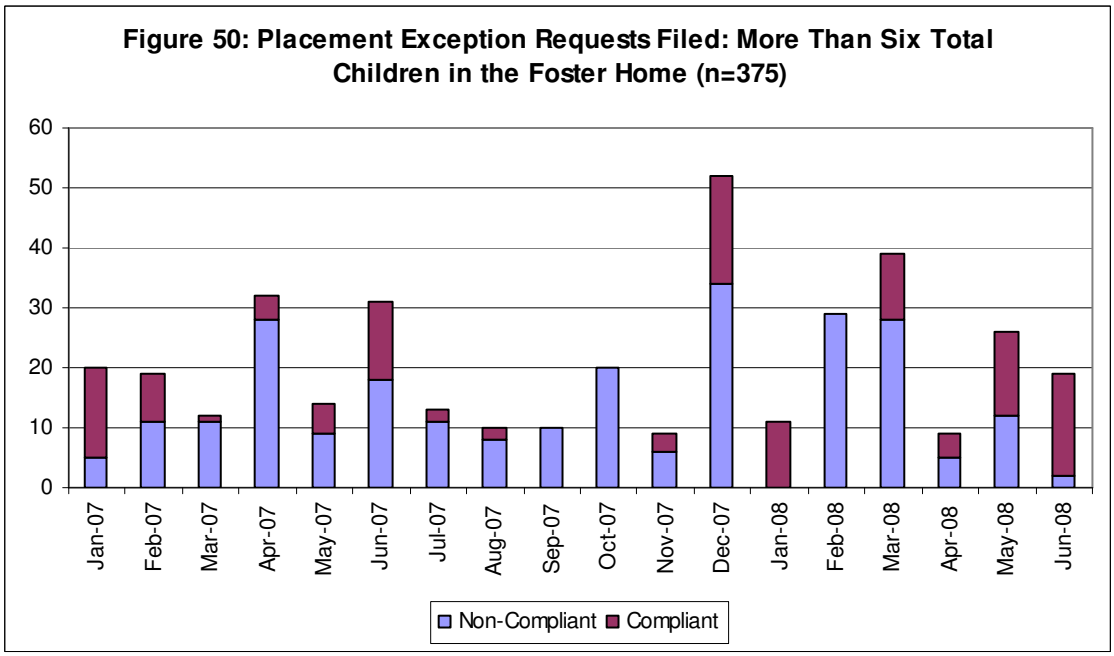
[237] Thirty-six of the 57 homes reviewed had birth or adopted children in the home. In 15 of those homes, reviewers collected the ages of those children and none of those homes had more than three children under the age of three. There were 21 homes in which there were birth or adopted children, but the reviewer neglected to note the age of the birth or adoptive children. Reviewers can say that none of those 21 homes had more than three foster children under the age of three, but cannot say whether any of the birth or adopted children were under the age of three.

[238] Seven of the children had a biological relationship to the resource parents.

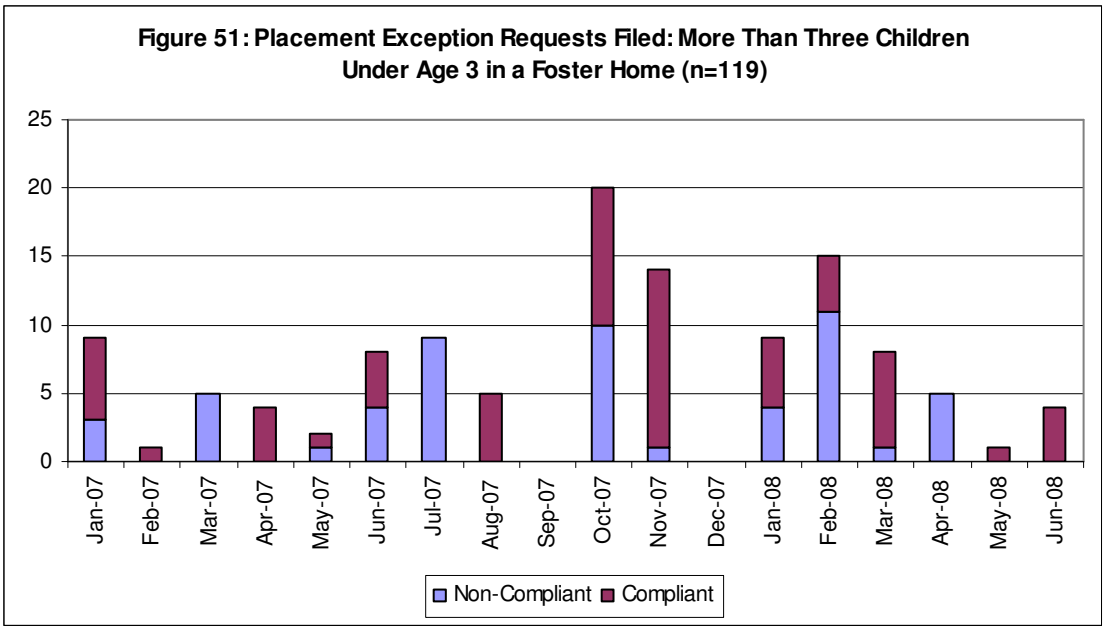
[239] As with other placement exceptions, regions are required to submit exception requests any time placement of a child results in a resource home exceeding capacity, and exception requests must be filed for each child in the home, not just the child or sibling group whose placement resulted in the home exceeding capacity.



Source: Exceptions Desk Reviews January 2007 – June 2008.



Source: Exceptions Desk Reviews January 2007 – June 2008.



Source: Exceptions Desk Reviews January 2007 – June 2008.

The Exceptions Desk Review results for resource home capacity underscore the critical importance of resource parent recruitment and retention.

f. Limits on placement of children under age 6 in group care (VI.C.8)

The Settlement Agreement generally prohibits placement of a child under 6 years of age in a congregate care setting. The only exception permitted is for a child with exceptional needs that cannot be met in any other type of placement. Such placement requires the written approval by the regional administrator, which must be based on his or her personal determination that the child's needs can only be met in that specific facility. The written approval must include a description of the services available in the facility to address the individual child's needs.

At the beginning of each month, the Division of Reporting and Analysis produces a report called the "*Brian A.* Class Report on the Number of Children Under the Age of Six in a Group Care Setting." The report provides the number of children under age 6 who are placed in a congregate care setting on the date of the report, as well as the ages of any such children. In the two and a half year period from January 2006 through June 2008, the monthly point-in-time reports identified only one child under the age of 6 who was placed in a congregate care setting on any of the report dates. This child, age 6, was placed in an in-patient psychiatric facility from July 13, 2007 to September 5, 2007 and then moved to a resource home.[240]

[240] A PER was filed for this child for placement in a residential facility with a capacity in excess of eight and was marked non-compliant with *Brian A.* standards for that exception, but the PER did not reflect the particular exception regarding his age. CPPP staff sought this documentation from the region and received it. It appears from documentation in TNKids that the placement was made based on the professional judgment of a psychiatrist that the child's mental health needs were so severe that psychiatric hospitalization was necessary notwithstanding the child's age.

g. Limits on placements of children in group care with excess of 8 beds (VI.C.9)

The Settlement Agreement prohibits placement of children in a residential treatment center or any other group care setting with a capacity in excess of eight children without express written approval by the regional administrator.[241] The regional administrator's approval must be based on his or her certification and specific findings that the child's needs can be met in that specific facility and that the facility is the least restrictive placement that could meet the child's needs. The written approval must include a description of the services available in the facility to address the individual child's needs.

At the time of the September 2007 Monitoring Report, the Department recognized that it did not have the capacity to produce reliable data on this exception. TNKids was able to generate a list of children who were in congregate care placements; however, no distinction was made within that group between those congregate care placements greater than eight and those with capacities of eight or fewer; and the Department had not generated a list in another format that identified those placements greater than eight. In addition, the PER data related to this exception was of limited value because at least some regions did not understand that there was an expectation that a PER be filed any time a child was placed in a facility whose capacity exceeded eight beds.

In an effort to address this situation, the CPPP division worked with the DCS Licensing unit to develop a list of all congregate care facilities and their licensed capacity. This list was developed at the beginning of 2008 and shared with the regions to assist them in determining which congregate care placements required a PER.[242]

Figure 52 below shows the number of class members placed in the congregate care facilities that have a capacity greater than eight according to the Licensed Capacity list provided by CPPP.[243] As reflected in Figure 52, at any given time, there are between 350 and 400 class members placed in congregate care facilities with capacities greater than eight.[244]

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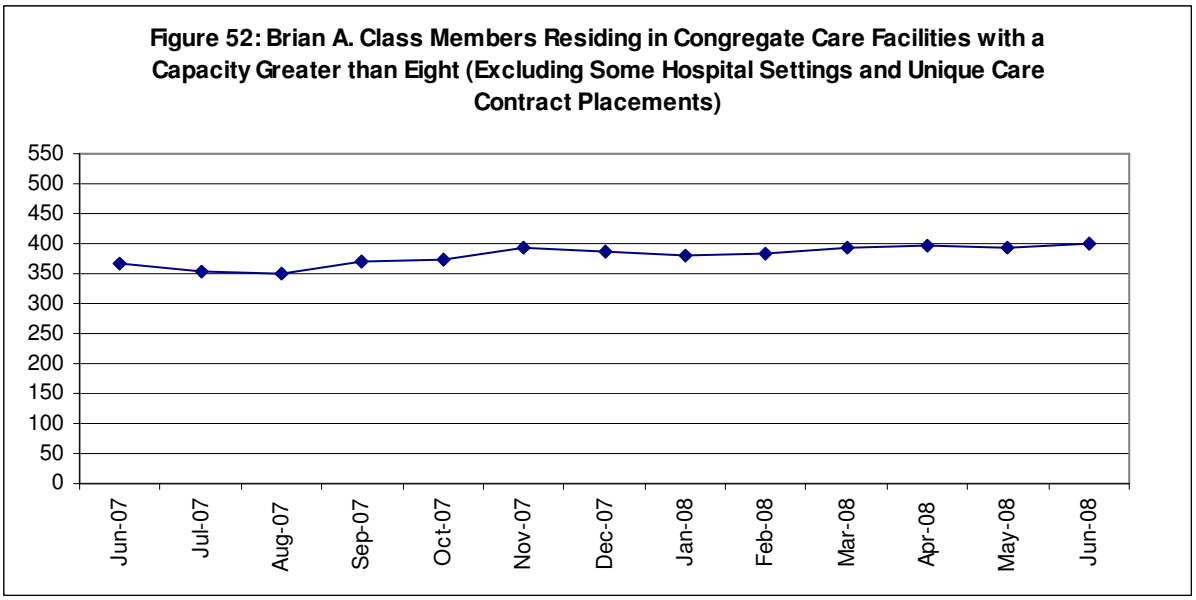
[241] The capacity of a multi-unit or multi-building congregate care facility is not determined by the capacity of a particular unit or building, but rather by the total number of beds on the campus. It is not clear whether the Settlement Agreement contemplates that an exception request would have to be filed for a child in a resource home who required short term hospitalization for an appendectomy or a short term psychiatric hospitalization to stabilize the child in crisis and return her to the resource home.

[242] CPPP also implemented an accountability measure to help ensure that PERs are being filed in the regions for placements in this exception category. CPPP is now receiving a monthly report of all children placed during the month in a residential placement that has more than eight DCS children in it on the day of the pull. While this is not an exact measure because it may leave out congregate care placements that have a capacity more than eight but do not have more than eight DCS children at the time of the report, it will capture many of the children for whom a PER should have been filed each month. CPPP seeks further documentation from regions that have a discrepancy between the number of PERs reported for this category and the number of placements on the report.

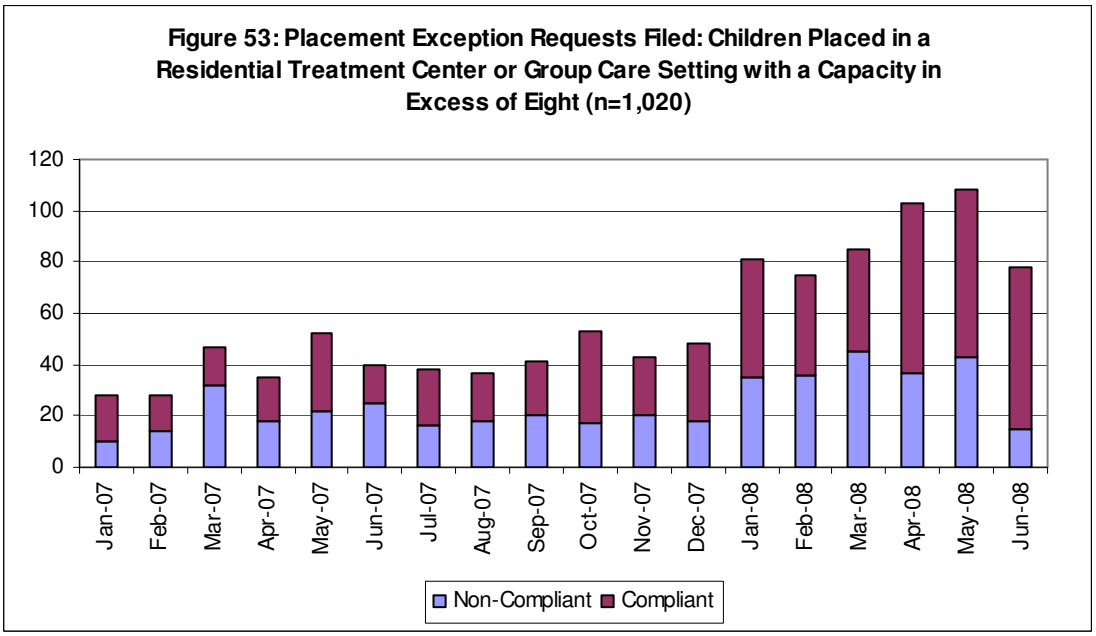
[243] As discussed in Section Six.B.2 above, the number of PERs filed in a month for congregate care greater than eight will be less than the number of children which the aggregate data reports as in-placement in a given month. This is because the aggregate data show all children placed as of a certain day each month and PERs are only filed at the time of the initial placement.

[244] This figure shows the number of children placed in a facility deemed by CPPP and the Licensing Division to have a capacity greater than eight. This may slightly underreport the actual number of these placements. Some possible explanations for the underreporting would be: unique care placements and hospital placements that are not included but possibly should be, as well as facilities that have been added as contracts or subcontracts since the list was generated and distributed.



Source: *Brian A.* Placement Reports as of the last day of each month and the Licensed Capacity list of facilities provided by CPPP.

Based on an examination of the Exceptions Desk Reviews for January 2007 through June 2008, there were 1,020 exception requests related to placements in congregate care facilities with capacities of more than eight, of which 579 (57%) were designated as compliant and 441 (43%) as non-compliant. Presumably as a result of the actions of Central Office described above, an increase in PERs filed for this category occurred in 2008. The more recent monthly PER filings in 2008 for this exception (ranging between 75 and 108) are more consistent with what would be expected based on the 350 to 400 children in such facilities at any given time and given the lengths of stay associated with congregate care placements. This suggests an increased level of compliance with filing PERs for this exception.



Source: Exceptions Desk Reviews January 2007 – June 2008.

While congregate care placements are appropriate for some children at some point in their placement, the Department is committed to serving children in family placements whenever possible and moving children from congregate care to family settings as soon as a child can safely and appropriately be moved. The Central Office has partnered with the regions and the regional psychologists to set up a process for conducting Utilization Reviews to ensure that children are placed appropriately, in the least restrictive setting to meet their needs, and that they are receiving the services they need and are benefiting from those services. The Department first focused on children in Level IV acute psychiatric facilities, and based on those utilization reviews feels confident that the children served in Level IV settings are appropriately placed.[245] The Department has now begun to focus on children who are served at Level III in congregate care settings.[246]

h. Prohibition of placing child assessed at high risk for perpetrating violence or sexual assault with foster children not so determined. (VI.C.4)

The Settlement Agreement requires that no child determined by a DCS assessment to be at high risk for perpetrating violence or sexual assault be placed in any foster care placement with foster children not so determined.[247] The Department's placement policies are consistent with this requirement.

At of the time of the September 2007 Monitoring Report, the TAC had not conducted any targeted review focused on this provision and did not have a basis for raising concerns regarding the Department's compliance with this provision. The TAC has since identified, through various sources of information, instances in which children assessed at high risk of perpetrating physical or sexual violence were placed with children not so identified.[248]

The Child and Adolescent Needs and Strengths (CANS) assessment includes specific inquiry into "Child Risk Behaviors" and includes such prompts as: "danger to others, sexually reactive behavior, and sexual aggression." When a child is placed in a resource home, a form containing known information about the child is supposed to be filled out by DCS and provided to the resource parents. This standard form includes a checklist of behaviors including sexual acting out, sexual aggression, physical aggression, and assault.

In order to determine the extent to which the Department's placement practice is consistent with its policies and the requirements of the Settlement Agreement, the Department conducted a targeted review of children whose CANS scores for sexual reactivity, sexual aggression, or physical aggression were either two (indicating a current problem that needs clinical attention) or

[245]A process is now in place that the regional psychologists review the cases of children designated for Level IV placements, before the placement is made and at intervals throughout the placement.

[246]Central Office holds bi-weekly Utilization Review meetings led by the Commissioner (with designated regions participating). In the summer and fall of 2008, this team has been reviewing all of the *Brian A.* class members placed in Level III congregate care facilities with lengths of stay over 120 days.

[247] There may be special considerations that go into placement of sibling groups who have suffered significant abuse and may be at higher risk of engaging in abusive activity. While in certain situations it is clearly important to separate siblings for safety reasons, there may be situations in which siblings might be appropriately placed together and the risks addressed in the placement, notwithstanding the fact that, were they not siblings, the risks would suggest that placement together would not be appropriate.

[248]The sources of information include: SIU reports, QSRs, complaints/referrals to the Monitor's Office, and Placement Quality Team System referrals/reviews.

three (indicating an urgent need for services) and who are placed in a resource home with children who do not have such an identified need. The targeted review covered all children for whom a CANS had been completed between February 18, 2008 and May 31, 2008. Of the 3,078 children for whom CANS were completed during that time, 163 (5.3%) fell within the scope of the targeted review.

Regional staff were directed to review the placement of each child, determine whether the child's current placement was appropriate, and if not, to ensure that appropriate action was taken. Regional staff were also asked to determine if the child was placed with full knowledge of the child's needs by the Child and Family Team. Although problems with the structure of the review and a lack of clarity about what was expected of the regional staff conducting the review has limited the ability of the Department to provide the TAC with specific results of the review, the Department confirmed that there were children determined by a DCS assessment to be at high risk for perpetrating violence or sexual assault placed in foster care placements with foster children not so determined. The instances in which this had occurred were numerous enough that the Department is working with the regions to develop and institute a regular review process to address this placement practice issue.[249]

While a targeted review based on the CANS is an important source of data related to this particular safety concern of the Settlement Agreement, the QSR is also a source of relevant information.

The QSR protocol requires reviewers, in scoring the case for safety, to specifically consider whether the child's behavior "poses a risk to self (suicidal, chronic runaway) and/or to other children (aggression/perpetration)." The protocol also requires that the reviewer consider whether "caregivers or other persons living in the child's present home present a safety risk to the child." A case cannot receive an acceptable score for safety if a child under review was placed in a resource home with another child whose history of aggression and or sexual perpetration threatened the child's safety, or if the child under review had such a history and was placed in a resource home with children for whom that behavior would constitute a threat to their safety.

TAC monitoring staff reviewed each of the 15 QSR cases involving *Brian A.* class members in which the case failed for safety during the 2007-2008 QSR review.[250] In none of these cases did the safety issue involve aggression or sexual perpetration (actual or threatened) by or against a child in a resource home.[251]

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[249] The Department is in the process of developing the capacity to use the CANS database to identify in an aggregate report children identified as presenting a high risk of perpetrating violence or sexual assault. The database currently includes CANS completed beginning February 1, 2008 using the web application. The database does not include completed paper CANS. The aggregate report is therefore presently limited to those children who have been assessed using the web application.

[250] Although four of these in the sample were ultimately not included in the Department's QSR analysis, all 15 were included in the TAC monitoring staff review.

[251] In the September 2007 Monitoring Report, three of the 34 cases reviewed were scored unacceptable because reviewers concluded based on reported behaviors that a child (either the child reviewed or a child in the home of the child reviewed) constituted a threat of aggression or sexual perpetration.

3. Additional provisions regarding placement

The Settlement Agreement contains additional provisions regarding placement including:

- that children with the goal of adoption should be placed in a resource home in which adoption is a possibility, whenever possible; (VI.C.10) and

- that the race, ethnicity, or religion of a child should not be a basis for delay or denial of placement of a child with foster, adoptive, or group care placement. (VI.C.11)

Department policy is consistent with both of these requirements. Among other provisions of DCS policy, the Department has created a single approval process for resource parents so that all resource parents, once approved, are potential adoptive parents. According to the Department, the large majority of adoptions are adoptions by resource parents who have fostered the child that they are adopting. For example, as discussed in the September 2007 Monitoring Report, of the 527 adoptions finalized between January 1 and July 25, 2007, 87% were adoptions by the resource parents with whom the child had been placed prior to being freed for adoption.

With respect to the prohibition of delaying or denying placement based on race, ethnicity or religion, the TAC has not designed a specific review to examine this issue. However, in the variety of reviews that the TAC staff have conducted, participated in, and/or examined, including the case file reviews and the Quality Service Reviews, and in the complaints and referrals that the TAC has received and reviewed, the TAC has not identified any instances in which race, ethnicity, or religion appeared to be considered as a basis for delay or denial of a placement.

The Settlement Agreement also contains provisions governing the contracting for placements of children including:

- a prohibition against contracting with any program or agency that gives preference in placement by race, ethnicity, or religion;[252] (VI.C.11) and

- a requirement that DCS only contract for placements or services with licensed contractors or subcontractors.(VI.C. 12)

The Department has both policy and contract provisions that articulate these requirements.[253] In the early stages of the implementation of the Settlement Agreement, the original monitor reviewed the Department's implementation of these provisions and found two facilities that were "licensed only to serve Juvenile Justice children" but were not licensed to serve *Brian A.* children.[254]

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[252] Under the Settlement Agreement race, ethnicity, or religion can be considered when matching a child with a placement, as factors relevant to the best interest of the child.

[253] The *Private Provider Manual* states that private providers must assure that "no person shall be excluded from participation, denied benefits, or otherwise subjected to discrimination in the performance of the services or in employment practices on the grounds of disability, age, race, color, religion, gender, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law," *Private Provider Manual*, Section One: Core Standards, at page seven.

[254] See February 2003 Monitoring Report, page 33 and November 2004 Monitoring Report, page 60.

The DCS Licensing Unit verifies monthly that all private provider agencies that supply placements for DCS children, either through contracts with DCS or through subcontracts with a DCS contract agency, have a current license to operate.[255]

C. Assessment Process to Support Case Planning/Service Provision (VI.D)

The Settlement Agreement requires that the Department implement a standardized assessment protocol that includes:

- a medical evaluation;
- a psychological evaluation, if indicated; and
- these assessments should be conducted prior to custody or within 30 days after the child comes into custody.

The Settlement Agreement requires that any initial placement made in advance of this assessment be reviewed in light of the assessment to ensure that the placement meets a child's needs.[256]

As has been discussed in previous TAC reports, the Department has developed and is implementing a functional assessment process to support planning, service provision and placement decisions. The process draws upon a variety of assessment tools and activities including:

- *Structured Decision Making (SDM)* in the CPS process to screen and prioritize response to reports of abuse and neglect, to assess safety and risk in the course of the CPS investigation, and to support the MRS assignment process;

- *Child and Adolescent Needs and Strengths (CANS)* assessment, designed to help identify strengths and needs in the three core areas–safety, permanence and well-being–related to planning, service provision, placement, and level of need/level of care in three domains;[257]

[255] See discussion at page 265.

[256] The Settlement Agreement also required the TAC to review the assessment protocol and ensure that it is a complete assessment of child's individual needs; and if not, to make recommendations which DCS shall implement to ensure that the protocol does ensure a complete assessment of the child's individual needs. The findings and recommendations of the TAC's review are set forth in the April 2005 Monitoring Report, pages 56-58. The Department has developed an assessment process and a set of assessment tools focused on the areas of child and family functioning identified by the TAC as essential to a full assessment. The Department's present emphasis on improving case manager assessment skills and consolidating and better integrating the various assessment tools into the assessment process is consistent with the TAC's recommendations.

[257] The Department is in the process of piloting a "non custodial" CANS related assessment tool, the Family Advocacy and Support Tool (FAST), to help assess family strengths and needs for purposes of providing non-custodial services.

- *Early Periodic Screening, Diagnosis, and Treatment (EPSD&T)* assessment for all children coming into state custody, to identify medical and behavioral health needs; and[258]

- *The Ansell-Casey Life Skills Assessment (ACLSA)* is designed to support case planning and service provision for the "independent living" needs of older youth.[259]

Each of these assessment tools is intended to support the development and updating of a written Family Functional Assessment (FFA), described by the Department as "an inclusive, living document that captures the results of all other assessment tools and provides historical information from the family, child, and other team members. The FFA continually evaluates a child and family's strengths and needs as well as offering an explanation as to why those strengths and needs exist."[260]

Consistent with the Settlement Agreement, the Department's placement process and placement policies contemplate that placement decisions will be driven by the assessment, both initial placements and any change in placement. As discussed in subsection H below and in Section Seven of this report, the Child and Family Team has the ultimate responsibility for integrating assessment information into the case planning and decision making process. The initial placement is intended to be made at the direction of the Child and Family Team based on the assessment made by the team, drawing from information generated by the range of assessment activities and from strengths and needs identified by the team in its planning and placement decision making process. When an emergency placement is made in advance of a Child and Family Team Meeting (CFTM), the Team is to examine the appropriateness of that placement based on assessment information available at its initial meeting. The functional assessment is intended to be an ongoing process and the team is responsible for tracking progress and adjusting the plan and revisiting the placement decision if further assessment information suggests that the placement is not meeting the child's needs.

The Department presently uses the Quality Service Review as the primary measure of the Department's progress in implementing the functional assessment. In order for a case to receive an acceptable rating for "Ongoing Functional Assessment," the reviewer must find that the child and family's strengths and needs have been identified by the Child and Family Team and are used by the team to make decisions, including decisions regarding the provision of appropriate supports for the child and family. The functional assessment draws from "formal assessments" such as psychological and medical evaluations, and from formal assessment tools such as the forms filled out as part of the CANS and SDM processes. The functional assessment also draws heavily from the insights and perspectives of the team members, including family, based on the team members own observations, interactions and experiences with the child and family. As the QSR scores in Table 25 reflect, the effective use of functional assessment remains a challenge.

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[258] See Section One for further discussion of EPSDT assessments for children entering state custody.
[259] See discussion at page 159.
[260] *State of Tennessee Department of Children's Services Self Assessment for Round Two of the CFSR, June 2008*, page 135.

Table 25: Percentage of Acceptable QSR Cases			
	2005-2006	**2006-2007**	**2007-2008**
Ongoing Functional Assessment	**30%** (68/227)	**38%** (65/172)	**30%** (59/195)

Source: Annual QSR finalized databases.

The Department recently conducted a self-evaluation of its current assessment process, including the use of assessment information in case planning and placement decision making.[261] The Department expressed confidence that it had made significant progress toward the formation of a streamlined assessment process that, when fully realized, will produce comprehensive plans for children and families that address underlying needs identified during the assessment. However, the Department acknowledged that it continues to struggle to make comprehensive and appropriate assessments of children, families, and resource families.

Much of the Department's self-evaluation focused on the implementation of the CANS. The CANS certainly provides a structure and focus for identification of strengths and needs that should improve the assessment process when it is fully implemented. Over the past year, the Department has significantly increased the percentage of cases for which an initial CANS is completed (from 58% statewide in October 2007 to 95% in June 2008).[262] However, completion of the CANS was timely in only 63% of the cases and there appears to be considerable variation in the extent to which the CANS is presently integrated into the planning process. For some case managers, the CANS is a valuable way of processing and sharing information with the Child and Family Team to support the assessment and planning process. For others, it is viewed as yet another required form that gets "filled out" and "sent off" to the Centers of Excellence,[263] but that does not add value to the planning process.

Not unexpectedly, the written Functional Family Assessment documents vary in quality. There has been an effort to structurally link the CANS to the Family Functional Assessment Template, and the Permanency Plan has been restructured to parallel the FFA template. However, while there may be ways in which linking the tools and templates will be helpful, the Department recognizes that the primary challenge is one of developing the assessment skills of the case managers and case manager supervisors. As the Department observed in its self-evaluation:

> While the tools that make up the assessment protocol are in place, frequently many Family Service Workers have a difficult time seeing them as an integrated

[261] *State of Tennessee Department of Children's Services Self Assessment for Round Two of the CFSR, June 2008*, pages 134-138.

[262] A "discharge CANS" is also supposed to be completed/updated prior to discharge as a way of assessing progress by the child and family in the areas identified in the initial CANS, and informing discharge planning to meet ongoing needs. In June 2008, a discharge CANS was completed in only 53% of the cases for which a discharge CANS should have been completed.

[263] There are three Centers for Excellence (COEs): University of Tennessee's Boling Center in Memphis serves West Tennessee, Vanderbilt University Medical Center in Nashville serves Middle Tennessee, and Cherokee Behavioral Health Center in Knoxville serves East Tennessee. These Centers provide mental health evaluation and consultation services for children in DCS custody. As part of this work, the Centers are responsible for the oversight of the CANS process. CANS consultants, employed and supervised by the COEs, are located in DCS offices across the state. CANS consultants provide training to DCS staff, review completed CANS and consult with case managers and other staff regarding the scoring and use of the CANS assessment.

process rather than singular tools. Because of this limited view, the information gathered through the tools and the assessment process has not been synthesized consistently into individualized case plans to address the unique needs of the child, family, or resource family.

The Department expects to address this challenge through improved training and increased coaching and mentoring focused on assessment as part of its broader focus on the core practice elements of the Child and Family Team process, discussed in Section Five.

D. Education Services (VI.E)

The Settlement Agreement requires the Department to ensure that children in foster care receive timely access to reasonable and appropriate education (including special education).

In order to provide specialized advocacy for children to ensure that individual children have access to a reasonable and appropriate education, the Settlement Agreement requires the Department to establish full-time educational specialists in each region and to create positions for 12 additional lawyers with responsibility for educational advocacy.

Finally, the Settlement Agreement requires that the Department conduct an evaluation of the in-house schools that serve children in DCS custody.

1. Hiring of Educational Specialists and Educational Attorneys

Shortly after the entry of the Settlement Agreement, the Department established and filled full-time educational specialist positions in each region and hired 12 additional lawyers, then referred to as "education attorneys."

The Department presently has 15 education specialist positions (all of which are presently filled) with every region having at least one specialist and two regions, Shelby and Mid-Cumberland, having two specialists each. There are also four education consultants who function much like team coordinators, serving as advisors to the education specialists and working with the Department of Education, the Department's own school system[264] and the in-house schools operated by private providers. Based on information gathered from QSR, in-house school evaluations, focus groups, and case managers and school staff have found education specialists to be valuable resources for ensuring that children's educational issues and needs are addressed.

The present impact of the "education attorneys" is less clear. There are 75 DCS attorneys statewide (one of which is vacant), 11 of whom are designated to handle education issues. The "education attorneys" are expected to have special expertise and training related to education issues; however, those attorneys presently handle regular caseloads and devote the bulk of their time to general staff attorney duties. They remain available as a resource and support to the

[264] The Department is the Local Education Agency for five Youth Development Center (YDC) schools and seven group home in-house schools. See TCA 37-5-119.

educational specialists, should the education specialist determine that attorney advocacy is needed. However, it appears that education specialists have not found attorney advocacy to be a frequent need. The education specialists report having a good working relationship with not only the DCS education attorneys, but also the special education attorneys for the Department of Education, who serve as an additional resource for legal consultation and guidance.

2. Indicators of Timely and Appropriate Education Services

As discussed in the September 2007 Monitoring Report, both QSR results and previous case file reviews suggest that a large majority of the children in foster care are receiving appropriate educational services: the vast majority of school age children are attending public schools and the Department appears to be acting responsibly to ensure that special education needs are being addressed.[265]

The QSR indicator for Learning and Development requires the reviewer to consider whether the child, at the time of the review, is receiving appropriate educational services consistent with the child's age and ability. For the case to score "acceptable," the reviewer must find that the child is receiving such services.[266]

Table 26 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Learning and Development in the past three annual QSRs.

Table 26: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Learning and Development	**67%** (153/227)	**74%** (127/172)	**77%** (150/195)

Source: Annual QSR finalized databases.

While an acceptable score on the QSR for Learning and Development indicates that a child is receiving appropriate education services, an unacceptable score does not necessarily mean that the child is not receiving appropriate education services. Attendance in an appropriate school program is just one factor that reviewers consider. The indicator is broader than just educational services and the focus of scoring is the extent to which the child is achieving developmental and educational milestones consistent with the child's age and ability.

In order to better understand the extent to which the failure to provide appropriate education services contributed to those QSR cases that were scored unacceptable, TAC monitoring staff reviewed the QSR results for the Learning and Development indicator and conducted a targeted case file review of school age children whose cases scored "unacceptable" in the 2007-2008

[265] The major concern identified in the September 2007 report with respect to education was the frequency with which a child's initial placement in foster care and/or subsequent placement moves within foster care require a change of school. The Department recognizes that as a concern. The strategies focused on keeping children in their home communities and addressing issues of placement instability, if successful, should increase stability of school placement.

[266] While the large majority of the QSR cases involve school age children (ages five to 18), the annual QSR scores for Learning and Development include both school age children and younger children in the sample.

QSR. Children were considered "school age" if they were 5 years of age or older or if they were 3 years of age or older and entitled to special education services through Tennessee Early Intervention Services (TEIS).

Of the 156 cases involving school age children in the 2007-2008 QSR, 41 (26%) were scored unacceptable for learning and development.[267] Based on the targeted case file review, of those school aged children whose cases were scored unacceptable, TAC monitoring staff found that education services were a major concern in 26 cases: in 14 cases, there were delays in receiving appropriate education services as a result of a breakdown in communication and coordination between DCS, the private provider and/or the school system; in eight cases, the child was receiving education services but the QSR reviewers questioned the sufficiency of the services; in two cases, the children were on trial home visit and had been truant from school during that THV; two children were certified to receive special education services, but chose to be mainstreamed because they felt there was a stigma associated with being placed in resource classes.[268]

In 14 cases, the children had significant emotional and behavioral health challenges that impaired their daily functioning. (These youth also received unacceptable scores for the Emotional/Behavioral Well-Being indicator). In an additional case, the child was described as doing well academically but the QSR reviewers were concerned because she was socially withdrawn.

3. Completion of In-House Schools Evaluation

As reported in previous Monitoring Reports, the Department conducted a review of children attending in-house schools and determined that for a large percentage of children who were attending in-house schools, public school was the more appropriate educational placement. The Department established policies and procedures to ensure that in all but exceptional circumstances requiring a more restrictive educational setting, children in foster care would be educated in the more normalized settings of their local public schools. The 2006 Case File Review found that just 7% of the 188 school age children in the review sample were attending in-house schools. This represents a considerable change from pre-Settlement Agreement practice.[269]

The Department completed an initial evaluation of the in-house schools a number of years ago and committed to completing the "in-house schools" evaluation called for by the Settlement Agreement once it had finished its review of the children attending those schools and transitioned all those who were appropriate for public school into public school.

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[267] Although one of these cases in the sample was ultimately not included in the Department's QSR analysis, all 41 were included in the TAC monitoring staff review.

[268] One of those children later opted to be placed in resource classes in preparation for the Gateway Exams, and ultimately graduated with a regular education diploma.

[269] The Department regularly reports in-house school attendance to the Department of Education (DOE), but that report includes all children in DCS custody attending in-house school and the Department does not track or report attendance of *Brian A*. class members separately. As of December 1, 2007 (the date used by DOE as the attendance figure on which DOE controlled funds were allocated for those in-house schools for the fiscal year 2008), there were 764 children (both class members and juvenile justice children) attending in-house schools.

The Department, in consultation with the TAC, selected a qualified outside evaluator to begin the final phase of the review of in-house schools.

Between September 2007 and May 2008, the evaluator assessed 17 of the 38 in-house schools currently serving *Brian A*. class members, using eight standards to interpret the schools' performance, and using the QSR Learning and Development Indicator to evaluate child status.[270] In conducting these assessments, the evaluator reviewed student files and interviewed staff, students, parents, and community stakeholders. For each school assessed, the evaluator produced a report setting forth her findings and making recommendations. The DCS Education Division reviewed each evaluation and required a corrective action plan to address any significant concerns raised.[271]

In addition to producing 17 individual reports on the schools assessed, the evaluator submitted a final report summarizing how the facilities did in comparison to the standards and summarizing how the children scored in comparison to the standards.[272] The evaluator reported that of the 17 schools reviewed:

- all received an acceptable ranking for having all students enrolled in an educational program, and all 60 student files reviewed had evidence of an educational plan that is integrated into their service plan;
- all schools showed evidence of behavioral and therapeutic services integrated into the daily classroom schedule;
- 16 provided or contracted for tutoring services and both High School Diploma and GED Diploma programs;
- 16 scored acceptable on the implementation of student's educational plans;
- 16 had current educational texts and curriculum materials;
- 15 make acceptable efforts to involve parents in their child's education;
- 14 had a process in place to evaluate whether a child was ready for public school placement, four of which had developed specific criteria to determine the appropriate school placement;
- 14 provided or contracted for college preparation services and post-secondary testing;
- 14 provided students with opportunities to participate in community recreational activities, such as athletics;
- 13 were forwarding school records to the receiving school within the preset timeline after a student withdraws from the program;
- 12 received an acceptable ranking for coordination with public school liaisons to facilitate student transfers and to provide consultation; and
- 12 experienced difficulty in obtaining student records in a timely manner and viewed education specialists to be critical in obtaining education records from former education settings.

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[270] The Standards are listed in Appendix L.

[271] Education Specialists, as part of their regular monitoring visits (which occur three times annually), are expected to ensure that the corrective action plans have been implemented.

[272] *State of Tennessee Department of Children's Services In-House Schools Evaluation 2007-2008, Volume 1*, Evaluator: Marilynn V. Morgan.

School personnel identified limited funding as a challenge to running a high quality in-house school and indicated that funding constraints contributed to high turnover rates for in-house school staff. The evaluator identified a general need to improve professional development opportunities for in-house school staff.

The TAC will be working with the Department to ensure that evaluations are completed for the remaining in-house schools, although it may be appropriate for those remaining schools to be evaluated by DCS education staff rather than by an external consultant.

E. "Independent Living" Services For Older Children (VI.I)

The Settlement Agreement requires the Department to provide a full range of Independent Living (IL) services and to ensure that there are sufficient resources to provide such services to all children in the class who qualify for them.

As discussed in subsection A above, *Needs Assessment III* focused on the needs of older youth in foster care. *Needs Assessment III* found that, while there is a wide range of services[273] available and some youth were receiving all of the services for which they were eligible, there were a significant number of eligible children who were not getting all of the services to which they were entitled and/or were not receiving those services in a timely manner.

Based on those findings, the Department re-examined the processes by which older youth who are eligible for IL services are identified, their IL needs assessed, and they and their teams informed of the various services for which they are eligible.

The Department recently replaced the previously used Daniel Memorial Independent Living Assessment (Daniel Memorial) with the Ansell-Casey Life Skills Assessment (Ansell-Casey). Ansell-Casey is a web-based system that has the capacity to create an individualized IL plan based on the results of the assessment, which can then be used to help the Child and Family Team plan for appropriate IL services.[274]

The Department has also modified TNKids so that it now includes technology driven mechanisms to ensure integration of the Ansell-Casey assessment into the case planning process. An Ansell-Casey assessment date must be entered in TNKids before a permanency plan can be completed in TNKids on a youth 14 years of age or older. This ensures that all such youth have an IL assessment. In addition, the permanency plan template was modified in May 2008 to include the IL plan within it. No permanency plan for a youth 14 years or older can be completed in TNKids unless the IL related portions of the plan are completed.

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[273] InTERdependent Living offers services to current and former foster youth to promote: educational attainment (e.g. tutoring, standardized testing fees); housing (e.g. Independent Living Allowance); permanency; financial stability; and employment and job readiness (e.g. interview clothing and apprenticeships).

[274] The Ansell-Casey also provides the Department with the capacity to aggregate data from individual assessments and use that data for strategic planning, something that was not possible with the Daniel Memorial. The Department is addressing some data entry and data coding problems that have been identified as the Department has begun using the Ansell-Casey. Once these issues are addressed, the Department will be able take full advantage of the aggregate reporting capacity.

The Department has also taken steps to better inform case managers about the various IL services that are available, the eligibility requirements related to those services, and the processes for accessing those services. The Department's Office of InTERdependent Living has produced a reference guide for DCS staff, entitled *Enlightened Staff, Empowered Youth, Enhanced Futures*, that is a compilation of all IL relevant forms and policies, and includes an information sheet of frequently asked questions that serves as a quick reference for understanding available IL services and associated eligibility requirements. InTERdependent Living Program Specialists are expected to serve as technical advisors and are responsible for assisting case managers and Child and Family Teams in planning for older youth and addressing any obstacles to obtaining IL related services and supports.

In order to establish a baseline from which future reporting can measure the impact of the Departments efforts to improve assessment, planning and service provision for older youth, the TAC monitoring staff conducted a targeted review of youth ages 14 and older who had been part of the 2007-2008 QSR. All of the youth who were the subject of the review had become eligible for IL assessment, planning and services prior to the recent integration of the IL and permanency plans. The targeted review was designed to determine for each case reviewed whether the youth had received the required annual IL assessment, whether the IL needs had been identified and addressed in the independent living plan and/or in the permanency plan, and whether the youth was receiving appropriate IL services to prepare for adulthood. Particular attention was paid to transitional planning, services and support for youth with significant disabilities. The targeted review consisted of reading the QSR case story for each child and reviewing the TNKids case recordings starting one year prior to the QSR review and going up to the date of the targeted review.[275]

There were 67 *Brian A.* children 14 years or older in the 2007-2008 QSR sample.[276]

Reviewers were able to find documentation in 29 of 67 cases reviewed that the youth received an IL assessment. For the remaining 38 children, reviewers were unable to determine either from the QSR case story or the documentation in TNKids that an assessment had been completed.

Reviewers were able to find documentation that 26 of the 67 youth reviewed had an IL plan. While 41 youth did not have a formal IL plan, there was documentation in the TNKids file of eight of those youth that an independent living Child and Family Team Meeting had been held to explain IL options and services available.

Reviewers were able to find documentation that 15 of the 67 youth reviewed were receiving formal IL classes and programming and an additional 16 youth, while not enrolled in formal IL training, were receiving informal training and IL related experiences in their placement.[277]

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[275] DCS policy requires that the IL assessment be updated at least annually and that the permanency plan be updated annually. For this reason a "look back" of 12 months from the date of the QSR review combined with a look forward to the time of the targeted review should be sufficient to determine in a the case of an older youth whether there has been an IL assessment, whether there is an IL plan and whether IL services have been provided.

[276] Four of these youth were ultimately not included in the Department's final QSR analysis; however, all 67 were included in the targeted review.

[277] Formal IL training includes life skills classes and vocational training. Informal IL training refers to resource parents or congregate care staff helping youth learn how to cook, clean, launder clothing, and the like.

Thirteen of the youth whose cases were reviewed had a diagnosis of mental retardation (MR), affecting their ability to live independently. It is DCS policy in such cases to work with the Division of Mental Retardation Services (DMRS),[278] the state agency that is responsible for providing assistance to eligible adults with mental retardation, to ensure that there is a seamless transition to DMRS for any child who turns 18 while in DCS custody.[279] Although the earliest that DMRS can make its eligibility determination is 90 days before the youth turns 18, under an agreement with DMRS, DCS is supposed to identify youth it believes to be eligible well in advance of that time and notify DMRS. DMRS is then supposed to put those children on a "waiting list," but with a priority designation so that an eligibility determination can be made as soon as the child is three months from turning 18. To be eligible for adult services from DMRS, a child must be receiving Supplemental Security Income based on mental disability and must be covered by TennCare.

Of the 13 youth with a diagnosis of mental retardation:

- four achieved permanency before they reached the age of majority;
- two, who "aged out," were found eligible and accepted adult services;
- one was referred to DMRS but was found ineligible for services because he was "too high functioning;" upon turning 18, he accepted "post-custody" services from DCS and is attending trade school;
- one "aged out" and refused application for DMRS services, instead opting to enter the DCS Transitional Living Program;
- three have been referred to DMRS and placed on the "waiting list" and are expected to start the eligibility process 90 days before their 18th birthday;
- one was 15 years old and had not been referred to DMRS at the time of the QSR review; and
- one was found eligible for DMRS services, but upon turning 18 refused those services and also refused an offer to participate in the DCS Transitional Living Program; the youth chose instead to return to live with his mother, whose rights had been terminated.[280]

In addition to the 13 youth with an MR diagnosis, TAC monitoring staff identified seven other youth, three 17 year olds and four younger than 17, who appeared to have significant mental health and/or behavioral disorders that might qualify them, upon reaching the age of majority, for adult residential services through the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD). It is Department policy to track youth identified as needing such services once those youth turn 17 and to request an eligibility determination from TDMHDD once that youth is within 90 days of turning 18.

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[278] DMRS is a division of the Department of Finance and Administration.

[279] As discussed in subsection A, the Department established a planning process for youth identified as MR to receive adult services.

[280] The Department reengaged his mother before he turned 18 and the youth's case manager continued to provide assistance to the family after he was emancipated; however, the Child and Family Team remained very concerned about the situation because: the youth exhibited violent and aggressive behavior; the step-father who perpetrated the abuse that led to the custody episode, resided in the home that the youth returned to; the mother was not equipped with the skills needed to parent a child with multiple developmental, emotional, and behavioral needs; and the family refused supportive services.

To be eligible for TDMHDD residential services, the youth must be receiving Supplemental Security Income (SSI) based on mental disability/mental illness, must be covered by TennCare, and must have a "prescription" outlining treatment recommendations from a credentialed mental health provider. Unlike the process that has been established with DMRS for those youth with mental retardation, there is no process for ensuring prompt eligibility determinations from TDMHDD.

Case managers are able to get assistance from the Department's Health Care Advocacy Representatives to appeal an adverse eligibility determination; however, case managers are also advised of the importance of developing an alternative plan to provide support for these youth if they are not deemed eligible for adult services.

Of the four 17 year olds identified by the TAC monitoring staff as possible candidates for adult services from TDMHDD:

- one has since been identified by DCS as in need of such services and will be referred to TDMHDD for an eligibility determination as soon as he is old enough;
- one had not been identified as needing TDMHDD residential services; he has since aged out, accepted DCS post-custody services, and is attending college;
- one youth was placed on a trial home visit with in-home services and support from a community mental health provider; and
- one youth is expected to "age out" in May and return to her mother's care, despite the fact that team members are concerned that the mother has not addressed the issues that resulted in the custody episode.

The TAC anticipates conducting a targeted review in February 2009 of a recent cohort of IL eligible children to determine the extent to which assessment, planning, and service provision for older youth is improving.

F. Use of Psychotropic Medication, Physical Restraint, and Seclusion (VI.F, VI.G.)

The Settlement Agreement requires the Department to:

- review and revise policies and procedures regarding the administration of psychotropic medications to children in foster care;

- review and revise policies and procedures related to use of physical restraint, seclusion, and isolation of children in foster care;

- ensure that medication is administered only with appropriate informed consent, with a preference for parental consent, with a health unit nurse to be available to provide consent when parental consent cannot be obtained; and

- hire a Medical Director, reporting directly to the Commissioner, to oversee implementation, monitoring, and corrective action with respect to the administration of psychotropic medications and the use of physical restraint and seclusion.

The Settlement Agreement establishes two specific reporting and review requirements with respect to the use of psychotropic medications, restraints, and seclusion:

- all health unit nurses must maintain logs of approvals of medication administration, and those logs, as well as copies of logs maintained by contract agencies, are to be submitted to the Medical Director for review on an ongoing basis; and

- all incidents of the use of restraint and seclusion must be reported to the Central Office "resource management unit" and made available to the DCS Licensing Unit and Medical Director for appropriate action.

As discussed in more detail below, the Department has revised its policies and made considerable progress in implementing those policies. It has also hired qualified staff to oversee the implementation and provide the review and monitoring required to ensure that practice is consistent with the policies. It has developed and is delivering required training for DCS and private provider staff and for resource parents. The Department has made significant progress in building its data capacity related to psychotropic medications and serious incident reporting. That increased data capacity should result in improved tracking and monitoring and help ensure that informed consent is obtained and documented for all children receiving medications.

1. Appointment of a Medical Director and Other Staffing

The Department established the position of Director of Medical and Behavioral Services (Medical Director) and hired a psychologist to serve in that position. The Department also established an additional position, DCS Consulting Psychiatrist, and hired a board certified child psychiatrist to fill that position. That position has since been renamed "Chief Medical Officer."

The person who had served in the Medical Director position since its creation has recently taken a position in the private sector. The Chief Medical Officer is currently serving as Acting Medical Director.

The Department intends to hire a clinical psychologist to replace the psychologist who had been serving as Medical Director. However, the Department is considering what would be the optimal allocation of responsibilities between the psychologist and psychiatrist and has not yet decided which of the two will serve the Medical Director role envisioned by the Settlement Agreement.[281]

[281] As a technical matter, under the present organizational chart, both the Medical Director and the Chief Medical Officer report to the Executive Director for Well-Being rather than directly to the Commissioner as specified in the Settlement Agreement.

In addition to the Medical Director and the Chief Medical Officer positions, the Department has 17 health unit nurse positions (16 of which are filled) and 12 psychologist positions (11 of which are presently filled, with the remaining position currently being advertised and recruited).

2. Review and Revision of Policies and Procedures

As has been reported in previous TAC reports, the Department, in consultation with the TAC, developed and promulgated a set of policies and procedures with respect to the administration of psychotropic medications and the use of restraints and seclusion that are well reasoned, appropriately conservative, and consistent with relevant professional standards.

3. Implementation of Policies and Procedures

In the January 2006 Monitoring Report, the TAC discussed the Department's plan for implementing the new policies and procedures. The implementation plan included:

- development and delivery of training relevant to psychotropic medication, restraints, and seclusion to DCS and private provider staff and resource parents;
- development and distribution of clear and detailed medication guidelines for those who prescribe psychotropic medications for children in state custody;
- development and implementation of additional "site visit" protocols to be used by those conducting announced and unannounced licensing and program accountability reviews;
- creation of an automated system for tracking, reporting, and analyzing use of medications, restraints, and seclusion; and
- implementation of a review process to ensure that policies and procedures are being complied with and that problematic practices and incidents of non-compliance are identified and addressed appropriately.

The Department has made significant progress in each of these areas.

a. Training

The Department has developed four separate training modules:

- Psychotropic Medication Policy Training;
- Fostering Positive Behavior (behavior management training that includes information on use of restraints and seclusion);
- Medication Administration for Resource Parents; and
- Assisting in the Self-Administration of Medication Training for Unlicensed Personnel (designed for staff in congregate care facilities).

A significant number of DCS case managers and other staff have received both the Medication Policy Training and the Fostering Positive Behavior Training.[282] Fostering Positive Behavior and Medication Administration for Resource Parents are now required training for all resource parents and a large number of DCS resource parents have already received the training.

With respect to the training of private provider staff, representatives of the private providers have received training in each of these three curricula designed to build their capacity to deliver training to private provider staff and resource parents. The Department requires each private provider to develop and implement a training plan to ensure that all staff and resource parents receive the appropriate training.[283]

The Department has completed the development of the curriculum module for Assisting in the Self-Administration of Medication Training for Unlicensed Personnel in congregate care facilities. The curriculum was reviewed by the Department's legal department and by the Tennessee Nursing Board before being approved. The Department began training in October 2008 and has conducted training in four congregate facilities and plans to train staff in five additional facilities by the end of December 2008.[284]

The Department is considering development of a "refresher training" to be delivered periodically to staff who have completed the initial training modules.

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[282] According to the DCS Training division as of June 20, 2008: 1,938 DCS staff members (case managers and other field staff) had received the Psychotropic Medication Policy Training, and all new hires are now required to receive this training during one of the OJT weeks of the pre-service training; 2,207 DCS case managers have received the Fostering Positive Behavior training and newly hired case managers are required to complete this training as an in-service within 90 days of completion of their pre-service training; 2,631 DCS resource parents have received the Medication Administration training. New resource parents are now required to receive Medication Administration training prior to a child being placed in their home. All resource parents will be required to receive this training at least once every two years in order to remain an approved resource home.

The Training Consortium has worked with DCS to formulate a version of the "Fostering Positive Behavior" curriculum that is specific to resource parents. The Training Consortium began delivering this version of the training to resource parents in July 2007, and 580 resource parents have completed the training as of June 20, 2008.

[283] In the September 2007 Monitoring Report, the TAC reported on the number of private provider staff that attended the "Training for Trainer" sessions on the Psychotropic Medication Policy curriculum and received the Medication Administration for Resource Parents curriculum. The Department has since recognized that it failed to put a mechanism in place to ensure that all subcontractors were trained with the curricula and that new providers after the original training in 2006 also received the information. Because of difficulties with the tracking and reporting of private provider training, the Department has not been able to provide up-to-date information on the extent to which private provider staff have received "train the trainer" or other training related to the medication training modules.

The Training Consortium in cooperation with the Tennessee Alliance for Children and Families (TACF) have delivered five "Training for Trainer" sessions for the Fostering Positive Behavior training across the state to give private providers this curriculum and assist them in their plans for delivering it within their agencies. The DCS Training Division reports that provider agencies are now required to begin implementing this training with their staff and to have an overall training plan setting forth the steps they are taking/will be taking to ensure that all staff get trained using this curriculum.

Additionally, contract agencies that provide foster care services to DCS will receive an additional copy of the "Fostering Positive Behavior" curriculum that is specific to resource parents. They will be responsible for delivering this in-service training to their contracted resource parents.

[284] Development and delivery of these trainings had been delayed because of a perceived need to enact authorizing legislation delineating the limited circumstances in which non-licensed DCS and private provider personnel are authorized to assist children in state custody with the "self administration" of medications. This legislation was passed with an effective date of July 1, 2007.

b. Publication and Distribution of Guidelines

In 2007, the Department published a document entitled *Psychotropic Medication Utilization Parameters for Children in State Custody*, (Medication Parameters).[285] Copies of the Medication Parameters have been distributed to all of the private provider agencies with whom the Department contracts for resource homes and congregate care placements and have also been sent to the Tennessee Chapter of the American Academy of Pediatrics (TNAAP), the Tennessee Academy of Family Physicians (TNAFP), and the Tennessee Association of Mental Health Organizations (TAMHO).[286]

c. Congregate Care Facility Monitoring and Oversight

As discussed in more detail in Section Twelve, the Department has been integrating the variety of oversight and monitoring activities related to licensing, program accountability reviews, serious incident reports, and SIU investigations. There are now protocols related to psychotropic medications, restraints and seclusion that DCS staff are expected to utilize during the site visits they conduct (both announced and unannounced) as part of the monitoring, auditing, and other contract oversight of congregate care facilities. Program Accountability Review (PAR) team review a sample of client files when they visit private provider agencies and look at medication issues and incident reporting. These findings are included in the PAR reports and considered by the Provider Quality Team System in reviewing a specific private provider agency and deciding how to proceed.[287]

d. Improving Data Capacity related to use of medication, restraints and seclusion

One of the major obstacles to successful implementation of the policies and procedures related to medication, restraints and seclusion has been the limited capacity of the Department's information system to capture and report relevant data.

As a result of the August 2007 TNKids build, the Department has enhanced capacity to capture and report more detailed health related data, including informed consent.[288] In addition, the Department has been able to utilize the BlueCross BlueShield (BCBS) pharmacy claims database to provide a detailed and comprehensive picture of the number of children receiving psychotropic medications during the course of any given month. The data can be sorted in a variety of ways including by demographic characteristics of the children, by specific medication or number of medications, and by specific prescriber and/or provider.[289]

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[285] This document, which was adapted from a publication of the Texas Department of State Health Services, replaced a less detailed preliminary guidelines document that the Department had been using.

[286] A copy of this document can be found in the September 2007 Monitoring Report, Appendix J.

[287] As discussed further in Section Twelve, PAR reviewers monitor private provider agencies for compliance with contract provisions. Corrective action plans related to PAR findings are submitted to the PAR unit and reviewed by a Green level PQT.

[288] The Psychotropic Medication Application Database (PMAD) was formerly used to track information related to informed consent and psychotropic medication administration. As reported previously, this database, created in February 2005 and linked to TNKids in May 2005, proved to be of limited functionality.

[289] The process of obtaining the data from BlueCross Blue Shield and running that data against the TNKids custody data to create the report of all children in state custody receiving psychotropic medications takes approximately six weeks. The Chief Medical Officer is now reviewing this data on a monthly basis and is developing an approach to use the data to flag particular children, classes of children, particular providers or classes of providers for further

The Department plans to use BlueCross BlueShield data to help identify those children who are receiving medications but for whom the informed consent required by DCS policy is not documented in the TNKids Health Services icon. The Department anticipates that by January 2009 it will be able to run the TNKids informed consent data against the BlueCross BlueShield data.

The other area in which progress has been made in increasing the Department's data capacity is that of the Serious Incident Report (SIR) process. As reported in previous TAC reports (and as discussed further in Sections One and Twelve of this report), the Department has been struggling to develop a system for the receipt and investigation of serious incident reports, (which include reports related to all uses of restraint or seclusion as well as reports of medication errors or improper use of medications) that ensures that SIR reports come to the attention of all persons with responsibilities related to the substance of the report, that any necessary investigations are conducted and the results of those investigations are shared, and that any appropriate follow-up including any required corrective action occurs.

In January 2007, the Department began the transition from a hard copy SIR reporting process to a web application linked to TNKids. The Department trained and gave access to the SIR web application in phases to providers and DCS staff and completed the process in July 2007.[290] The database is used not only to capture information, but to send automatic electronic notifications to those staff with responsibility for acting on the information received, to track the responses of those persons, share the results of investigations, and track and report on follow-up. The intensity of review and/or follow-up required of Departmental staff is determined by the severity level assigned to the incident.

The regional psychologists (presently supervised by the Chief Medical Officer) are responsible for the initial review and investigation of incidents involving the use of restraints and/or seclusion. The Medical Director and Chief Medical Officer also receive notice of these SIRs at the time they are filed and are responsible for reviewing the results of the initial review and investigation conducted by the regional psychologists. Reports of medication errors or improper use of medication are initially directed to the regional nurses for follow-up, again with notice provided to the Medical Director and Chief Medical Officer.

e. Implementation of Review Processes

The Chief Medical Officer has been actively working with the regional nurses to review both cases in which review and approval is required by the new DCS medication policies and cases that have been "flagged" because of other concerns.[291]

Among the "triggers" requiring review and/or approval by the Chief Medical Officer of administration of psychotropic drugs to children in state custody are the following:

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scrutiny. Included in Appendix H of this report is data generated by the Department regarding the administration of psychotropic medications during 2007.

[290] In circumstances in which web access is for some reason unavailable, private providers can fax a "hard copy" SIR; DCS staff receiving the fax are now responsible for entering the SIR into the database.

[291] The Chief Medical Officer has been hampered in her ability to capture data and report on the results of the reviews by the lack of support staff.

- any medication of a child under the age of 6;
- any medication of a child between the ages of six and ten (although the regional nurse may approve such medication prior to review by the Chief Medical Officer);
- any case of a child receiving four or more medications;
- any dosages in excess of those set forth in the guidelines;
- any combinations of drugs specifically designated in the guidelines;
- any "red alert" medications—medications that the Chief Medical Officer has identified as sufficiently unusual or of such limited appropriate application that all instances of use of that drug should be reviewed (28 of the 111 available psychotropic medications have been designated "red alert");
- any situation in which psychotropic medications have been prescribed "as needed"; and
- any instance of emergency administration of psychotropic medication.

The Chief Medical Officer has been working with the Office of Information Systems (OIS) to refine the automated screening process to eliminate some unnecessary triggers (for example, limiting the circumstances for flagging of cases that have been previously reviewed and approved). The Chief Medical Officer typically reviews between ten and 30 cases each day as a result of these "triggers."[292]

The Chief Medical Officer has also been working with the health nurses to refine their role in the review process. Regional nurses consult regularly with the Chief Medical Officer regarding medication issues, including concerns that nurses have raised regarding specific prescribing providers.

According to the Chief Medical Officer, the vast majority of cases reviewed thus far indicate thoughtful decision making on the part of the prescribing provider, with the goal of stabilizing the child in the child's current placement or to enable the child/youth to step down to less restrictive placements. Occasional cases have resulted in a recommendation to transfer care from a primary care provider to a specialist (psychiatrist) because of the complexity of the issues. In a very small number of cases, the review identified concerns about the quality of care and resulted in the transfer of each case to a different prescribing provider.

As a result of TNKids enhancements, regional nurses no longer maintain hard copy medication logs. Regional nurses instead enter all health information into the TNKids Health Services Icon. The information entered in the Health Services Icon in combination with BlueCross BlueShield

[292] The Chief Medical Officer's review begins when TNKids sends an email alerting that a child's psychotropic medication administration is not consistent with policy. The Chief Medical Officer then reviews the child's TNKids Health information to determine the reason for the "trigger." The Chief Medical Officer then reviews information regarding: age of child, placement, diagnoses and current target symptoms, current medication request, and prescribing provider. The appropriateness of medication, dosage for the age of the child, the diagnosis, and target symptoms are reviewed in each case. Other areas that are reviewed on specific cases as indicated by the situation include: social history, medical history, previous psychiatric history including previous psychotropic medications, previous psychiatric hospitalizations, medications that the child is prescribed at the time of the initial evaluation by current provider, other modalities of treatment the child is currently receiving is involved (e.g., behavioral therapy, psychotherapy), current level of functioning, and current placement stability/longevity. If there are no concerns after reviewing relevant information, the Chief Medical Officer documents the result of her review directly into TNKids. If concerns are identified, the Chief Medical Officer sends an email requesting additional information from the Regional Nurse. The Regional Nurse follows up with necessary parties and reports the results to the Chief Medical Officer, who then documents her findings in the TNKids file.

Data and the automated medication review process functions as the medication log maintenance and review process required by the Settlement Agreement.[293]

The Department has developed and implemented a new Well-Being Information and History form to capture information at the beginning of a case related to a variety of areas of well-being, including the early identification of any conditions for which the child is receiving or has received medication and/or other treatment. Regional well-being staff hold weekly or bi-weekly meetings to review new entrants into custody.

The Department implemented a "Health Services Confirmation and Follow-Up Form" to be submitted by the provider and the case manager following any medical appointment indicating actions to be taken (including prescription of medication). The Department anticipates that these steps will contribute to a quicker identification of and response to any questions or concerns related to psychotropic medication and will result in a higher level of documentation of informed consent.

f. Pharmacy and Therapeutics Committee

As reported in the January 2006 Monitoring Report, the Department has established a Pharmacy and Therapeutics Committee (P&T), chaired by the Chief Medical Officer, whose membership includes psychiatrists and pharmacists with special expertise related to Child and Adolescent psychiatry and who have agreed to meet at least quarterly to advise on issues related to mental health treatment. It is anticipated that the P&T Committee will review situations in which the prescribing practices of a particular provider have raised some concerns, facilitating discussions with the prescribing provider to determine the extent to which the concerns are valid, and where there are valid concerns, working with the prescribing provider to help ensure that those concerns are addressed or, in cases in which those concerns persist, advising the Department on appropriate actions.

G. Case Manager Contact with Children (VI.K)

The Settlement Agreement requires that a case manager have contact with each child on his or her caseload as necessary to ensure the child's adjustment to the placement, to ensure the child is receiving appropriate treatment and services, and to determine that the child's needs are being met and service goals are being implemented. The Settlement Agreement, as amended, also sets a minimum number of case manager visits for each child:

- six visits in the first two months of any new placement (at least three of which must take place at the placement);
- two visits per month thereafter; and
- three visits per month during the first month of a trial home visit; and two visits per month for the remainder of the trial home visit.

[293] The Department's present approach is a much more efficient and effective oversight process than maintaining hard copy medication logs and having those logs periodically reviewed by the Medical Director and/or the Chief Medical Officer.

The Settlement Agreement also requires that during every required visit the case manager spend some private time speaking with each child (with the exception of infants).

In private provider agency managed cases, the Settlement Agreement requires the private provider case manager visit with the same frequency and in the same manner as a DCS case manager in a DCS case managed case and also requires:

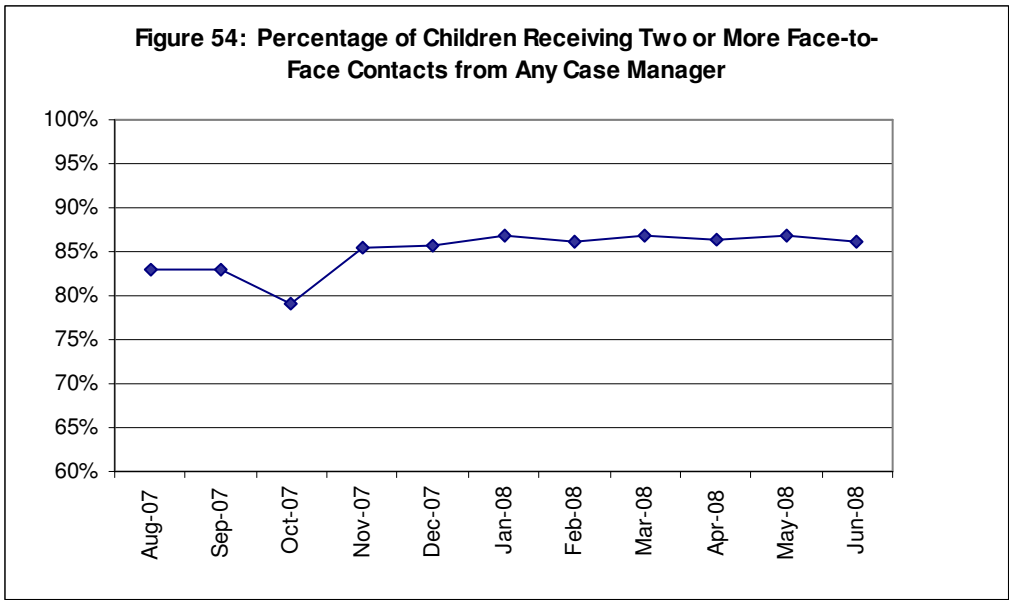
- monthly visits by the DCS case manager;
- at the child's placement, including private time with the child; and
- at least one visit every three months being a joint visit with the private provider agency case manager.

At the time of the September 2007 Monitoring Report, the Department was able to produce accurate aggregate reporting for face-to-face contacts made by DCS case managers, but could not do similar aggregate reporting for private provider case managers. Until recently, private providers could not enter their face-to-face visits in TNKids and DCS case managers entered private provider visits after they received written summaries describing private provider visits. Documentation of private provider visits was rarely entered into TNKids, resulting in the Department being unable to produce accurate aggregate data reporting regarding private provider case manager visits with children.[294]

Beginning in April 2007, the Department developed a way for private providers to submit face-to-face contacts through a web application that interfaces with TNKids. All private providers were entering this information into the system by November 2007. As a result of the web application being linked to TNKids, the Department now has the capacity to produce aggregate reports on the frequency of case manager contacts with class members, for both private provider case managed cases and DCS case managed cases. However, the web application does not capture narrative summaries that describe the interaction between the child and the private provider case managers that is typically included in TNKids case recordings for DCS case manager contacts.[295]

In August 2007, the Department started producing a report ("DCS and Private Provider Aggregate Face-to-Face Report") that counts the number of face-to-face contacts by any case manager (DCS or private provider) for all children in the plaintiff class. As reflected in Figure 54 below, the number of children in the plaintiff class receiving two or more visits monthly has increased from 83% in August 2007 to 86% in June 2008.

[294] See January 2006 Monitoring Report, page 63.
[295] Private provider case managers are submitting written summaries to DCS case managers to be filed in the child's case file.



Source: TNKids "DCS and Private Provider Aggregate Face-to-Face Report," August 2007-May 2008.

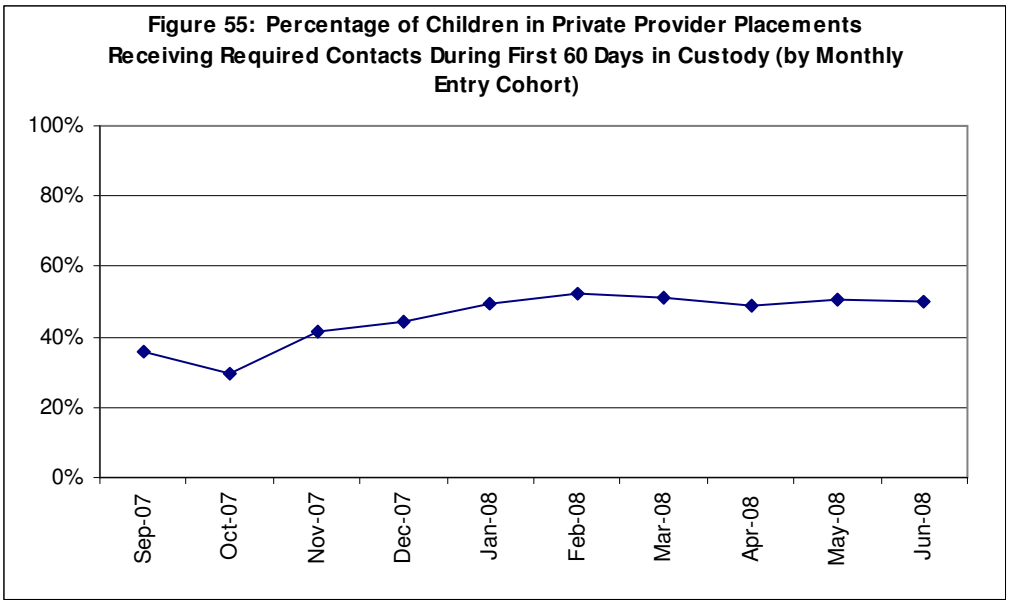
The DCS and Private Provider Aggregate Report also captures data on the location of the child when a face-to-face contact by any case manager (DCS or private provider) occurred, providing data that addresses the requirement that children have a monthly face-to-face in the child's placement. As reflected in Table 27 below, case managers face-to-face contacts in the child's placement has increased since the Department began tracking this requirement in February 2008.

Table 27: Percentage of Children Visited in Their Placement During the Month

Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
69%	73%	71%	74%	77%

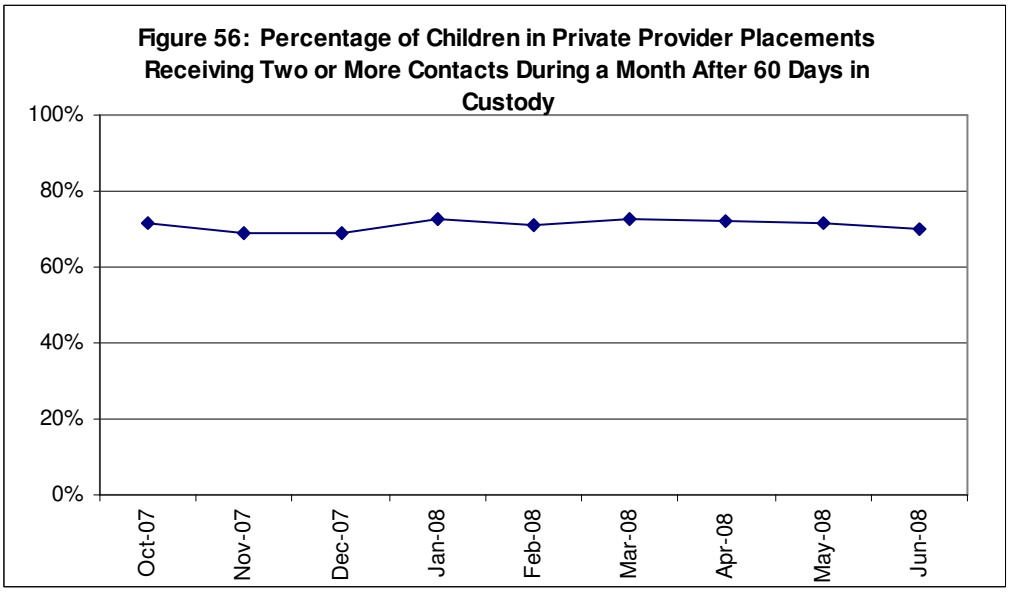
Source: TNKids "DCS and Private Provider Aggregate Face-to-Face Report," February-May 2008.

The Department produces a monthly private provider report ("*Brian A.* Face-to-Face- Private Provider Placements-New Admissions to Custody") that tracks the number of face-to-face contacts in the first 60 days of a child's entry into custody. Of the new custody admissions from January 1, 2008 through June 30, 2008 whose first placement was with a private provider, 50% had the six face-to-face contacts required by the Settlement Agreement. As reflected in Figure 55 below, private provider case managers have shown improvement in visiting a child six times in the first 60 days, but are still not performing at the levels required by the Settlement Agreement.



Source: TNKids "*Brian A.* Face-to-Face- Private Provider Placements- New Admissions to Custody," September 2007-May 2008.

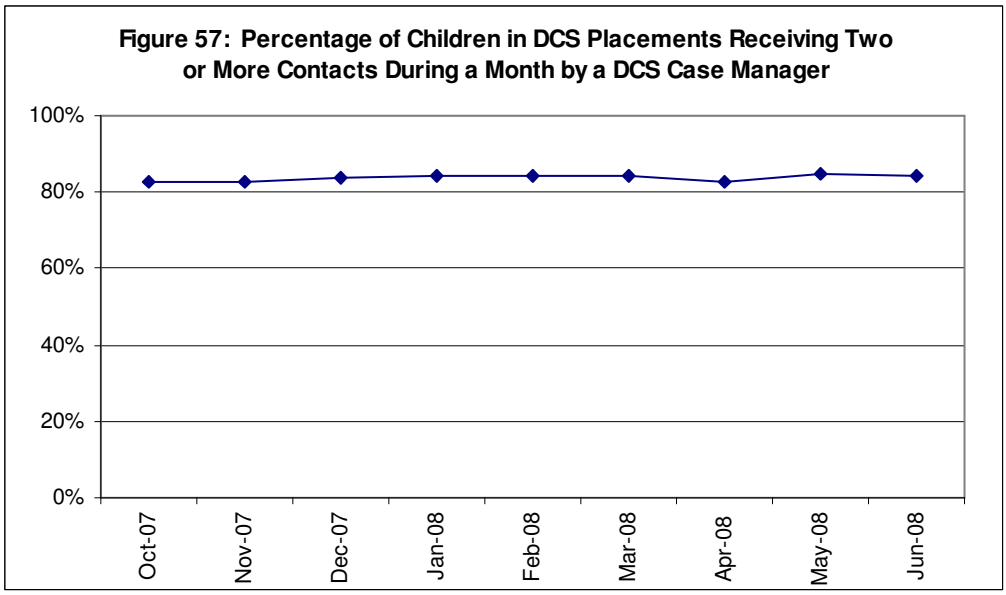
A second private provider report ("Private Provider Face-to-Face Continuing Care Report") tracks the number of private provider contacts after the child has been in custody for 60 days. In June 2008, 70% of class members placed in private provider homes for longer than 60 days received at least two face-to-face contacts with their private provider case manager. As reflected in Figure 56 below, the percentage of children in provider homes receiving two or more private provider case manager contacts ranged from 69% to 73%.



Source: "Private Provider Face-to-Face Continuing Care Report," October 2007- May 2008.

The Department also produces aggregate reporting on the performance of DCS case managers visiting children in DCS placements. In June 2008, 84% of class members in a DCS placement received two or more visits by a DCS case manager. As reflected in Figure 57 below, the

percentage of children in DCS placements receiving two or more contacts by a DCS case manager ranged from 82% to 85%.



Source: TNKids "*Brian A.* Clients- DCS Non-Contract Placements Face-to-Face Contacts," October 2007-May 2008.

The Department is presently not able to provide aggregate reports related to either the Settlement Agreement requirement that the case manager spend private time with the child during each required face–to-face contact, nor the Settlement Agreement requirement that there be a joint DCS/private provider case manager face-to-face contact once every three months in private agency managed cases. Neither can the Department regularly report on the special requirements related to the first 60 days that a child spends in a new placement.

Although case manager contacts are not yet occurring with the frequency required by the Settlement Agreement, there has been a steady and significant improvement in frequency of case manager contact over the past three years.

H. Miscellaneous Structural Requirements

1. Staffing to Support Placement Process

The Settlement Agreement requires the Department to establish and maintain a Resource Management Unit within the Central Office that is responsible for training regional staff on placement issues. (VI.J) Under the terms of the Settlement Agreement, regional placement resource management units are "*responsible to ensure a careful and appropriate matching of a child's individual needs with the child's resource family or placement facility*." Regional resource units are required to have "*sufficient staff and other resources*" to ensure that all children requiring placement are placed promptly and appropriately, and in accordance with their needs.

The Child Placement and Private Providers unit (CPPP) is the Central Office resource management unit and there are regional placement specialists in each of the regions. However, the Central Office and regional resource units no longer make placement decisions. Instead, under the Unified Placement Process (UPP) that the Department is implementing statewide, the regional resource units, or Placement Service Divisions (PSD) act as a support for the Child and Family Team in identifying and securing placements based on the team's decisions. The Central Office Unit, CPPP, provides support and technical assistance to the regional placement specialists and assists a region when the region is having a difficult time finding an appropriate placement for a child or when the region is experiencing problems with a particular private provider.

There are five key components of the Unified Placement Process that are relevant to Section VI.J of the Settlement Agreement:

- consolidation of previously separate placement units;
- implementation of an assessment process that provides the information necessary to ensure that the child is matched with the best placement;
- use of Child and Family Teams to make critical decisions regarding child removal, initial placement and placement transition;
- development of locally-accessible resources that match the needs of children and their families; and
- use of data to measure progress in making the right placements for children.[296]

Historically, each region of the Department has maintained separate placement units, one with responsibility for knowing and accessing private provider placements and the other with responsibility for knowing and accessing DCS operated placements. Workers in these units did not know all the placement resources available in the region and placements were determined first by which unit was responsible for placement and then by what "slots" were "open" at the time the case was referred to that unit. The persons in the unit responsible for finding a placement in most cases had never met the children they were responsible for placing.

Under the Unified Placement Process (UPP), each region is creating a consolidated placement unit with designated placement specialists for each county or group of rural counties. These specialists are expected to be knowledgeable of the DCS and private provider placements and available to share this information with the Child and Family Team in order to help the team find the best placement match for the child.

Matching a child with the placement that will best meet his or her needs requires not just a thorough knowledge of the strengths of the resource homes and congregate care programs available to the region, but also a good understanding of the strengths and needs of the child and family. A critical element of the UPP is the implementation of an assessment process that

[296] The sixth key component of the UPP is engagement of each child in the process, paying special attention to concrete steps that can be taken to help reduce the trauma of the removal experience and ease the transition into a new placement. UPP places special emphasis on developing and implementing a menu of practices and approaches that can help reduce the trauma of the placement process. This includes creating more comfortable settings for children to wait in while efforts to find a placement are being made, sharing information (including through pictures) about the particular families that are possible placements for the child, and developing routines for introducing children to their resource families in ways that help ease the transition.

provides the Child and Family Team with sufficient understanding of the child and family to be able to identify supportive services for the child and family to avoid the need for placement, or, if the child cannot safely remain in the home, to match that child with the right placement. Implementing the Family Functional Assessment (FFA) process and effectively utilizing the Child and Adolescent Needs and Strengths (CANS) instruments are therefore considered essential elements of implementing UPP.

Implementation of UPP also requires ensuring the right mix of services and placements are available in the region to meet the needs of the children and families in that region. Placement specialists are expected to keep track of resources not only so that the best matches can be made from the available placements but also so that resource needs and resource gaps can be identified and filled. The regions are expected to develop local resources to meet the needs of local children and families.

The UPP also requires utilization of data. First, in order for placement specialists to have the information they need to help inform the placement process, basic information about placement resources, especially about resource homes, must be readily available. The UPP depends on the region having available an accurate and up-to-date resource home database. Such a database is necessary for the tracking and managing of the variety of resource homes (private and public) and also provides data to help identify gaps in the types/numbers of resource homes available. The region is also expected to use data to measure the extent to which the UPP process is being followed (e.g., that CFTMs are being held to make placement decisions) and to measure outcomes (e.g., that placement stability is improving, that more children are being placed in-county).

The UPP is a well-conceived, thoughtfully developed and designed approach to placement. The materials that the Department has developed to guide regions in implementation are impressive.[297]

The Department recognizes that a prerequisite to successful implementation of UPP in the regions is the provision by the Central Office of core support called for by the UPP design. Among the core support functions that the regions must count on the Central Office to provide are:

- regular and timely production of region-specific and county-specific outcome data, both baseline data and tracking data;

[297] Both the design and the materials benefited considerably from the piloting of UPP in Rutherford County beginning in December 2005. The Department included as part of the pilot project a comprehensive evaluation process to determine the effectiveness of Rutherford County's use of this model and to garner "lessons learned" to assist in implementation in other regions of the state. The Department issued a report entitled *An Evaluation of the Unified Placement Process Rutherford County, Mid-Cumberland Region* which candidly assesses the accomplishments and challenges of implementation of UPP in Rutherford County. Notwithstanding some of the challenges reflected in the report, Rutherford County experienced significant success in increasing the percent of children placed within the county compared to its out-of-county placement rate prior to the implementation of the UPP.

- maintenance of a resource home database that allows regional staff ready access to up-to-date and accurate data on every DCS and private provider resource home, to track available resource homes and match children with those homes;

- development of an assessment protocol (and training of regional staff in the use of that protocol) that integrates the variety of assessment tools (SDM, CANS, the Functional Assessment) into a clearly understood, uniform process for gathering and analyzing the information that the Child and Family Team needs to make good case planning and placement decisions; and

- funding allocations and resource development support to ensure both a sufficient range and capacity of services and placement resources within the region to meet the needs of the children in that region, including services necessary to avert placement or support a family-based placement, and readily accessible "flex funds" to allow the Child and Family Team the ability to respond quickly to case specific needs.

In November 2007, the Department created and filled a new Central Office position, the Director for Child Welfare Reform, with responsibility for supporting the regions in implementation of the Unified Placement Process.

The Department has implemented the Unified Placement Process (UPP) to some extent in every region, if only the structural component of a single Placement Services Division (PSD) replacing the previous placement system described above. In the first few months of 2008, the Director for Child Welfare Reform, and staff from the Division of Evaluation and Monitoring (within the Office of Performance and Quality Improvement), completed a process review of four pilot UPP regions. Using this review as a foundation, the UPP Implementation Team (comprised of regional, Central Office and TAC monitoring staff) developed an evaluation process that is more responsive to regional needs and that includes three additional regions in the initial review process. The UPP Implementation Team is currently evaluating UPP implementation on a region-by-region basis, with a format that the particular region feels is most helpful, at a time that the particular region expresses that it is ready.

With this restructuring of the placement process, the Child and Family Team, not a resource management unit, is responsible for placement decisions and for assessing and reassessing to ensure that children are in placements that meet their needs. The consolidation of the placement units has already significantly improved the placement process and resulted in more broadly informed and involved placement specialists.

2. Data to Support the Placement Process

The Settlement Agreement also requires that the Department maintain a computer system that allows the central and regional offices to track for each placement, whether that placement is provided directly by DCS or through contract with a private provider:

- current license and accreditation status;
- reports of abuse or neglect that have been filed and/or substantiated against the facility or agency within the past three years;

- facility or agency vacancies;
- the ages and genders of children whom the facility or agency is licensed to accept;
- the age and gender of all children in the facility or agency;
- the level of care that facility or agency can provide;
- specialized services available through the facility, agency or by the resource parents; and
- the total number of children who may reside in the facility or with the agency at one time pursuant to the agencies license.[298] (VI.J)

a. Data related to congregate care placements

The TNKids system does not provide Central Office and regional staff with ready access to the information required by this section of the Settlement Agreement beyond the level of care that a private provider can provide.

It is not clear whether or not TNKids has the capacity to record the current license and accreditation status and the total number of children who may reside in the facility or with the private provider at one time pursuant to the agency's license. It is clear that this information is not presently available in TNKids. TNKids has the capacity to record specialized services available through the private provider or resource parents. However the information is not presently entered or current in the system for all private providers and therefore DCS staff cannot and do not rely on TNKids for this information.

Tennessee's licensing process does not include licensing for specific genders and only some licenses specify age limits. This and other licensing information is not available in TNKids.

Regarding the ability to track the age and gender of all children in a facility or served by a private provider, TNKids is only able to provide this information regarding DCS children. Department staff can log on to TNKids and readily generate at any given time, a list of all of the DCS children placed in a private provider placement. However, TNKids can not provide any information on whether there are any other children in these facilities who are not in DCS custody (e.g., children "privately placed" by their parents, children placed by other states.) Ages and gender of children can also be easily determined in TNKids for DCS children. This issue regarding placements of non-DCS children also affects the ability to track vacancies. Data on the number of placement days available to DCS under the contract can be accessed through TNKids Financials.

TNKids does not presently provide staff with reporting on the number of reports of abuse or neglect that have been filed and/or substantiated against a facility or private provider within the last three years. That reporting will be available from the new SACWIS system tentatively scheduled to be implemented during 2010.

[298] Although the general language of the Settlement Agreement appears to be intended to include information related to both congregate care and resource family placements, all but one of the specific (bulleted) data required related to placement called for by Section VI.J of the Settlement Agreement relate to "facilities" and "agencies," but not to resource parents.

b. Data related to resource home placements

As required by the Settlement Agreement, TNKids provides information on both the level of care that can be provided by a particular resource home as well as specific behaviors that the resource family feels equipped to deal with. Although not specifically required by the Settlement Agreement, additional information regarding resource homes (including capacity, present level of utilization, and approval status) is readily accessible through the TNKids resource home database.[299]

3. Requirement that Private Providers Accept Children for Placement

The Settlement Agreement requires that any agency or program contracting with DCS be prohibited from refusing to accept a child referred by DCS as appropriate for the particular placement or program. The Department has incorporated this requirement into its policies related to contract agencies and there are provisions in the private provider contract that prohibit private providers contracting with DCS from refusing to accept a child referred by DCS as appropriate for the particular placement or program.[300]

4. Avoiding Conflict of Interest in Placement Process

The Settlement Agreement has two provisions intended to address potential conflicts of interest in the placement process.

- The Department is prohibited from contracting with any agency for which an owner or board member holds any other position that may influence placements provided to children in plaintiff class (including, judges, referees and other court officers).

- The Department is required to notify all agencies of this prohibition and is required to obtain written confirmation from any agency with which it contracts that no such conflict of interest exists. (VI.H)

Department policy is consistent with these provisions and each contract signed by a private provider includes language confirming the private provider's compliance with these provisions. The Department has developed a process for ensuring that each private provider agency annually file with the Department a current list of board members and an individual conflict of interest

[299] See Section Nine for further discussion the strengths and limitations of this database.

[300] The Department does not have a formal structure for identifying situations in which a private provider refuses to accept a child who DCS deems is appropriate and determining whether the refusal is contrary to the policy and contract requirement. There may be instances in which private providers, rather than engaging in a discussion about whether a child is appropriate, simply indicate that they do not have a bed available. In general, the Department enjoys a good working relationship with the private providers with whom it contracts for placements. In addition, the Department's work on performance based contracting, discussed further in Section Twelve, is designed to identify those agencies that are best able to meet the needs of children in foster care. Private providers that appear to be reluctant to accept children that DCS has deemed as appropriate for placement with that provider or are frequently unavailable when the Department is looking for an appropriate placement for a child are likely to be identified and those issues addressed as part of the implementation of performance based contracting.

statement from each such person in order to ensure that each provider provides affirmative documentation of their compliance with this conflict of interest provision. All providers are required to submit the first of these annual filings by December 31, 2008. The document that must be submitted is attached as Appendix M.

5. Continuum Contract Review

The Settlement Agreement requires that the TAC review the continuum contracts and make recommendations to the Department with regard to the continuum contracts.[301] (VI.L) The Department is required to implement those recommendations.

In 2003 the TAC conducted a study of the existing continuum contracts and issued a report with recommendations focused on four areas:

- better defining what a continuum is and ensuring that only programs that meet this definition are treated as continuums;
- setting meaningful standards for the range of services to be provided by continuums;
- clarifying the roles and responsibilities of DCS and continuum providers; and
- better evaluating the performance of individual continuums, and using the results to influence contracting decisions.

As reported in the January 2006 Monitoring Report, the Department has carried out the large majority of the TAC's recommendations and continues to implement those recommendations. As a result of this activity, the Department has increased expectations for continuum providers to meet the needs of most children—even those with challenging behavioral issues—in family-based settings. The Department has also worked with individual providers to help them move toward these goals, in some instances changing contracts as a result.

The TAC recommended that by May 1, 2005, continuums be required to serve at least 75% of the Level II children in their care and at least 50% of the Level III children in their care in resource family settings. On June 30, 2008, there were 955 class members served through Level II continuum contracts and 582 class members served through Level III continuum contracts;[302] 94% (902) of those served through Level II continuum contracts and 63% (364) of those served through Level III continuum contracts were placed in family settings.[303]

Much work has been done to ensure that continuums provide a full array of services and a full range of service settings, from congregate care to family settings, to meet the individualized

[301] A continuum contract is one in which the Department's reimbursement to the private provider agency is based on the level of needs presented by a child and family, rather than the type of placement or facility in which the child is housed. Thus a provider earns the same rate whether it serves the child in a congregate care facility, in a resource family, or with supportive services in the child's own home.
[302] This includes Level III continuum contracts and Level III continuum Special Needs contracts.
[303] This data is derived from the *Brian A*. Placement Location report.

needs of the children and families they serve. A number of agencies that were unable to comply with the new standards have either elected to discontinue their continuum contract or have increased their ratio of family settings to congregate care settings to comply with the mix required in order to be considered a continuum. The Department continues to work with several agencies that have continuum contracts but who still do not have the range of placements and/or services that the continuum contracts contemplate.

The TAC recommended that all continuum providers be subject to Performance Based Contracts. The Department has implemented or begun implementing "Performance Based Contracting" (PBC) with twenty private providers and expects that all continuums will be subject to performance-based contracts by July 2009.[304] For the 2008 fiscal year, the Department contracted with 30 private provider agencies with continuum contracts.[305] Seventeen of the private provider agencies have entered into Performance Based Contracting and are presently in one of the three Phases of Implementation, 13 of the agencies have not entered Performance Based Contracting for fiscal year 2009.

Over the course of the last three years, the Department, through an intensive evaluation process, has discontinued contracting with a significant number of private providers that have fallen short of meeting the Department's expectations for provision of services to children and families. Other providers with identified performance concerns have made effective use of targeted technical assistance to improve their performance.

[304] One of the private provider agencies in PBC is actually a collaborative of three smaller private provider agencies. For further discussion of Performance Based Contracting, see Section Twelve, page 265.

[305] Many of these private provider agencies have more than one contract with the Department; many have more than one continuum contract.

SECTION SEVEN: PLANNING FOR CHILDREN

The Settlement Agreement (VII.A.) requires the Department to maintain and update policies and procedures establishing a planning process:

- that initially seeks to work intensively with the family to allow the child to remain safely at home;
- that when removal is necessary, works intensively with the family to allow safe reunification quickly; and
- that when reunification with the family of origin is not appropriate or cannot be accomplished safely within a reasonable period of time, assures the child an alternative, appropriate placement as quickly as possible.

The Department's practice standards, policies, and procedures articulate a planning process that is in accordance with this requirement and the Quality Service Review Protocol reflects, reinforces, and assesses the case planning process consistent with these requirements.

At the core of the planning process is the Child and Family Team (CFT) and the Child and Family Team Meeting (CFTM).

At the time of the issuance of the September 2007 Monitoring Report, the Department was developing its CFTM aggregate data reporting capacity. As a result of that work, the Department is now able to generate aggregate data related to the CFTM process, including data related to team composition and participation in team meetings. The combination of the newly available CFTM data reports and the CFT related information generated by the ongoing Quality Service Review provides a good basis for evaluating the extent to which the Department is successfully implementing its Child and Family Team Meeting process.[306]

Reporting for the last quarter of 2007 (October 1, 2007 through December 31, 2007) and the first quarter of 2008 (January 1, 2008 through March 31, 2008) began May 24, 2008.[307]

The Department has also revised the "Staffing Summary Form" to better capture the focus and content of the CFTM discussions.

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[306] While the CFTM reports provide much of the information that the Department needs to monitor the extent to which it is implementing the CFTM process, there are some limits to the present aggregate reporting capacity. Aggregate reporting of the presence of case managers at CFTMs is not presently available. (Creating such a report seemed unnecessary because the case manager is ordinarily the one scheduling the CFTM and case manager presence has not been identified as an implementation problem.) In addition to this reporting limitation, the present CFTM reporting does not include aggregate data on the extent to which guardians *ad litem* (GALs) and court appointed special advocates (CASAs) are being notified about upcoming CFTMs, nor does it include aggregate reporting of the supervisory sign off that indicates a supervisor's review of the results of a CFTM that he/she did not attend.

[307] Based on experience with other "inaugural" reports, the Department believes that field staff are still learning the data entry requirements associated with the new CFTM data reports. While the Department believes that there are still some significant deficiencies in CFT practice performance, the Department suspects that these initial reports at least in some areas understate actual performance and that a combination of better documentation and improvements in practice will be reflected in future reports.

A. Child and Family Team Meeting Participants (VII.B)

1. The Composition of the Child and Family Team

The Settlement Agreement provides that the Child and Family Team include:

- the child;
- the immediate family;
- the case manager;
- formal support persons (resource parents, guardians *ad litem* (GALs), court appointed special advocates (CASAs), contract agency workers); and
- informal support persons (including relatives and fictive kin).[308]

2. Required Participants in Child and Family Team Meetings (VII.B, C)

a. Children

Children 12 years of age or older are to participate in their CFTMs unless extraordinary circumstances exist and are documented in the case record explaining why the child's participation in the particular CFTM would be contrary to the child's best interest. (VII.B)[309]

While the Settlement Agreement does not require the child's GAL and CASA to participate in the CFTM, the Department is required to provide reasonable advance notice of CFTMs to both the GAL and CASA for the child. (VII.B)[310]

b. Parents

Parents are expected to participate in CFTMs. If it is "impossible to meet with the parents," the CFTM planning process is to begin within the time frames for the Initial CFTM and Initial Permanency Planning CFTM, notwithstanding the parents' absence. The Department is required to make efforts to ensure the parents' participation by, for example, providing transportation and/or child care, or by briefly rescheduling a CFTM. These efforts are to be documented in file. (VII.C)

In the event that parents cannot be located or refuse to meet with the worker, the case manager must document all efforts made to locate the parents and to ensure that the meeting takes place.

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[308] Fictive kin is defined as persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member, or a family friend.

[309] It is recognized that although a child may not yet be 12 years old, he/she may be able and willing to participate in his/her case planning and decision making, and should be encouraged and empowered to do so. See Standard 10-101, p 146, of the *Standards of Professional Practice for Serving Children and Families: A Model of Practice*.

[310] Attending such meetings is one of the responsibilities required of an attorney accepting an appointment as a Guardian *ad litem* under Tennessee Supreme Court Rule 40.

c. Case Managers

The child's case manager is to attend all CFTMs involving children on his or her caseload. (VII.B)

d. Case Manager Supervisors

The DCS supervisor assigned to the case is to participate in:

- the Initial CFTM;
- the Initial Permanency Planning CFTM;
- the Discharge Planning CFTM;
- any CFTM if the case manager has less than one year experience;
- at least one CFTM every six months for children who have been in custody for 12 months or more; and
- other CFTMs as the supervisor deems appropriate based on the complexity of the case, the availability of other supports in the meeting such as a full-time or skilled facilitator, and the experience of the case manager. (VII.B)

The Department is required to develop a process for supervisors to review, monitor, and validate the results of CFTMs that they do not attend to ensure supervisors remain engaged and responsible for quality casework. (VII.F)

e. Formal and Informal Support Persons

In addition to the child's case manager, the child/youth, and his or her own family, the Child and Family Team should include persons who represent both formal and informal supports for the family. The Settlement Agreement provides that the following persons be included among Child and Family Team members as appropriate: resource parents, guardians *ad litem* (GALs), court appointed special advocates (CASAs), contract agency workers, and other relatives and kin. (VII.B)

f. Full-time or Back-Up Facilitators

A full-time facilitator or specially trained "back-up" facilitator is to participate in:

- every Initial CFTM; and
- every Placement Stability CFTM for potential disruptions. (VII.B)

3. Findings Related to Team Composition and Participation in Team Meetings

As reflected by both the QSR results and the new CFTM data reports, the Department is not routinely forming fully functional Child and Family Teams and actively involving team members at team meetings.

Child and Family Teams frequently include older children, mothers, case managers, and other Department staff. There is some inclusion of formal support persons as active participants in the

Child and Family Team process, with resource parents and other agency partners more likely to be identified as part of the Child and Family Team, and community partners/support persons invited by the agency and teachers or other school personnel less likely to be included. Teams that include and actively involve members of a child and/or family's informal support network (other family members and/or family and support persons invited by the family) are as yet not typical, although such persons are increasingly present at Initial CFTMs.

a. Children

The Department continues to make progress in its efforts to ensure attendance of older children at Child and Family Team Meetings.[311] The new CFTM data reflects that the Department has maintained or improved upon the level of participation that the TAC documented in previous case file reviews.[312]

The table below reflects the frequency with which older children attended the Child and Family Team Meetings convened in their cases.[313]

Table 28: Youth (12 and Older) Attendance at CFTMs

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	84%	80%	83%	82%
Initial Perm Plan	89%	89%	91%	87%
Placement Stability	95%	90%	92%	91%
Discharge Planning	92%	91%	93%	95%

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

b. Parents

The new CFTM data confirms the long-held perception that CFTMs are more likely to involve children's mothers than they are to involve fathers and step parents. In addition, the data reflects that parents are more likely to be at CFTMs in the beginning of the child's time in care, at Initial and Initial Permanency Planning CFTMS, than at Placement Stability and Discharge meetings.

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[311] The new CFTM reporting also captures CFTM attendance of children under 12. During the third quarter of 2008, of the children 11 years old or younger for whom a CFTM was held, 30% were in attendance at their Initial CFTM, 34% at their Initial Permanency Planning CFTM, 57% at their Placement Stability CFTM and 54% at their Discharge Planning CFTM.

[312] The September 2007 Monitoring Report relied on information from the last two case file reviews conducted by the TAC that included a focus on the extent to which older children were attending their Initial CFTM and Initial Permanency Planning CFTM and, when not in attendance, whether the reason for non-attendance was documented and/or appropriate, as required by the Settlement Agreement. Reviewers found that of the children age 12 and older for whom an Initial CFTM was held, 82% of the 2006 sample attended the meeting, compared to 65% in 2005. For those for whom an Initial Permanency Planning CFTM was held, 86% of the 2006 sample attended these meetings, compared to 84% in 2005. For the 28 children 12 years or older in the 2006 sample who did not attend either or both of the CFTMs, the Department provided reasonable explanations for non-attendance of most of those children. See the September 2007 Monitoring Report, pages 69-72 and the January 2007 Monitoring Report, pages 73-75.

[313] It is important to keep in mind when evaluating the attendance data presented in this section that, as discussed above, CFTMs are not yet being convened as frequently as is contemplated by the Settlement Agreement. Of the children 12 and older who entered custody in the third quarter of 2008, 41% had an Initial CFTM, 38% had an Initial Permanency Planning CFTM, 66% of those who experienced a disruption had a Placement Stability CFTM, and 54% of those who began a trial home visit or were released from custody had a Discharge Planning CFTM.

The tables below reflect the Department's quarterly performance with respect to parental attendance at Child and Family Team Meetings.

Table 29: Mother Attendance at CFTMs				
	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	69%	69%	67%	69%
Initial Perm Plan	70%	66%	68%	68%
Placement Stability	37%	34%	35%	36%
Discharge Planning	49%	55%	51%	53%

Table 30: Father Attendance at CFTMs				
	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	31%	30%	26%	28%
Initial Perm Plan	34%	30%	29%	31%
Placement Stability	15%	11%	13%	13%
Discharge Planning	17%	18%	19%	20%

Table 31: Other Parent Attendance at CFTMs				
	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	7%	9%	9%	9%
Initial Perm Plan	6%	8%	10%	7%
Placement Stability	3%	4%	4%	4%
Discharge Planning	3%	6%	4%	5%

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

c. Case Managers

The new CFTM aggregate reporting does not specifically capture case manager presence at CFTMs. Because the case managers are responsible for directing all case planning and for entering the details of the CFTM in TNKids, the Department presumes that case managers are present at all meetings (unless they are sick or otherwise unavailable because of an emergency situation).

d. Case Manager Supervisors

The parties modified the original Settlement Agreement requirements related to supervisory participation in CFTMs and, as part of that modification, required the Department to develop a mechanism for tracking supervisor presence at meetings and tracking and reporting supervisor review of the results of meetings that the supervisor does not attend. The new CFTM report captures supervisor presence at CFTMs but does not allow reporting on the required review and sign off by a supervisor when they do not attend a CFTM.[314] The CFTM Summary Form includes a place for the required supervisory sign off and the Department plans to monitor

[314] Supervisors are to participate in Initial, Initial Permanency Planning, and Discharge Planning CFTMS. (VII.B) The CFTM reporting, however, also captures supervisor attendance (49% in the last quarter of 2007, 55% in the first quarter of 2008, 60% in the second quarter of 2008 and 56% in the third quarter of 2008) at Placement Stability CFTMs.

supervisor compliance with this requirement through a hard copy case review process.[315] The new Tennessee Family and Child Tracking System (TFACTS) system will include the capacity to track and report the supervisor sign off.

The table below reflects the Department's quarterly performance with respect to supervisor attendance at Child and Family Team Meetings.

Table 32: Supervisor Attendance at CFTMs

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	54%	60%	62%	65%
Initial Perm Plan	44%	49%	58%	58%
Discharge Planning	39%	42%	41%	43%

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

e. Formal and Informal Support Persons

Formal and informal support persons, including resource parents, guardians *ad litem* (GALs), court appointed special advocates (CASAs), other agency partners, relatives, and significant members of the family's community (e.g., neighbors, fellow church members, family friends, teachers, coaches, employers, Alcoholics/Narcotics Anonymous sponsors) can be important partners for children and families in the teaming process.

As reflected in the tables below, TNKids allows aggregate reporting on the extent to which resource parents, private agency staff, and other family members and support persons are present at CFTMs.

Table 33: Resource Parent Attendance at CFTMs

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	15%	15%	12%	11%
Initial Perm Plan	30%	36%	35%	35%
Placement Stability	42%	42%	42%	40%
Discharge Planning	30%	28%	29%	31%

Table 34: Other Agency Partner Attendance at CFTMs

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	22%	23%	25%	25%
Initial Perm Plan	42%	45%	51%	52%
Placement Stability	53%	61%	65%	64%
Discharge Planning	49%	60%	54%	54%

[315] TAC monitoring staff are currently receiving and reviewing a sample of summary forms and will be able to provide information about supervisory sign off, as well as other findings from the review, in supplemental reporting. The Department is not doing its own review at this time and will rely on the new SACWIS system, Tennessee Family and Child Tracking System (TFACTS) to track and report this data.

Table 35: Other Family Member Attendance at CFTMs				
	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	47%	46%	44%	50%
Initial Perm Plan	44%	45%	47%	50%
Placement Stability	32%	30%	31%	34%
Discharge Planning	41%	35%	41%	46%

Table 36: Family Friend Attendance at CFTMs				
	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	July-Sept 2008
Initial	21%	23%	24%	25%
Initial Perm Plan	12%	13%	21%	19%
Placement Stability	8%	8%	10%	11%
Discharge Planning	6%	7%	10%	10%

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

The low level of participation of extended family and friends in CFTMs suggests some significant opportunities for improvement.

TNKids does not allow aggregate reporting on the extent to which GALs and CASAs are notified of the time and setting of CFTMs. The new TFACTS system will include a notification process that will enable the Department to track who is invited to meetings, and by what means. There have also been some preliminary discussions about the potential for at least some level of automated notification from a list serve of team members.[316]

f. Full-time or Back-Up Facilitators

The Department has recognized the importance of building its cadre of skilled facilitators in order to have the capacity to ensure the presence of full-time or back-up trained facilitators for all Initial CFTMs and all Placement Stabilization/Placement Disruption CFTMs, while at the same time allowing facilitators time to meet their additional responsibilities to coach and mentor case managers in the development of their facilitation skills.

[316] As discussed in the September 2007 Monitoring Report, the Department believes that a more important scheduling matter to address at this point is not the attempt or failure to notify GALs, CASAs, as well as others (e.g., parents' attorneys, other members of the family's informal and formal support network) of the scheduling of the CFTMs, but rather the fact that many CFTMs are scheduled without consideration of the schedules of team members other than DCS staff. Team meetings are often set at times that are more likely to make it difficult for people to attend (during the work day, during times that court is in session, etc). If that is correct, focusing the case manager's attention on making sure that a written notice is sent to the GAL advising him or her of a CFTM that is scheduled for a time that conflicts with the GAL's schedule may technically comply with the Settlement Agreement but not accomplish the goal of increasing the level of GAL and CASA participation. The Department therefore believes that the primary focus should be on scheduling in such a way that the time and place selected will maximize the ability to get the key team members there, either in person or by phone, and then addressing issues of ensuring effective notification. Although the data is anecdotal, a number of attorneys for children and parents have complained to the TAC about getting either no notice or very short notice of CFTMs and of little willingness on the part of the Department to reschedule to allow them to attend when short notice and schedule conflicts prevent it. A judge who testified recently before the Joint Select Committee on Children and Youth also noted this as an area of concern in her jurisdiction.

The Department has a core of 88 full-time facilitators, three part-time facilitators (only two regions, Davidson and Mid-Cumberland, utilize part-time facilitators) and 218 back-up facilitators (17 of whom are at Youth Development Centers).[317] Of the total pool of facilitators,[318] 172 have been certified, and 116 are currently in the certification process.[319] Of the 172 certified facilitators, 117 have been certified as coaches, meaning they exceed the expectations in all ten skill assessment areas.[320]

The table below reflects the Department's quarterly performance with respect to the requirement that Initial and Placement Stability Child and Family Team Meetings be conducted by trained, skilled facilitators.

Table 37: Child and Family Team Meetings Conducted by Trained, Skilled Facilitator

	Oct-Dec 2007	Jan-Mar 2008	Apr-June 2008	July-Sept 2008
Initial	**73%** (752/1031)	**82%** (802/981)	**81%** (733/910)	**90%** (769/854)
Placement Stability	**71%** (194/273)	**77%** (225/291)	**39%** (357/928)	**85%** (210/246)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

3. Quality Service Review (QSR) Results Related to Team Composition and Participation in Team Meetings

The QSR results reflect the considerable variation in the extent to which the Department is successful in convening effective Child and Family Teams.

The Department utilizes two QSR indicators, Engagement of Child and Family and Teamwork and Coordination, as the primary measures of both the extent to which teams are being formed with the right membership and the extent to which those members are actively involved in the Child and Family Team process, including participation in CFTMs.

[317] The Department reports that the use of back-up facilitators varies greatly by region. Several regions report successful, frequent availability and use of their back-ups, and attribute this success to the thought given to, and the qualities of, those chosen for the role, and the support they receive from leadership. Many regions utilize court liaisons as back-up facilitators and report consequent successful custody prevention. Other regions report that their back-ups are most often not available because of their numerous other responsibilities.

[318] The Department has considerably increased its pool of trained, skilled facilitators since the September 2007 Monitoring Report that reported a core of 74 full-time facilitators and more than 60 back-up facilitators.

[319] Once the facilitator completes the training, he/she has six months to become certified through completion of the assessment process (meeting all ten skill expectations as observed by a coach in at least three CFTMs).

[320] The skill areas are as follows: demonstrates preparation for meeting with the child and family; uses interpersonal helping skills to effectively engage the child and family; establishes a professional helping relationship by demonstrating empathy, genuineness, respect and cultural sensitivity; uses a strengths-based approach to gather needed information; utilizes information gathered during the assessment process; draws conclusions about family strengths/needs and makes decisions around desired outcomes; facilitates the planning process by working collaboratively with family and team members; uses family strengths and needs to develop a plan that addresses safety, permanency, and well-being; prepares thorough and clear case recordings/written meeting summaries that follow proper format protocol; and creates case recordings/written meeting summaries that reflect the practice of family-centered casework.

Table 38 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Engagement of the Child and Family and Teamwork and Coordination in the past three annual QSRs.

Table 38: Percentage of Acceptable QSR Cases			
	2005-2006	**2006-2007**	**2007-2008**
Engagement of Child and Family	**42%** (95/227)	**47%** (81/172)	**38%** (74/195)
Teamwork and Coordination	**26%** (58/227)	**39%** (67/172)	**31%** (61/195)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

As noted in the September 2007 Monitoring Report, the Department has recognized that for progress to be made in this area, team leaders and case managers must pay considerably more attention to preparing family members in advance of the Initial Child and Family Team Meetings, helping family members identify and invite members of their informal support network to the meetings, and scheduling meetings at times and places (and providing such supports as transportation and child care) to make it possible for family members and others to attend meetings.[321]

B. Initial CFTM (VII.C)

The Settlement Agreement specifies that the process of building a team, assessing, and convening a formal CFTM is to begin prior to a child entering DCS custody, except when emergency removal is required. The Initial CFTM is to occur either:

- prior to a child coming into custody; or,
- in emergency removal cases, within seven days of a child coming into custody.

At the Initial CFTM, the team is to:

- discuss the strengths of the family and the issues that necessitated removal;
- explore alternatives to custody that would ensure the safety of the child;
- identify the family's basic needs that must be addressed immediately;
- identify changes by parents that may be necessary to allow the child to safely return home;
- determine the appropriateness of the child's placement;
- arrange for a visiting schedule between the child and the child's parents;
- ensure that all reasonable efforts are made to enable visiting to take place;

[321] For example, CFTMs were held outside of business hours (8:00 am to 4:30 pm) in an average of 45% of cases, at a community site in an average of 0.5% of cases, and in a home/placement setting in an average of 9% of cases in the third quarter of 2008. Of all meeting types, Initial meetings were the most likely to be held outside of business hours (in 50% of cases), Initial meetings (in 1% of cases) were the most likely to be held at a community site, and Discharge Planning meetings (in 18% of cases) were the most likely to be held in a home/placement setting.

- arrange an immediate schedule of expected contacts between the parents and the case manager; and
- begin developing the permanency plan.[322]

The Department has modified its policies and training content to reflect the areas of focus listed above.

The table below reflects the Department's quarterly performance with respect to the requirement that an Initial Child and Family Team Meeting be held for every child entering custody.[323]

Table 39: Total Children Who Entered Custody During the Period Who Had at Least One Initial CFTM			
Oct-Dec 2007	**Jan-Mar 2008**	**Apr-June 2008**	**July-Sept 2008**
76% (1031/1361)	**76%** (981/1295)	**75%** (910/1211)	**77%** (854/1117)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

The aggregate data reporting provides information on whether an Initial CFTM was held within the applicable time period.[324] However, there is no aggregate data report that provides information about the quality of the Initial CFTM. While it appears that facilitators structure the meeting to address the areas that the Initial CFTM is intended to cover, the quality of the Initial CFTM depends to a great extent on the right people being present for the meeting and prepared to participate.[325] The TAC observed in the September 2007 Monitoring Report, based upon information from qualitative reviews, feedback from staff, and observations of CFTMs by consultants and TAC monitoring staff, that case managers were not doing the pre-meeting preparation necessary to engage families, prepare them to participate fully in the team meetings, and ensure the presence of important team members. The Department may be able to use the "meeting summary form" that is supposed to be filled out by the CFT facilitator and/or the case

[322] As discussed earlier, in all instances in which it is impossible to meet with the parents, the planning process is to begin within the required time frames, notwithstanding the parents' absence. The Department is required to make efforts to ensure the parents' participation, including providing transportation, child care, and/or a brief rescheduling, and is to document those efforts in the child's case file.

[323] The September 2007 Monitoring Report relied on findings from the 2006 Case File Review that the Department held Initial CFTMs in 93% of the cases, 78% within seven working days of the child's entry into custody, and an additional 15% later than seven working days after entry into custody. In 7% of the cases, there was no documentation that the required meeting occurred. If the CFTM reports are accurate, there would appear to have been a dramatic drop in DCS performance with respect to the holding of Initial CFTMs, from the 93% frequency reported by the 2006 Case File Review to the 77% reported for the third quarter of 2008.

In an effort to determine whether the new Initial CFTM data is an accurate reflection of current practice, the Department examined the detail reporting and reviewed a sample of those cases identified as not having had a CFTM. The case review found that the data appears to accurately reflect the occurrence of CFTMs. However, the examination of the detail reporting did identify a number of problems in data capturing and reporting that the Department plans to have corrected by the end of September 2008.

[324] For those children who had at least one Initial CFTM, 71% of their meetings occurred within seven days before or after the child entered custody in the last quarter of 2007, 74% in the first quarter of 2008, 78% in the second quarter of 2008 and 86% in the third quarter of 2008.

[325] As discussed in the September 2007 Monitoring Report, the TAC arranged for a TAC monitoring staff intern to observe Initial CFTMs in Davidson County and, based on the meetings that she observed, it appears that the facilitators are consistent in structuring the meetings to cover the areas named by the Settlement Agreement as Initial CFTM team responsibilities.

manager to gather information on the extent to which these aspects of CFT practice continue to remain a challenge.[326]

C. Initial Permanency Planning CFTM (VII.D)

The Settlement Agreement provides that an Initial Permanency Planning CFTM occur within 30 days of a child entering custody.

The purposes of the Initial Permanency Planning CFTM are to:

- further collaborate with the family on the development of a plan to address problems that necessitated removal;
- specify changes or action to be taken by the parents necessary to allow the child to return home safely;
- identify the services that need to be provided to the parents and child to ensure a successful reunification; and
- determine the appropriateness of the placement.

The Department has modified its policies and training content to reflect the areas of focus listed above.

The new aggregate CFTM reporting enables the Department to track the occurrence of Initial Permanency Planning Child and Family Team Meetings.[327]

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[326] The "meeting summary form" calls for the facilitator to record meeting participants, content, and decisions made. The form includes such questions as: Is the child/youth in the least restrictive setting that can meet his/her needs? What are we doing to find a safe, consistent parenting situation for this child/youth? How are we helping this child/youth maintain meaningful relationships with others, such as extended family, community members, and former friends/mentors, while in custody? Are there new strengths, resources, issues, or needs that have arisen since the last CFTM? Is there anyone else we can add to this team to help this child and family? The form also elicits information about the situation that prompted the meeting (including risks and safety issues), progress and barriers in achieving permanency for the child, and an immediate visitation plan (including parents and siblings, for the three months following the meeting). Finally, the form includes a meeting summary and a section on decisions made at the meeting, with questions about participant agreement and concerns with those decisions.

TAC monitoring staff are currently receiving and reviewing a sample of summary forms. The TAC will provide supplemental reporting on the results of that review.

[327] The September 2007 Monitoring Report relied on data from the 2006 Case File Review and the Department's aggregate reporting that applied the 15 day time period required under the original Settlement Agreement language, rather than the 30 day time period now in effect as a result of the May 2007 modification of the Settlement Agreement. The Case File Review found that the Department held Initial Permanency Plan CFTMs in every case, with meetings occurring within the 15 day period in 75% of the cases reviewed and meetings occurring, but later than 15 days, in the remainder of the cases. If the CFTM reports are accurate, there would appear to have been a dramatic drop in DCS performance with respect to the holding of Initial Permanency Planning CFTMs, from the 100% frequency reported by the 2006 Case File Review to the 86% reported for the third quarter of 2008.

Detail reports on the Permanency Planning CFTMs are still in development. The Department anticipates that subsequent reports may capture those Permanency Planning CFTMs that occurred during the previous quarter, but which were not entered into TNKids within 30 days of the end of the quarter. (The quarterly CFTM report captures meetings entered for 30 days after the quarter is completed.) Field staff have reported that they are more likely to prioritize the entering and completion of the permanency plan itself and may not enter the CFTM into TNKids until a later date.

The table below reflects the Department's quarterly performance with respect to the requirement that an Initial Permanency Planning Child and Family Team Meeting be held for every child with a length of stay of 30 days or more.

Table 40: Total Children Who Entered Custody During the Period with a Length of Stay of 30 Days or More Who Had an Initial Permanency Planning CFTM			
Oct-Dec 2007	**Jan-Mar 2008**	**Apr-June 2008**	**July-Sept 2008**
88% (1061/1205)	**87%** (931/1076)	**84%** (928/1107)	**86%** (785/912)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

The aggregate data reporting provides information on whether an Initial Permanency Planning CFTM was held within the applicable time period.[328] The quality of the Initial Permanency Planning CFTM, and whether and how well the purposes of the meeting were achieved, should be reflected in the content and quality of the permanency plan.

D. Permanency Plan Content (VII.D)

The Settlement Agreement provides that the permanency plan is to:

- be built upon family strengths;
- address the family's and child's needs;
- designate time frames for completion of actions to achieve permanency and stability;
- specify the permanency goal and how the goal will be achieved;
- identify what services are necessary to make accomplishment of that goal likely;
- specify who is responsible for provision of those services;
- specify when those services will be provided; and
- specify the date by which permanency goal is likely to be achieved (with the time based on the child's situation rather than on preset time periods for required reviews).

Parents are to be presented with a copy of the plan at the conclusion of the Initial Permanency Planning CFTM for their signature.

Both policy and training establish expectations for permanency plan content that include the requirements of the Settlement Agreement. However, the Department has recognized that there is a significant gap between the expectations set forth in policy and the Department's present performance in this regard.

The Department determines its own level of performance on this requirement based on the QSR results for Permanency Planning. Because the quality of the case plan is a major focus of the QSR scoring, the Department expects "acceptable" ratings to correlate with plans that generally

[328] For those children who had at least one Initial Permanency Planning CFTM, 89% of their meetings occurred within 30 days of the child's custody begin date in the last quarter of 2007, 90% in the first quarter of 2008, 89% in the second quarter of 2008 and 89% in the third quarter of 2008.

meet the requirements of the Settlement Agreement and "unacceptable" ratings to correlate with plans that generally do not meet the requirements of the Settlement Agreement.[329]

The QSR indicator for Child and Family Permanency Planning Process requires the reviewer to examine the content of the permanency plan to determine whether the plan is based on a "big picture" assessment that includes clinical, functional, educational, and informal assessments; and whether it specifies the goals, roles, strategies, resources and schedules for coordinated provision of assistance, support supervision, and services for the child and family.

In order to receive a minimally acceptable score on the QSR, the permanency plan must include basic formal and informal supports and services, assembled into a sensible service process, with a workable fit between the child and family's situation and the service mix. In addition, the permanency plan must be reviewed and revised to reflect any major changes in the circumstances of the child and/or family.

If only some of the basic supports are included in the plan, the fit between the service plan and the service mix is poor, or services are insufficient, the case cannot receive an acceptable score for this indicator. Similarly, if the plan does not reflect changes in circumstances, the case cannot receive an acceptable score.

Table 41 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Child and Family Permanency Planning Process in the past three annual QSRs.

Table 41: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Child and Family Permanency Planning Process	**25%** (56/227)	**41%** (71/172)	**28%** (55/195)

Source: Annual QSR finalized database.

[329] Consistent with the TACs previous approach to reporting on this area, in order to corroborate the Department's assumptions regarding the correlation between these QSR results and the quality of the case plan, TAC monitoring staff reviewed the case plans of 92 cases from the 2007-2008 Quality Service Review. Of the 92 cases, reviewers examined all of the cases that failed for either Child and Family Permanency Planning (67) or Permanency Plan/Service Implementation (61), and reviewed the plans for those cases that received acceptable scores for either or both indicators (25 received acceptable scores for Child and Family Permanency Planning and 31 for Permanency Plan/Service Implementation).

In the cases that were scored "unacceptable" for the permanency plan related indicators, the reviewers found that the case plans failed to meet most, if not all, of the content requirements set forth in the Settlement Agreement. In most of the cases that were scored "acceptable," the reviewers found that the case plans (written or 'working') met many of the content requirements set forth in the Settlement Agreement.

TAC monitoring staff found that the plans that scored "unacceptable" were often general/generic and did not seem to reflect the individual needs of the child and family. Many of the plans seemed "boilerplate" rather than individualized, included similar language, and similar desired outcomes and actions to achieve them. The plans frequently listed the same dates for achieving all desired outcomes.

As is described in more detail on the following page, the Department recognized the aforementioned range of deficiencies in the contents of the permanency plan and has revised its permanency planning policies, template, and training. The Department began using the new permanency plan in the middle of May 2008. The majority of the permanency plans included in the TAC monitoring staff review were written prior to the introduction of the new plan template.

The Department identified a range of deficiencies in the content of the permanency plan and has revised its permanency planning policies and template to better match the content and structure of the CANS and functional assessment and thus be more user-friendly to staff and families. The Department provided training on these changes in April 2008, and TNKids converted to, and staff began using the new permanency plan template exclusively on May 12, 2008. The Department is also providing ongoing technical assistance, as requested, around writing quality plans.

TAC monitoring staff observations of the new permanency plan training (for regional leadership, Central Office staff, providers/partners, and non-custodial staff) confirm that the training is generally centered around the substantive work of quality case work and planning with families rather than on the nuances of creating the planning document.[330]

While the new permanency plan template may prove to be an improvement over the old template,[331] what is more important is that the Initial Permanency Planning CFTM be facilitated by someone who understands the strengths-based team-driven planning process that is envisioned by the Department's CFT model. Because Permanency Plan CFTMs are not among the meetings for which presence of a trained full-time facilitator is required,[332] the success of the Permanency Planning CFTM will depend in large part on the understanding and skills of the case managers and team leaders.

Obtaining parent signatures on permanency plans has long been part of DCS policy and DCS does not believe that this has been a problem.[333] The TAC monitoring staff review of permanency plans for children who were the subject of the 2007-2008 QSR found that the majority of plans were signed by one or both parents.[334]

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[330] The non-custodial permanency plan training was the only exception to this training focus. Although it was not computer-based training, trainees spent their entire training time practicing the proper way to enter planning data into the computer system and were told repeatedly that, in the interest of time (although it was a much shorter training than intended/scheduled), there would be no content discussion/instruction.

[331] Based on feedback from case manager focus groups, the new template is not yet broadly perceived by field staff to be a significant improvement.

[332] The new CFTM aggregate reporting indicates that 35% of Initial Permanency Planning CFTMs (those meetings that do not require a trained facilitator) were conducted by a trained, skilled facilitator in the last quarter of 2007, 33% in the first quarter of 2008, 40% in the second quarter of 2008 and 46% in the third quarter of 2008.

[333] The September 2007 Monitoring Report identified a problem resulting at least in part from an emphasis on getting parent signatures on the plan at the CFTM. There had been complaints that too much meeting time was spent on "word-smithing" and physically producing the plan in a final form before the end of the meeting so that the parent actually signs a written plan that is word for word what will be submitted to the Court. The Department has updated its permanency planning policy (16.31) and its permanency planning and facilitation training to address what was an overly rigid interpretation of the signing requirement. It is critical that the plan that is "signed off on" at the meeting reflect everyone's understanding of the substantive content and be sufficiently clearly written to serve that purpose. (The modified Settlement Agreement (VII.D) allows biological parents to sign a handwritten plan at the conclusion of the Initial Permanency Planning CFTM.) However, the exact language of the final document that is presented to the Court can be subsequently approved by the parties, to allow for a better allocation of CFTM time, with concentration on the substantive planning and decision making.

[334] The September 2007 Monitoring Report relied on data from the 2006 Case File Review and the 2007 TAC monitoring staff review of 2006-2007 QSR case permanency plans. The Case File Review found that the child's permanency plan was signed by at least one parent within 30 days of entry into custody in 67% (176) of 262 cases. As TAC monitoring staff reviewed the content of case plans of the 2006-2007 and the 2007-2008 QSR cases, they also looked for parent signatures, and found the majority of plans to be signed by one or both parents.

E. Permanency Plan Implementation and Tracking (VII.D, K)

The Settlement Agreement provides that all services documented in the record as necessary for the achievement of the permanency goal will be provided within the time period in which they are needed.

The child's DCS case manager and his/her supervisor have ongoing responsibility to assure:

- that the child's permanency goal is appropriate, or to change it if it is not;
- that the child's services and placement are appropriate and meeting the child's specific needs;
- that the parents and other appropriate family members are receiving the specific services mandated by the permanency plan;
- that they are progressing toward the specific objectives identified in the plan; and
- that any private service providers identified in the plan or with whom the child is in placement are delivering appropriate services.

The Department measures the extent to which its performance in this area meets the requirements of the Settlement Agreement primarily based on the QSR results for Permanency Plan/Service Implementation and Tracking and Adjustment.

The indicator for Permanency Plan/Service Implementation requires that the reviewer examine how well the services/actions, timelines, and resources planned for each of the change strategies are being implemented to help the parent/family meet conditions necessary for safety, permanency, and independence and the child/youth achieves and maintains adequate daily functioning at home and school, including achieving any major life transitions. The reviewer is to examine the degree to which implementation of the plan is timely, competent, and adequate in intensity and continuity.

In order to achieve a minimally acceptable score, the reviewer must find that the strategies, formal and informal supports, and services set forth in the plans are being implemented in a timely, competent, and consistent manner and that services of fair quality are being provided at levels of intensity and continuity necessary to meet at least some priority needs, manage key risks, and meet short term intervention goals.

If the plan implementation is limited or inconsistent, if services are not being provided in a timely manner, if the services are of limited quality, or being provided at levels of intensity and continuity insufficient to meet priority needs, manage key risks, or meet short-term intervention goals, the case cannot receive an acceptable score.

Table 42 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Permanency Plan/Service Implementation in the past three annual QSRs.

Table 42: Percentage of Acceptable QSR Cases			
	2005-2006	**2006-2007**	**2007-2008**
Permanency Plan/Service Implementation	**37%** (84/227)	**38%** (65/172)	**31%** (60/195)

Source: Annual QSR finalized database.

The indicator for Tracking and Adjustment requires the reviewer to determine whether services are routinely monitored and modified by the team to respond to the changing needs of the child and family. There is an expectation that the permanency plan be modified when objectives are met, strategies determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise.

In order to receive an acceptable score, the reviewer must find at a minimum that periodic monitoring, tracking and communication of child status and service results is occurring and that strategies, supports, and services being provided to the child are responsive to changing conditions.

If monitoring and communication is only occasional or if strategies, supports and services being provided are only partially responsive to changing conditions, the case cannot receive an acceptable score for this indicator.

Table 43 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Tracking and Adjustment in the past three annual QSRs.

Table 43: Percentage of Acceptable QSR Cases			
	2005-2006	**2006-2007**	**2007-2008**
Tracking and Adjustment	**31%** (71/227)	**41%** (71/172)	**36%** (71/195)

Source: Annual QSR finalized database.

There are two other indicators that are relevant to monitoring this area of performance, Appropriateness of Placement and Resource Availability.

As discussed in Section Six, the QSR indicator for Appropriateness of Placement requires the reviewer to consider whether the child, at the time of the review, is in the "most appropriate placement" consistent with the child's needs, age, ability, and peer group; the child's language and culture; and the child's goals for development or independence (as appropriate to life stage).

The indicator for Resource Availability and Use asks the reviewer to determine if there is an adequate array of supports, services, special expertise, and other resources (both formal and informal) available and used to support implementation of the child and family's service plan. The reviewer must determine if those resources are used in a timely manner, adapted to fit the situation, right in intensity and duration, and convenient for family use (times and locations); if the system is able to develop new or newly adapted resources if current ones are not appropriate as well as identify unavailable resources; and for children who cannot remain in their home, if there is an adequate array of family placements.

Table 44 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Appropriateness of Placement and Resource Availability and Use in the past three annual QSRs.[335]

Table 44: Percentage of Acceptable QSR Cases			
	2005-2006	**2006-2007**	**2007-2008**
Appropriateness of Placement	**88%** (184/209)	**91%** (157/172)	**88%** (171/195)
Resource Availability and Use	**55%** (125/226)	**58%** (99/172)	**59%** (116/195)

Source: Annual QSR finalized database.

F. Placement Stability CFTM (VII.E)

The Settlement Agreement provides that a Placement Stability CFTM be convened prior to the potential disruption of any child's placement while in state custody, or, in the event of an emergency change of placement, as soon as team members can be convened, but in no event later than 15 days before or after the placement change.[336]

The goal of the Placement Stability CFTM is:

- to review the progress in the current placement and determine if the current placement is still appropriate to meet the child's needs;
- to determine whether or not the current placement can be maintained and develop a plan to support the child's needs and stabilize the current placement;
- if the current placement is not appropriate and/or cannot be maintained, to develop a plan for the transition to an alternative placement in the least traumatic manner possible; and
- if a change of placement has already taken place, to explore ways to help strengthen that present placement and prevent any future disruptions. (VII.E)[337]

Department policy and training regarding the CFT process establishes expectations for Placement Stability CFTMs that meet the requirements of the Settlement Agreement.

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[335] Eighteen of the 227 cases in the 2005-2006 review were not scored for Appropriateness of Placement because those children were either on trial home visit, placed in-home, had exited custody to permanency or had aged out. One of the 227 was not included for Resource Availability and Use because the reviewer did not score this indicator.

[336] Disruption is defined as an unplanned interruption of placement in a resource home or group care setting that is the not the result of progress toward achieving permanency. Threats to the stability of a placement can be the result of any number of factors including, but not limited to: medical or physical condition beyond the monitoring or treatment capacity of the caregiver; the behavior of the child; or changing circumstances of the resource family affecting their willingness or ability to provide for the needs of the child. These are distinct from placement changes to facilitate permanency such as reunification with the family, placement into pre-adoptive home, exit to the custody of a relative, or placement into a relative's home providing kinship care.

[337] The Placement Stability CFTM is to be convened as soon as there are indications that the current placement is at risk with the hope that the placement can be stabilized, if it is still appropriate for the child. If the placement cannot or should not be preserved, the team is to identify the best placement for the child and plan how to minimize the trauma that may result from changing placements.

When a child or youth must be moved before a Placement Stability CFTM can be arranged, the Child and Family Team is to convene as soon as possible after the move to assess how to stabilize the new placement and support the child, family, and caregiver through the adjustment period.

The table below reflects the Department's quarterly performance with respect to the requirement that a Placement Stability Child and Family Team Meeting be held for every child who experiences a placement disruption.[338]

Table 45: Total Children Who Disrupted During the Period Who Had at Least One Placement Stability CFTM			
Oct-Dec 2007	**Jan-Mar 2008**	**Apr-June 2008**	**July-Sept 2008**
54% (273/502)	**53%** (291/549)	**49%** (226/459)	**58%** (246/423)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

G. CFTM to Review/Revise Permanency Goal (VII.L)

The Settlement Agreement provides that a CFTM be convened whenever a permanency plan goal needs to be revised. At the CFTM, the team should discuss the reasons for the proposed goal change and consider alternative options for permanency such as guardianship, adoption, or the addition of a concurrent goal.

In addition, the child's permanency plan is to be reviewed at a CFTM at least every three months.[339]

Department policy and training regarding the CFT process establish expectations for CFTMs to review and/or revise the permanency plan that meet the requirements of the Settlement Agreement.

The table below reflects the Department's performance with respect to the requirement that a Progress Review Child and Family Team Meeting be held no less often than every three months for every child in custody.

Table 46: Total Children and Youth in Custody During the Period Who Had at Least One CFTM During the Period			
Oct-Dec 2007	**Jan-Mar 2008**	**Apr-June 2008**	**July-Sept 2008**
52% (3925/7624)	**54%** (4079/7521)	**56%** (4163/7489)	**54%** (3881/7118)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

[338] For those children who had a Placement Stability CFTM, 92% of their meetings occurred within 15 days before or after the placement disruption in the last quarter of 2007, 94% in the first quarter of 2008, 91% in the second quarter of 2008 and 90% in the third quarter of 2008.

[339] These meetings must be separate and distinct from any court hearings, foster care review board meetings, or other judicial or administrative reviews of the child's permanency plan. The permanency plan shall be reviewed and updated if necessary at each of these CFTMs.

H. Discharge Planning CFTM (VII.M, VII.N)

The Settlement Agreement requires that:

- a Discharge Planning CFTM be convened within 30 days of a child returning home on trial home visit, exiting custody to a newly created permanent family, or aging out of the system;

- participants identify all services necessary to ensure that the conditions leading to the child's placement have been addressed and that safety will be assured, and that participants identify necessary services to support the child;

- DCS provide or facilitate access to all services necessary to support the trial home visit; and

- if exiting custody is determined inappropriate, DCS make the appropriate application to extend the child's placement in DCS custody before expiration of the trial home visit. (VII.N)

Department policy and revised training regarding the CFT process establish expectations for a Discharge Planning CFTM that meets these recently amended requirements of the Settlement Agreement.

The new aggregate CFTM reporting enables the Department to track the occurrence of Discharge Planning Child and Family Team Meetings.[340]

The table below reflects the Department's quarterly performance with respect to the requirement that a Discharge Planning Child and Family Team Meeting be held for every child who begins a trial home visit or is released from custody.[341]

Table 47: Total Children Who Began a Trial Home Visit or Were Released from Custody During the Period Who Had at Least One Discharge Planning CFTM

Oct-Dec 2007	Jan-Mar 2008	Apr-June 2008	July-Sept 2008
20% (335/1679)	**19%** (275/1459)	**21%** (380/1776)	**26%** (453/1737)

Source: TNKids "Child and Family Team Meeting (CFTM) Report for *Brian A.* Clients" (CFT-BACFTMSR-200); reports for the third quarter of 2007 and the first and second quarters of 2008.

[340] Prior to the new CFTM aggregate reporting, the Department had been tracking and reporting aggregate data on the extent to which Discharge Planning CFTMs had been occurring within 45 days of the child exiting care based on the previous language of the Settlement Agreement rather than the May 2007 amended language. For the 4,405 children in the 2006 exit cohort with stays of 90 days in care or more, 36% (1,582) of those children had a Discharge Planning Meeting within 45 days of exiting custody.

[341] For those children who had at least one Discharge Planning CFTM, 93% of their meetings occurred within 30 days prior to the THV or custody end date in the last quarter of 2007, 92% in the first quarter of 2008, 93% in the second quarter of 2008 and 85% in the third quarter of 2008.

1. Requirement of Trial Home Visit prior to Discharge

The Settlement Agreement includes the following specific requirements regarding Trial Home Visits (THV):[342]

- DCS shall recommend to the Juvenile Court a 90-day trial home visit for all children for whom a decision is made to return home or to be placed in the custody of a relative, before the child or youth is projected to exit state custody;

- shorter trial home visits of between 30 and 90 days shall be allowed based on specific findings and the signed certification of the case manager, supervisor, and regional administrator for the child that a shorter trial home visit is appropriate to ensure the specific safety and well-being issues involved in the child's case; and

- all cases involving trial home visits of less than 90 days shall be forwarded to the TAC for review. (VII.M)

Consistent with the original Settlement Agreement, it has long been the policy of the Department to recommend 90-day trial home visits for all children for whom a decision has been made to return them to the custody of parents or relatives. The policy was revised pursuant to the May 8, 2007 modification of the Settlement Agreement to retain the general rule that the Department request a 90-day trial home visit, but to allow the Department to recommend a shorter THV under certain circumstances:

> *An exception to this general rule shall be allowed, based on specific findings and the signed certification of the case manager, supervisor and regional administrator for the child, that a shorter trial home visit is appropriate to ensure the specific safety and well-being issues involved in the child's case. Under this exception, a trial home visit may be recommended for less than 90 days but in no case less than 30 days. All cases in which the exception is used shall be forwarded to the Brian A. Monitor/Technical Assistance Committee (TAC) for their review.*

The Department has recognized that while this policy has been in effect since May 2007, regional practice has not been consistent with this policy.

In order to monitor the extent to which trial home visits that are less than 90 days in length conform to the requirements of the Settlement Agreement as amended, the Department has created a quarterly report that details all cases involving trial home visits.[343] According to these

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[342] The process and timelines related to trial home visits are governed by the Juvenile Court Act as well as by DCS policy. In implementing the requirements of the Settlement Agreement, the Department must also comply with the statutory requirements of TCA 37-1-130 (generally requiring a 90-day trial home visit for dependent and neglected children that DCS is returning home) and 37-1-132 (generally requiring a 30-day trial home visit for unruly children that DCS is returning home).

[343] The report does not intend to include children whose THVs were terminated because they were unsuccessful and the children were returned to their previous resource home or to another placement, but after further review by regional staff, it was determined that some of these children are included in the report. It should only capture those

quarterly reports, of the 1,814 trial home visits reported for 2007, 47% (853) lasted less than 90 days.

Table 48 presents the number and percentage of *Brian A*. children released from custody in 2007 whose trial home visit was less than 90 days in length. The statewide THV rates remained fairly consistent throughout the year, in both number and percentage. However, there was considerable regional variation in the total number of THVs, and in the number and percentage of THVs that were less than 90 days in length.

Table 48: Trial Home Visits Less than 90 Days in Length, January - December 2007

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Davidson	**35%** (8/23)	**46%** (17/37)	**48%** (19/40)	**37%** (17/46)
East Tennessee	**53%** (50/95)	**52%** (54/103)	**46%** (44/96)	**45%** (37/82)
Hamilton	**63%** (10/16)	**55%** (6/11)	**38%** (3/8)	**65%** (15/23)
Knox	**56%** (9/16)	**35%** (7/20)	**50%** (8/16)	**27%** (4/15)
Mid Cumberland	**34%** (25/74)	**62%** (37/60)	**39%** (30/77)	**54%** (52/96)
Northeast	**51%** (30/54)	**69%** (38/55)	**44%** (23/52)	**52%** (14/27)
Northwest	**41%** (7/17)	**60%** (3/5)	**45%** (5/11)	**29%** (7/24)
Shelby	**20%** (4/20)	**43%** (6/14)	**43%** (12/28)	**42%** (15/36)
South Central	**39%** (14/36)	**45%** (19/42)	**64%** (25/39)	**57%** (13/23)
Southeast	**24%** (8/33)	**32%** (7/22)	**42%** (10/24)	**81%** (13/16)
Southwest	**42%** (16/38)	**74%** (14/19)	**32%** (10/31)	**53%** (8/15)
Upper Cumberland	**64%** (32/50)	**38%** (20/52)	**47%** (18/38)	**29%** (10/34)
Statewide	**45%** (213/477)	**52%** (228/440)	**45%** (207/460)	**47%** (205/437)

Source: *Brian A*. 2007 THV Quarterly Report.

At the TAC's request, the Department reviewed all cases of children who in 2007 were released from custody after a trial home visit that lasted less than 90 days to determine the reasons that the visits lasted less than 90 days.

The table below reflects the results of the Department's review.[344]

children who were released from custody following the THV. If the child's THV had not ended within the reporting period, the last day of that quarter was used as his/her THV end date.

The reporting also does not include children who are released without any THV. The TAC has requested, but not yet received, information related to the tracking and reporting of those children released without a THV. It is not clear that the Department is presently tracking and reporting this information or has any immediate plans to do so.

[344] Ten of the regions provided TAC monitoring staff with a child-by-child review report of THV length circumstances, and TAC monitoring staff were therefore able to do an analysis of this data (as seen in Table 49). The other two regions either pulled a sample or simply provided a list of reasons for shorter THVs, so some of their case specific data is unavailable.

Table 49: Reasons Identified by the Department for Trial Home Visits Less Than 90 Days	
Court ordered	48%
Department requested	24%
In home continuum	6%
Data error	3%
Child released to relative or kin	2%
Data unavailable	10%
Total	**100%**

Source: Department's review of THVs in 2007 lasting fewer than 90 days.

As the table reflects, in almost half of the cases (48%), the shorter trial home visit was a judicial decision and therefore consistent with the Settlement Agreement provisions.[345] In an additional 18% of the cases, the circumstances appear to be consistent with the intent of the Settlement Agreement.[346] However, in almost a quarter of the cases (24%), the Department concluded that regional staff requested a shorter trial home visit without considering the Settlement Agreement requirements. The Department believes that regional staff have been insufficiently aware of the Settlement Agreement provisions regarding the presumptive requirement that DCS recommend a 90-day THV for all children exiting custody and the process that must be followed and documentation required for any deviation from that presumptive requirement. For example, one region reported making decisions about their recommendations for the child's length of THV based on their assessment of the specific child and family's needs and progress during THV without regard to the 90 day expectation of the Settlement Agreement, often resulting in a shorter THV.

Twenty percent of the 853 cases were THVs that lasted between 80 and 90 days. Children in this group were often released a few days prior to 90 days to coincide with the court date nearest to 90 days (one county court, for example, only meets once a month), and had reportedly fulfilled the requirements of their THV and the Department felt they were ready for release.

When compared to those cases included in the review, the most recent reporting indicates that the statewide number and percentage of THVs lasting less than 90 days has continued at approximately the same rate of occurrence as in 2007.

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[345] The Department may want to examine those cases in which, not withstanding the Department's request for a 90-day THV, the juvenile court judge orders a shorter THV. If it appears that some juvenile court judges do not appreciate the reasons that both the Settlement Agreement and the Juvenile Court Act (at least with respect to dependent and neglected children, see TCA 37-1-130 (e)) presume that most THVs should be 90 days), there may be opportunity to address this through judicial education.

[346] In 7% of the cases, there were extraordinary reasons for a child's THV lasting less than 90 days (a child's death, a child exiting custody to join siblings who had already completed a 90-day THV, and a child exiting custody to a resource parent); in 6% of the cases, the children who were on an in-home continuum appear to have been residing at home and receiving ongoing in-home services from the continuum provider for a period equal to or exceeding 90 days, but were actually technically on a THV for only part of that time; and in 3% of the cases, data entry errors resulted in children being improperly included in the "less than 90-day" THV report: in some of those cases, the children had actually been on THVs of 90 days or longer; in others, the child's THV was not successful and was terminated prior to the expiration of the THV period and therefore, as discussed in footnote 343, should not have been included in the "less than 90-day" THV report.

Table 50 presents the number and percentage of *Brian A.* children released from custody in the first two quarters (January through June) of 2008 whose Trial Home Visit was less than 90 days in length.[347]

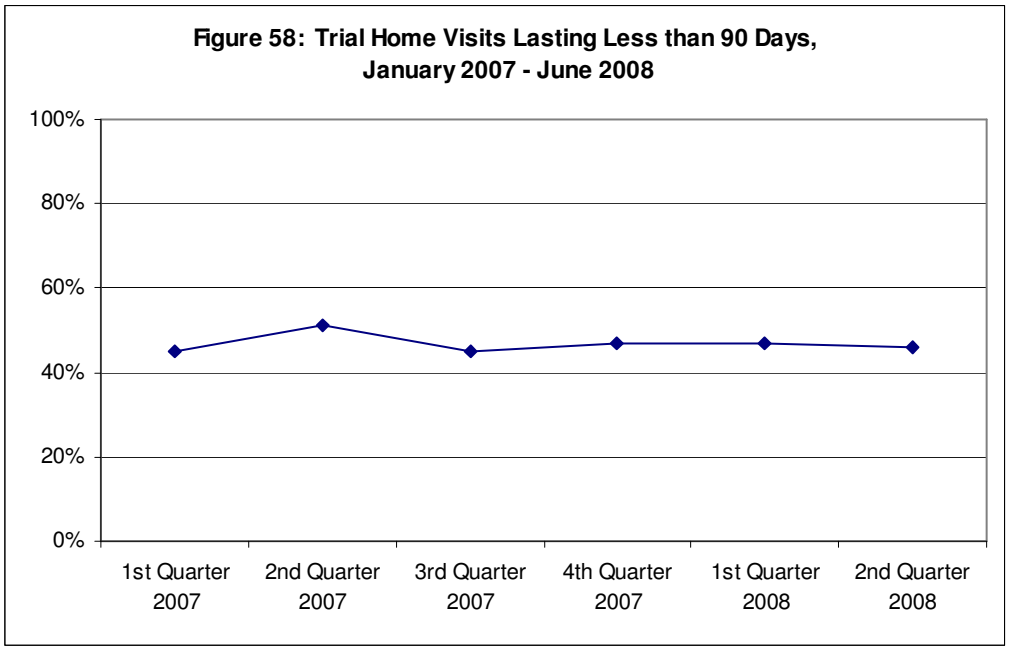
Table 50: Trial Home Visits Less than 90 Days in Length, January - June 2008

	1st Quarter	2nd Quarter
Davidson	**42%** (13/31)	**57%** (24/42)
East Tennessee	**58%** (21/36)	**45%** (13/29)
Hamilton	**75%** (3/4)	**60%** (3/5)
Knox	**45%** (17/38)	**49%** (20/41)
Mid Cumberland	**50%** (46/92)	**53%** (51/96)
Northeast	**28%** (11/40)	**43%** (9/21)
Northwest	**59%** (13/22)	**35%** (6/17)
Shelby	**54%** (13/24)	**53%** (9/17)
Smoky Mountain	**46%** (28/61)	**33%** (20/61)
South Central	**50%** (11/22)	**58%** (11/19)
Southeast	**67%** (10/15)	**28%** (7/25)
Southwest	**39%** (7/18)	**50%** (3/6)
Upper Cumberland	**32%** (6/19)	**32%** (7/22)
Statewide	**47%** (199/422)	**46%** (183/401)

Source: *Brian A.* 2008 THV Quarterly Report.

Figure 58 summarizes the quarterly statewide Trial Home Visit data for Reporting Period III.

[347] Twenty-four percent of the cases in the first two quarters of 2008 were THVs that lasted between 80 and 90 days. The length of each child's THV was obtained by subtracting the date the THV began from the date it ended. However, if the trial home visit had not ended by the end of the quarter, then June 30, 2008 was used as the end date. There were 26 children whose THVs had not ended and were therefore assigned a June 30 end date in order to be included in reporting.



Source: *Brian A.* 2007 and 2008 THV Quarterly Reports.

2. Case manager responsibility during Trial Home Visit

During the THV, the case manager is required to:

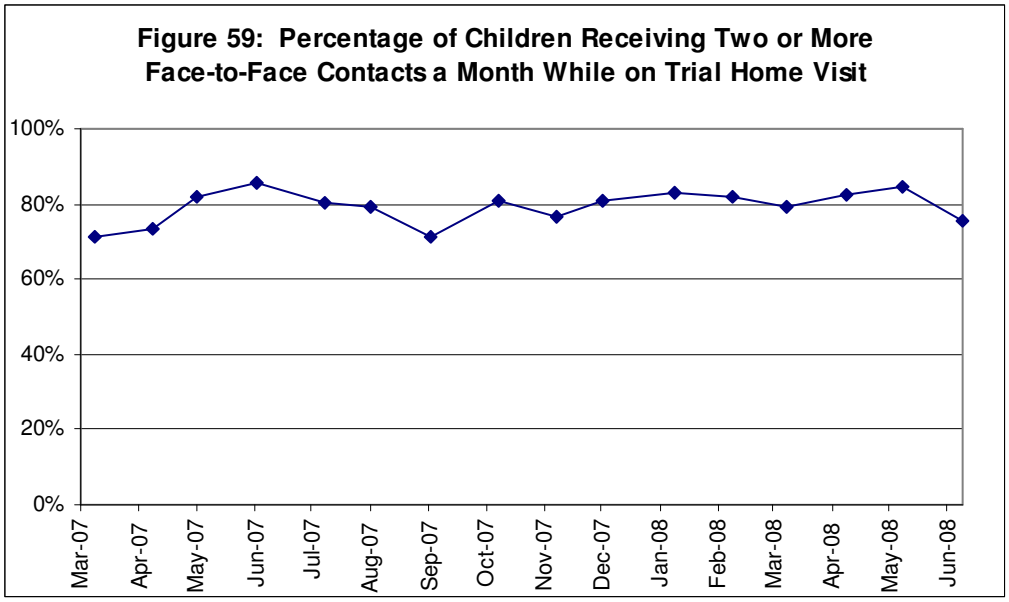
- visit the child in person at least three times in the first month and two times a month thereafter, with each of these visits occurring outside the parent or other caretaker's presence;[348]
- contact service providers;
- visit the school of all school age children at least one time per month during the THV, interview the child's teacher; and
- ascertain the child's progress in school and whether the school placement is appropriate. (VII.N)

Policy and training has been revised in accordance with the recently amended Settlement Agreement language addressing trial home visits and the responsibilities and expectations for case managers during the course of those trial home visits.

Aggregate reporting on the number of case manager face-to-face contacts indicates that between March 2007 and June 2008, a monthly average of 79% of children on trial home visit received

[348] This does not preclude the case manager from spending some additional time, either immediately before or immediately after the private visit with the child, observing the child with the caretaker and/or having conversations with the caretaker and others in the household.

two or more case manager visits a month.[349] Figure 59 presents monthly visits over this period.[350]



Source: Client-Case Manager Face-to-Face Contacts for THV Placement, *Brian A.* Class, Two Months Back, March 2007-June 2008.

There is no aggregate reporting available to document the extent to which case manager visits include private time with the child. Previous case file reviews conducted by TAC monitoring staff found that in general, case managers documented spending private time with children in at least some of their visits.[351]

There is also currently no aggregate reporting available to document the extent to which case managers are contacting service providers, visiting children's schools, talking with their teachers and/or ascertaining their progress in school and the appropriateness of their school placement.

I. Special Provisions Regarding Children in Care for More Than 12 Months (VII.J)

The Settlement Agreement includes the following special requirements with respect to children who have been in care for more than 12 months.

[349] The Department's aggregate reporting on case manager visits while children are on THV began in March 2007.

[350] The Department does not routinely run an aggregate report to determine the extent to which children on THV are receiving three case manager visits during the first 30 days of the THV. The TAC anticipates providing supplemental reporting on this particular requirement, utilizing either an ad hoc aggregate report specially run by the Department or a targeted review.

The Department does run reports that capture private provider case manager contacts with children (who had been in private provider placements just prior to THV) on THV that differentiate between the monthly requirements outlined in the Settlement Agreement. (VII.N) Between September 2007 (when the Department began such reporting) and June 2008, a monthly average of 67% of children received three or more visits from provider case managers during the first 30 days of THV and a monthly average of 74% of children received two or more visits per month after the first 30 days of THV.

[351] See January 2007 Monitoring Report, pages 57-58.

- For any child who has a permanency goal of return home for more than 12 months, the case manager, with written approval from his or her supervisor, shall include in the record a written explanation justifying the continuation of the goal and identifying the additional services necessary or circumstances which must occur in order to accomplish the goal.

- No child shall have a permanency goal of return home for more than 15 months unless there are documented in the record and approved by the supervisor compelling circumstances and reason to believe that the child can be returned home within a specified and reasonable time period.

Department policy is consistent with these Settlement Agreement requirements.

As discussed further in Section Eight, the Department, as part of ensuring that the case manager and supervisor are meeting these requirements, has instituted a process that includes special administrative reviews of children who have been in care for nine to 12 months and of children who have been in care for more than 15 months. However, the Department does not currently provide aggregate reporting on the extent to which case managers and supervisors are meeting this requirement of the Settlement Agreement.[352]

J. Special Provisions related to Goal of Planned Permanent Living Arrangement (VII.G)

The Settlement Agreement, as recently amended, prohibits the use of "permanent foster care" or "long term foster care" as permanency goals, recognizes that these goals have been replaced by "other planned permanent living arrangement" (PPLA), requires the TAC to issue recommendations on the use of the goal of Planned Permanent Living Arrangement (and on the use of subsidized permanent guardianship), and requires the Department to implement those recommendations.

Pursuant to this provision of the Settlement Agreement, the TAC recommended that:[353]

- the conditions that make PPLA a permissible permanency goal generally remain substantively the same as under the original Settlement Agreement, but that the age below which PPLA would not be a permissible goal be increased from 15 to 16, subject to appropriate exceptions for kin placements, for "special circumstances", and for establishing eligibility for subsidized permanent guardianship;

- a child age 12 or older be informed of all permanency options and agree to PPLA before the goal can be considered appropriate;

[352] The TAC anticipates that as part of a targeted case file review of "long stayers" it will be able to provide some supplemental reporting on the extent to which case files include the documentation of justification/ compelling reasons required in these cases.

[353] *The Recommendations of the Technical Assistance Committee Related to The Use of Planned Permanent Living Arrangement (PPLA) as a Permanency Goal for Tennessee's Foster Children/Youth*, issued on December 6, 2007, is attached as Appendix N.

- a goal of PPLA only be approved if it is a team decision and the Child and Family Team includes steps in the permanency plan to help the child build enduring relationships with positive, supporting adults who are committed to maintaining such relationships beyond the child's involvement in the child welfare system;

- the team review the goal every six months, and the Commissioner or her designee review it every year, for continued appropriateness; and

- if a child moves, the PPLA goal be reexamined.

The Department has revised its policies, and the accompanying PPLA Protocol, in accordance with these TAC recommendations.[354]

In addition, the Department has implemented a monthly review of all children with a sole or concurrent goal of PPLA, the purpose of which is to ensure that all cases receive Central Office approval (as the protocol requires). According to the Department, of the 99 children with a goal of PPLA as of September 14, 2008, 90 have had that goal reviewed and approved by Central Office. Of the remaining nine cases, four have been inappropriately assigned the goal and the regions either admit that the goal was selected in error, or have agreed to change it, but have not yet officially changed the goal in TNKids; and five are listed in TNKids as having a PPLA goal, but the regions are still working to submit the necessary paperwork to complete the PPLA application and review process.

In July 2008, DCS began implementing the review and re-approval process that the TAC recommended for both children who have had a goal of PPLA for over a year and those children who have moved from their placement since the time their goal was initially approved.

The Department anticipates that all of the TAC recommendations will be fully implemented by February 2009.

The Department consistently maintains a small number of children with a sole or concurrent goal of PPLA. As of August 31, 2008, 101 (1.7%) of the 5,948 *Brian A*. class members had a sole or concurrent PPLA goal. Of those 101, 23 (0.39%) children had a sole PPLA goal.[355]

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[354] The TAC also recommended that the Department identify any differences between the services and supports available to children in foster care and their resource parents as compared with children who are adopted that act as a financial or other disincentive to adoption or subsidized permanent guardianship and make PPLA a preferable option; and, in consultation with the TAC, develop and implement a plan for addressing any such disincentives that can be reasonably addressed without commitment of significant additional state resources. The TAC further recommended that the Department provide some specific guidance to case managers about how to approach permanency planning for situations in which DCS reasonably believes that a child is going to return to his or her family of origin at age 18, but does not feel that reunification is a safe or appropriate permanency goal. The TAC is not aware of any action taken thus far by the Department to address these recommendations.

[355] The September 2007 Monitoring Report reported 35 (0.5%) of 6,535 *Brian A*. class members with a sole goal of PPLA as of August 31, 2007. That report did not include data on those with a concurrent PPLA goal; however, as of August 31, 2007, 175 (2.7%) of 6,535 *Brian A*. class members had a sole or concurrent goal of PPLA.

K. Concurrent goals (VII.I)

Children with an initial goal of return home may also have another concurrently planned permanency goal. Record keeping and tracking for any child with more than one goal shall be consistent with a goal of return home until such time that return home is no longer an option.

This provision of the Settlement Agreement appears not to have substantive import but simply to be a clarification of how cases with concurrent goals, one of which is return home, are to be counted for purposes of the aggregate reporting that is "goal specific." When the Department produces a report on the extent to which it is meeting performance or outcome measures for children with a goal of return to parent, the Department has the ability to include in that report (and has included in applicable *Brian A.* reports) children who have concurrent goals, one of which is return to parent.

L. Independent Living No Longer a Permissible Permanency Option (VII.H)

The Settlement Agreement states that Independent Living shall not be used as a permanency goal, and that the term, as now used by the Department, refers to a service array intended to enable older youth to transition into adult life and live independently.

Department policy and practice is consistent with this provision of the Settlement Agreement.

SECTION EIGHT: FREEING A CHILD FOR ADOPTION

As is the case in most child welfare systems, the large majority of children who come into foster care in Tennessee achieve permanency through reunification with their parents or relatives. However, for children who cannot be safely returned to the custody of their families or extended families within a reasonable period of time, both federal law and the Settlement Agreement require that the Department act promptly to terminate parental rights and place the child with an adoptive family, unless there are exceptional circumstances that would make adoption contrary to the best interests of the child.

The Settlement Agreement (VIII.A) requires that the process for freeing a child for adoption begin:

- as soon as a child's permanency goal becomes adoption;
- in no event later than required by federal law; and
- immediately for a child for whom a diligent search has failed to locate the whereabouts of a parent and for whom no appropriate family member is available to assume custody.

These requirements reflect present DCS policy. The change of a child's permanency goal to the sole goal of adoption by definition constitutes the beginning of the adoption process.[356]

The Department has initiated a series of administrative reviews, discussed below, in an effort to ensure that practice related to the initiation of the adoption process is consistent with the requirements of the Settlement Agreement. (VIII.A.)

A. Requirement of Diligent Searches (VIII.C.1, 3, 4)

The Settlement Agreement requires that diligent searches for parents and relatives be conducted:

- by the case manager; (VIII.C.1)
- prior to the child entering custody or no later than 30 days after the child enters custody; (VIII.C.1)
- updated within three months of child entering custody; (VIII.C.3)
- updated when a child has been in custody for six months; (VIII.C.4) and
- documented in the case record. (VIII.C.1, 3, 4)

If a previously absent parent is located, reasonable efforts must be made to engage that parent and evidence of those efforts is to be reflected in the permanency plan. (VIII.C.3)

If a relative is located and the plan changed to a goal of Exit Custody to Live with Relative, the relative is to be clearly identified in the permanency plan and the requirements to exiting custody to live with that relative are to be clearly articulated in the permanency plan. (VIII.C.3)

[356] Under provisions of the Settlement Agreement regarding children with concurrent goals, this first bulleted provision is interpreted as applying only when adoption is the sole goal.

In the past, the "diligent search" was primarily thought of as the legal pre-requisite for "service by publication" of parents whose whereabouts were unknown. As the term is presently used, the diligent search is not primarily a search for an absent parent to meet a legal requirement, but an effort to identify potential placements and sources of support from within a child's natural "circles of support:" relatives, friends, mentors, and others with whom the child has enjoyed a family-like connection, including those with whom the child has not had recent contact.

This aggressive approach to diligent search for parents and relatives from the outset of the case also ensures that the legal process can proceed quickly and efficiently. If reunification with parents or relatives ultimately proves to be unsuccessful, this kind of "up front" and ongoing diligent search, to both locate and involve family members, makes it much easier to meet the procedural and substantive requirements for termination of parental rights.[357]

The Settlement Agreement requirements are set forth in the Department's newly revised policy,[358] and the Department has created a protocol for conducting diligent searches and developed a diligent search letter, checklist, and the genogram to assist case managers in conducting diligent searches.[359] These forms are to be completed by the case manager and updated throughout the life of the case until the child reaches permanency.

One indication of the extent to which the Department is conducting diligent searches is the level of participation of parents and family members in CFTMs. If the diligent search process is working well, there should be increased participation of parents, extended family, and other members of a child's natural informal support network. As discussed in Section Seven, there is a higher level of participation of mothers and maternal relatives in CFTMs compared to that of fathers and paternal relatives.[360] This suggests a need for increased awareness by case managers in the importance of searching for fathers and paternal relatives.

The Department's policy states that information regarding diligent search efforts and outcomes should be documented in TNKids by the case manager within 30 days of the date of the occurrence and also added to the family functional assessment. The team leader is responsible for ensuring that the case manager documents all diligent search efforts in TNKids, including ensuring that the forms (letter, checklist, and genogram) are put in the physical file.[361]

There are a number of ways in which the Department monitors the implementation of this policy. The status of/success of diligent search efforts are among the areas of focus of the 100-day, six-

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[357] If the diligent search process is implemented well, one would expect this to be reflected not only in increased utilization of kinship resource homes, but in improvements in the timelines of the TPR process.

[358] Administrative Policies and Procedures: 16.48 on Conducting Diligent Searches.

[359] COA requires, as part of the planning process, that there be an effort to find family and look for possible relative or kinship placements. FC 4.02 states that concurrent planning is undertaken when appropriate and includes early identification of potential family resources and early placement with a permanent family resource. This COA requirement emphasizes early identification of relative and kinship placements, while the Department's Policy 16.48 on Conducting Diligent Searches emphasizes the on-going nature of diligent search in addition to the early identification of potential family resources.

[360] The Department recently began tracking participants at CFTMs in a report issued quarterly. See a detailed discussion of this data in Section Seven.

[361] TNKids does not have the capacity to capture and report aggregate data on the conduct of either initial or updated diligent searches. The Department anticipates that the new SACWIS system (Tennessee Family and Child Tracking System, which is referred to as "TFACTS") will include some capacity to do such aggregate reporting.

month, nine to 12-month, and 15-month reviews described further in this section. In addition the "case process review" that the Department has implemented requires those reviewing case files to determine whether there is a search checklist in the file and whether the file documents monthly reviews between supervisor and case manager. The federal Child and Family Services Review (CFSR) also includes as part of its case file review a determination of whether there is documentation of diligent search, as does the COA accreditation review.

In March 2008 the Department began delivering specific training to case managers and supervisors on the revised diligent search process.[362] The training consists of a review of policies related to diligent search,[363] use and completion of diligent search tools, and philosophy behind the diligent search process.

According to the Tennessee Center for Child Welfare, which collects all training schedules and tracks the number of case managers and supervisors who have received the training on diligent search, as of August 11, 2008, 2020 case managers and supervisors had been trained on diligent search.

B. Requirement of Attorney Review of Cases of Severe Abuse within 45 Days (VIII.C.2)

The Settlement Agreement requires in cases in which parents have been indicated for severe abuse that, within 45 days of that determination, a discussion take place with a DCS attorney to decide whether to file for Termination of Parental Rights (TPR) and that the decision is to be documented in the child's case record. In the time since the TAC issued the September 2007 Monitoring Report, the Department has taken steps to ensure that this provision is being implemented.

The Department recently began producing a semi-monthly TNKids report, sorted by region, which identifies all children who fall within this category. The Regional General Counsel (RGC) and Regional Administrator (RA) or regional administrator designee from each region are responsible for conducting the required review of the cases of those children from their region. At the time of the review the RA or RA designee meets with the RGC, who is responsible for advising them of the existence of the severe abuse allegation and of the legal options available and helping them decide whether to file for TPR. Although not all regions include the case managers and supervisors in these meetings between the RGC and RA, it is the case manager, not the RGC, RA or regional administrator designee, who is responsible for documenting the review in TNKids along with any necessary follow up with the team coordinator or RA.[364]

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[362] Two trainers conducted Train the Trainer sessions in the three grand regions for three to five "super users." At these sessions, the "super users" were provided with materials and agendas to conduct training of caseload carrying staff in their home regions. The materials for the training include the diligent search policy, written guide to diligent search, and checklist to assist case managers in their ongoing efforts throughout the life of a case to identify and engage relatives and fictive kin.

[363] Policies covered in the diligent search training includes Policy 6.24-Children of Native American Heritage, Policy 16.46-Child Youth Referral and Placement, and Policy 6.48-Conducting Diligent Search.

[364] Because there is no check box or specific field in TNKids for recording this required review, the documentation of the review should be made by the case manager in the narrative case recordings. The TAC has not attempted to determine the extent to which the case managers are receiving notice of the review, understand their responsibility for recording the results of the review in TNKids, and are recording those results.

Because efforts to implement this review are relatively recent, the review process may need some further refinement. For example, it is not clear that the case manager would be able to make timely and accurate TNKids recordings for a review that the case manager did not participate in.

C. Requirement of Attorney Review of Children in Custody at Six Months (VIII.C.4.b)

The Settlement Agreement requires that progress on existing permanency plans be reviewed with a DCS attorney for any child who has been in custody for six months to accomplish the following: (VIII.C.4.b)

- identify any case that is appropriate for TPR at six months and file TPR;
- consider cases in which a child is ready to return home or be placed in custody of a relative and determine what legal steps need to be taken to achieve permanency and what information the DCS attorney will need from the case manager to proceed legally; and
- consider cases for possible legal grounds for termination in which the child is not ready to return home or be placed in the custody of a relative. In these cases, the attorney and case manager are to establish a certain date by which the decision whether to go forward on TPR shall be made, and that discussion and the date selected is to be documented in the child's case file.

The Department currently produces a monthly report, by region, identifying all children who have been in care for six months and whose cases are to be reviewed within the month. Regional lists are provided to the regional administrator and the regional supervising attorney for their review. The Executive Directors of Service Regions are responsible for ensuring that these reviews are occurring and that the purposes of the review are being achieved.

D. Requirement of Attorney Review of Children in Custody at Nine Months (VIII.C.5)

When a child has been in care for nine months, the Settlement Agreement requires that progress on existing permanency plans be reviewed with the DCS attorney for the following purposes: (VIII.C.5)

- if the child is to return home or be placed in the custody of a relative, a timetable for supervised visits, trial home visits, and hearings to be returned to the parent/relative shall be established; (VIII.C.5.a)
- if the child is not returning home, a timetable for providing documentation and information to the DCS attorney shall be established in order to file a TPR; (VIII.C.5.b) and

- if the decision to file a TPR has been made and the child is not in a pre-adoptive home, the case manager along with the members of the CFT shall continue to search for relatives as placement options. (VIII.C.5.c)

The Department currently produces a monthly report, by region, identifying all children who have been in care between nine and 12 months. Regional lists are provided to the regional administrator and the regional supervising attorney for their review. The regional lists, which typically include between 600 and 700 children statewide, are reviewed by the Commissioner and Deputy Commissioner. Using spreadsheets containing basic information regarding each of the children falling into the review category, problematic cases are to be identified and action steps developed for those cases. The results of these reviews and the expectations for further actions, while not formally recorded in minutes or tracking documents, are noted by the participants and can be used for follow-up and tracking at subsequent reviews. The Commissioner and Deputy Commissioner participate in the regional review process either through conference calls with the region or through e-mail correspondence. These conference calls include staff from the Legal Department, the Regional Administrator from each region, and the Chief General Counsel from each region.

E. Special Requirements Regarding Children in Custody for more than Twelve Months (VIII.C.6)

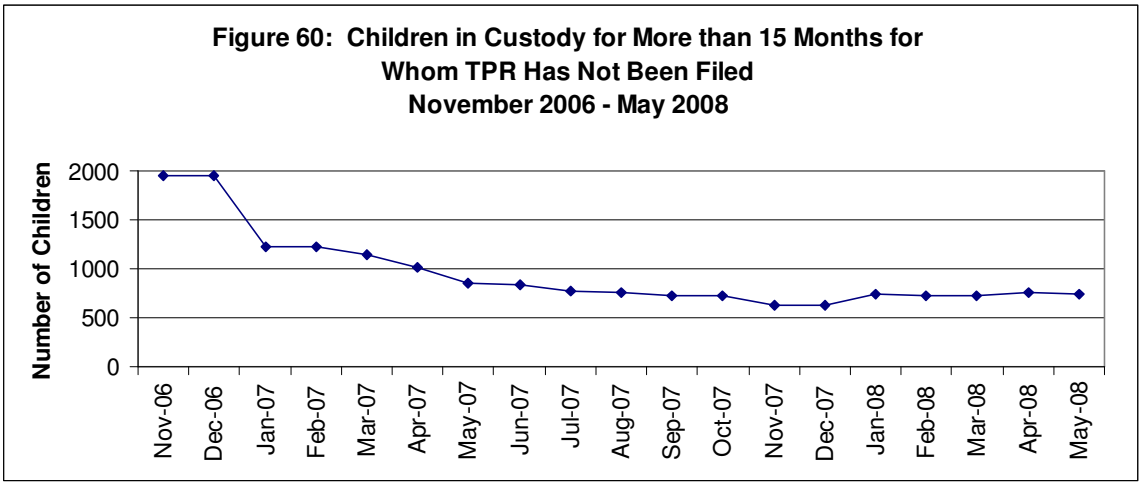
If return home or other permanent placement out of custody (relative or guardianship) without termination of parental rights is inappropriate at both 12 and 15 months, the Settlement Agreement requires that a TPR petition be filed no later than 15 months after the date the child was placed in DCS custody, unless there are compelling reasons for not doing so (reasons must be documented in the child's case file). (VIII.C.6)

To ensure that this provision is implemented, the Settlement Agreement requires that a review of the status of every child who is in custody for 12 months or more be conducted on a quarterly basis by the regional leadership, including the DCS attorney. (VIII.C.6) Any case in which TPR has not been filed and for which there are no compelling reasons for not filing TPR is to be "re-staffed" to determine what actions need to be taken to best ensure that permanency for the child is best achieved.

The Department currently produces a monthly report, by region, identifying all children who have been in care for 15 months or more for whom no TPR petition has been filed. Regional lists are provided to the Regional Administrator and the regional supervising attorney for their review. The review process initially included a monthly conference call, convened and chaired by the Commissioner and a deputy general counsel, to discuss the results of the region's review of the cases. Using both spreadsheets containing basic information regarding all of the children falling into the review category and the notes from the previous administrative reviews related to any children identified in those notes who are still in care, problematic cases have been identified and action steps developed for those cases. The results of these reviews and the expectations for

further actions have been recorded in the meeting notes. These notes have been used for follow up and tracking at subsequent reviews.[365]

As reflected in Figure 60 below, in the time since the institution of these reviews, the Department has made considerable progress in reducing the number of children in custody for more than 15 months for whom TPR has not been filed. That number dropped from over 1900 when the reviews began in November 2006 to 1224 in January 2007, just two months later. The number continued to decline until November 2007 when it hit a low of 630. After that point, the number has fluctuated between 636 and 737. In May 31, 2008, there were 737 children in custody for more than 15 months with no TPR filed.



Source: "15 Month Review" Monthly Lists for November 2006 through May 2008.

The Commissioner is increasingly moving from direct participation in the regional reviews to receiving and reviewing the regional documentation of the results of the reviews.

F. Time Frames Related to the Adoption Process (VIII.C.7)

The Settlement Agreement establishes time frames related to critical activities in the adoption process.

The Settlement Agreement provides that within 90 days of the permanency goal changing to adoption, the DCS attorney is expected to file a TPR petition if a legitimate basis for termination exists. (VIII.C.7.a)

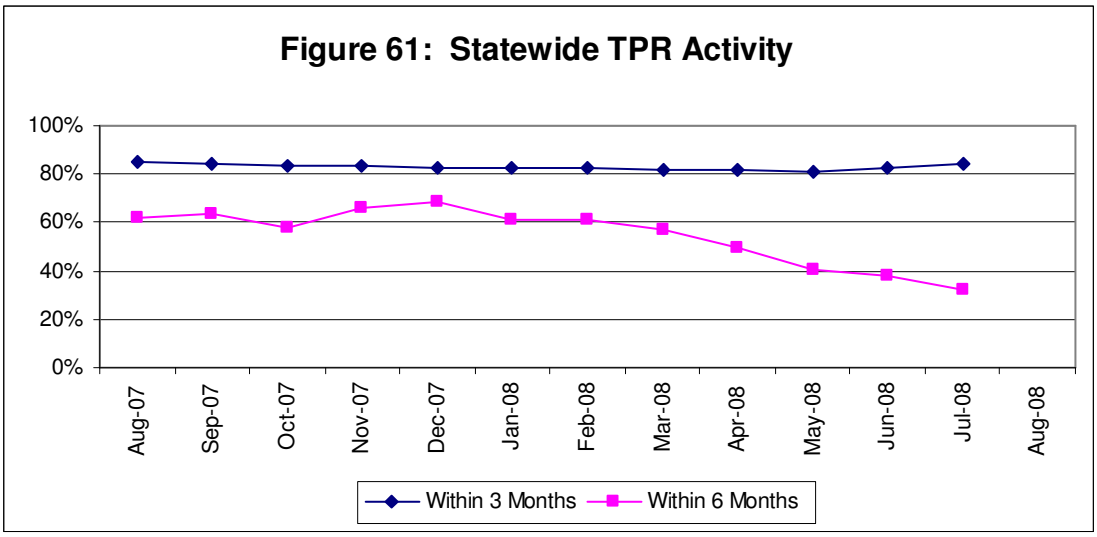
Section One presented data related to children with sole goals of adoption established between July 1, 2007 and June 30, 2008.[366] Of the 692 children with a sole goal of adoption for at least

[365] The reviews are intended to make sure that for any case in which TPR has not been filed, there are in fact "compelling reasons," notwithstanding the time the child has been in care, that the case should not proceed to termination. However, at present, the Department does not document the finding of compelling reasons in a way that allows for automated reporting of the number of cases falling into that category or uniformly documenting the facts and reasoning that support the Department's conclusion that compelling reasons exist.

[366] This data comes from the "Permanency Plan Goal of Adoption TPR Activity Compliance Report."

three months (approximately 90 days) during that period,[367] 85% (586) had TPR petitions filed within three months of the date that adoption became the sole goal.[368] For the remaining children who did not have TPR petitions filed within three months, the Department looked at those children who had a sole adoption goal for at least six months during the reporting period (excluding the children who had a TPR petition filed within three months). Thirty-two percent (23) of these 71 children had TPR petitions filed within six months.[369]

The figure below shows the statewide percentage of children in DCS custody with sole goal of adoption for three months or more as of the particular date indicated for whom TPR petitions were filed within three months of the date that adoption became a sole goal. For those remaining children in custody for six months or more who did not have TPR petitions filed within three months, the figure shows those children who had a TPR petition filed within six months of the date that adoption became the sole goal.



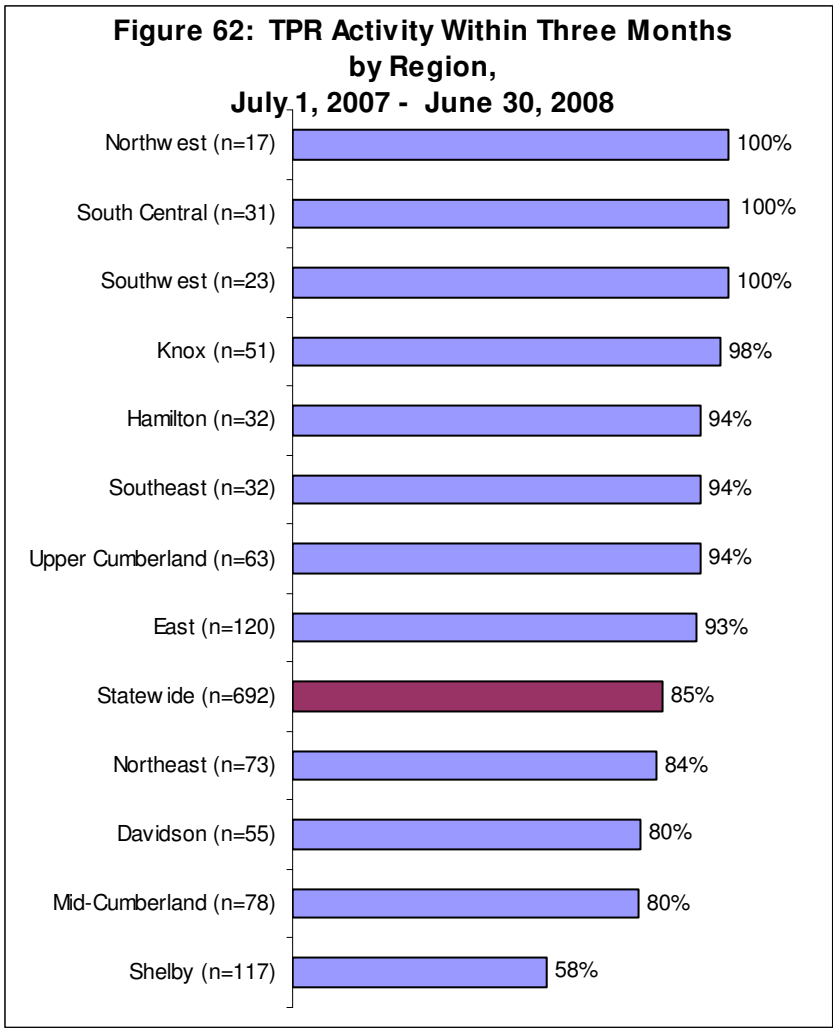
Source: TNKids report "Permanency Plan Goal of Adoption TPR Activity Compliance Report" for August 2007 through August 2008.

Figure 62 below shows, by region and statewide, the percentage of children in DCS custody with a sole adoption goal for at least three months during the 12-month period ending June 30, 2008 whose TPR petitions were filed within three months of the date that adoption became the sole goal. Statewide, TPR petitions were filed within three months in 85% of the cases. As the figure reflects, eight regions outperformed the statewide percentage, including three regions, Northwest, Southwest, and South Central, in which TPR petitions were filed within the three-month time frame in every such case. Only one region, Shelby, substantially underperformed relative to the statewide percentage, with only 58% of TPR petitions being filed within the three-month time frame.

[367] This includes 16 children with delinquent adjudications.

[368] For purposes of this report, if two separate TPR petitions are filed in a particular case, the calculation of time to TPR filing is based on the filing of the first petition.

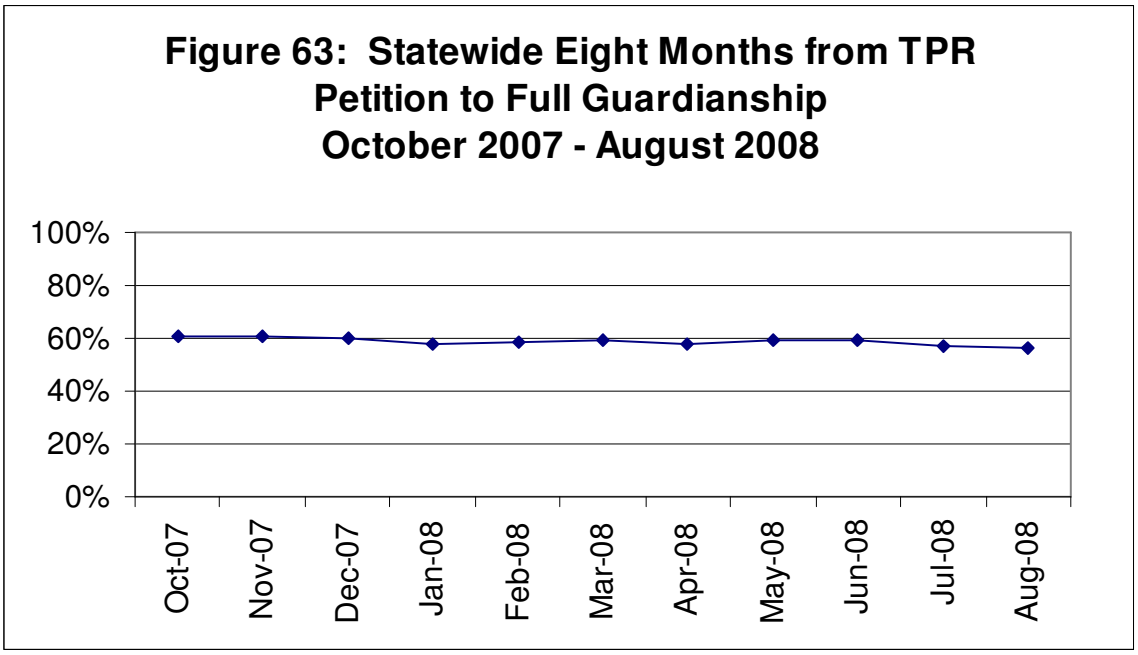
[369] Performance on this measure during this period may be slightly under-reported because of changes resulting from the TNKids build during May 2008. (Performance on the July 2008 report covering the period from August 1, 2007 through July 31, 2008 may also be under-reported.) The Department has corrected this problem for future reports but has not yet reproduced earlier reports that were affected.



Source: TNKids report "Permanency Plan Goal of Adoption TPR Activity Compliance Report" for July 1, 2007 through June 30, 2008.

The Settlement Agreement emphasizes the role of the Department in ensuring that TPR petitions receive prompt hearings. The Settlement Agreement requires the Department to take all reasonable steps to ensure that the date of the trial court order granting full guardianship is entered within eight months of the filing of the TPR petition. (VIII.C.7.b) To monitor its own performance in this area, the Department regularly tracks time from TPR filing to the entry of the final order of guardianship. The figure below shows that between October 2007 and August 2008 the Department obtained full guardianship orders within eight months of TPR at the relatively stable rate of about 60%.[370]

[370] The Department began producing this report in October 2007 after the Settlement Agreement was revised.



Source: TNKids report "*Brian A.* Children over Eight Months from Petition to TPR Order Summary Report" for October 2007 through August 2008.

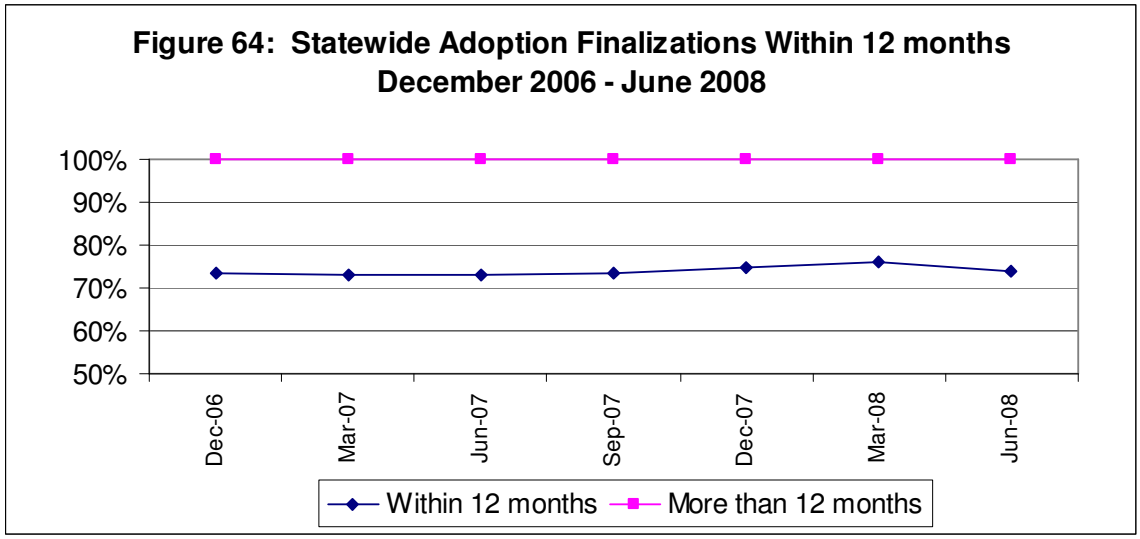
The table below presents a regional breakdown of this data.[371] Upon averaging the regional percentages for this time period, there are six regions (Davidson, Knox, Mid-Cumberland, Northeast, Southwest, and Upper Cumberland) performing above the state average (58.8%). Regions experiencing a gradual increase over time in the percentage of children who had an order of guardianship entered within eight months of filing TPR petition include Davidson (55% to 70%), East (43% to 49%), and Knox (87% to 92%). Those regions showing a gradual decline over time in the percentage of children who had an order of guardianship entered within eight months of filing the TPR petition include Mid-Cumberland (72% to 62%), Northeast (71% to 51%), South Central (55% to 49%), Southeast (45% to 29%), Southwest (81% to 52%), and Upper Cumberland (74% to 58%).

[371] Overall for the period of August 1, 2007 to July 31, 2008, the Department increased the number of TPR orders obtained to about 50% from the prior 12-month period. The regions with the greatest volume were Davidson (188), Shelby (318), East (170), Mid-Cumberland (224), Northeast (118), and Knox (163). Although there was an increase in volume of TPR orders obtained compared to the prior year, this significant increase in TPR hearings did not result in a substantial increase in the time it took for the TPR hearings to be concluded, as the 60% compliance rate remained consistent from October 2007 to August 2008. (This report not available prior to October 2007.)

Region	Table 51: Eight Months from TPR Petition to Full Guardianship by Region for October 2007- August 2008											
	October	November	December	January	February	March	April	May	June	July	August	Average
	2007	2007	2007	2008	2008	2008	2008	2008	2008	2008	2008	
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	
Davidson	54.9%	52.9%	58.5%	56.7%	63.6%	67.8%	70.0%	74.8%	78.4%	75.4%	69.7%	65.7%
East	43.4%	45.7%	46.3%	43.5%	50.3%	52.5%	52.0%	53.7%	54.6%	54.7%	48.8%	49.6%
Hamilton	40.7%	41.6%	41.4%	36.8%	32.8%	32.7%	27.5%	34.0%	38.6%	34.8%	39.5%	36.4%
Knox	86.8%	87.7%	88.2%	86.7%	87.6%	88.3%	88.2%	90.7%	91.0%	89.6%	92.2%	88.8%
Mid Cumberland	71.7%	70.2%	68.9%	69.4%	67.8%	67.8%	65.4%	59.4%	63.3%	63.8%	62.1%	66.3%
Northeast	70.8%	70.2%	68.7%	66.2%	67.4%	63.1%	60.4%	52.8%	52.9%	52.5%	50.9%	61.4%
Northwest	60.7%	60.7%	60.7%	63.3%	50.0%	51.4%	52.8%	54.3%	62.5%	57.1%	61.3%	57.7%
Shelby	44.2%	41.2%	43.3%	38.6%	44.4%	42.8%	43.0%	48.6%	45.4%	43.4%	43.5%	43.5%
South Central	54.9%	53.2%	50.0%	53.8%	52.3%	56.1%	59.3%	59.6%	42.6%	43.5%	48.5%	52.2%
Southeast	44.7%	47.1%	38.6%	31.7%	29.5%	29.2%	30.2%	30.6%	30.0%	27.1%	28.8%	33.4%
Southwest	80.9%	79.8%	63.7%	64.2%	58.7%	56.3%	54.7%	53.9%	56.8%	57.8%	51.9%	61.7%
Upper Cumberland	74.4%	73.0%	71.3%	66.0%	62.9%	62.8%	57.8%	57.7%	67.5%	61.8%	58.1%	64.8%
Statewide	**60.7%**	**60.5%**	**60.0%**	**57.9%**	**58.5%**	**59.1%**	**58.1%**	**59.0%**	**59.4%**	**57.4%**	**56.5%**	**58.8%**

Source: TNKids report "*Brian A.* Children over Eight Months from Petition to TPR Order Summary Report" for October 2007 through August 2008.

Once an order of guardianship is obtained, the Settlement Agreement requires the Department to move expeditiously to ensure that the child achieves permanency either through adoption or permanent guardianship. (VIII.C.7.c) The Department is expected to take "all reasonable steps to ensure that the date of the finalization of the adoption or the date the child achieves permanent guardianship will be within twelve (12) months of full guardianship." The figure below, based on quarterly reports, shows the statewide percentage of adoptions finalized within 12 months of children achieving full guardianship. The percentage of adoptions finalized within 12 months of full guardianship has been relatively stable over the seven quarterly reporting periods from December 2006 (73%) to June 2008 (74%).



Source: "Adoptions Finalized within 12 Months of Full Guardianship" quarterly report for December 2006 through June 2008.

The Settlement Agreement requires that all children who have been in custody for 15 months or more with no TPR petition filed be reviewed by the Commissioner or her designee. (VIII.C.7.d) As discussed above in subsection E, the Department regularly produces reports identifying all

children who have been in custody for 15 months or more with no TPR petition filed and these cases are currently being reviewed by the Commissioner (or her designee).[372]

The September 2007 Monitoring Report indicated that the Department was developing a process for capturing, tracking, and reporting on the following:

- explanatory data for cases in which a termination petition is not filed within 90 days of goal change;[373]
- efforts made for cases that fall outside the eight months "TPR to final order" time line;[374] and
- reasonable steps taken for cases that go longer than 12 months from full guardianship to adoption finalization.[375]

The Department has not implemented this review process. The Department can track and report the number of children for whom filing of TPR, entry of the order of full guardianship, or finalization of adoption exceeds the respective 90-day, eight-month, and 12-month limits. However, a case review would be necessary to determine (a) the extent to which the failure to file TPR petitions within 90 days is a result of legal impediments to filing (and, if so, whether the Department is acting expeditiously to address those legal impediments and file TPR as soon as they are addressed); and (b) the extent to which DCS is taking "all reasonable steps" to ensure that an order of full guardianship is granted within eight months of filing TPR and that adoption finalization is achieved within 12 months of full guardianship.

G. Identifying Adoptive Placements

1. Single resource parent approval process and resource parent adoption preference (VIII.C.8)

The Settlement Agreement requires that DCS maintain an approval process in which resource parents may be approved simultaneously as both foster and adoptive parents, so that whenever possible and appropriate, placements can be minimized and resource parents can be eligible to adopt the children for whom they have been providing foster care. (VIII.C.8)

The Settlement Agreement also establishes that a resource parent who has been providing foster care for a child for 12 months is entitled to a preference as an adoptive parent for that child, should the child become legally free for adoption. (VIII.C.8)

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[372] See Subsection E regarding special requirements regarding children in custody for more than twelve months. (VIII.C.6)

[373] Of the 692 children who had a sole adoption goal for three or more months between July 1, 2007 and June 30, 2008, 106 did not have a TPR petition filed within 90 days of goal change to adoption.

[374] Of the 1484 children who obtained TPR orders between July 1, 2007 and June 30, 2008, 602 children obtained those orders in eight months or more.

[375] Of the 1704 children for whom parental rights were terminated or surrendered between October 31, 2005 and March 31, 2007, it took longer than 12 months from full guardianship to adoption finalization for 406 children.

The Department has implemented a single resource parent approval process which qualifies resource parents as both foster and adoptive parents. The adoption preference for a resource parent who has been caring for a child for 12 months or more is reflected in both DCS policy and state statute.

2. When the present resource parent is not willing or appropriate to adopt (VIII.C.9, 10)

The recent modifications of the Settlement Agreement establish a new process for reviewing and responding to cases in which adoption is a goal but an adoptive family has not been identified.

If a child has been in custody for 12 months with a dual or sole goal of adoption and the current resource family is not willing or appropriate to adopt (or the child is in a congregate care setting) and no adoptive placement has been identified, the Settlement Agreement requires that the Department convene a Child and Family Team Meeting (CFTM) to develop an Individualized Recruitment Plan (IRP) and to implement individual recruitment.[376] (VIII.C.9)

Within 60 days of a child entering full guardianship (through surrender or order terminating parental rights) without a permanent family identified, the following steps are to be taken to ensure permanency for the child: (VIII.C.10)

- the Child and Family Team is to submit an updated IRP to the Finding Our Children Unconditional Supports (FOCUS) Team;
- the FOCUS Team is to review the IRP, and is to ensure that time frames, roles and responsibilities are set forth in the plan;
- the FOCUS Team is to ensure that the child is registered on both REACT and ADOPT US Kids;
- the FOCUS Team is to assist with conducting archeological digs, family searches, interviews, and the building of a permanency focused Child and Family Team; and
- the FOCUS Team is to monitor case progress

The FOCUS team is a collaborative effort between the Department and Harmony Adoptions that includes members from private provider agencies, Harmony Adoptions, and DCS staff as part of a team. The FOCUS Team provides special expertise and oversight to support permanency efforts with respect to children in full guardianship for whom a permanent home has not been identified.

a. FOCUS Team Referral Process

Every child in full guardianship for whom a permanent home has not been identified is supposed to be referred to FOCUS within 60 days. A FOCUS referral can be made by the DCS case manager, team leader, permanency specialist, or provider agency staff to the FOCUS administrator by mail, email, or telephone.

[376] The Individualized Recruitment Plan is created by the case manager and the permanency specialist. It contains specific information about the child including placement history, genogram, birth parents, school, health, mental health, contacts, recruitment team members, and resources being utilized.

At the time of the referral, the person making the referral is supposed to provide pertinent referral information clearly identified in the referral forms, including the Individualized Recruitment Plan (IRP), the child's demographic information, pre-placement summary, permanency plan, functional assessment, genogram, and relevant psychological, behavioral, and medical records. After receiving the referral, the case is assigned to a FOCUS Regional Case Coordinator (RCC), who conducts an "intake"—a phone conversation or face-to-face meeting with the case manager or permanency specialist to discuss the child's case, to make sure that any information that was supposed to be provided in the referral has been provided, and to begin developing an action plan.

The RCC then presents the case to the FOCUS team during the next FOCUS team review.

There are two Central Office staff with the Office of Child Permanency who are responsible for monitoring the children who come into full guardianship each month to see if they have a permanent family identified. If they do not have a family identified, DCS staff will notify the case manager that a referral needs to be made to FOCUS. As of August 20, 2008 there were 114 cases that have been referred to FOCUS but, because the volume of referrals has exceeded present staff capacity, have not been the subject of an "intake" and are on a "waiting list."[377] The "waiting list" for FOCUS services reflects the current volume of referrals coming from the Department. The Department is aware of the current waiting list and is in the process of developing a strategy to ensure that there are sufficient staff resources to handle the caseload.

b. FOCUS Team Review Process

The FOCUS team meets several times a month to review the cases and develop child-specific action plans that may include additional services and recruitment efforts for each child. The RCC determines whether the child is on both REACT and ADOPT US KIDS, and if not, FOCUS team staff offer assistance to the case manager or Permanency Specialist to complete the process for registering the child on both websites.[378] The RCC assists DCS staff with conducting the archeological digs, Lexis Nexus family searches, calling REACT matches, and providing permanency consultations and adoption coaching with children and families.[379]

Once a child is referred to the FOCUS Team, FOCUS Team members (primarily the RCC) are expected to become members of the Child and Family Team unless the case is progressing well and the team does not need that level of RCC involvement. Joining the team may or may not be appropriate for the RCC, who may regularly attend Child and Family Team Meetings, court

[377] It is not clear that FOCUS is staffed sufficiently to handle the volume. Currently there are a total of five full-time regional case coordinator positions across the state (two in the East Grand region; two in the Middle Grand Region; and one in the West Grand Region). Full-time Regional Case Coordinators currently have an average of 44 children. As of June 30, 2008 there were 117 active cases in the East Grand Region, 87 in the Middle Grand Region, 75 in the West Grand Region, and 100 cases on the waiting list.

[378] The FOCUS Team follows up at future FOCUS meetings to track the process until the child's profile has in fact been placed on the websites.

[379] The FOCUS Team regularly partners with the Wendy's Wonderful Kids organization, Child and Family's Youth Open Program, the Governor's mentoring initiative "LIFT-Lead, Inspire, Fulfill, Teach," and Harmony's ASAP program. The FOCUS Team enlists various community-based resources and organizations to help increase adoption awareness and recruit child-specific families for adoption such as the Autism Society and local faith-based organizations. The FOCUS Team works with several other states through the ICPC process to facilitate pre-adoptive visits and placements with potential forever families.

hearings, and other events. The FOCUS Team is envisioned as providing additional expertise, resources and support to the Child and Family Team, not replacing the CFT or usurping its role in any way. The Department believes that RCCs are now participating as members of Child and Family Teams "more often than not," but concedes that the extent of involvement varies considerably.

The FOCUS Team began operating statewide July 1, 2007; as of August 1, 2008, 492 children had been served by FOCUS. Of those children, 38 children have achieved permanency, 32 through adoption and six through subsidized permanent guardianship. An additional 96 of those children served by FOCUS are currently placed with what are expected to be their permanent families, waiting for the six-month placement period to pass before their adoption or SPG can be finalized.

c. FOCUS Case Tracking and Reporting

The FOCUS Program maintains a free standing database, not linked in any way to TNKids, that documents case referrals and tracks and reports on actions taken by the FOCUS Team. The database provides the FOCUS Team with accurate information and an understanding of what is being done on individual cases.

In addition to its responsibilities with respect to individual cases, the FOCUS Team is to report and review trends that promote and prevent permanency for children. The FOCUS Team meets quarterly for the purpose of talking more broadly about the issues that emerge from their work with individual children.

The FOCUS database has the capacity to generate aggregate data. FOCUS is able to use the aggregate reporting system to generate information on the characteristics of the children referred to FOCUS (DSM-IV diagnosis, region of origin, number of placements, and length of time in custody) and to report on the FOCUS process as well (time from referral to intake, and length of time from FOCUS intake to permanent exit, etc.).

Effective November 1, 2008, the FOCUS Program will be able to produce aggregate reports from this database which includes monthly reports, annual reports, and data for other reports as needed.

H. Timelines for Adoption Finalization after Permanent Family Identified (VIII.C.11)

The recent modifications to the Settlement Agreement provide that, once a permanent family has been identified for and with the child or youth, the Department is to take the steps to ensure timely permanency. (VIII.C.11)

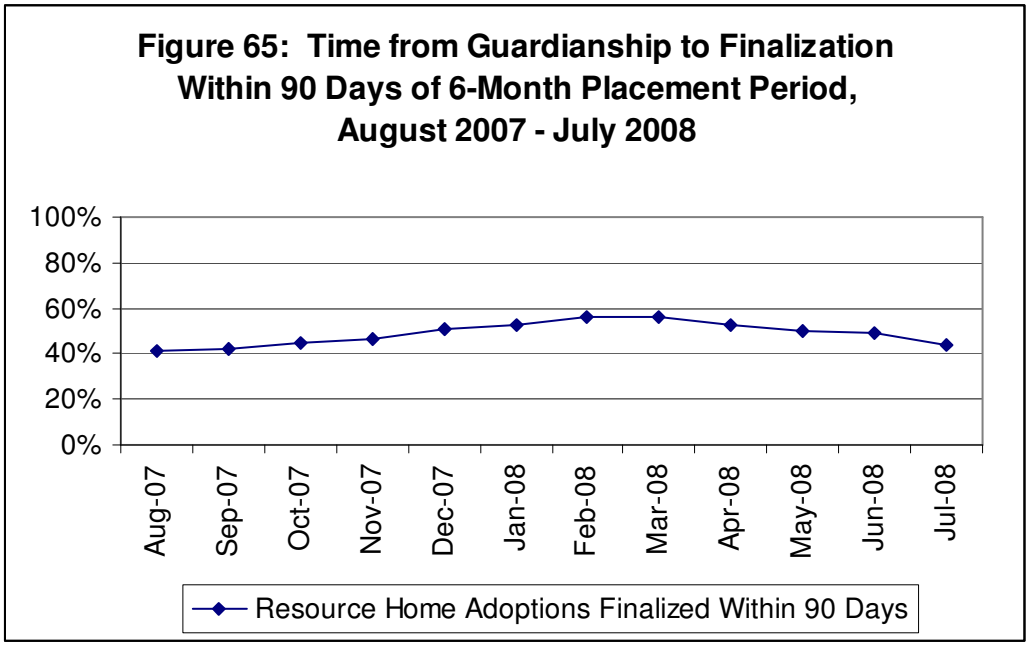
1. Timelines for "Resource Parent Adoptions"

If the adoption is a "resource parent adoption"—that is, the resource family with whom the child is living at the time that the termination of parental rights order is entered is the intended

adoptive family,[380] the Settlement Agreement requires DCS to take all reasonable steps to ensure that the adoption is completed within 90 days of the final, unappealable order of Termination of Parental Rights, provided the court did not issue any additional requests for information and the child has been in the home for the required time period. (VIII.C.11.a)

In its reporting on this measure, the Department distinguishes "resource home adoptions" from "new placement adoptions" based on the time between the placement of the child in the home and the signing of the intent to adopt. "Resource home adoptions" are presumed to be those adoptions for which the Intent to Adopt form was signed more than six months after placement. "New placement adoptions" are those adoptions where the Intent to Adopt form was signed six months or less after placement.[381]

The figure below shows the percentage of resource home adoptions within 90 days of a child entering full guardianship.[382] As the figure reflects, the Department's success in achieving finalization within 90 days for resource parent adoptions improved steadily from 41% in August 2007 to a high of 56% in March 2008; however, in recent months that trend has reversed and the percentage dropped to 44% as of July 2008.



Source: *Brian A.* Finalized Adoption Compliance Report for August 2007 through July 2008.

[380] As discussed in Section Six, traditionally more than 80% of adoptions in Tennessee are "resource parent adoptions." See Section Six on page 151.

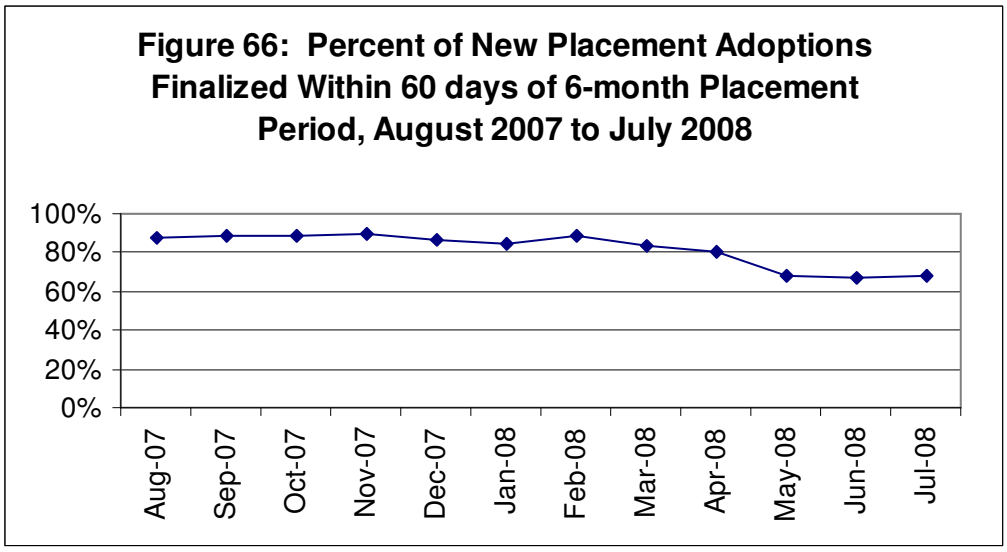
[381] As discussed in Section One, signing of the Intent to Adopt form is not an accurate measure of the beginning of a pre-adoptive placement. Nevertheless, the Department believes that use of the date of the Intent to Adopt form as a vehicle for distinguishing resource home adoptions from new placement adoptions makes sense.

[382] Resource Home Adoptions are those adoptions (total children) where the Intent to Adopt form was signed more than six months after placement.

2. *Timelines for "New placement" Adoptions*

If the adoptive placement is a new placement, the Settlement Agreement requires DCS to take all reasonable efforts to ensure that the adoption is completed within 60 days after the end of the six-month placement period provided the court did not issue any additional requests for information. (VIII.C.11.b)

The figure below shows the percentage of new placement adoptions finalized within 60 days after the end of the six-month placement period between August 2007 and July 2008.[383] The percentage of new placement adoptions finalized each month for the period from August 2007 to February 2008 ranged between 85% and 89%. A decline in the level of performance has occurred since that time, with the percent of new placement adoptions that were finalized within 60 days dropping to 80% in April, 68% in May, 67% in June, and 68% in July.



Source: *Brian A.* Finalized Adoption Compliance Report for August 2007 through July 2008.

I. Post Adoption Services (VIII.C.12)

The Settlement Agreement requires that DCS establish and maintain a system of post-adoptive placement services to stabilize and maintain adoptive placements, to which all adoptive families are to be entitled, and about which all resource parents are to be notified at the earliest appropriate time. (VIII.C.12)

The Department presently contracts for post-adoptive placement services with a program referred to as ASAP (Adoption Support and Preservation). This program offers intensive in-home services, support groups, educational forums and training opportunities, and helplines for adoptive parents. The program served over 636 clients in fiscal year 2007 with a disruption rate

[383] New Placement Adoptions are those adoptions (total children) where the Intent to Adopt form was signed six months or less after placement.

of 11% and a dissolution rate of less than 1%. In fiscal year 2008 the program served over 767 clients with a disruption rate of 11% and a dissolution rate of less than 1%.

The funds budgeted and expended for this contract were $1,385,195 (for fiscal year 2004-2005) and $1,663,600 (for fiscal year 2006-2007), $2,108,200 (for fiscal year 2007-2008), and $2,863,000.00 (for fiscal year 2008-09).

In order to ensure that resource parents are both aware of and understand how to access post adoptive services, the Department has modified its contract with its post-adoption services provider to require that the ASAP provider make personal contact with every adoptive family prior to the finalization of the adoption.

In addition to the post-adoption contract, the Department has recently entered into an additional contract with ASAP to provide pre-adoption counseling to adopting parents and children. The process involves connecting an ASAP worker with an adopting family during the adoption process. This pre-adoption counseling, which is for adopting parents, involves help with parenting skills, self-awareness of triggers, and other aspects of being an adoptive parent. The pre-adoption counseling also works with the adopting parent and the child together. The pre-adoption counseling was implemented in four regions (East, Shelby, Knox, and Davidson) in January 2008. Statewide implementation began in October 2008.

ASAP also provides post-permanency support to the subsidized permanent guardianship families to prevent disruption and reentry into care.

SECTION NINE: RESOURCE PARENT RECRUITMENT, RETENTION, AND APPROVAL

Because the Department is committed to placing children in family settings unless their special needs require congregate care placement, a major focus of the Department's reform effort must be on recruiting and retaining the numbers and types of resource homes that match the needs of the children coming into care.

A. General Infrastructure Related to Recruitment and Retention

The Settlement Agreement requires that the Department:

- establish and maintain statewide, regional, and local programs of resource parent recruitment; (IX. A)
- adequately staff recruitment teams in each region; (IX. B)
- maintain a statewide and regional support system for resource families; (IX.C.4) and
- to the extent possible, use existing resource families to recruit and retain new resource families. (IX.C.4.)

1. Development of Resource Parent Recruitment and Retention Plans

The Department's approach to resource parent recruitment includes a range of statewide, regional, and local activities. The Department has developed a statewide Recruitment and Retention Plan and each of the regions has developed its own region-specific Diligent Recruitment and Retention plan, focused on increasing the number of kinship, foster, and adoptive homes and supporting and retaining current homes.[384]

Considerable effort has been put into generating the data the regions need to develop their plans and to monitor implementation of those plans. The plans each include an analysis of the characteristics of the foster care population in the region and the characteristics of the present resource homes (DCS and private provider) in the region. Using this data, each region has identified shortages in the number and type of resource homes needed. Each plan includes goals, recruitment strategies, retention strategies, and plans for training and reassessment of homes. The regions update their plans annually. The plans vary greatly by region in level of detail and specificity.

[384] The plans were developed prior to the separation of the East region into two regions.

2. *Development of Resource Parent Database*

As discussed in previous monitoring reports, the Department has struggled to create a resource home database. The absence of such a database made it difficult for the Department to produce accurate information about current resource home capacity and to track the effects of recruitment and retention efforts.

Historically, the list of approved resource homes has included large numbers of resource homes that were not "active," either because the resource parents were declining to take children or because staff had concerns about the appropriateness of the homes, notwithstanding the fact that they had been approved at some point. The Department has worked hard to close homes that either were inappropriate for placement or were no longer able or willing to accept children. The Department is confident that the present resource home database is generally up-to-date and is not distorted by any significant number of technically "open" but "inactive" homes.

The Department now has the ability to produce aggregate reports related to resource homes, including reports on new resource homes approved, resource homes closed, and inquiries (people contacting DCS to inquire about resource parenting). Between July 1, 2007 and June 30, 2008, 1,963 DCS and private provider homes that had completed the full approval process were closed.[385] During this same time period, the Department received 2,118 inquiries;[386] and 1,379 new DCS and private provider resource homes were fully approved. This resulted in a net loss of 584 DCS and private provider homes.

As of June 30, 2008, there were 3,706 fully approved DCS and private provider resource homes in the resource home database, including fully approved expedited kinship resource homes.[387] In order to assess the success of the Department's efforts to increase its resource home capacity, TAC monitoring staff analyzed the "Approved Resource Homes Timeframe Report" from the time that the report first became available in December of 2006. As is reflected in Figure 67 below,[388] the Department's resource home capacity has been steadily declining over that time,

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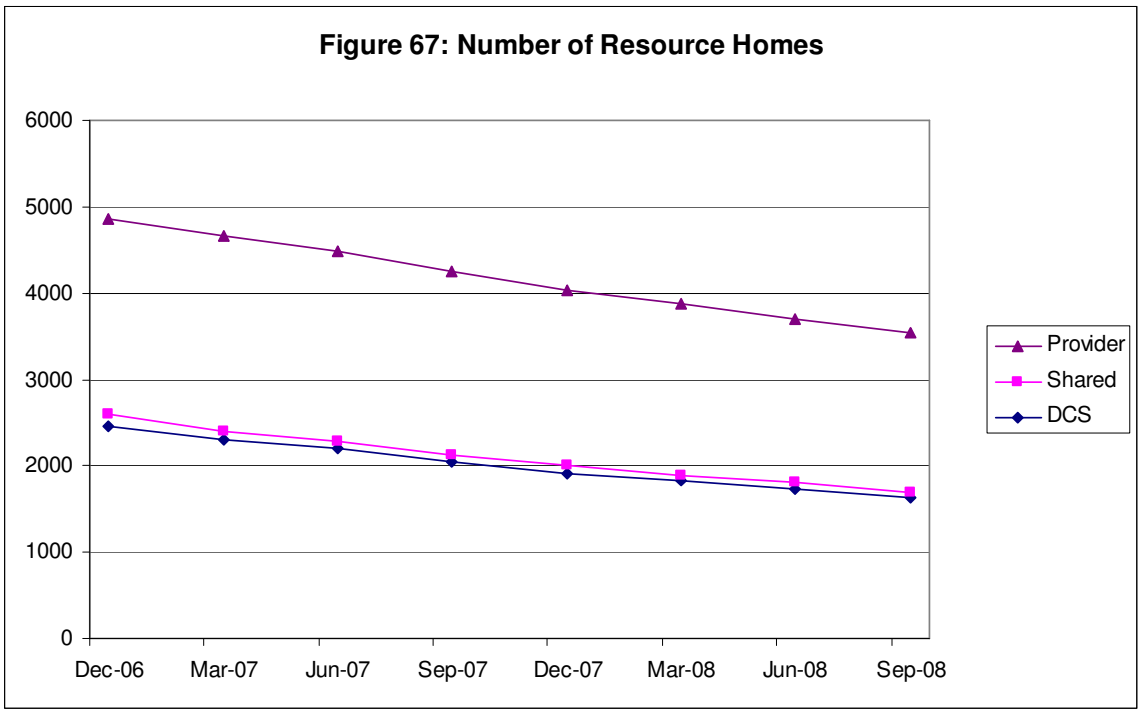
[385] An additional 767 homes were closed that had completed the initial expedited approval process—the process that allows placement of children in a kinship resource home in advance of being "fully approved", but were closed before completing the full approval process. Among the circumstances that would lead to such a closure would be those in which the child returned home prior to the approval process being completed and those in which the relative chose to take legal custody of the child rather than become a resource parent. These numbers apply to in-state homes only and exclude resource homes in other states that may house children through interstate compacts.

[386] A report is available in TNKids that lists people who have inquired about resource parenting. The report lists each prospective resource parent. For the purpose of this reporting, each individual address was counted to report on number of inquiries by resource home rather than resource parent.

[387] Resource homes that were initially approved with an expedited approval and have since completed the full approval process are included in the number of fully approved DCS homes; resource parents with an expedited approval who have not yet completed the full approval process are not included. (See page 240 for a discussion of the expedited approval process for kinship resource homes.) Shared homes are homes that take placements directly from DCS as well as from a private provider agency. These data are derived from the TNKids Approved Resource Home Timeframe Report. This number may exclude some resource homes that are technically unapproved on the day of the TNKids pull, because their reassessment has not been entered. Therefore, the actual number of available resource homes may be slightly higher than indicated in this report.

[388] Figure 67 is a "stacked line graph" showing the number of resource homes. The blue line indicates DCS resource homes, the pink line represents DCS homes plus homes that DCS shares with private providers, the purple line represents DCS homes, shared homes, plus private provider homes. The area between the pink line and the purple line reflects just private provider homes. This figure shows in-state homes only.

driven primarily by the decline in DCS resource homes (from 2,595 in December 2006 to 1,805 in June 2008), but also resulting from a net loss in private provider resource homes (from 2,267 in December 2006 to 1,901 in June 2008).[389]

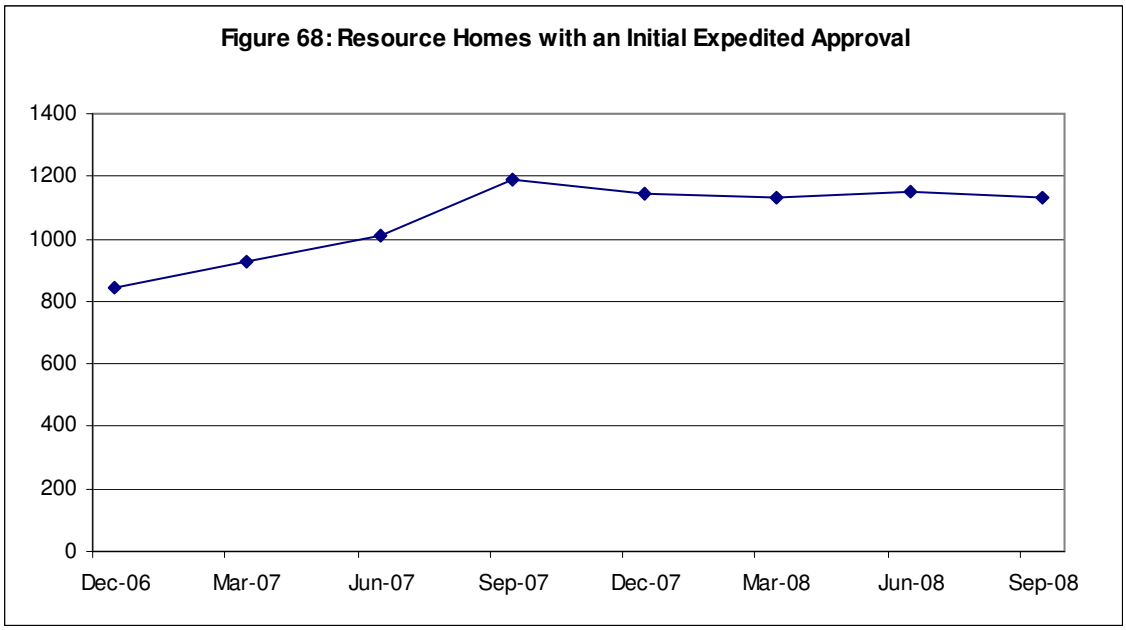


Source: TNKids Approved Resource Home Timeframe Report.

While the number of fully approved homes has declined steadily since December 2006, during the same time the number of expedited homes receiving initial approval increased dramatically from December 2006 to September 2007, and has remained relatively stable since that time. Figure 68 below shows the number of resource parents who were initially approved with an expedited approval. Both homes that have completed the full approval process and homes that have not completed the full approval process are included.[390] Additional analysis would be needed to determine the percentage of these expedited homes that were subsequently fully approved, and to determine, with respect to those which did not receive full approval, whether that was a result of a positive development in the case (e.g., a reasoned decision of the relative to take custody rather than continue to pursue approval; the safe return of the child to the parent prior to completion of the approval process) or the result of a determination that the home was unsuitable. In any event, the data does reflect an increased utilization of kinship placements.

[389] Resource homes that only have expedited approval but have not yet completed full approval are not included in the number of DCS homes.

[390] The expedited homes in Figure 68 include homes that do not currently have children placed in them at the time of the report. Homes that were initially approved expedited and have completed the full approval process are included in this figure.



Source: "TNKids Expedited Resource Home Timeframe Report."

Over the past year, the Department has developed a Resource Home Data Dashboard, generated from TNKids data stored in a separate reporting database (or "data warehouse"). The TNKids data is extracted, transformed and loaded or updated daily from the TNKids transactional database to the data warehouse. While analysis of reports in TNKids requires the user both to follow a series of steps to export the data into an Excel document and to have a working knowledge of Excel, the Dashboard's user-friendly format allows the user to easily organize the data into figures and tables for identifying trends. The user can also easily organize the data at different levels for viewing—statewide, by region, by county, by zip code, or by individual resource homes falling into a certain category, such as resource homes due for annual re-assessments in a given county.

Historically the regions have maintained their own regional resource home data. Early efforts by the Department to develop statewide resource home databases were notoriously unsuccessful. It is therefore not surprising that there has been some reluctance to abandon the regional databases and rely on the new central database. TNKids (and the dashboard) is presently able to provide accurate data on the number of homes, timelines to approval and similar information that is readily pulled from existing reliable statewide databases. However, when it comes to information that requires more intimate knowledge of the resource parent—the parent's preferences, behaviors that homes are willing to accept/able to handle, number of bedrooms or bed space in the home, and even information about allegations against or investigations of a resource parent—the Department is dependent on field staff entering this information into TNKids. At this point much of that information continues to be entered by the field into the regional database, rather than into TNKids. The Department leadership recognizes the challenge of getting the regions to give up their separate internal databases and conscientiously update the TNKids resource home database, and are working with the regions to address that challenge. The Department is committed to training all of the regions on the Dashboard system as a first step.

3. Staff Support for Recruitment and Retention

There are currently six Central Office positions related to Resource Home Recruitment and Retention. Five of the positions are filled and one position is currently vacant. At the time of the September 2007 Monitoring Report, the TAC reported that there were nine Central Office Foster Care and Adoptions positions. Each of these Central Office staff members is also responsible for providing technical assistance and support to one or two of the 13 regions. There is considerable variation from region to region in the staffing of its recruitment and resource home support units. There are no longer any regional positions with the title of "recruiter," and there are no regional staff members with full-time responsibilities for recruitment. The Department has taken the position that "recruitment is everybody's job." Based on a review of the regional recruitment plans, it appears that recruitment activities that are occurring are being carried out by staff members in resource parent support positions or resource linkage staff. It also appears that the level of effort being devoted to resource parent recruitment has varied widely from region to region.

There are 78 full-time resource parent support workers across the state. These positions have the following regional distributions: Davidson: five; East: six; Hamilton: four; Knox: four; Mid-Cumberland: nine; Northeast: eight; Northwest: four; Shelby: five; Smoky Mountain: seven; South Central: five; Southeast: five; Southwest: eight; and Upper Cumberland: eight.[391] Responsibilities vary by region, but resource parent support staff are generally responsible for monthly home visits with resource parents, approvals and re-approvals of resource homes, home studies, recruitment events and offering additional support to resource parents.

The recruitment and retention staff resources within the Department were supplemented for fiscal year 07 and fiscal year 08 (July through June) by an $850,000 contract with a private agency. The goal of this contract was to expedite the approval process by assisting with home studies. The Department also contracted with private agencies to supplement resource home recruitment, retention, and approval resources within the Department.

For fiscal year 09, several different private agencies will be contracting with different regions to conduct home studies. The Department is also expanding its contract with two private agencies to include more activities, including conducting Exit Interviews with closed DCS resource homes and providing support groups and grief and loss counseling to resource parents.[392]

As was the case at the time that the TAC issued its September 2007 Monitoring Report, the TAC is not able to determine the extent to which the staffing devoted to resource home recruitment and retention is sufficient to support the work outlined in the regional recruitment and retention plans. In the past, obstacles to resource parent recruitment and retention have included slow response times to initial inquiries from those interested in becoming resource parents, delays in connecting potential resource parents with training that was convenient and accessible, and the

[391] Many of these staff persons may have other responsibilities as well.

[392] The Department's experience with these private agency contracts has been mixed. One agency has provided uniformly high quality services and the Department has therefore appropriately looked for other opportunities to expand the work with them. The other agency's work has been satisfactory in some regions, but of poor quality in others. The Department should make the continuation of that contract contingent on making prompt, significant improvements in those regions in which the agency performance has failed to meet the regions' expectations.

inability of the Department to complete home studies in a timely manner for those who successfully completed the training.

The Department now has the capacity to produce accurate data on the resource home approval process, from initial inquiry through approval. This will allow the Department to look at the time-lines associated with each stage of the process and determine the extent to which staffing shortages are interfering with the timeliness of the process.

The Department indicated in September 2007, that it was in the process of determining the regional staffing and/or ongoing contract service availability that will be necessary to ensure the capacity to carry out recruitment efforts, complete home studies in a timely manner, and provide the level of attention to and support of resource parents that is contemplated by the statewide and regional resource home recruitment and retention plans. The Department has not provided the TAC with any further information regarding the results of this work. In December 2008, each region will be reporting to Central Office staff the region's progress toward achieving the goals identified in the regional recruitment plan and discussing barriers and obstacles to success.[393]

The implementation of the Placement Services Division and Unified Placement Process is intended to bring together one group of persons with responsibilities related to resource home recruitment, resource parent support, placement and Utilization Review to conduct an ongoing analysis of regional resource needs, and to develop and implement plans to address these needs. While the Department recognizes it has not fully achieved this aim in practice, there is a vision for recruitment and support.[394]

In any event, as discussed above, the Department has experienced a decline in its resource home capacity, and as discussed in Section One, Tennessee does not appear to be as successful in utilizing kinship resource homes as they believe they should be (based both on the present level of variation among Tennessee's regions and based on what other jurisdictions have accomplished). It is not clear whether or to what extent this is related to the level of DCS staffing for resource home recruitment and retention.

4. Resource Parent Support Activities

In considering whether resource families are properly supported, it is important to understand both the specific services made available to them and the kinds of interactions they have on a daily basis with the caseworkers responsible for the children in their care, and other regional staff with whom they interact.

The Department's present statewide and regional support system for resource parents includes a number of components. The Department supports and works closely with the Tennessee Foster Adoptive Care Association (TFACA), the state association of resource parents, both at the Central Office level and within the regions. The Department is presently partnering with the

[393] The regions could not reasonably be expected to present their plans until budget reductions and staffing cuts necessitated by the combination of threatened reductions in federal funding and a shortfall in projected state revenues were finalized in August.
[394] See Section Six page 273 for more discussion regarding Unified Placement and the Placement Services Division.

TFACA on the resource parent mentor program, a program which links experienced resource parents with new resource parents.

The Department has continued to support the "Foster Parent Advocate" program. The original purpose of the Advocate Program was to provide information to resource parents about the Foster Parent Bill of Rights, to help resolve disputes that a resource parent may have with a DCS staff person, and to provide information on the investigation process to any resource parent against whom an allegation of abuse or neglect is made. There are currently 19 advocates across the state, with one region having vacant advocate positions. The number of advocates per region as of June 2008 is as follows: Davidson: two, East: one, Hamilton: two, Knox: one, Mid-Cumberland: three, Northeast: one, Northwest: two, Southeast: one, Southwest: two, Shelby: four, Smoky Mountain: not listed yet, South Central: one (vacant) and Upper Cumberland: one.

The Department now contracts with a private agency to manage and support the Advocate Program and the improvement in the quality of support provided by this private agency has had a significant positive impact on the program. The Program is not only better serving its original purposes, but it is becoming a more active partner in system improvement efforts.

The managing agency for the advocacy program has been able, through a grant, to provide the foster parent advocates with laptop computers and wireless internet to access the newly developed Foster Parent Advocate website. Through the use of available technology, the Advocate Program will not only be able to improve its communication with resource parents, but it will be able to collect, track, aggregate, analyze and report data generated by the complaints that it receives from parents. The managing agency will also be providing professional development training to the advocates.

The Department has also partnered with the same private agency to produce the website www.parentachild.org to facilitate easy access to information and support.

The Department has also established the All Families Matter hotline, a toll-free phone number, answered by Central Office Foster Care and Adoption staff.[395] Resource parents can call this number if they have any concerns, questions, or complaints that they want DCS to address. The Central Office staff persons taking the call are responsible for working with the regional staff to address the matters raised through these phone calls. The Department indicates that many of the phone calls result from either miscommunication or lack of communication between the resource parent and regional staff and can be successfully addressed. However, the Department does not currently do any tracking of these calls and the Department has not provided any information that would allow the TAC to determine whether resource parents are utilizing this hotline as intended and the extent to which the concerns raised by those using the hotline are effectively addressed.[396]

The Department has encouraged regions to include resource parents in various regularly held meetings, such as regional Continuous Quality Improvement meetings, recruitment, retention

[395] It is not clear how resource parents are made aware of this hotline and the phone number.

[396] The Department also has an Office of Legislative and Constituent Services which is available to receive complaints and similarly works to address those complaints by communicating with regional staff. The staff working the All Families Matter Hotline coordinate their work with that of the Office of Legislative and Constituent Services.

and support workgroup meetings, and regional leadership meetings; however, the extent to which resource parents are involved varies considerably from region to region. Resource parent representatives participate in regularly held Central Office meetings related to Special Investigations.[397]

Since March of 2004, the Department has contracted with private agencies to provide support for adoptive parents through the Adoption Support and Preservation (ASAP) program. As discussed in Section Eight, this program offers intensive in-home services, crisis intervention, support groups, educational programs, and help lines for adoptive parents. For fiscal year 07 (July 2006 through June 2007), the program served over 636 clients with a disruption rate of 11% and a dissolution rate of less than 1%. In fiscal year 08 the program served over 767 clients with a disruption rate of 11% and a dissolution rate of less than 1%.

The Quality Service Review includes a specific focus on the quality of the support that the Department provides to resource parents. The QSR indicator for Resource Home Supports requires the reviewer to determine whether the resource family is being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that meets the child's daily care, development, and parenting needs.

Table 52 presents the number and percentage of *Brian A.* cases receiving acceptable scores for Resource Home Support in the past three annual QSRs. Only cases of class members placed in out of home family settings are presented. The resource homes reviewed for this indicator included both resource parents and pre-adoptive parents. Children with finalized adoptions are not included in the QSR sample.

Table 52: Percentage of Acceptable QSR Cases

	2005-2006	2006-2007	2007-2008
Resource Home Supports	**80%** (132/164)	**83%** (127/153)	**81%** (109/134)

Source: Annual QSR finalized database.

These results are consistent with feedback received from resource parents who participated in the telephone survey discussed in Section Six. The survey included questions related to resource parent support. While the TAC monitoring staff did encounter situations in which resource parents felt unsupported or required additional help or information,[398] the majority of resource parents shared positive experiences. Forty-six of the 57 (81%) resource parents surveyed felt they were receiving a mid to good or great level of support from DCS and/or their private provider agency. Approximately 40% of respondents were members of a Foster Parent Association or participated in the Mentoring Program. Several respondents were presidents of their local Foster Parent Associations, foster parent mentors or advocates, and/or PATH trainers.

Finally, the Department has taken another step aimed at assessing resource homes and supporting resource parents. At least partially in response to tragedies that have occurred over the past year

[397] See Section Three page 87.
[398] The TAC referred these on to the Director of Foster Care and Adoptions for follow-up.

in private provider resource homes,[399] the Department launched Project ASK: Accountability Support and Knowledge.

Project ASK is a targeted review of all resource homes that as of April 2008 were fostering at least one child 13 years or older. The Department designed Project ASK to accomplish two main objectives: (1) to evaluate resource homes and ensure the safety and well-being of the youth and resource parents in the home; and (2) to provide support to resource parents by visiting them, listening to them, and linking them with services or trainings that may be able to enhance their abilities and experiences as resource parents and address concerns or issues identified by reviewers or resource parents. For this review, each region was to partner with the private providers in its area, to review the case record and conduct a face-to-face visit with every resource parent in Tennessee, DCS or private provider, who serves the teenage population.[400] All of these resource homes were to be reviewed and visited by a two person team, made up of a DCS staff person above the case manager level and a private provider staff person.[401]

The Department has just received an analysis of the ASK survey data from TCCW, summarizing information gathered on: background checks and related concerns; safety checks and related corrective action steps; and feedback from resource parents related to the adequacy of resource parent training and support, and whether children in their care are receiving the services they need.

The Department is reviewing the results of Project ASK and determining both how to respond to the findings and whether to conduct a similar survey of resource homes serving younger children.

Quality Service Reviews, surveys of resource parents, focus groups, and targeted interviews have identified examples of high quality work with resource parents in every region, where training, mentoring, day-to-day supports, and case manager responsiveness won praise from resource parents. Nevertheless, the Department recognizes that one of the basic elements of an effective regional support system for resource parents—good communication and support from the case managers serving the children the resource parent is fostering—is not being uniformly delivered.

Based on feedback from resource parents, the Department recognizes that as much as resource parents appreciate special outings, award dinners, and recognition events, what is most important to an effective support (and retention) effort is ensuring day-to-day responsiveness of case workers and resource home support staff to questions and concerns that arise. Providing important information about children when they first arrive at the resource home and being especially attentive during the first days of placement, returning phone calls promptly, soliciting input from the resource parent, valuing the resource parents perspective, keeping resource parents "in the loop," and scheduling CFTMs to accommodate resource parent schedules and

[399] In the winter of 2007, a DCS child who was adjudicated delinquent died in a private provider resource home during an altercation with his resource father, and a private provider resource parent was shot and her two foster children, both with delinquent adjudications, are being charged with the murder.

[400] The population of homes that serve teenagers is based on all resource homes that had a teenager placed on either April 15, 2008 or April 30, 2008, according to the point-in-time pull from TNKids.

[401] When visiting private provider homes, private provider team members only reviewed resource homes from their own private provider agency (with a review partner from DCS). DCS homes were also reviewed by a two person team, made up of a representative from DCS and one from a private provider agency.

child care needs, are among the kinds of things that resource parents have identified as important to them.

5. Utilization of Resource Parents in Recruitment Efforts

The Department has implemented a set of financial incentives for resource parents who recruit new resource families. Each of the regions is expected to have at least one resource parent who has agreed to partner with the region on planning and implementation of recruitment efforts. Resource parents have been involved in: staffing recruitment booths at community events; handing out brochures and recruitment packets in their local communities, their places of employment, and/or their churches; and speaking or appearing in advertisements, public service announcements, commercials, and recruitment videos.

While the Department has taken steps to formally involve resource parents in recruitment, these efforts are frequently undermined informally by poor communication and lack of responsiveness to existing resource parents. The Department's Practice Standards and DCS policy are clear about the need for communication and openness; however, lapses in practice disincline resource parents to be involved in recruiting and make it more difficult for those who want to recruit to present the strongest case to prospective resource parents.

B. Additional Structural Requirements Related to Recruitment and Retention

The Settlement Agreement also requires that the Department:

- ensure the availability of a toll-free phone number in all regions to ensure access to information regarding adoption and the adoption process (including the approval process) and children available for adoption; (IX. A)

- respond to all inquiries from prospective resource parents within seven days after receipt; (IX.C.1)

- in consultation with the TAC, develop and implement a state wide program to ensure that the pool of resource families is proportionate to the race and ethnicity of the children and families for whom DCS provides placements and services;[402]

- identify specific staff to conduct exit interviews with all resource parents who voluntarily resign; and

- issue annual reports on why resource families leave DCS and what steps are necessary to ensure their retention. (IX. C)

[402] *"…provided however that individual children shall be placed in resource families without regard to race or ethnicity."* (IX.H)

The Department maintains a toll free number (*1-877-DCS-KIDS)* for recruitment material (information is also available on line at www.state.tn.us/youth/adoption.htm). The previously discussed website www.parentachild.org also contains information regarding recruitment and retention. This website has a link to the Adopt Us Kids (www.adoptuskids.com) website, which has profiles for the children in state custody who are in need of adoptive homes. The parentachild.org website also contains a calendar of events that includes available trainings, support activities, and recruitment events. The regions are encouraged to put their newsletters and other regional information for resource parents on the website, as well.

The Department has implemented a process through which contact information for all persons who have called the toll-free number, inquired about resource parenting by other means within the regions, and/or expressed an interest in receiving informational materials, is entered into TNKids. Each Friday, the list is pulled from TNKids by a designated unit within Central Office and an informational packet is sent to each person.

With respect to the requirement that the Department ensure that the race and ethnicity of resource families be proportionate to the race and ethnicity of the custodial population, the Department appears to be achieving this goal. Table 53 compares the race and ethnicity of resource parents available through DCS and private provider agencies with whom DCS contracts with the race and ethnicity of the custodial population as of May 2008.

Table 53: Custody and Primary Caretaker Race Comparison as of 5-29-08 (DCS and Private Provider Homes)

Race	Custody	%	Primary Caretaker	%
White	4180	66%	2809	64%
African American	1702	27%	1399	32%
Asian	14	0.2%	6	0.1%
Native Hawaiian/Other Pacific Islander	4	0.1%	5	0.1%
Multiple Race	205	3%	8	0.2%
American Indian/Alaska Native	7	0.1%	9	0.2%
Unable to Determine	195	3%	150	3%
	6307	100	4386	100

Source: TNKids Open Resource Homes Report May 29, 2008 and *Brian A.* Class List May 31, 2008.

The recent regional recruitment plans were developed using regional resource home data that included information on the extent to which the race and ethnicity of the region's resource homes reflects the race and ethnicity of the children in care from the region. The Department has identified a number of regions in which additional recruitment of minority resource parents is necessary to provide a resource pool within the region that is more closely proportionate to the race and ethnicity of the children in care from that region, and the regional recruitment plans for those regions include steps to target recruitment efforts to achieve that goal.

While Department policy has for a number of years required staff to conduct exit interviews with resource parents, those interviews were not conducted in a significant number of cases, and there were concerns about the quality of the information obtained from the interviews that were conducted. The Department revamped its exit interview process and beginning July 1, 2006, those interviews have been conducted by specially trained Central Office Foster Care and Adoption staff. While the Settlement Agreement only specifically names resource parents who voluntarily resign, the Department pulls a report from TNKids each month and attempts to

contact every DCS home that closed after the resource parents had completed the approval process

The Department issued its most recent Exit Interview Results report in the beginning of 2008 regarding exit interviews conducted with homes closed in 2007. In 2007, 216 resource parents completed the Exit Interview survey.[403] Resource parents were asked 23 questions, ranging in subjects from training to day-to-day support. Comparing survey responses from the second half of 2007 with those from the first half of 2007, there was an increase in positive responses from former resource parents in almost every area. The only item in the survey that showed no improvement compared to the first half of 2007 was the effectiveness of the resource parents' experience with the case managers of the children in the home.

Among the reasons resource parents gave for their decisions to no longer continue to foster children were: not being able to attend trainings because of work schedules; being closed by DCS when adopting a child or during a time of conflict between DCS and the resource parent; not getting the ages of children that they wanted; being "worn out" by the teenagers that they were "talked into taking" into their home, or "being pushed to adopt."

The following table shows the closure reasons listed in TNKids, entered by DCS staff, for the 2,011 DCS homes that closed during 2007, including homes that completed the initial expedited approval process but did not complete the full approval process, according to the "Closed Homes Report." As reflected in the table, 44% of the case closures reflect positively on the Department's performance: 13% have adopted and decided not to take any more foster children; and 31% were kinship resource homes whose interest in fostering was limited to the child that they were specifically recruited to foster. However, there is little else that one can conclude from the TNKids case closures since 43% of the case closures are for "other reasons."[404]

[403] To provide a better understanding of the response rate, the report lists reasons that resource parents chose not to complete the survey and acknowledged difficulties DCS staff had in finding up-to-date contact information for a number of resource parents.

[404] The Department has recognized this and recently made changes and additions to the Closure reasons in TNKids, including the removal of "Other Reason" as an option.

Table 54: Closure Reasons listed in TNKids for DCS Resource Homes that Closed during 2007		
Closure Reason	Number	Percent
Consistent failure to attend the group sessions or refusal to furnish completed forms within time frames requested	18	1%
Criminal charges or conviction	11	1%
DCS not disclosing all known information about the children prior to placement	2	0.1%
DCS not providing timely financial support of placements	1	0.0%
Demonstrated inability to sufficiently parent children in state custody	29	1%
Failure to complete in-service training	38	2%
Failure to meet minimum requirements for resource parents or residence	55	3%
Family began fostering to care for a relative solely and foster care is no longer necessary for this child	615	31%
Family has adopted and is selecting out of foster care	253	13%
Family to continue fostering but changing to another agency	16	1%
Feeling a lack of input to permanency planning for children	2	0.1%
Feeling disrespected by DCS	5	0.2%
Inability to cooperatively participate in permanency plans	1	0.0%
Inability to cope with children's behaviors	49	2%
Lack of agency support	4	0.2%
Lack of training offered by DCS	5	0.2%
Lifestyle not conducive to mental, ethical, and emotional development	8	0.4%
Medical problems (physical or mental) that inhibit the ability to care for the child	9	0.4%
Other Reason	862	43%
Unresolved concerns from the resource home study and training process	23	1%
Validated child protective services case	5	0.2%
Total	2011	100%

Source: Closed Homes Report January 1, 2007.

C. Resource Parent Approval Process

The Settlement Agreement requires that the Department:

- develop and maintain standards for the approval of resource families, utilizing nationally accepted standards that apply equally to DCS and private agency resource parents;[405] (IX.B)
- have regional and local offices handle the resource parent approval process; (IX.B)
- maintain dual approval process for resource parents;[406] (IX.A) and
- complete all home studies within 90 days of applicant's completion of approved training (PATH training), unless the applicant defaults or refuses to cooperate. (IX.C.1)

The Department's present policy regarding the regular approval process conforms to the requirements of the Settlement Agreement. The Department, in consultation with the TAC, has established standards and a process for approval of resource families that is consistent with nationally accepted standards and that apply equally to DCS and private provider agency resource parents. The Department's resource parent approval process is handled by regional and

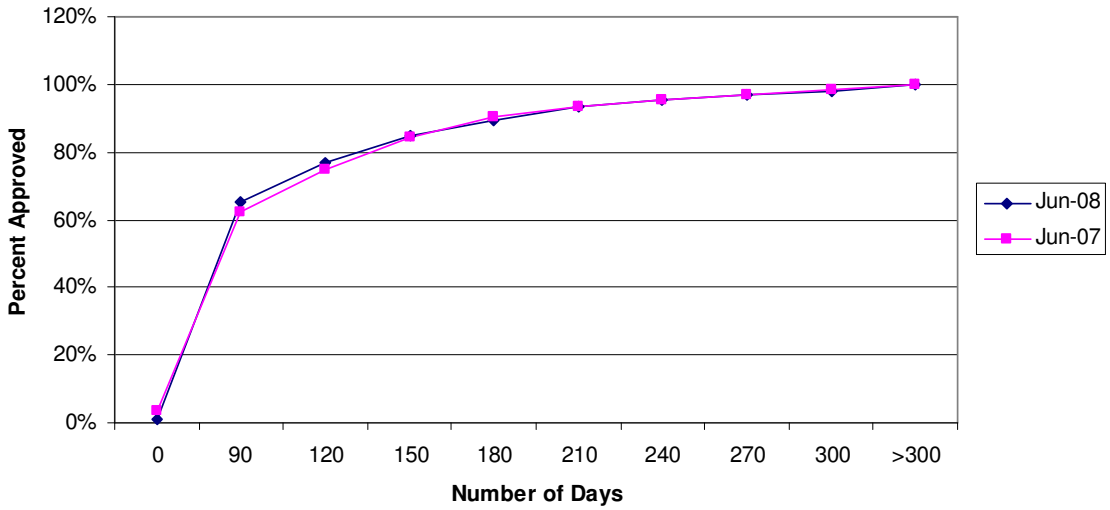
[405] The standards and approval process are to be established "*in consultation with the TAC*."
[406] The term dual approval process is taken to mean that the approval process qualifies parents to be both foster parents and adoptive parents.

local offices. The Department's resource parent approval process qualifies any resource parent who successfully completes that process for both fostering and adoption.

At the end of 2006, the Department adopted the Structured Analysis Family Evaluation (SAFE) as its new home study tool. Eight regions are using this tool for all home studies that DCS staff conduct themselves as of June 2008, and the other four regions will all be using it by the beginning of 2009. Over the summer of 2008, the Department offered training for private provider agencies, beginning with those contracted to do home studies for the Department, on using the SAFE home study tool.[407]

With respect to determining the efficiency of the approval process, a report in TNKids lists all currently approved resource homes and includes the date that the parents completed PATH, the date that they were approved, and other approval information. Figure 69 shows the percentage of approvals by number of days from completion of PATH to approval by resource home for resource parents who completed PATH in 2006 and for resource parents who completed PATH in 2007 and have been fully approved as of June 30, 2008.[408] Sixty-two percent were completed within the required time frame as of June 30, 2007 for homes that had completed PATH in 2006 and 65% were completed within the required timeframe as of June 30, 2008 for homes that completed PATH in 2007.

Figure 69: Length of Time from PATH Completion to Approval for Resource Homes that Completed PATH in 2006 or 2007 and are Approved as of June 30,2007 or June 30, 2008



Source: TNKids Approved Resource Home Timeframe Report.

[407] The tool focuses on assessing the strengths and needs of resource families in core areas related to: family relationships, family history, personal characteristics of the family members, the home environment, and factors related to general and specialized parenting.

[408] This calculation omits: resource parents who were participating in PATH in 2007 but had not completed it as of December 31, 2007; people who completed PATH in 2007 but are not approved as of June 30, 2008; and people who completed PATH in 2007 and were already approved and closed as of June 30, 2008. It gives an incomplete picture of the efficiency of the PATH training and approval process. Also, this calculation measures the time from PATH completion to full approval while the Settlement Agreement specifies time from PATH completion to the completion of the home study.

The Settlement Agreement also requires that no resource family receive a foster child for placement until the family has received resource parenting training.[409] There is an exception allowed for certain expedited placements with relatives.

To ensure that no child is placed with a family prior to completion of training and approval (with the exception of expedited placements), the TNKids placement field will not accept the entry of a resource home placement for a child if that resource home does not appear on the TNKids list of approved resource homes. It is therefore not possible to enter a resource home as a placement in TNKids that is not an approved home. When entering a resource home placement in TNKids, the person entering the placement into TNKids must choose from the list of open homes. If a placement field is left blank, a report is produced semi-monthly from TNKids that alerts the regional administrator and others in the regions and Central Office if any child does not have a current placement in TNKids. As of June 30, 2008 there were 12 children on this report. All 12 of these children entered custody in June.

The Settlement Agreement also requires that DCS provide a waiver process for relatives wishing to care for related children that would permit an expedited placement with a relative, prior to the completion of the approval process. Prior to the waiver of requirements, staff must have completed a home visit and conducted a local criminal records check. In situations where approval for placement has been granted under a waiver, all remaining approval requirements, including the relative's completion of approved resource parent training must be completed within 150 days. (IX.G)

The Department's present policy regarding the expedited approval process for relatives conforms to the requirements of the Settlement Agreement.

A report in TNKids lists all expedited resource parents and includes expedited approval information. As of June 30, 2008, there were 1,150 resource parents on the TNKids "Expedited Resource Homes Timeframe Report."[410] However, because of data entry problems, this report cannot be used to provide accurate data on the time frames for approval of expedited resource homes.[411] The Department anticipates being able to measure the timeframe with the upcoming enhancements to the Resource Home Dashboards.

The Department has appropriately placed increased emphasis on identifying and engaging relatives and fictive kin as soon as possible, providing those members of the child's extended family with information about the option of becoming a kinship resource family including the supports provided to kinship families and the availability of the expedited approval process for such families. Two regions, Northeast and Davidson, have been selected to receive some additional resources to help them increase the level of utilization of kinship resource homes.[412]

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[409] The training is to be specified in consultation with the TAC.

[410] This report lists all resource parents whose homes were initially approved as expedited homes in their current activation period.

[411] It is not clear that regional staff are using the "Approval Date" field consistently. For some resource parents, the approval date field will show the date for full approval, however for others, it will show the date for expedited approval.

[412] The Department has contracted with a private agency for technical assistance and has developed a Memorandum of Understanding outlining the goals and responsibilities of the regions, the consultants, and the Central Office, as well as the Tennessee Center for Child Welfare which will assist with the project.

Through these and other efforts, the Department is seeking to better understand the obstacles that are preventing better utilization of the natural circles of support of children coming into care as resource family placements and to design strategies to overcome those obstacles.

D. Training

The Settlement Agreement requires that the Department:

- maintain a statewide and regional plan for resource parent training, in consultation with the TAC; (IX. C)

- ensure that training classes are available (a) beginning every 30 days in every region; (b) at times convenient for foster and adoptive parent applicants; and (c) with individualized training available "as needed;" and

- ensure that each resource family receives additional annual training.

The Department uses the Parents as Tender Healers (PATH) curriculum, a nationally recognized curriculum, for pre-service training for resource parents. The Training Consortium is responsible for almost all pre-service training (PATH classes) and all first year resource parent in-service training ("CORE" classes). These classes are held regularly within each region. The Department maintains a list of regionally offered resource parent training classes and the training schedules are supposed to be available online through the website of the Training Consortium. A link to that schedule can also be found on the website www.parentachild.org. However, over the past several months, whenever TAC monitoring staff have tried to view the PATH schedule through either of these sources, neither site provided access to the schedule. The Training Consortium does have a Master Calendar available online that lists at least one PATH class being offered for the month of October 2008, in each region.

Convenience of PATH class offerings varies by region. It is much easier for prospective resource parents to find easily accessible PATH training when they live in geographically smaller urban regions than when they live in some of the geographically larger rural regions.

The Department has confidence in the quality of the regular PATH classes based on the structure of the classes, the quality of the Training Consortium trainers, and the feedback it receives on the classes from resource parents. In large part in response to feedback from resource parents, the Tennessee Center for Child Welfare has just finished a significant revision of the PATH training. The new PATH curriculum is expected to be piloted at the beginning of 2009.

PATH training is typically delivered to groups, but in appropriate situations, particularly with relatives and kin, the curriculum can be delivered on an individual basis. The regions remain responsible for the delivery of individualized PATH training to those for whom that training is appropriate.[413] The Department feels that it has further work to do in order to ensure that those

[413] Individual PATH training typically consists of in-home "tutorials" conducted by a PATH trainer, utilizing the same curriculum, materials and DVDs as used in classroom delivery. Individual PATH training is appropriate either

for whom individualized PATH training is appropriate, are effectively informed about the availability of that training, and also to ensure that the training is delivered effectively. The Department is developing guidelines for determining when the individualized training is appropriate, and a process for informing people about the individualized option and reviewing requests to receive the individualized training, in order to ensure that there is some uniformity in the delivery of the training. At present, the Department believes that there is considerable variation among and within the regions regarding all aspects of the individualized training.

After their first year, resource parents are expected to get their training in the form of electives that are available from a variety of sources. Resource parents are encouraged to select training topics based on their interests and needs. Some training, including Fostering Positive Behavior and Medication Administration for Resource Parents, is required in-service training. These credits can be obtained by attending the annual foster parent association training conference, special workshops, independent living training, or special events and trainings within the community.[414]

In order to ensure that each DCS resource family is receiving the required training, resource parent support units within the regions are required to review documentation that training has been completed as a part of the initial approval and annual reassessment process. Corrective Action Plans are issued and, according to the Department, resource homes will not be re-approved without documentation of annual training.

In order to ensure that each private provider resource family is receiving the required training, the DCS Licensing Unit and Program Accountability Review (PAR) Team review resource parent files during site visits. The Licensure Unit of DCS reviews a sample of resource parent files, at least semi-annually, for all contract agencies operating under a license issued by DCS, for compliance with licensing standards. They look for documentation of initial PATH training and required annual in-service training. PAR reviews all contract agencies annually for compliance with contract provisions issued by the DCS Child Placement and Private Providers Division and the *Private Provider Manual*. PAR checks for initial PATH training and training requirements after the first year.[415]

The TAC does not presently have sufficient information from which to determine the extent to which resource parents are in fact meeting the annual in-service training requirements.[416]

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when regular classes are not available within the time-frames necessary for the particular home involved or when the work schedule or other demands on the prospective parent's time make it impractical for them to attend the regular PATH classroom trainings. Some DCS staff may be unaware of this service.

[414] There have been some complaints from resource parents who count on the annual conference for their in-service training that required training sessions offered at the conference are frequently full. The Commissioner has asked TCCW and the Memphis State University School of Social Work (the organizers of the annual conference) to address this concern.

[415] See Section Twelve page 264 for further discussion regarding Supervision of Contract Agencies.

[416] As discussed in footnote 164, the Edison personnel data system has the capacity to track and report resource parent training.

E. Room and Board Rates for Resource Parents and Respite Care Stipend

The Settlement Agreement includes the following provisions regarding room and board rates for resource parents:

- all resource parent room and board rates, including those of private agency resource parents, are to meet USDA guidelines[417] and are to be adjusted annually to be no lower than USDA guidelines for the cost of raising children within the Tennessee region; (IX.D)

- specialized rates are to be established for both DCS and private agency resource parents providing services to special needs children; (IX. E.)

- relatives who are approved as resource parents shall receive the same room and board rates as those of non-relative resource parents; (IX.D.) and

- adequate and appropriate respite services are to be provided in each region to resource parents with special needs children. (IX.C.5)

1. DCS Resource Parents

All DCS resource parents, both relative and non-relative, receive the same room and board rates. The previous rates are reflected in Table 55 and the present rates are reflected in Table 56.

Table 55: Resource Parent Board Rates (Effective 11/1/2006)

	Age	Foster Care	Adoption Assistance	Subsidized Permanent Guardianship
Regular Board Rates	0-11 years	$20.62 per day	$20.57 per day	$20.57 per day
	12 years and older	$24.23 per day	$24.18 per day	$24.18 per day
Special Circumstances	0-11 years	$22.69 per day	$22.64 per day	$22.64 per day
	12 years and older	$26.65 per day	$22.60 per day	$22.60 per day

Source: DCS Intranet Web Site.

Table 56: Resource Parent Board Rates (Effective 3/1/2008)

	Age	Foster Care	Adoption Assistance	Subsidized Permanent Guardianship
Regular Board Rates	0-11 years	$22.62 per day	$22.57 per day	$22.57 per day
	12 years and older	$26.56 per day	$26.51 per day	$26.51 per day
Special Circumstances	0-11 years	$24.88 per day	$24.83 per day	$24.83 per day
	12 years and older	$29.22 per day	$29.17 per day	$29.17 per day

Source: DCS Intranet Web Site.

[417] The Settlement Agreement uses the term USDA "standards." The TAC assumes that the parties intended for resource parent room and board rates to meet the guidelines set forth in the USDA Center for Nutrition Policy and Promotion's publication: Expenditures on Children by Families. The Current Annual Report as of June 30, 2008 is the 2007 Publication. This publication reports estimated annual expenditures on a child by husband-wife families for the United States and five regional categories. Estimated annual expenditures are reported for three income categories. In this monitoring report, the USDA guidelines for estimated annual expenditures on a child by husband-wife families for the Urban South for the lowest income group and middle income group are presented.

Regular resource home board payments are available for all children in DCS custody or guardianship who are placed in approved homes. Special circumstance rates are designed for children with unique needs.[418] Extraordinary room and board rates (in excess of the special circumstances rate) can also be established on a case-by-case basis if the child's needs are so unique and extensive that they cannot be met at the regular or special circumstance rate.[419]

The following table compares the Department's standard and special circumstance board rates (set forth in the second column) to the USDA guidelines for the daily cost of raising children for the lower and middle income group (set forth in the first column), excluding expenditures for health care and child care.[420]

Table 57: Comparison of USDA Guidelines and DCS Board Rates

Age of Child	Estimated Daily Expenditures Lowest/Middle	DCS Board Rates Regular/Special Circumstances
0 - 2	$16.03/$21.92	$22.62/$24.88
3 - 5	$16.30/$22.36	$22.62/$24.88
6 - 8	$17.64/$23.95	$22.62/$24.88
9 - 11	$18.49/$24.82	$22.62/$24.88
12 - 14	$21.15/$27.45	$26.56/$29.22
15 - 17	$20.49/$27.10	$26.56/$29.22

Source: USDA Center for Nutrition Policy and Promotion's publication: Expenditures on Children by Families and DCS Intranet Website.

The DCS room and board rates exceed the USDA guidelines for the cost of raising children in Tennessee for the lowest income group designated by the guidelines and, for some of the age ranges, for the middle income group as well. The rates are slightly lower than the USDA guidelines for the middle income group for other age ranges.

With respect to respite services, the Department has allocated an additional $600 per year (the annual cost for two days of respite care each month) for every resource family to allow those families to purchase respite services. Each resource family receives this additional payment whether they actually use it for respite care or not.

[418] According to the policy, the unique needs may be related to a diagnosed medical or mental health condition. They may also apply if a child requires a level of supervision exceeding that of his or her peers or extra care because of physical, emotional or mental handicaps. Children with special behavioral problems or alcohol and drug issues may also be eligible.
[419] DCS Policy 16.29 Resource Home Board Rates.
[420] Tennessee provides health care and child care as a separate benefit and covers all costs associated with these areas. Therefore, resource parents are not financially responsible for these expenditures.

2. Private Provider Resource Parents

Department Policy 16.29 requires that private provider agencies must provide board payments to resource families that meet the Southeastern USDA Guidelines. By contract provision, private agencies are required to pay their resource families a daily rate that meets the Settlement Agreement provision requirements. The private provider agencies have traditionally paid their resource parents at higher rates than DCS, in part because private provider agency resource homes are utilized by DCS primarily for children with higher levels of care.

In September 2008, the TAC conducted a survey of private providers to determine the extent to which the lowest board rate paid by those agencies met or exceeded the USDA guidelines.[421]

While the USDA guidelines categorize expenditures according to the age of the children, the board rates paid by most private provider agencies are determined by the child's level of care, not by the child's age. For purposes of this report, the TAC is reporting the lowest rate in the private providers board payment schedule (usually the Level I rate); however, most children being served by private provider agencies are classified as Level II or Level III.[422]

Of the 33 private providers with whom DCS contracts for resource homes, there are 26 private providers whose lowest scheduled board rate meets or exceeds the USDA guidelines for the lowest income group.[423] The lowest scheduled board rates for each of the seven remaining private providers meet or exceed the USDA guidelines for the lowest income group for some but not all ages. Only by knowing the levels and ages of the specific children served by these seven agencies, is it possible to say how many private provider resource parents are actually being paid a board payment that is less than the USDA guideline rate. TAC monitoring staff identified 15 *Brian A.* class members in private provider resource homes on September 30, 2008 for whom the board payment was less than the USDA guideline for their ages.[424]

Private provider lowest scheduled board rates were also compared to the regular (not special circumstances) board rates currently paid by the Department to DCS resource homes. The lowest scheduled board rates for resource parents of nine private provider agencies exceed the DCS regular rate for all ages. The lowest scheduled board rates for 11 private provider agencies meet or exceed the regular DCS rate for some but not all ages. The lowest scheduled board rates for the remaining 12 private provider agencies are below the DCS regular board rate for all ages.[425]

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[421] All 33 agencies identified by the Department as providing resource homes for DCS children were contacted and each provided the TAC with information on their lowest board rates.

[422] Beyond the increased board rates associated with a child's higher level of care, some private provider agencies reported that resource parents get paid a higher rate after they have been fostering with the agency for more than one year and some offer higher board rates to parents who have attended certain specific training or completed certain paperwork or documentation requirements.

[423] When measured against the USDA guidelines for the middle income group, there are only four providers whose lowest scheduled board rates meet or exceed the USDA guidelines. The lowest scheduled board rates of 20 providers meet or exceed the USDA guidelines for the middle income group for some but not all ages. The lowest scheduled board rates for the remaining nine agencies are below the USDA guidelines for the middle income group.

[424] Reviewers did not consider clothing allowance in the calculation of the board rate.

[425] Again, without knowing the levels and ages of the specific children served by these agencies, it is not possible to say based on this survey data how often private provider resource parents are actually receiving board payments that are lower than the regular DCS resource home board rate.

F. Additional Provisions for special needs children

The Settlement Agreement also requires the Department to:

- ensure that resource parents caring for special needs children are provided specialized training necessary for the care of special needs children; and

- continue to contract with private agencies for the provision of therapeutic foster care and medically fragile foster care.[426] (IX. E)

At the time of the September 2007 Monitoring Report, the Department was in the process of developing a policy to make clear the requirement that specialized training must be provided for resource parents who are serving medically fragile and special needs children. The Department indicated that it was developing a plan for monitoring medically fragile and therapeutic resource homes in order to be able to ensure that the specialized training is being provided.

The Department contracts with three private provider agencies to serve medically fragile children. The DCS Health Unit nurses have lists of the medically fragile children and monitor the children individually. However, while the contracts have expectations related to the scope of services and while many of these resource parents have special professional training and experience related to the medically fragile children they are caring for, there is no specific provision requiring specialized training.

The Department is developing a new Scope of Services regarding the current Level System for children, which will include detailed expectations for agencies providing therapeutic foster care services. The Department hopes to implement these expectations for the contract cycle that begins in July 2009.

The Department continues to contract with private provider agencies for the provision of therapeutic foster care and medically fragile foster care. The Department presently has 1,877 such private provider resource homes under contract.

G. Adoption Assistance

The Settlement Agreement requires that all potential adoptive families, including resource families caring for a child with special needs who has become eligible for adoption, will be advised of the availability of the adoption subsidy, with the notification documented in the child's record, and the family's access to such subsidy facilitated. (IX. F)

[426] The Settlement Agreement also provides that the details concerning provision of foster care to special needs children will be presented to the TAC for consultation, including the issue of establishing minimum resource parent payment rates for categories of special needs children. The Department is to follow all TAC recommendations for program modifications (IX E). The TAC has previously reviewed payment rates for categories of special needs children.

The Department requires all resource parents who are interested in adopting a particular child to complete an "Intent to Adopt/Application for Adoption Assistance Form" as one vehicle for ensuring that adoptive parents have knowledge of the availability of adoption assistance. The form includes the application for assistance and also serves as the file documentation required by this provision of the Settlement Agreement.[427] In addition, as discussed in Section Eight, the Department has expanded the scope of its post-adoption services contract with a private provider to include working with families who have signed "Intent to Adopt" forms, to provide pre-adoptive counseling including ensuring that families understand their eligibility for adoption assistance and have help applying for such assistance.

[427] The Intent to Adopt adequately serves this purpose, notwithstanding the limited value it has as a surrogate measure for the time of placement in a pre-adoptive home. See footnote 109.

SECTION TEN: STATEWIDE INFORMATION SYSTEM

The Settlement Agreement requires that DCS implement a statewide information system that:

- is a functional system (X.A.), capable of providing system wide reports, including AFCARS reporting capacity (X.B); and
- is subject to an intensive data clean-up, periodic audits to ensure accuracy and validity, and an audit every 12 months to ensure ongoing accuracy of data. (X.C)

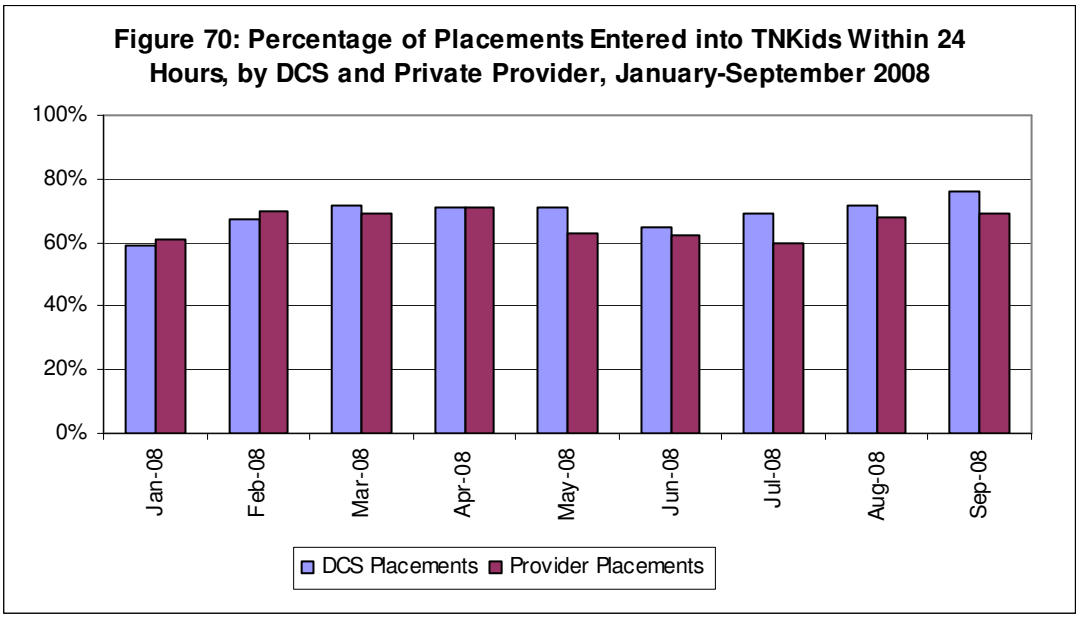
The Settlement Agreement requires that the Department conduct an evaluation of the data system, in consultation with the TAC, and follow recommendations of that evaluation.

As discussed in previous TAC reports and as is demonstrated by the data reports that the TAC has been able to rely on for the production of this report, the Department has implemented a functional statewide information system that is presently accomplishing what is called for by the Settlement Agreement. The Department has continually improved the functionality of its data system while at the same time moving forward on a plan to develop and implement a successor SACWIS system, the Tennessee Family and Child Tracking System (TFACTS), scheduled to be implemented during 2010.

The Department has conducted a variety of data clean-ups over the course of the last several years. The Department regularly runs error reports and technological checks of various data fields as part of its ongoing effort to ensure the accuracy of TNKids data. Data clean-ups have been part of each new TNKids build, and the Department has also conducted intensive data clean-ups to improve the accuracy of data about which there was particular concern, such as parent-child visits and sibling visits.

Examples of regular data cleanings conducted by the Department include: custody intakes that have not been assigned, children with no active placement recorded, placements entered in TNKids more than 24 hours after the placement occurred, children for whom an updated permanency plan has not been recorded in the past 12 months, *Brian A.* children whose placement is recorded as detention, cases with no case recordings entered during the month, and case recordings entered more than 30 days after the activity occurred.

As reported in the September 2007 Monitoring Report, the Department had identified delays in updating TNKids data, particularly related to placements, as an ongoing problem. Staff from the regions and Central Office worked with TNKids staff to develop region-specific plans to improve the timeliness of the entry of placements into TNKids. Implementation of these plans began in late 2007, and the Department began producing regular reports to track the time between the actual placement date and the date of the entry of the placement date into TNKids. Figure 70 displays the percentage of placement dates entered within 24 hours of the actual placement for DCS and private provider placements. As reflected in the figure, the percentage of DCS placement dates entered into TNKids within 24 hours has improved since January 2008, reaching its highest point so far of 76% in September 2008. Placement date entry for private providers has also improved since January 2008, with 69% of placements entered within 24 hours during September 2008.



Source: TNKids "Summary of DCS Only Placements Entered More than 24 Hours" reports and TNKids "Summary of Private Provider Placements Entered More than 24 Hours" reports for the period from January 2008 through September 2008.

The Department conducted a TNKids audit for calendar year 2006 in which reviewers compared documentation in the children's hard case files with data entered in TNKids.[428] The audit report lists the following objectives for the audit:[429]

- to determine whether the children's demographic information (legal name, social security number, and date of birth) was entered correctly in TNKids and marked as verified in TNKids;
- to determine whether there are case recordings in TNKids for each month that the children were in custody;
- to determine if case recordings indicate a client face-to-face contact for each month of custody;
- to determine if the case recordings were entered in TNKids within 30 days of case activity;

[428] The Tennessee Comptroller of the Treasury also conducts an annual audit of the Department's financial statements and major federal programs, including Foster Care Title IV-E and Adoption Assistance. This audit includes an examination of documentation regarding case manager visits with children in custody. The Comptroller also conducts regular reviews of the Department's internal control and compliance with laws, regulations, and provisions of contracts and grant agreements, including Chafee expenditures. In addition, the Comptroller conducts special reviews, such as the audit of CPS investigations of child deaths released in May 2007. All of these audit reports can be accessed online through the Comptroller's website at http://www.comptroller1.state.tn.us/AuditsAndReportsSearch/CatSearch.aspx.

[429] *Department of Children's Services, Office of Inspector General, Division of Internal Audit TNKIDS Audit Report for the Period January 1 – December 31, 2006.*

- to determine whether the children's court disposition information (disposition decision and disposition date) and adjudication information (adjudication date and decision) has been entered correctly in TNKids;

- to determine whether the children's permanency plan information (plan date and plan goal) has been correctly entered in TNKids;

- to determine if ratification information entered in TNKids agrees with a ratified permanency plan in the client's case file;

- to determine whether the children's TNKids placement information agrees with the paper case file, pre-placement authorizations and de-authorizations; and

- to determine if daily rate data for contract payments agree between TNKids and TNKids Financials.

The annual TNKids audit has always consisted of an examination and comparison of the information in the TNKids electronic file and the "hard copy file." At the time that the Settlement Agreement was entered and this audit approach was developed, the TNKids system was so problem plagued and limited in its capacity to receive and report data that the hard file was considered to be the more accurate and more complete repository of individual case information. Because TNKids aggregate reporting capacity was so limited, sampling and review of hard copy files was the only way to generate data on some of the areas that the audit was charged with examining.

With the dramatic improvements in TNKids, the Department has moved to an increased reliance on the "electronic file" and a de-emphasis of the "hard copy file." It is the electronic TNKids file that is the official case file and the priority is in making sure that the TNKids file is complete and accurate. In addition, because of the TNKids enhancements, the Department now has the ability to produce reliable aggregate data on such critical activities as face-to-face contacts between case managers and children. TNKids also now has its own automated auditing process—the generation of regular error reports mentioned above—that makes much of what the annual audit was intended to look at obsolete.

Notwithstanding these developments, the 2006 audit continued to utilize the comparison of the TNKids file with the hard copy file as the primary methodology and calculating and reporting as a TNKids error any lack of documentation, error, or omission in the hard copy file, irrespective of whether the "official case file"—the TNKids electronic file—is complete and accurate. This limits the value of the audit for assessing the accuracy of TNKids. In addition, the auditors continued to look at and report on areas that are already the subject of more complete and more accurate aggregate data reporting and for which there are already related error reports that the Department is using to improve TNKids accuracy. It makes little sense to use the audit as a vehicle for examining areas that are better audited through the running and reviewing of error reports. The 2006 audit findings and the Department's responses are included as Appendix O.

Given the limited value of the TNKids audit when focused on reviews of child specific files, the Department, in consultation with the TAC, has appropriately decided to focus the next annual

audit not on child specific TNKids data but rather on TNKids data and files related to resource homes. The Department believes that such an audit would help generate information, not available through other means, that would help ensure that those files are accurate and complete.

The Department's interest in focusing the audit on resource home related data is part of a broader focus that the Department has had on providing readily accessible resource data to the field. Over the past year, the Department has developed a Resource Home Data Dashboard, generated from TNKids data stored in a separate reporting database (or "data warehouse"). The TNKids data is extracted, transformed and loaded or updated daily from the TNKids transactional database to the data warehouse. While analysis of reports in TNKids requires the user both to follow a series of steps to export the data into an Excel document and to have a working knowledge of Excel, the Dashboard's user-friendly format allows the user to easily organize the data into figures and tables for identifying trends. The user can also easily organize the data at different levels for viewing—statewide, by region, by county, by zip code, or by individual resource homes falling into a certain category, such as resource homes due for annual re-assessments in a given county.[430]

The Department is considering developing similar Dashboards for other program areas, weighing the resources needed to develop additional Dashboards against the resources needed for SACWIS development and implementation.

[430] See Section Nine at page 229 for further discussion of the Resource Home Data Dashboard.

SECTION ELEVEN: QUALITY ASSURANCE

A. Required Establishment of Quality Assurance Program (XI.A)

The Settlement Agreement requires the Department to create a Quality Assurance Program directed by a Quality Assurance (QA) Unit. The QA Unit is to:

- assure external case file reviews and monitoring;
- assure an internal method for special administrative reviews;
- track, coordinate, and integrate all DCS quality assurance activities; and
- provide attention to the follow-up needed to improve services and outcomes.

The unit is required to coordinate with and complement the activities of the Court Monitor.

The Department created a small Quality Assurance Unit in 2001. However, as the Department developed a more sophisticated approach to quality assurance, the role and responsibilities of that unit expanded. In the latest development in the evolution of the Department's Quality Assurance Program, the Department has established the Office of Performance and Quality Improvement (PQI), which is now responsible for the specific QA Unit responsibilities enumerated in the Settlement Agreement.[431]

The creation of the PQI Office was in large part designed to ensure the capacity to track, coordinate, and integrate the variety of quality assurance activities that the Department is engaged in by consolidating many of these activities under the direct oversight of the PQI Director. Prior to the creation of the PQI Office, quality assurance related functions were distributed among a variety of units and divisions, creating considerable confusion about roles and responsibilities and limiting the effectiveness of the Department's quality assurance efforts.

Because the consolidation of activities and the Central Office restructuring associated with it is relatively new, the PQI Office is in the process of developing and implementing structures for tracking, coordination, and integration of these activities.

B. Staffing of the Quality Assurance Unit (XI.C)

The Settlement Agreement requires that the Quality Assurance Unit be directed by a person with appropriate qualifications who reports directly to the Commissioner.[432] The QA Unit is to be adequately staffed, and staff are to be adequately trained.

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[431] The term "QA Unit," as used in this section, therefore refers to the Office of Performance and Quality Improvement.

[432] As a technical matter, under the present organizational chart, the Executive Director reports to a Deputy Commissioner rather than directly to the Commissioner.

The PQI Office is presently a 44 position division headed by an Executive Director.[433] The Executive Director is a member of the Central Office Core leadership team and has regular and frequent contact and communication with the Commissioner and both of the Deputy Commissioners with responsibility related to *Brian A.* class members.

Most of the regions have two positions—a Continuous Quality Improvement (CQI) Coordinator and a Data Analyst—that technically are under the direction and supervision of the regions but function as the regional extension of the PQI Office. One position is focused on developing the regional CQI team process; the other is focused on improving the regional capacity for understanding and using aggregate data reports. Two regions (Mid-Cumberland and Southwest) have a third position—a CQI Specialist—that provides additional support for the coordinator and data analyst. Currently, there are 21 CQI staff devoted to CQI statewide.[434] Of the 21 staff devoted to CQI, there are two Central Office positions, 13 CQI Coordinator positions, and six Data Analyst positions, all of which are currently filled.

The Department has provided a number of training opportunities for the PQI Office staff, including training related to Quality Service Reviews (QSRs), CQI, SAS (a statistical and performance management system), and the Council on Accreditation (COA) accreditation process. Most staff have received at least some specific quality assurance related training.[435]

C. Reporting Requirements

The Settlement Agreement requires that the Quality Assurance Unit:

- provide regular periodic reports; (XI.B) and
- conduct specialized case record reviews on issues addressed by the Settlement Agreement. (XI.B)

The QA Unit is required to issue reports at least every six months. (XI.E) The reports are to be public record unless disclosure is prohibited by law (XI.D); are not to include information that would identify particular children (XI.D); and are to be provided to both the Commissioner and the Monitor. (XI.E)

The PQI Office presently issues the Quality Service Review reports (both regional reports issued as the reviews are completed and statewide reports as the data from each of the regions is combined), quarterly case process review reports, and an Annual Report. The PQI Office also conducts and reports the results of specialized case record reviews on issues addressed by the Settlement Agreement, including a review of the quality of SIU investigations.

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[433] This number is according to the Office of Performance and Quality Improvement Staff Organizational Chart, August 2008. Three of the 44 positions are vacant subject to the State hiring freeze.

[434] The majority of CQI staff have additional responsibilities, such as a CPS Team Coordinator or Acting Regional Director.

[435] The September 2007 Monitoring Report indicated that the Department planned to provide CQI staff with training in Six Sigma methodology (from the American Society for Quality). The Department subsequently determined that this training was not consistent with the Department's approach to quality assurance.

Copies of reports related to the Settlement Agreement have been made available to both the Commissioner and the TAC.

As discussed in the September 2007 Monitoring Report, the Department expects that there will be an expansion of regular reporting as a result of the increased responsibility and authority of the PQI Office.

D. Requirement of Special Administrative Case Record Reviews (XI.E)

The Settlement Agreement requires the Department to establish a process for conducting special administrative case record reviews for two general purposes. First, to provide information to determine whether DCS is following provisions of the Settlement Agreement, DCS policy, and good social work practice; and second to identify workers or supervisors who, as a result of quality assurance review, are in need of additional training or reassignment, or for whom termination may be appropriate. (XI.E.1-2)

1. Annual Review

The Settlement Agreement requires the QA Unit to "review a statistically significant number of cases from each region of the state." This case review is to include interviews and an independent assessment of the status of children in the plaintiff class. As part of this review process, the Department is required to develop a measure of appropriate and professional decision making concerning the care, protection, supervision, planning and provision of services and permanency for children and to use that measure in evaluating performance. (XI.E.3)

The Department has developed and implemented a Quality Service Review (QSR) that serves as the Annual Review. The QSR protocol provides an assessment of both child status and system performance as required by the Settlement Agreement. While the QSR review includes cases involving delinquent children, the random, stratified sample includes approximately 200 class members (drawn from each region of the state) and the Department provides separate analysis and reporting on the plaintiff class.[436]

[436] The Department recognizes the importance of ensuring that there are adequate numbers of qualified QSR reviewers, sufficient administrative support for the review process, and capacity in the regions to use the QSR results as a vehicle for improving case practice. As the TAC noted in its September 2007 Monitoring Report, attention should be paid to issues of inter-rater reliability and reviewer development. It is particularly important to make sure that all reviewers have had both the formal training and orientation to the QSR process and the opportunity both to shadow an experienced reviewer and to be observed and critiqued by an experienced reviewer. In addition, the PQI Office must be able to promptly provide the regions with the QSR results and supporting case stories and to assist the regions in using the QSR feedback in both individual professional development and in designing and implementing broader practice improvement strategies. The Department will be piloting a QSR follow-up protocol in 2008-2009 that establishes a set of expectations about how the regions will be using the QSR results to improve practice.

2. Supervisory Unit Reviews

The Settlement Agreement requires that, if significant problems are identified in a region, the QA Unit is to review a statistically valid sample of cases within each supervisory unit to identify whether particular units have particular problems andwhether administrative action is necessary (XI.E.4)

The QSR process is designed to identify and respond to problems in both frontline and supervisory practice, and the Department is in the process of clarifying its expectations for regional follow-up.

The PQI Office does not review a statistically valid sample of cases within a supervisory unit when the QSR identifies practice problems in cases handled by that unit, notwithstanding what is called for by this provision of the Settlement Agreement. However, requiring such a supervisory unit sample review makes little sense in light of the other sources of both qualitative and quantitative data related to supervisory unit performance now available as a result of developments in the Department's data reporting capacity that have occurred since the entry of the Settlement Agreement.

3. Special Administrative Reviews

The Settlement Agreement requires the QA Unit to oversee special administrative reviews in a number of categories of cases or circumstances. (XI.E.5)

a. All cases in which there have been three or more reports of neglect or abuse concerning a particular caretaker for a particular child; and
b. All cases in which there has been a substantiated/indicated incident of neglect or abuse of child while in state custody

Reports of abuse and neglect alleged to have occurred while children are in foster care are to be reported through CPS Central Intake and investigated by either the Special Investigations Unit (SIU) or Child Protective Services (CPS), depending upon the relationship of the alleged perpetrator to the child.[437]

At the time of the September 2007 Monitoring Report, the PQI Office had only recently assumed the responsibility for oversight of administrative reviews of SIU investigations.[438] Since that time, the PQI Office has implemented a process for reviewing SIU investigations involving *Brian A.* class members. PQI staff conduct quarterly reviews of SIU investigations involving *Brian A.* class members and issue reports summarizing the review findings. In addition, the

[437] SIU investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is another foster child, a resource parent or resource parent's family member, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional. CPS investigates all other reports of abuse or neglect of children while in DCS custody, including those in which the alleged perpetrator is a member of the child's birth family or a family friend. For further discussion of SIU, see Section Three at page 76.
[438] At this time, it does not appear that the Department has developed an administrative review process for CPS investigations of abuse or neglect of *Brian A.* children while in custody that would meet these requirements of the Settlement Agreement.

Department has begun using Provider Quality Teams (PQT), discussed in more detail in Sections Three and Twelve, to review cases in which a child has been found to have been abused or neglected while in state custody. One of the green-level Provider Quality Teams (the Green PQT) is responsible for reviewing the closing notification of every SIU investigation involving a resource home placement in which the allegations were either indicated or were unfounded but the investigator noted concerns. The Green PQT is also responsible for ensuring that appropriate actions are taken to address concerns related to resource homes through home closure or remedial action. The Yellow PQT is responsible for addressing concerns regarding private provider agencies, with a focus on congregate care facilities. (A more detailed discussion of these components of DCS oversight is presented in Sections Three and Twelve.)

At present, the Green and Yellow Provider Quality Teams are being alerted to many, but not all, of the indicated SIU investigations involving *Brian A.* class members.[439] In light of this, the Department is not yet conducting an administrative review of every indicated case of abuse or neglect of a *Brian A.* class member while in state custody in which the alleged perpetrator is another foster child, a resource parent or resource parent's family member, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional.[440]

While the Department has made considerable progress toward ensuring the administrative reviews of all indicated reports of neglect or abuse of a child while in care, the Department has not developed any systematic approach for identifying and administratively reviewing cases of three or more reports of abuse concerning a specific child or caretaker. It is certainly possible that individuals who are involved in conducting SIU investigations or reviewing SIU closing notifications[441] will identify such cases and bring them to the attention of the relevant Provider Quality Team or other relevant person or group for review and appropriate action. However, the Department has not yet created a tracking system that flags for review a child or a caretaker who has been the subject of three or more reports of neglect, nor has it vested specific responsibility in any person or group to identify and review such cases.

c. All cases in which a child has experienced three or more placements in the last 12 months

As reported in the September 2007 Monitoring Report, the PQI Office has conducted a targeted review of children with high numbers of placement moves; however, the children who were the focus of that targeted review had experienced far more than three placements. There have been some CQI activities focused on understanding placement instability and developing strategies to improve stability. Placement stability is being tracked and reported on.

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[439] The Green PQT provides an administrative review of the vast majority of indicated SIU investigations involving *Brian A*. children regarding allegations of abuse or neglect occurring in resource homes. There is not yet an administrative review process in place for reviewing SIU investigations involving *Brian A*. children regarding allegations of abuse or neglect occurring in congregate care facilities.

[440] There is presently no administrative review process contemplated for those cases in which the incident of abuse and neglect occurs on a home visit and the perpetrator is a member of the child's family or community.

[441] These reviewers include not only those involved in the PQI review processes discussed above and in Section Three, but also the Executive Directors of Regional Support who track SIU closing notifications and follow-up actions for investigations occurring in their respective regions (although the Executive Director for the east half of the state tracks closing notifications for resource homes only, not for group homes or residential facilities); and some regional administrators who track closing notifications and follow-up actions for investigations occurring in their regions.

The Department does not have current plans for targeted reviews of children experiencing three or more placements in a 12-month period. However, to the extent that this provision was intended to ensure that the Department is gathering and analyzing information necessary to understand and improve placement stability, the Department appears to be accomplishing this purpose through its extensive analysis and tracking of aggregate placement stability data and through its use of this data to develop strategies for improving placement stability.[442]

d. All cases in which a child has experienced two or more emergency or temporary placements in the last 12 months or has been in shelter or emergency care for more than 30 days

The Department tracks use of emergency shelters and temporary placements through regular aggregate reporting. Based on this tracking, the Department believes that use of emergency and temporary placements is generally trending in the right direction. The Department has also begun to focus on these placements as a part of the bi-weekly Utilization Review of congregate care placements. Increased monitoring over time of the appropriateness of these placements is expected to decrease the number of placement days and decrease overall use of emergency and temporary shelters.

The PQI Office is not conducting administrative reviews of *"all cases in which a child has experienced two or more emergency or temporary placements in the last 12 months or has been in shelter or emergency care for more than 30 days."* However, the combination of aggregate data tracking and the utilization reviews appear to adequately serve the purposes of this provision of the Settlement Agreement.[443]

e. All cases in which a child has had a permanency goal of return home for more than 24 months; and
f. All cases in which a child has had permanency goal of adoption for more than one year and has not been placed in adoptive home

All children in these groups are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. While these reviews are overseen by Central Office senior leadership rather than the PQI Office, they appear to be more than adequate to serve the purposes of these two provisions.

g. All cases in which a child has returned home and has reentered care more than twice and has goal of return home

The PQI Office is not conducting administrative reviews of *"all cases in which a child has returned home and has reentered care more than twice and has a goal of return home."*[444]

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[442] See discussion in Section One, Subsection B.
[443] See discussion in Section Six, Subsection B.
[444] As discussed in the September 2007 Monitoring Report, the Department tracks reentry rates more broadly. Based on this tracking, the PQI Office conducted a review in September 2006 of children who had reentered state custody within 12 months of exiting to try to identify trends leading to reentry. More recently, the PQI Office identified a region in which reentry was significantly higher than in other regions and conducted targeted reviews, in conjunction with regional staff, of children experiencing their second custody episode in that region.

TAC monitoring staff reviewed all *Brian A*. class members in DCS custody between December 31, 2007 and March 18, 2008 who had three or more prior custody episodes and who had a sole or concurrent goal of reunification. There were only 11 class members in this group. Of those 11 children:

- one (age 15) had been subsequently reunified with the child's parent and exited custody;
- one (age 17) is on a trial home visit with her father;
- two siblings (ages 8 and 16) have current permanency plans with goals of reunification and, according to TNKids case recordings, the parents were actively working the plans;
- one (age 15) had a concurrent goal of Exit Custody to Live with Relatives and was already in an expedited kinship resource home;
- one child (age 18), a teen mother who lives with her two children (who are also in foster care) in a resource home, is expected to remain with her children in that resource home;
- two siblings (ages 12 and 13), had goals of reunification with their mother; however, the mother subsequently stated she could not care for them, and surrendered her rights. The team is pursuing adoption with the resource parents the siblings have lived with since March 2007;
- two siblings (ages 15 and 16) living separately each have a goal of reunification, but the Department is working their separate, concurrent goals (adoption for one and exit custody to live with former custodial guardian for the other). Termination of parental rights has been filed and obtained for the sibling with the goal of adoption, but an adoptive home has not yet been identified. TNKids does not indicate whether the custodial guardian of the other sibling has committed to regaining custody of that child; and
- one (age 17) is expected to age out in October 2008 and accept post-custody services. The parents have not worked the permanency plan and, although the concurrent goal is adoption, no action has been taken to terminate parental rights.

h. All cases in which the date for accomplishment of a permanency goal of reunification has been exceeded by 12 months

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. While these reviews are overseen by Central Office senior leadership rather than the PQI Office, they appear to be more than adequate to serve the purposes of this provision.

E. Requirement of Racial Disparity Study and Implementation of Recommendations (XI.E.6)

The Settlement Agreement requires the Department to arrange for a qualified expert to conduct a racial disparity study and to implement the recommendations of that study.

The Department contracted with Dr. Ruth McRoy, a professor and researcher at the University of Texas School of Social Work, to conduct the Racial Disparity Study. The results of the study were published in the fall of 2003.

The TAC reported in the January 2007 Monitoring Report on the Department's efforts to implement the recommendations. As of the date of that report, the Department had substantially implemented many of the specific recommendations of the Racial Disparity Study.[445]

F. Requirement of Backlog Review (XI.F)

The Settlement Agreement requires the Department to implement a special review of all foster children in custody who entered DCS custody prior to October 1, 1998. For each child, the Department is required to: review the permanency plans, determine the appropriateness of the goal, the barriers to permanency, and services in place to move a child to permanency.

The review is to include interviews and individualized corrective action plan. Special reviews of the children in this "backlog" group are required to occur at least once every three months until permanency is achieved for every child.

The initial backlog group consisted of 2,301 children. As of June 30, 2008, all but 39 children had achieved permanency, exited the child welfare system to a "non-permanent" exit, or were otherwise no longer a member of the plaintiff class.[446] Of the 39 children remaining children, 16 are 17-years-old, 13 are 16-years-old, two are 15-years-old, three are 13-years-old, and five are 11-years-old. Each of these children fall within one or more of the groups receiving the regular high level administrative reviews described in Section Eight of this report.

TAC monitoring staff reviewed the cases of the five youngest class members on the backlog list and found:

- one has since been adopted by his foster parents that he has lived with since February 2005;
- one is placed in a resource home with his mentor who has expressed interest in adoption, but because of concerns about the child's mental health and challenging behaviors, and in light of the fact that the child has already experienced two adoptive placement disruptions, the team is proceeding slowly toward the adoption goal;
- one has a goal of Planned Permanent Living Arrangement and lives out-of-state with relatives;
- one is medically fragile and has been in his current resource home since May 2003; and
- one has significant developmental disabilities and mental health needs, which have caused multiple placement moves, with the most recent move having occurred in June 2008 to a kinship resource home.

[445] See January 2007 Monitoring Report, p. 13-25. The findings of the January 2007 report remain sufficiently current to be relied on for purposes of this report and are therefore referenced but not repeated in this report.

[446] If a child on the backlog list were to have been subsequently adjudicated delinquent, that child would be removed from the backlog list as a result of that adjudication. The TAC has not been able to determine how many of the children who were originally on the backlog list were removed from that list based on a subsequent adjudication of delinquency.

G. Requirement of Process for Reporting and Acting on Children in Special Categories (XI.G)

The Settlement Agreement requires that the Department have a process in place to report on and "immediately take all necessary action on the status of" children in specifically numerated categories.

1. Children in one or more emergency, temporary or shelter facilities for more than 45 days in the past 12 months

The Department produces a regular monthly report, referred to as the "*Brian A.* Class 12 Month Report of Children in Emergency/Temporary Facilities," identifying children that fall into this particular category. This report is provided to the plaintiffs, the TAC, the PQI Office, and various other Departmental staff in both Central Office and the regions. The Department has not articulated specific expectations regarding actions to be taken in response to this particular report.

There were 23 placements in emergency or temporary facilities lasting more than 45 days between July 1, 2007 and June 30, 2008.

2. Foster children who were in jail, detention, or other correctional facilities within the past 12 months

The Division of Reporting and Analysis produces a semi-monthly report entitled the "*Brian A.* Placement Report," which provides data regarding the placement of every *Brian A.* class member as of the date on which the report is produced.[447] As part of its data cleaning process, the Division sends a list of the children indicated on the Placement Report as being in a jail, correctional, or detention facility to regional staff for verification that the placement information is accurate. If the jail, correctional, or detention facility placement is a data entry mistake, the Division requires the region to correct the placement information. If the jail, correctional, or detention facility placement is entered correctly into TNKids, the Division requires the region to provide an explanation for the placement.

According to the Director of the Division of Reporting and Analysis, reviews of those placements have generally found that the majority of the cases were simply data entry errors and the children had not in fact been in a jail, correctional or detention facility; and that with relatively few exceptions, the remainder of the cases fall within the permissible exceptions: a child charged with delinquent conduct and held on that basis; a child placed by order of the court; a child arrested and held briefly, with DCS picking the child up promptly upon being notified by the court or detention center.

[447] Because this is a point-in-time data report, this report would not identify a child who came into detention but was released during the period between reports.

In the September 2007 TAC Monitoring Report, the TAC expressed concerns that while the regions were receiving notification from the Central Office of children held in jails or in detention facilities, there was no process for "closing the feedback loop" in those cases in which the detention center placement did not fall within a particular exception. The TAC emphasized the importance of ensuring corrective action actually occurs in such cases both with respect to the specific child involved and with respect to preventing similar situations in the future.

In an effort to address this concern the Department has expanded its regular review of children in detention, which had been focused on delinquent children, to include *Brian A.* class members. The Department's CPPP Division now conducts weekly reviews of all children placed in detention and brings any cases of *Brian A* children in detention to the semi-monthly Utilization Review team meeting for review and appropriate action. In addition, regional staff and private provider agencies have been instructed to file a Placement Exception Request whenever they receive notification that a child has been placed in detention.

As discussed in subsection B of Section Six, of the 101 children who were identified by the "*Brian A.* Placement Report" as having been in detention at some point between July 1, 2007 and December 31, 2007, five were detained in apparent violation of the applicable Settlement Agreement limitations on detention placement.

3. Children in resource homes that exceed licensed capacity or are not licensed

The Department "approves" rather than "licenses" resource homes, and the approval process does not involve approving a home for a specific capacity. As discussed in Section Nine of this report, it is not possible to enter a resource home as a placement in TNKids that is not an approved home. This technological check has superseded the QA unit role regarding this provision.

The Settlement Agreement imposes limitations on the number of children who may be placed in a resource home at one time, allowing: (1) no more than three resource children in that resource home; (2) no more than a total of six children, including the resource family's natural and/or adopted children; and (3) no more than three children under the age of 3 residing in a resource home. The Settlement Agreement allows the "Regional Assistant Commissioner"[448] to make an exception to these limits on an individual basis in the best interests of the child, but such exceptions are not to exceed more than 10% of all placements made annually in each region, must include detailed reasons justifying the exception, and must be reported to the TAC annually. The only other exception permitted is when the placement of a sibling group in a resource home with no other children in the home would exceed these limits. (VI.C.7)

TNKids produces a report at the beginning of each month called the "*Brian A.* Resource Homes Compliance Summary Report." The report provides the number and percentage of resource homes that exceed these limits on the date of the production of the report. However, as discussed in Section Six, the report excludes any resource home in which a sibling group is

[448] As a result of a restructuring of the Department, the position of Regional Assistant Commissioner was eliminated. Under the current structure, authority for this particular responsibility is exercised by the regional administrator or his/her designee.

placed, irrespective of whether there are other foster children in the home who are not part of the sibling group. For this reason, the report cannot be relied on to determine the number of homes that exceed capacity.[449]

The Department is not presently doing any regular reporting on resource homes that exceed the capacity limits of the Settlement Agreement and does not have a specific process in place for responding to such situations.

4. Children with permanency goal of return home that has remained in effect for more than 22 months

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. While these reviews are overseen by Central Office senior leadership rather than the PQI Office, they appear to be more than adequate to serve the purposes of this provision.

As of June 30, 2008, 77 children had a sole or concurrent goal of reunification for more than 22 months.[450]

5. Children who do not have permanency plan

The Department produces a regular weekly report, called the "AFCARS Foster Care Missing Data Report," that identifies children who have no permanency plan documented in TNKids. This report is provided to regional staff who use the report to ensure that the permanency plan information in TNKids is updated for the semi-annual report to the US Department of Health and Human Services on the permanency goals of children in custody.

The Department also includes the numbers of children in each region who do not have a permanency plan documented in TNKids in the monthly "*Brian A.* Class List" that is provided to the TAC, the PQI Office, and various Departmental staff in both Central Office and the regions.

As of June 30, 2008, 313 children did not have a permanency plan documented in TNKids; 293 of these children had been in custody for fewer than 60 days. The Executive Directors of Regional Support monitor these data every month to ensure that permanency plans are developed for these children and entered into TNKids as quickly as possible.

6. Children for whom the permanency goal has not been updated for more than 12 months

The Department produces a regular monthly report, referred to as the "*Brian A.* Permanency Plan Over 12 Months Report," identifying children that fall into this particular category. This report is provided to the TAC, the PQI Office, and various other Departmental staff in both Central

[449] See Section Six at page 131 for further discussion regarding resource home placement exceptions.
[450] Of these children, 16 had a sole goal of reunification, 40 had concurrent goals of reunification and adoption, and 21 had concurrent goals of reunification and exit to relatives.

Office and the regions. As part of its data cleaning process, the Division of Reporting and Analysis asks regional staff to update the TNKids permanency plan data for children on the list who have current permanency plans that have not been entered into TNKids. It is not clear that there is a process for ensuring corrective action, both with respect to the specific case involved and to prevent similar cases in the future, for children who do not have current permanency plans.

As of July 1, 2008, 121 children had a permanency goal that had not been updated for more than 12 months.

7. Children with a sole permanency planning goal of adoption for more than 12 months and for whom TPR has not been filed

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. While these reviews are overseen by Central Office senior leadership rather than the PQI Office, they appear to be more than adequate to serve the purposes of this provision.

Of the 1,237 children in DCS custody for whom adoption was the sole permanency goal as of June 30, 2008, there were only seven children with a sole goal of adoption for more than 12 months for whom TPR had not been filed.[451]

TAC monitoring staff reviewed the cases of those seven children to determine the reason TPR had not been filed, and found the following:

- One child (age 17) is expected to age out of care in January 2009. He is expected to accept post-custody services and remain in his current resource home. TPR has recently been filed.
- One child (age 12) is expected to move to an identified pre-adoptive home and TPR has recently been filed on both parents. The father is currently residing in his country of origin, Iraq. The mother is planning to return to Iraq to be with her dying sister, and her return to the United States is questionable.
- Five adoptive siblings recently came into full guardianship when their adoptive parents voluntarily surrendered their rights. Two of the siblings are placed together in a resource home that is expected to be their adoptive home. Two other siblings, placed in two different resource homes, are also expected to be adopted by their respective resource parents. The remaining child in the adoptive sibling group is currently in a congregate setting with no identified adoptive family.

[451] Of the 1,237 children, TPR had been filed for 1,101. The remaining 129 children for whom TPR had not been filed had had a sole goal of adoption for 12 months or less. The September 2007 Monitoring Report erroneously reported the number of children in DCS custody on May 31, 2007 with a sole goal of adoption for more than 12 months for whom TPR has not been filed as 205. The correct number was 25.

SECTION TWELVE: SUPERVISION OF CONTRACT AGENCIES

As of June 30, 2008, of the 6,152 *Brian A*. class members in placement, 2,660 (43%) were placed with private providers. The vast majority of these children have been identified as needing a higher level of support and supervision (Level II or higher) than those children served in DCS managed placements (primarily Level I). They live in the homes of resource parents who are supervised and supported by private provider agencies, or in congregate care settings run by those agencies. The services they and their families receive are organized by and in many cases delivered directly by the private providers. Achieving the goals set out in the Settlement Agreement therefore requires not only high quality work by DCS, but also high quality work by private providers. The Settlement Agreement therefore includes a number of specific requirements, reviewed in this section, concerning the Department's oversight of private agencies, including the Department's licensing evaluation, and contracting functions..

A. Requirements for Contracting For Private Provider Placements and Services

The Settlement Agreement requires that the Department:

- contract with those agencies that meet the provisions of the Settlement Agreement that specifically apply to those agencies and that meet state standards governing the operation of child care facilities; (XII.B)[452] and
- not contract with any agency that has not been licensed by the State to provide placements for children in the plaintiff class. (XII.B)

The Department's *Private Provider Manual* requires that private provider agencies adhere to the applicable mandates set forth in the *Brian A.* Settlement Agreement.[453] All private provider agencies that the Department contracts with for the placement of children in the plaintiff class are licensed either by DCS or by the Tennessee Department of Mental Health and Developmental Disability (TDMHDD). For fiscal year 2008 (July 2007 through June 2008), the Department has 142 residential contracts with 62 private provider agencies.[454] Many of these private provider agencies may have multiple licenses for separate programs. For example, a large private provider agency that provides therapeutic foster care services but also operates residential treatment facilities would obtain separate licenses for each program. The Department licenses all 31 private provider agencies that provide foster care services for the Department. There are currently 24 agencies and 38 sites or placement locations that contract with DCS (including subcontractors) that have a license from TDMHDD. Some of these placement locations are operated by private provider agencies that also have a license from DCS.

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[452] These state standards are to reflect reasonable professional standards.

[453] *Private Provider Manual* 1.III.A.

[454] The term "residential contracts" refers to the contracts for placement and accompanying services. For purposes of *Brian A*. reporting, residential contracts for detention are excluded from this analysis; however, it is possible that some private provider agencies that serve only juvenile justice children are included among the 62 agencies with residential contracts. The Department also contracts for a variety of non-residential services, including contracts for in-home and family preservation services, legal services, and child abuse prevention services.

The DCS licensing unit is responsible for ensuring that every agency that the Department contracts with has a current license, and the licensing unit currently verifies this monthly.[455] The DCS Licensing Unit keeps a spreadsheet of all contract agencies, then checks the status of the DCS licenses and the status of the licenses from the other state department licensing entity (TDMHDD).[456] The spreadsheet is then distributed to appropriate people within the Department.

B. Requirements Related to Monitoring of Contract Agency Placements

1. Performance Based Contracting

The Settlement Agreement requires that DCS contract for placements and services with provider agencies "pursuant to annual performance-based contracts issued by DCS."[457] (XII.A)

The Department continues to implement their Performance Based Contracting (PBC) process, with the help of the Chapin Hall Center for Children. Chapin Hall provides and analyzes data concerning the performance of all DCS regions. In addition, Chapin Hall reviews TNKids data on each private provider that has served 30 or more children within a two-year period. For PBC, private providers are measured on performance related to three main standards: reduction in amount of care days, increase in the amount of permanent exits, and reduction in re-entries. The goal for private providers is to reduce care days and increase permanent exits by 10% relative to their baseline for a fiscal year period, while keeping reentry rates stable.

The Department is implementing Performance Based Contracting with its private provider agencies in phases. In Phase I of the PBC process, the Department began using Performance Based Contracts with five private provider agencies beginning at the start of fiscal year 2007. At the time that Phase I began, these five agencies served approximately 40% of class members served by a private provider agency.[458] The first year of Phase I was a "no-risk period," during which data on each of the private provider's outcomes was gathered and analyzed. Private providers that met or exceeded targets earned re-investment dollars; those that failed to meet targets were informed about the size of the penalty they would have incurred at this level of performance after full implementation of PBC.

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[455] At the time of the issuance of the September 2007 Monitoring Report, the Department had anticipated that the TNKids system would be able to check license status and that the licensure unit would no longer need to verify licenses "by hand." As it turned out, TNKids did not have the capacity that the Department had anticipated in this regard. As a result, the manual system for verifying licensure status will be necessary until the Department implements its new SACWIS system, Tennessee Family and Child Tracking System (TFACTS). The Department expects the SACWIS system to be able to verify the status of the license of all providers.

[456] The process for verifying the list is informal and depends on those receiving the list alerting the licensing unit if they notice an error, omission or a need for updating. This process also applies to ensuring licensure of any subcontractors. This list is then updated and circulated within the Department.

[457] The Settlement Agreement required that such performance based contracts be developed by DCS within 90 days after the approval of this Settlement Agreement and entered into in the next contracting cycle (i.e. the contracting year beginning July 1, 2002).

[458] According to the *Brian A.* class list for June 30, 2006, there were 7,338 class members, 2,541 of which were served by a private provider agency. Of those 2,541, 1,012 were served by one of the five Phase I private provider agencies.

Two of the five private provider agencies earned re-investment dollars totaling $1,067,910. The other three agencies did not meet their targets; however, they were not assessed penalties during this "no risk" period. Had the penalties been assessed, the dollar amounts would have totaled $593,780.

These five provider agencies recently completed their second full fiscal year in Performance Based Contracts in June 2008, the first year during which penalties will be incurred. Chapin Hall is currently analyzing the data and individual meetings were held with the private provider agencies during fall 2008 to determine re-investment dollars earned and penalties incurred.

The Department repeated the process for Phase II of the PBC initiative. Six additional private providers were chosen to participate in Phase II beginning July 1, 2007. These six private provider agencies completed their "no-risk" period in June 2008 and their data is currently being analyzed by Chapin Hall. At the time that Phase II began, the 11 PBC providers served approximately 54% of class members served by a private provider agency.[459]

Beginning July 1, 2008, nine additional private provider agencies entered into PBC for Phase III.[460] With the addition of these providers, as of July 1, 2008, a total of 20 providers serving 80% of class members served by a private provider agency are subject to PBC.[461]

The Department has set July 1, 2010 as the target date by which all private providers will be participating in PBC. The Department is currently holding face-to-face meetings with each agency that has not entered into PBC to understand any issues or barriers to their participation in PBC and to address them individually with each agency. The Department recognizes that some issues relating to ensuring access to specialized programs for children in some unusual circumstances will need to be resolved before the conversion to PBC can be completed. In addition, the Department recognizes that some adjustment or accommodation may need to be made in order to ensure that the private providers can support the Department's efforts to increase utilization of kinship resources. At present, structural obstacles to private providers working with relative placements create disincentives to such support, including the possibility that effective work to utilize relative resources could result in a PBC penalty.

2. Inspections and Monitoring of Contract Agency Placements

The Settlement Agreement requires that:

- all contract agencies providing placements for children in the plaintiff class be inspected annually by DCS Licensing Unit staff in an unannounced visit; (XII.C)

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[459] According to the *Brian A.* class list for June 30, 2007, there were 6,604 class members, 2,629 of which were served by a private provider agency. Of those 2,629, 1,426 were served by one of the five Phase I private provider agencies or one of the six Phase II private provider agencies.

[460] One of the nine provider agencies joining PBC in Phase III is actually a collaborative of three smaller private provider agencies.

[461] According to the *Brian A.* class list for June 30, 2008, there were 6,152 class members, 2,660 of which were served by a private provider agency. Of those 2,660, 2,126 were served by one of the PBC private provider agencies.

- DCS determine in a written report whether the agency complies with state licensing standards; (XII.C) and
- the DCS Licensing Unit collaborate with the DCS quality assurance unit and the Central Office resource management unit to determine agency compliance with the terms of this Settlement Agreement. (XII.C)

The Settlement Agreement also requires that DCS expand the staff of the DCS Licensing Unit to allow for increased monitoring and oversight responsibilities of private provider contract agencies.

a. PAR and Licensing Unit Reviews

The Department annually conducts at least one unannounced visit to all programs licensed by DCS.[462] These unannounced visits are in addition to annual scheduled, or announced, visits conducted by the Licensing Unit. The Program Accountability Review (PAR) Unit also conducts inspections of private provider agencies.[463] The Licensing Unit reviews a sample of files for compliance with licensing standards, and the PAR Unit reviews a sample of files for compliance with contract requirements and requirements outlined in the *Private Provider Manual*. Each licensing visit is documented in a written report generated by the Licensing Unit and provided to the private provider agency, the Director of Child Placement and Private Providers, the Director of PAR, the Division of Evaluation and Monitoring, the TAC Monitoring Office, and the appropriate Regional Administrators.

In the case of programs used by DCS but licensed by the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), the annual licensing visit is conducted by TDMHDD. TDMHDD is required by TCA 33-2-413 "to make at least one unannounced…inspection of each licensed service or facility yearly." TDMHDD coordinates with the Department regarding the agencies that it licenses, through reports and correspondence. The Department had indicated its intent to conduct its own unannounced annual visit to TDMHDD licensed facilities; however, it appears that the Department is now inclined to rely on the unannounced visits conducted by TDMHDD.

While the DCS Licensing Unit has specific responsibilities related to monitoring and oversight of the private provider contract agencies, there are a variety of other staff from other units and divisions of DCS whose responsibilities include aspects of private provider agency monitoring. In previous monitoring reports, the TAC expressed concerns that the allocation of different, but often overlapping, responsibilities was confusing and inefficient, and that the lack of coordination and communication between the various units created a risk of delayed recognition of and/or response to problematic private provider agency practices.

While this continues to be a struggle for the Department, progress has been made in this area. As reported in the September 2007 Monitoring Report, the Department has consolidated monitoring and oversight functions into the Office of Performance and Quality Improvement (PQI). The

[462] The Department of Children's Services is required by Tennessee Code Annotated (TCA) 37-5-513 to conduct inspections "at regular intervals, without previous notice."

[463] While the policy dictating PAR review requirements mandates reviews once every three years, PAR conducts a review on many of its private providers annually and all within the three year cycle.

Division of Evaluation and Monitoring, within the Office of PQI, now includes both the DCS Licensing Unit and the unit that conducts Program Accountability Reviews (PAR), both of which result in the issuance of reports on each private provider agency by PQI.

In addition, the Department continues to deploy multidisciplinary site visit teams that have included DCS Licensing Unit staff and PAR staff, and others with special expertise relevant to the facility under review, in an effort to improve the quality of the reviews of agencies about which the Department had concerns and in order to ensure better communication with respect to any issues identified and responses required to address those issues.

b. Provider Quality Team Reviews

The Department has implemented and continues to refine and improve the Provider Quality Team (PQT) review process. The PQT Process provides three levels of oversight of private provider agencies, vested in specially designated review teams: the Red Level PQT, the Yellow Level PQT and two Green Level PQTs. The color designation applies to the severity of the concerns raised about the particular agency being reviewed and the severity of the sanctions that the team is authorized to impose.

The Red PQT consists of the Commissioner and her senior leadership. The Red PQT has the ultimate decision making responsibility for imposing the most severe sanctions—freezing admission or ceasing to contract with an agency. The Red Team generally reviews cases brought to its attention by the Yellow PQT, based on the Yellow Team's determination that the concerns are sufficiently serious to warrant such a drastic response.

The Yellow PQT, which meets at least bi-weekly, consists of representatives from each of the divisions and units that have special responsibilities for private provider oversight: the Division of Evaluation and Monitoring, the Licensing unit, the PAR unit, the Child Placement and Private Providers (CPPP) Unit (which has the responsibility of developing and managing the inventory of private provider agency placements and services), the Director of Medical and Behavioral Services and others with appropriate expertise and relevant responsibilities. The purpose of these meetings is to share concerns that have come to the attention of any of the team members, either in the course of the oversight activities of their unit or division, or through referrals, often from the Green PQTs, but also from complaints about a particular private provider by others (e.g., family members, resource parents, members of the general public) made to regional or Central Office staff and routed to the PQT for review and response.[464] This process applies to both private provider agencies as a whole and specific group or congregate care facilities.

In general, the agencies about which concerns have been raised will be identified in advance of the Yellow PQT meeting and representatives from the Performance Management Unit in the Office of Performance and Quality Improvement will then prepare and distribute a summary of available information about the particular agency. This summary generally includes the following information: the presenting concerns; current DCS contracts; number and types of clients served; history with PQT or corrective action; Special Investigations or CPS

[464] A referral form is being developed, that will be available on the DCS website, which will be used by any DCS staff to refer private provider agencies to the PQT and is expected to further streamline the process.

investigations; Serious Incident Reports; Licensing and PAR visits and reports; as well as other information if relevant, such as fiscal information.

The Yellow PQT reviews the information and concerns presented and decides what, if any, further action is appropriate. When there are concerns, actions typically taken include: sending out a team to do an unannounced site visit and gather further information; holding a face-to-face meeting with the provider agency management staff; and/or setting up technical assistance for the provider. If the Yellow PQT determines that a freeze on admission, removal of children from a facility, and/or termination of the contract with the agency is appropriate, the team refers the case to the Red PQT. (In such cases, the Red PQT will convene as quickly as the situation warrants.)

From January through June 2008, the Yellow PQT monitored 21 private provider agencies about which concerns had been raised, and conducted nine on-site visits or inspections. During that time, eight agencies were subject to administrative action from the Red level PQT (freezing admissions, extending a freeze of admissions, or lifting a freeze of admissions after corrective action; removing children from a facility or private agency's care; and/or declining to renew a contract.)

There are currently two Green PQTs. One team meets weekly and reviews private provider or DCS resource homes which were the subject of SIU investigations that were either "indicated" for abuse or neglect or closed without a finding of abuse or neglect but "with concerns" noted by the investigator.[465] The other Green PQT is a team that reviews Corrective Action Plans that private providers submit in response to findings from PAR reviews and/or PQT intervention. The Green Teams have the ability to feed information or referrals to the Yellow PQT when the teams recognize that the concern needs the level of oversight and intervention that is available from the Yellow team.

The Department is continuing to develop and refine the PQT process. The Department is generally satisfied with the way in which the process identifies, receives and responds to specific incidents or concrete conditions that clearly raise serious concerns about a resource home or a private provider agency facility. The Department is still working on developing an approach to situations in which, for example, regional staff have more generalized concerns about the quality of a resource home or facility or the way children are being treated in the facility, but there is no specific Serious Incident Report, SIU Investigation, or PAR or Licensing Review finding that is the source of the concern.

c. Revision of Monitoring Instruments

The Division of Evaluation and Monitoring (E&M) is also working on developing revisions to current monitoring instruments to heighten the focus on monitoring of quality, in addition to the more quantitative and procedural requirements of the *Private Provider Manual*.[466] In recognition of the fact that many different aspects of private provider performance have

[465] See Section Twelve sub-section C below for further discussion of the Green SIU PQT.

[466] PAR and Licensure reports are also being restructured to be more conducive to aggregation of data and to frame findings in terms of potential effects on the safety, permanency and well-being of children. PAR also hopes to develop mechanisms that emphasize distinguishing findings reflecting systemic problems from those reflecting an isolated departure from generally acceptable practice.

historically been measured, often by different units, PAR and Licensure continue to work with other DCS units both to create greater uniformity in gathering and reporting of information and to reduce redundancy. The Division anticipates implementing revised instruments and restructured reports over the next year. The Division is beginning to work with the regions to educate front-line staff regarding the case manager's "monitoring roles" when visiting agencies.

d. Provider Scorecard

The Department is developing a Provider Scorecard (PSC). The purpose of the Scorecard is to communicate a single, overall assessment of the quality of each private provider's work, both to help the private provider agency improve its performance and to inform the Department's decision making related to future contracting.

Currently, the Department conveys messages about private provider agency performance in a variety of ways. Licensing reviews are focused on the applicable licensing standards (including the physical plant, basic health and safety, and personnel requirements). The Program Accountability Review (PAR) process, relying on site visits to private provider agencies and reviews of samples of both private provider agency personnel files and private provider agency child case files, reports primarily on the extent to which the files document compliance with the *Private Provider Manual* requirements related to personnel qualifications and training, and case management responsibilities. Through Performance Based Contracting, the Department provides private provider agencies with aggregate data on their success achieving permanency for children in a timely manner (and information about how they are performing relative to their past performance). With the recently developed capacity of TNKids to provide some private provider specific aggregate reporting, other important information about provider agency performance, for example the private provider agency's success in ensuring regular case manager contacts with children and families and promoting parent-child and sibling visits, may be communicated in still other ways.

Investigations of reports of abuse and neglect of children while in placement (SIU reports) and monitoring of the Serious Incidents Reports (SIR) which providers are required to file for certain types of incidents also provide vehicles for communication with private providers about their performance. For those private provider agencies that come to the attention of the Provider Quality Team System (PQTS), whether as a result of a PAR or licensing review concern, or SIU investigations or SIR monitoring, the Department communicates through requirements for corrective action plans and a range of available sanctions.

Over the past year, the Department has developed a preliminary Provider Scorecard (PSC) design with five components (permanency results, face-to-face contacts between case manager and child, timeliness of filing serious incident reports, allegations of abuse or neglect regarding children in care, and a survey of DCS staff regarding provider agency responsiveness). The TAC's review suggests that this design does not yet fully meet the test of adding clarity to the provider evaluation process and ensuring that scores will accurately measure overall provider quality. Accordingly, the TAC has encouraged the Department to identify a somewhat broader list of indicators, and to have an initial year in which each provider agency will be informed of its own performance compared to system performance for each item. The Department would then be in a position to determine the relative weights of each item, and to attach rewards for

high scores and/or penalties for low scores, in the second year of PSC. These recommendations are currently being reviewed by the Department.

C. Abuse or Neglect of Children While Placed With Contract Agencies

The Settlement Agreement (XII.D) requires that:

- alleged abuse or neglect of children placed with a contract agency be reported by the agency to the DCS Child Protective Services unit in the county in which the facility is located;
- alleged abuse or neglect concerning children placed with any contract agency be reported to the Central Office resource management unit and the quality assurance unit;
- DCS incorporate these reports, and their findings, into the annual review of each contract agency; and
- DCS evaluate carefully those reports and consider prior corrective actions and the history of the agency and determine if there are serious problems that place children at serious risk of harm and prevent further contracts from being issued.

The Department has initiated a Centralized Intake Process for receiving reports of alleged abuse and neglect. All calls, including those made to the regional CPS office, are funneled through the Centralized Intake process, which ensures that the calls are answered and assigned for response. As discussed in Section Three, cases involving allegations of abuse and neglect of a child while in a foster care placement are investigated by either the Special Investigations Unit (SIU) or Child Protective Services (CPS), depending upon the relationship of the alleged perpetrator to the child.[467]

Allegations that a child has been abused or neglected while that child is in a private provider agency placement should also be reported by the private provider agency as a Serious Incident Report (SIR). (See Section One at page 54 for data related to Serious Incident Reports.) These reports are now sent to DCS electronically through a web-based application, and notice of the report is e-mailed to key contacts within the various DCS units with responsibility for investigating the incident, reporting the incident, responding to the incident, and/or using the information generated to establish corrective action plans or other appropriate actions.[468] This information should be available to inform the Department's monitoring of private provider agencies under review (as discussed above regarding PQT) and should be included in PAR reviews.

As discussed above a central focus of the PQT process is the review of all cases in which an SIU investigation has resulted either in a finding of abuse or neglect of a child in a resource home or

[467] SIU investigates all reports of abuse or neglect of children while in DCS custody in which the alleged perpetrator is another foster child, a resource parent or resource parent's family member, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional. CPS investigates all other reports of abuse or neglect of children while in DCS custody including those in which the alleged perpetrator is a member of the child's birth family or a family friend.

[468] Some SIRs are faxed to the Department rather than entered by the private provider agency for a variety of reasons. These faxed SIRs are entered into the electronic system by staff within DCS for tracking purposes.

congregate care facility or a closing of the investigation without such a finding, but "with concerns" noted by the investigator, to ensure that that information is shared within the Department and appropriate action taken.

The Department has implemented specific protocols for addressing allegations of abuse and neglect of children by resource parents of a private provider agency. SIU investigations of allegations of abuse or neglect involving resource parents of a private provider agency are tracked through the Child Placement and Private Providers unit (CPPP). SIU notifies the designated director within CPPP of all investigations. When an investigation is initiated, the home is frozen in TNKids and no children should be placed there during that time.[469] If the allegation is "indicated" for abuse or neglect, or closed "with concerns" by the investigator, CPPP brings the case to the Green Level PQT team and the team discusses the case. If the case is indicated for abuse, the private provider agency will usually choose to close the home and the Green PQT will not need to take action, other than verifying that the home is closed in TNKids and the investigation or allegation is documented so that this information is available, should the person whose home was closed ever apply to be a resource parent in the future.

If the case is not indicated for abuse or neglect, but the investigator identifies some concerns that need to be addressed, the private provider agency should be required to implement a Corrective Action Plan (CAP) and keep the home on freeze until a CAP that satisfies CPPP and the Green PQT is completed and evidence is provided to CPPP. CPPP also tracks the number of indicated or closed with concerns SIU investigations and watches for systemic issues or patterns that may cause a private provider agency to need to be looked at by the Yellow Level PQT.

As discussed in Section Three, the PQI Office assumed responsibility for reviewing all of the SIU investigation case closures and issues periodic reports on the quality of those investigations for a period of time over the last year. That has now been scaled back, but the staff person continues to review a sample of closures and release reports with findings. The combination of these case closure reviews and the PQT reviews increases the likelihood that patterns of abuse and neglect related to specific resource homes or congregate care facilities will be identified. However, the Department is hampered by the fact it does not have a database capable of "real-time" tracking and reporting of SIU investigations and findings. Such a database would help ensure that information is readily available to promptly identify private provider agencies that need heightened scrutiny because of the volume and/or nature of the incidents subject to SIU investigation.

[469] Freezing, or suspending admissions, to a home in TNKids does not prohibit placement in the home. A user can technically still make a placement in the home and enter it into TNKids by acknowledging through a window that pops up that the user is aware that the home is under suspended admissions status. Nevertheless, the expectation is that no one would make a placement into a home if TNKids shows the home is on suspended admissions.

SECTION THIRTEEN: FINANCIAL DEVELOPMENT

The Settlement Agreement requires that the Department:

- develop and implement policies and procedures for maximization of federal funds; (XIII.A)

- establish a mechanism acceptable to the Monitor for reporting the budgeting of both federal and state dollars and ensure that federal funds supplement rather than supplant state dollars; (XIII.B) and

- maintain a financial record keeping system that ensures that resource parents are not paid for children who are no longer in their homes, that any instances of overpayment are identified and the Department reimbursed, and that there is an adequate system relating to cash receipting procedures. (XIII.C)

At the time of the January 2006 Monitoring Report, the Department had submitted to the TAC a Fiscal Program Implementation Plan outlining its approach to resource development and management. Significant progress had been made at that time toward maximizing Title IV-E funding. A review of Department practices completed in June 2005 by a highly qualified external consultant found that Tennessee's current federal claiming structure is "fundamentally sound." The Department identified some areas for improved claiming and was pursuing revenue maximization strategies consistent with the consultant's recommendations.

In the September 2007 Monitoring Report, the TAC highlighted a number of areas of DCS focus that reflected the Department's thoughtful and appropriate development and implementation of strategies for maximizing federal funds. These included:

- improving education of and instructions for field staff regarding determining initial and continued eligibility;
- improving communication between program staff and fiscal staff;
- implementing policy changes that ensure that the optimal claiming approach is taken for children with concurrent eligibility for both SSI and Title IV-E;
- increasing the time period that children on runaway remain on TennCare from ten days to 90 days; and
- creating the Resource Home Eligibility Team (RHET) in the Child Placement and Private Providers unit (CPPP) to monitor private provider resource homes to ensure that they are meeting Federal eligibility requirements.

While the Department has continued to approach revenue maximization in a conscientious and responsible manner, the Department has faced two significant challenges over the past year. The first challenge was a result of efforts on the federal level to implement new regulations limiting the use of Medicaid Targeted Case Management (TCM) funding for child welfare system related services. The second challenge was a result of a considerable shortfall in state revenues, which required all state agencies to undergo budget cutbacks.

With respect to the anticipated loss of TCM funding, the Department working closely with the Governor's office, developed a thoughtful plan that mitigated the impact of the cuts on *Brian A.* requirements. With respect to the budget cuts necessitated by the shortfall in state revenues, the Department again working closely with the Governor's office, engaged in a sound process to identify those budget cuts that would have the least negative impact on the reform effort.

Fortunately for the Department and for their counterparts in other states, Congress acted to override the new regulations and restore the TCM funding at least through March 31, 2009. Consistent with the provisions of the Settlement Agreement provision that the results of federal funding increases not be used to supplant state funds, the TCM funds have been restored to the Department's budget. Restoration of these funds significantly mitigates the impact of the state budget cuts.

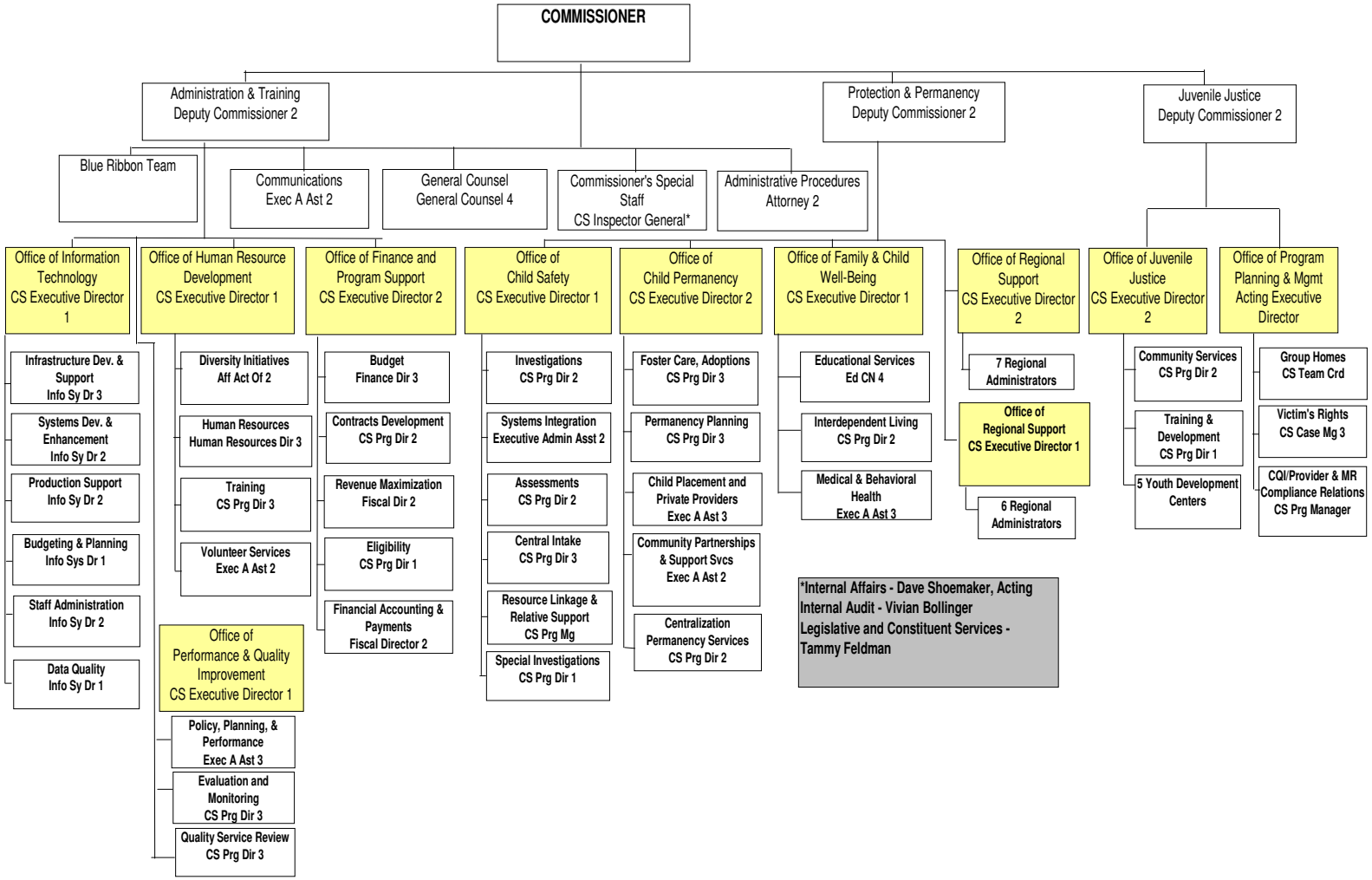
In summary, notwithstanding the funding challenges encountered over the past year, consistent with the expressed intent of the Settlement Agreement, the Department has succeeded over the past seven years in increasing both federal funding and state funding of its child welfare system. The State has supported reasonable budget improvements requested by the Department over and above the allocation of Needs Assessment dollars specified in the Settlement Agreement, and has been thoughtful and responsible in achieving the budget adjustments necessitated by the significant state revenue shortfall this past year.

With respect to the specific concern of the Settlement Agreement with overpayments, it appears that the Department has adequately addressed prior problems with overpayment of resource parents and is implementing additional protocols to address remaining issues related to overpayments to adoptive parents. The Comptroller's Audit for fiscal year 2007 did not identify overpayments to resource parents as a problem. The Audit did find continuing problems with overpayments to adoptive parents. The Department anticipates that steps taken in response to the specific audit findings, combined with the Department's ongoing efforts to integrate operating systems and improve the accuracy and timeliness of child placement data entry, will decrease the incidence of overpayments.

As also noted in the September 2007 Monitoring Report, the Department appears to have adequate cash receipting procedures and systems. This has not been an audit issue in recent years.

APPENDIX A

DCS Organizational Chart as of October 1, 2008


COMMISSIONER
Administration & Training Deputy Commissioner 2
Protection & Permanency Deputy Commissioner 2
Juvenile Justice Deputy Commissioner 2
Blue Ribbon Team
Communications Exec A Ast 2
General Counsel General Counsel 4
Commissioner's Special Staff CS Inspector General*
Administrative Procedures Attorney 2
Office of Information Technology CS Executive Director 1
Infrastructure Dev. & Support Info Sy Dr 3
Systems Dev. & Enhancement Info Sy Dr 2
Production Support Info Sy Dr 2
Budgeting & Planning Info Sys Dr 1
Staff Administration Info Sy Dr 2
Data Quality Info Sy Dr 1
Office of Human Resource Development CS Executive Director 1
Diversity Initiatives Aff Act Of 2
Human Resources Human Resources Dir 3
Training CS Prg Dir 3
Volunteer Services Exec A Ast 2
Office of Performance & Quality Improvement CS Executive Director 1
Policy, Planning, & Performance Exec A Ast 3
Evaluation and Monitoring CS Prg Dir 3
Quality Service Review CS Prg Dir 3
Office of Finance and Program Support CS Executive Director 2
Budget Finance Dir 3
Contracts Development CS Prg Dir 2
Revenue Maximization Fiscal Dir 2
Eligibility CS Prg Dir 1
Financial Accounting & Payments Fiscal Director 2
Office of Child Safety CS Executive Director 1
Investigations CS Prg Dir 2
Systems Integration Executive Admin Asst 2
Assessments CS Prg Dir 2
Central Intake CS Prg Dir 3
Resource Linkage & Relative Support CS Prg Mg
Special Investigations CS Prg Dir 1
Office of Child Permanency CS Executive Director 2
Foster Care, Adoptions CS Prg Dir 3
Permanency Planning CS Prg Dir 3
Child Placement and Private Providers Exec A Ast 3
Community Partnerships & Support Svcs Exec A Ast 2
Centralization Permanency Services CS Prg Dir 2
Office of Family & Child Well-Being CS Executive Director 1
Educational Services Ed CN 4
Interdependent Living CS Prg Dir 2
Medical & Behavioral Health Exec A Ast 3
Office of Regional Support CS Executive Director 2
7 Regional Administrators
Office of Regional Support CS Executive Director 1
6 Regional Administrators
Office of Juvenile Justice CS Executive Director 2
Community Services CS Prg Dir 2
Training & Development CS Prg Dir 1
5 Youth Development Centers
Office of Program Planning & Mgmt Acting Executive Director
Group Homes CS Team Crd
Victim's Rights CS Case Mg 3
CQI/Provider & MR Compliance Relations CS Prg Manager
*Internal Affairs - Dave Shoemaker, Acting
Internal Audit - Vivian Bollinger
Legislative and Constituent Services - Tammy Feldman

APPENDIX B

Regional and Statewide
Section XVI Outcome and Performance Measure
Data for Period III

This appendix presents the Section XVI outcome and performance measure data for both Reporting Period III (January 1, 2007 through June 30, 2008)[1] and Interim Reporting Period III (January 1, 2006 through December 31, 2006). A separate table is included for each outcome and performance measure. Each table presents the percentage reflecting the level of achievement of each of the regions individually with respect to the outcome or performance measure, the percentage reflecting the statewide level of achievement with respect to the outcome or performance measure, and the "Period III Requirement," the percentage that reflects the level the Department is expected to achieve for Period III.[2] The applicable Settlement Agreement provision appears in the title to each table.

XVI.A.1 Reunification or Living with Relatives within 12 Months of Custody						
	Period III			**Interim Period III**		
	Children Exiting Care to Reunification or Relative Placement between 7/1/07 and 6/30/08			**Children Exiting Care to Reunification or Relative Placement between 1/1/06 and 12/31/06**		
Region	Within 12 Months	Within 24 Months	Over 24 Months	Within 12 Months	Within 24 Months	Over 24 Months
Davidson	74%	64%	36%	76%	57%	43%
East	85%	69%	31%	77%	86%	15%
Hamilton	67%	72%	28%	69%	73%	27%
Knox	77%	93%	7%	69%	61%	39%
Mid-Cumberland	81%	72%	28%	72%	83%	17%
Northeast	82%	83%	17%	77%	80%	20%
Northwest	81%	89%	11%	82%	88%	12%
Shelby	77%	55%	45%	66%	44%	56%
Smoky Mountain	80%	82%	19%			
South Central	77%	93%	7%	68%	85%	15%
Southeast	78%	83%	18%	71%	83%	17%
Southwest	74%	84%	16%	72%	75%	25%
Upper Cumberland	74%	69%	31%	61%	72%	28%
Statewide	**79%**	**75%**	**26%**	**72%**	**73%**	**27%**
Period III Requirement	**80%**	**75%**				

Source: Period III Outcome Report (August 2008) and Interim Period III Outcome Report (June 2007)

[1] Although Period III began on December 1, 2005, unless otherwise indicated, the TAC reports Period III performance based on the 18-month period from January 1, 2007 through June 30, 2008 (referred to as Reporting Period III) and reports separately the earlier part of Period III under the designation "Interim Reporting Period III" (January 1, 2006 through December 31, 2006). The TAC did not feel that separate reporting for the first month of Period III (December 2005) was necessary. The exact reporting timeframe for each measure is described in the table headings.

[2] For all outcome measures except reentry, the Settlement Agreement does not specify requirements for Interim Reporting Period III.

XVI.A.2 Adoptions Finalized within 12 Months of Full Guardianship		
Region	**Period III** **Full Guardianship Obtained between 1/1/06 and 6/30/07**	**Interim Period III** **Full Guardianship Obtained between 1/1/05 and 6/30/06**
Davidson	62%	54%
East	82%	77%
Hamilton	77%	61%
Knox	73%	77%
Mid-Cumberland	74%	73%
Northeast	74%	73%
Northwest	71%	71%
Shelby	76%	77%
Smoky Mountain	70%	
South Central	81%	73%
Southeast	67%	79%
Southwest	88%	85%
Upper Cumberland	77%	76%
Statewide	**74%**	**74%**
Period III Requirement	**75%**	

Source: Period III Outcome Report (August 2008) and Interim Period III Outcome Report (June 2007)

XVI.A.3 Number of Placements				
	Period III **Children in Custody between 7/1/07 and 6/30/08**		**Interim Period III** **Children in Custody between 1/1/06 and 12/31/06**	
Region	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody
Davidson	84%	78%	79%	70%
East	87%	81%	84%	76%
Hamilton	88%	79%	85%	74%
Knox	85%	76%	83%	74%
Mid-Cumberland	86%	79%	83%	74%
Northeast	92%	82%	85%	77%
Northwest	87%	78%	84%	76%
Shelby	87%	82%	88%	80%
Smoky Mountain	89%	81%		
South Central	90%	82%	80%	74%
Southeast	89%	81%	86%	75%
Southwest	90%	84%	87%	82%
Upper Cumberland	90%	82%	84%	75%
Statewide	**88%**	**80%**	**84%**	**76%**
Period III Requirement	**90%**	**85%**		

Source: Period III Outcome Report (August 2008) and Interim Period III Outcome Report (June 2007)

XVI.A.4 Length of Time in Placement						
	Period III Children in Custody between 7/1/07 and 6/30/08			Interim Period III Children in Custody between 1/1/06 and 12/31/06		
Region	Two Years or Less	Between Two and Three Years	More than Three Years	Two Years or Less	Between Two and Three Years	More than Three Years
Davidson	74%	12%	14%	72%	16%	13%
East	87%	8%	5%	82%	10%	8%
Hamilton	73%	15%	12%	67%	19%	14%
Knox	82%	9%	9%	75%	15%	10%
Mid-Cumberland	80%	12%	8%	83%	10%	7%
Northeast	79%	12%	9%	81%	12%	7%
Northwest	82%	8%	11%	82%	12%	6%
Shelby	72%	11%	17%	66%	16%	18%
Smoky Mountain	79%	11%	10%			
South Central	87%	8%	6%	81%	11%	9%
Southeast	84%	6%	11%	75%	12%	13%
Southwest	84%	11%	5%	82%	12%	6%
Upper Cumberland	79%	12%	9%	75%	14%	11%
Statewide	**80%**	**10%**	**10%**	**77%**	**13%**	**10%**
Period III Requirement	**75%**	**no more than 20%**	**no more than 5%**			

Source: Period III Outcome Report (August 2008) and Interim Period III Outcome Report (June 2007)

XVI.A.5 Reentry within 12 Months of Most Recent Discharge Date		
Region	**Period III** **Children Exiting Custody between 7/1/06 and 6/30/07**	**Interim Period III** **Children Exiting Custody between 1/1/05 and 12/31/05**
Davidson	9%	12%
East	6%	8%
Hamilton	5%	1%
Knox	4%	6%
Mid-Cumberland	5%	6%
Northeast	5%	6%
Northwest	8%	9%
Shelby	9%	7%
Smoky Mountain	4%	
South Central	6%	9%
Southeast	7%	8%
Southwest	4%	7%
Upper Cumberland	10%	8%
Statewide	**6%**	**7%**
Settlement Agreement Requirements	**no more than 5%**	**no more than 8%**

Source: Period III Outcome Report (August 2008) and Interim Period III Outcome Report (June 2007)

XVI.A.6 Adoptive Placement Disruption as of June 30, 2008		
Region	**Period III** **Adoptive Placements Occurring between 7/1/07 and 6/30/08**	**Interim Period III**
Davidson	4%	
East	0%	
Hamilton	4%	
Knox	2%	
Mid-Cumberland	5%	
Northeast	1%	
Northwest	3%	
Shelby	1%	
Smoky Mountain	0%	
South Central	6%	
Southeast	2%	
Southwest	3%	
Upper Cumberland	0%	
Statewide	**2%**	
Period III Requirement	**no more than 5%**	

Source: Period III Outcome Report (August 2008)
*The Department did not produce data for this outcome measure prior to Reporting Period III.

XVI.A.7 Achievement Measures (Youth Reaching at Least One Achievement Measure)					
	Period III				
	Youth Exiting Custody between 7/1/07 and 6/30/08				
Region	Achieving at Least One Achievement Measure	GED/High School Diploma	Enrolled in School	Full-time Employment	Receiving Post-Custody Services
Davidson	83%	15%	65%	2%	0%
East	88%	43%	43%	3%	0%
Hamilton	95%	5%	90%	0%	0%
Knox	92%	38%	54%	0%	0%
Mid-Cumberland	85%	26%	59%	0%	0%
Northeast	73%	34%	39%	0%	0%
Northwest	83%	39%	44%	0%	0%
Shelby	71%	12%	58%	1%	0%
Smoky Mountain	91%	47%	42%	2%	0%
South Central	84%	23%	58%	3%	0%
Southeast	84%	37%	47%	0%	0%
Southwest	100%	41%	59%	0%	0%
Upper Cumberland	88%	31%	56%	0%	0%
Statewide	**84%**	**28%**	**55%**	**1%**	**0%**
Period III Requirement	**90%**				
	Interim Period III				
	Youth Exiting Custody between 1/1/06 and 12/31/06				
Davidson	86%	10%	77%	0%	0%
East	82%	34%	48%	0%	0%
Hamilton	84%	13%	72%	0%	0%
Knox	74%	26%	47%	0%	0%
Mid-Cumberland	89%	25%	61%	0%	3%
Northeast	69%	28%	41%	0%	0%
Northwest	100%	17%	83%	0%	0%
Shelby	78%	18%	60%	0%	0%
South Central	82%	41%	41%	0%	0%
Smoky Mountain					
Southeast	83%	27%	53%	3%	0%
Southwest	84%	16%	68%	0%	0%
Upper Cumberland	95%	40%	55%	0%	0%
Statewide	**84%**	**25%**	**58%**	**0%**	**0%**

Source: Period III Outcome Report (August 2008) and Interim Period III Outcome Report (June 2007)

XVI.B.1 Parent-Child Visiting				
	Period III **Children in Out-of-Home Placement with Reunification Goals during June 2008**		**Interim Period III** **Children in Out-of-Home Placement with Reunification Goals during March 2007**	
Region	Twice per Month	Once Per Month	Twice per Month	Once Per Month
Davidson	25%	24%	19%	44%
East	23%	10%	23%	39%
Hamilton	25%	15%	17%	38%
Knox	33%	18%	32%	27%
Mid-Cumberland	23%	23%	24%	35%
Northeast	29%	18%	35%	37%
Northwest	14%	20%	49%	61%
Shelby	21%	16%	19%	43%
South Central	31%	19%	31%	53%
Southeast	23%	12%	51%	45%
Southwest	26%	18%	27%	44%
Upper Cumberland	14%	16%	37%	43%
Statewide	**22%**	**18%**	**27%**	**40%**
Period III Requirement	**50%**	**60%**		

Source: TNKids "Parent-Child Visit Compliance Summary Reports" (CEN-PRTCHDVT-200) for June 2008 and March 2007

*The "cumulative" percentage for Period III (40%) indicated in this table varies slightly from that reported in Section One of the monitoring report (39%) because of differences in the way in which the decimals are rounded to the whole percent.

XVI.B.2 Sibling Visiting				
	Period III **Sibling Groups Entering Custody within 30 Days of Each Other Who Were Separated during May and June 2008**		**Interim Period III** **Sibling Groups Entering Custody within 30 Days of Each Other Who Were Separated during February and March 2007**	
Region	Once per Month	Once Every Two Months	Once per Month	Once Every Two Months
Davidson	88%	0%	69%	50%
East	38%	34%	50%	28%
Hamilton	19%	23%	23%	30%
Knox	25%	40%	38%	30%
Mid-Cumberland	46%	43%	77%	67%
Northeast	29%	20%	33%	25%
Northwest	50%	0%	73%	0%
Shelby	27%	47%	37%	41%
South Central	11%	75%	50%	50%
Southeast	57%	67%	50%	50%
Southwest	33%	50%	29%	40%
Upper Cumberland	64%	25%	58%	40%
Statewide	**37%**	**39%**	**49%**	**35%**
Period III Requirement	**90%**	**90%**		

Source: TNKids "Active *Brian A.* Class Sibling Groups Not Placed Together Visitation Summary Reports" (SBL-ASGNPTVS-200) for the periods May-June 2008 and February-March 2007

XVI.B.3 Placing Siblings Together		
Region	**Period III** **Sibling Groups Entering Custody within 30 Days of Each Other during 2007**	**Interim Period III** **Sibling Groups Entering Custody within 30 Days of Each Other during 2006**
Davidson	89%	90%
East	80%	85%
Hamilton	81%	96%
Knox	83%	84%
Mid-Cumberland	86%	91%
Northeast	89%	94%
Northwest	64%	78%
Shelby	84%	74%
Smoky Mountain	78%	83%
South Central	92%	92%
Southeast	92%	85%
Southwest	96%	83%
Upper Cumberland	96%	86%
Statewide	**85%**	**86%**
Period III Requirement	**85%**	

Source: Chapin Hall Regional Outcome Reports dated February 7, 2008 and February 2, 2007

XVI.B.4 Filing a Petition to Terminate Parental Rights				
	Period III **Children with Sole Adoption Goals for at Least Three/Six Months between 7/1/07 and 6/30/08**		**Interim Period III** **Children with Sole Adoption Goals for at Least Three/Six Months between 1/1/05 and 12/31/05**	
Region	TPR Activity within 3 Months	TPR Activity within 6 Months	TPR Activity within 3 Months	TPR Activity within 6 Months
Davidson	80%	33%	54%	0%
East	93%	22%	94%	100%
Hamilton	94%	0%	94%	0%
Knox	98%	0%	96%	100%
Mid-Cumberland	80%	50%	79%	20%
Northeast	84%	50%	96%	100%
Northwest	100%	0%	55%	11%
Shelby	58%	22%	56%	33%
South Central	100%	0%	84%	75%
Southeast	94%	0%	100%	0%
Southwest	100%	0%	100%	0%
Upper Cumberland	94%	33%	79%	75%
Statewide	**85%**	**32%**	**82%**	**40%**
Period III Requirement	**65%**	**75%**		

Source: TNKids "Permanency Plan Goal of Adoption TPR Activity Compliance Reports" (ADP-PPGATNCS-200) for the periods July 1, 2007 to June 30, 2008 and January 1, 2005 to December 31, 2005

XVI.B.5 Timeliness of Placement in Adoptive Home (Intent to Adopt Signed within 6 Months of Full Guardianship)		
Region	**Period III** **Children Obtaining DCS Full Guardianship between 7/1/07 and 12/31/07**	**Interim Period III**
Davidson	70%	
East	82%	
Hamilton	56%	
Knox	64%	
Mid-Cumberland	60%	
Northeast	62%	
Northwest	58%	
Shelby	53%	
Smoky Mountain	68%	
South Central	54%	
Southeast	36%	
Southwest	55%	
Upper Cumberland	76%	
Statewide	**63%**	
Period III Requirement	**65%**	

Source: Period III Outcome Report (August 2008)
*The Department did not produce data for this outcome measure prior to Reporting Period III.

XVI.B.6 PPLA Goals		
Region	**Period III** **Children in Custody on June 30, 2008**	**Interim Period III** **Children in Custody on December 31, 2006**
Davidson	0.7%	2.1%
East	0.0%	0.5%
Hamilton	0.0%	0.4%
Knox	0.7%	0.9%
Mid-Cumberland	0.1%	0.8%
Northeast	0.7%	1.8%
Northwest	2.9%	3.1%
Shelby	0.3%	0.0%
Smoky Mountain	0.3%	
South Central	0.5%	0.0%
Southeast	0.7%	1.4%
Southwest	1.7%	1.6%
Upper Cumberland	0.0%	0.4%
Statewide	**0.4%**	**0.9%**
Period III Requirement	**no more than 5%**	

Source: *Brian A.* Class Lists for June 30, 2008 and December 31, 2006

XVI.B.7 Placements within 75 Miles		
Region	**Period III** **Children in Custody during June 2008**	**Interim Period III** **Children in Custody during December 2006**
Davidson	87%	87%
East	90%	88%
Hamilton	88%	86%
Knox	86%	85%
Mid-Cumberland	91%	91%
Northeast	92%	93%
Northwest	81%	88%
Shelby	91%	87%
Smoky Mountain	91%	
South Central	91%	91%
Southeast	93%	93%
Southwest	95%	91%
Upper Cumberland	90%	92%
Statewide	**90%**	**89%**
Period III Requirement	**85%**	

Source: 75-Mile Placement Reports for June 2008 and December 2006

APPENDIX C

Sources of Information

This appendix describes the primary sources of information relied on and referred to in Section One of this report.

1. Aggregate Data Reports

These reports are produced by University of Chicago Chapin Hall Center for Children (Chapin Hall) from TNKids, the Department's present SACWIS system. Most of these are reports that the Department produces on a regular basis for its own planning, tracking, and system management needs. Entry cohorts are used for the majority of these reports. In addition, the entry cohort view is refined for most measures by showing information about "first placements," a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).[1] The focus on "first placements" is also a recognition that children who are removed from their homes (or placed "out-of-home") have a much different experience in the child welfare system than children who remain with their families when the Department assumes legal custody.[2]

2. Quality Service Review (QSR)

The Tennessee Quality Service Review is the annual case file review of a statistically significant number of cases envisioned by the Settlement Agreement. The QSR provides quantitative and qualitative data on both child and family status (how well parents and children with whom the Department is working are doing) and system performance (how well the Department is doing in implementing the quality of case practice that is linked to better outcomes for children and families). The QSR process includes both case file reviews and interviews with children, parents, resource parents, professionals working with the family (both DCS and private provider staff), and others. The QSR protocol focuses on 11 indicators of child and family status and 11 indicators of system performance.[3]

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[1] Although many of the measures use first placement entry cohorts, some use entry cohorts including all entries (both first placements as well as reentries), and some use discharge cohorts. In addition, some measures exclude custody episodes lasting fewer than five days. The specific parameters used for each measure are noted in the text.

[2] Some of the percentages for earlier cohorts presented in Section One of this report are slightly different than the percentages presented in previous monitoring reports for those cohorts. These slight changes can be attributed to TNKids enhancements and data cleaning efforts occurring since the data were pulled for the earlier reports.

[3] The 11 child and family status indicators are Safety, Stability, Appropriate Placement, Health and Physical Well-Being, Emotional and Behavioral Well-Being, Learning and Development, Caregiver Functioning, Prospects for Permanence, Family Functioning and Resourcefulness, Family Connections, and Satisfaction. The 11 indicators of system performance are Engagement, Teamwork and Coordination, Ongoing Functional Assessment, Long-Term View, Child and Family Permanency Planning Process, Permanency Plan/Service Implementation, Tracking and Adjustment, Resource Availability and Use, Informal Support and Community Involvement, Resource Family Supports/Support for Congregate Care Providers, and Transitioning for the Child and Family.

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3. DCS Office of Information Systems "Brian A. Reports"

These are a series of reports generated from TNKids by the DCS Division of Analysis and Reporting on a set of outcomes, using a set of measures specifically used by the Department to report on progress in meeting specific reporting requirements of the Settlement Agreement. These include, but are not limited to, a set of measures called for by Section XVI of the Settlement Agreement and reported on in greater detail in Key Outcome and Performance Measures at a Glance, Section One, and Appendix B.[4]

[4] Unlike the aggregate data reports produced by Chapin Hall that generally use entry cohorts including out-of-home placements only, the majority of these reports include all children in custody, regardless of when they entered custody or where they are placed. The specific parameters used for each measure are noted in the text.

APPENDIX D

A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help convey information about the children who are served by the child welfare system, one of three viewpoints is presented. The "viewpoints" are: "point in time" data; "entry cohort" data; and "exit cohort" data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a "point in time" viewpoint. For example, we would use point in time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Point in time data also tells us whether the number of children in care on any given day is increasing, decreasing, or staying the same. A graph that compares snapshots of the population for several years on the same day every month (the same "point in time") provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been decreasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at "point in time data." For example, were fewer children committed to DCS custody in 2007 than in past years? Or is the decrease the result of children staying in the system for shorter time periods (more children getting released from custody during 2007) than in previous years? For this answer we need to look at "cohort data."

The question whether fewer children entered custody in 2007 than entered in 2006 is answered by comparing the total number of children who entered custody in 2007 (the 2007 "entry cohort") with the number of children who entered custody in 2006 (the 2006 "entry cohort").

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2007 than with the children who entered in 2006? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year to year improvement in these and other important areas of system performance.

There are certain questions for which "exit cohort" data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2006 (the

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2006 “exit cohort”) with the reentry rates of those children who exited care in 2005 (the 2005 “exit cohort”) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.

APPENDIX E

Data Tables for Figures in Section One

The following tables present the data from which the figures (graphs) in Section One were developed.

Table for Figure 1: Total Placement Population by Adjudication Children in Placement by Date and Adjudication								
Point-in-Time Period Beginning:	Total	Abu/Neg	Delinquent	Unruly	Total	Abu/Neg	Delinquent	Unruly
Jan-00	8,963	6,466	1,954	543	100%	72%	22%	6%
Jul-00	8,983	6,506	1,965	512	100%	72%	22%	6%
Jan-01	8,676	6,324	1,905	447	100%	73%	22%	5%
Jul-01	8,899	6,441	2,027	431	100%	72%	23%	5%
Jan-02	8,548	6,209	1,949	390	100%	73%	23%	5%
Jul-02	8,464	6,154	1,939	371	100%	73%	23%	4%
Jan-03	8,390	6,118	1,933	339	100%	73%	23%	4%
Jul-03	8,692	6,408	1,916	368	100%	74%	22%	4%
Jan-04	8,994	6,763	1,889	342	100%	75%	21%	4%
Jul-04	8,928	6,802	1,806	320	100%	76%	20%	4%
Jan-05	8,505	6,490	1,743	272	100%	76%	20%	3%
Jul-05	8,647	6,575	1,817	255	100%	76%	21%	3%
Jan-06	7,960	6,053	1,693	214	100%	76%	21%	3%
Jul-06	8,167	6,186	1,760	221	100%	76%	22%	3%
Jan-07	7,561	5,729	1,661	171	100%	76%	22%	2%
Jul-07	7,483	5,626	1,695	162	100%	75%	23%	2%
Jan-08	7,122	5,439	1,520	163	100%	76%	21%	2%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 2: All Admissions, Discharges, and Placement Population			
12-Month Period Ending:	Entrants	Exits	Census
2000	4,415	4,653	6,771
2001	4,739	4,911	6,599
2002	4,902	5,044	6,457
2003	5,758	5,110	7,105
2004	6,121	6,464	6,762
2005	5,807	6,302	6,267
2006	5,631	5,998	5,900
2007	5,623	5,921	5,602

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 3: Number and Rate per 1,000 by Year of First Placements				
Year	Admits	2000 Census	2005 Claritas Estimate	Rate
2002	3,918	1,398,521		2.8
2003	4,774		1,396,963	3.4
2004	5,041		1,396,963	3.6
2005	4,685		1,396,963	3.4
2006	4,503		1,396,963	3.2
2007	4,507		1,396,963	3.2

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 6: Single Year Age Distributions

Age	Children entering out-of-home placement during 2002	2003	2004	2005	2006	2007		Children In Care as of December 31, 2007
0	569	643	777	739	771	714		348
1	214	293	354	335	300	321		411
2	206	294	273	246	253	257		390
3	202	246	260	233	212	208		312
4	175	211	215	201	194	190		253
5	142	215	225	191	195	166		228
6	140	192	207	166	180	180		252
7	129	179	167	175	135	162		231
8	121	189	155	138	134	140		235
9	136	182	162	135	120	153		192
10	143	165	183	146	108	137		234
11	149	181	171	148	137	134		181
12	197	225	226	194	186	160		196
13	224	253	284	265	234	213		288
14	301	332	326	317	305	278		344
15	311	351	369	380	353	370		470
16	304	376	392	378	373	441		553
17	255	248	296	301	316	288		585
18	0	0	0	0	0	0		1
Total	3,918	4,775	5,042	4,688	4,506	4,512		5,704
Age	Percentage of children entering out-of-home placement during 2002	2003	2004	2005	2006	2007	2002-2007	Age on December 31, 2007 for Children in
0	15%	13%	15%	16%	17%	16%	15%	6%
1	5%	6%	7%	7%	7%	7%	7%	7%
2	5%	6%	5%	5%	6%	6%	6%	7%
3	5%	5%	5%	5%	5%	5%	5%	5%
4	4%	4%	4%	4%	4%	4%	4%	4%
5	4%	5%	4%	4%	4%	4%	4%	4%
6	4%	4%	4%	4%	4%	4%	4%	4%
7	3%	4%	3%	4%	3%	4%	3%	4%
8	3%	4%	3%	3%	3%	3%	3%	4%
9	3%	4%	3%	3%	3%	3%	3%	3%
10	4%	3%	4%	3%	2%	3%	3%	4%
11	4%	4%	3%	3%	3%	3%	3%	3%
12	5%	5%	4%	4%	4%	4%	4%	3%
13	6%	5%	6%	6%	5%	5%	5%	5%
14	8%	7%	6%	7%	7%	6%	7%	6%
15	8%	7%	7%	8%	8%	8%	8%	8%
16	8%	8%	8%	8%	8%	10%	8%	10%
17	7%	5%	6%	6%	7%	6%	6%	10%
18								
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 7: Initial Placement Type for Children First Placed in Care, 2002-2007						
Year	Total	Family (Kin/Non-Kin)	Non Family Settings	Total	Family (Kin/Non-Kin)	Non Family Settings
2002	3,918	3,148	770	100%	80%	20%
2003	4,774	4,081	693	100%	85%	15%
2004	5,041	4,274	767	100%	85%	15%
2005	4,685	4,037	648	100%	86%	14%
2006	4,503	3,944	559	100%	88%	12%
2007	4,507	4,022	485	100%	89%	11%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 8: Regional Kinship Placements as a Percentage of All First Placements, 2005-2007			
Region	2005	2006	2007
East	23%	28%	38%
Northeast	30%	27%	30%
Hamilton	23%	24%	26%
Smoky Mountain	28%	25%	21%
Northwest	14%	15%	20%
Mid Cumberland	11%	18%	19%
South Central	11%	14%	17%
Southeast	17%	12%	15%
Davidson	17%	16%	13%
Upper Cumberland	16%	19%	12%
Knox	5%	5%	9%
Southwest	10%	5%	9%
Shelby	3%	1%	1%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 9: Regional and Statewide Kinship Placements as a Percentage of First Placements in Family Settings, 2005-2007			
Region	2005	2006	2007
East	31%	35%	43%
Northeast	33%	32%	35%
Hamilton	27%	28%	30%
Smoky Mountain	39%	33%	24%
Mid Cumberland	15%	21%	23%
Statewide	20%	21%	22%
Northwest	16%	15%	21%
South Central	14%	15%	17%
Southeast	24%	14%	17%
Upper Cumberland	20%	23%	15%
Davidson	20%	21%	14%
Southwest	11%	7%	11%
Knox	6%	8%	10%
Shelby	3%	2%	1%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.

Table for Figure 10: Number of Children Placed in Congregate Care Placement Types				
Type	2006	2007	2006	2007
Total	559	485	100%	100%
Group Homes/Residential Treatment Centers	166	164	30%	34%
Detention	29	25	5%	5%
Emergency	157	85	28%	18%
Hospital	185	197	33%	41%
Independent Living	3	4	1%	1%
Unspecified	19	10	3%	2%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 11: Number of Children First Placed within County by County Type, 2007 and 2006						
	Number Not Placed in Same County		Number Placed in Same County		Total Placed	
	2007	2006	2007	2006	2007	2006
Urban	216	250	1,160	1,206	1,376	1,456
Non Urban	1,599	1,638	1,537	1,440	3,136	3,078
Total	1,815	3,894	2,697	4,652	4,512	6,540

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figures 12 and 13: Percent of Children First Placed within County by Entry Year, 2002-2007						
Region	2002	2003	2004	2005	2006	2007
Davidson	76%	79%	79%	74%	76%	83%
Hamilton	92%	92%	91%	91%	91%	88%
Knox	87%	82%	80%	67%	67%	71%
Shelby	93%	96%	97%	95%	91%	94%
East	35%	37%	32%	36%	40%	37%
Mid Cumberland	52%	55%	54%	47%	60%	56%
Northeast	38%	42%	40%	49%	53%	62%
Northwest	42%	45%	44%	43%	57%	63%
South Central	53%	44%	41%	44%	43%	50%
Southeast	54%	51%	51%	52%	51%	56%
Southwest	61%	69%	65%	53%	57%	64%
Upper Cumberland	41%	48%	42%	47%	48%	51%
Smoky Mountain	29%	36%	40%	43%	36%	34%

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figures 14 and 15: Placement Moves as of April 30, 2008 for First Placements in 2006				
Region	Total	No Moves	One Move	More than One Move
Statewide	4,506	2,163	1,155	1,188
Davidson	500	252	107	141
East	365	163	97	105
Hamilton	149	78	23	48
Knox	342	145	102	95
Mid Cumberland	650	281	166	203
Northeast	448	221	119	108
Northwest	131	73	34	24
Shelby	446	233	96	117
Smoky Mountain	492	232	145	115
South Central	271	119	79	73
Southeast	178	82	53	43
Southwest	232	130	53	49
Upper Cumberland	302	154	81	67

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

Table for Figure 17: Parent-Child Visits, January 2007 through June 2008			
Month	Twice per month	Once per month	No visits during the month
Jan-07	18%	18%	64%
Feb-07	22%	23%	55%
Mar-07	27%	29%	43%
Apr-07	25%	22%	53%
May-07	26%	25%	48%
Jun-07	25%	22%	54%
Jul-07	27%	21%	52%
Aug-07	25%	18%	57%
Sep-07	22%	19%	59%
Oct-07	25%	18%	57%
Nov-07	23%	18%	59%
Dec-07	21%	19%	60%
Jan-08	21%	17%	62%
Feb-08	21%	17%	62%
Mar-08	23%	17%	60%
Apr-08	22%	17%	61%
May-08	21%	17%	62%
Jun-08	20%	16%	65%

Source: TNKids "Parent-Child Visit Compliance Summary Reports" (CEN-PRTCHDVT-200) for January 2007 through June 2008.

Table for Figure 22: Visits for Separated Sibling Groups, August 2006 through June 2008			
Reporting Months	Once per month	Once every two months	Less than once every two months
Aug-Sep 2006	29%	20%	51%
Sep-Oct 2006	32%	17%	51%
Oct-Nov 2006	31%	20%	49%
Nov-Dec 2006	29%	24%	47%
Dec-Jan 2007	27%	28%	45%
Jan-Feb 2007	33%	24%	43%
Feb-Mar 2007	49%	18%	33%
Mar-Apr 2007	47%	21%	32%
Apr-May 2007	43%	27%	30%
May-Jun 2007	47%	27%	26%
Jun-Jul 2007	46%	30%	24%
Jul-Aug 2007	45%	28%	28%
Aug-Sep 2007	44%	20%	36%
Sep-Oct 2007	41%	23%	36%
Oct-Nov 2007	42%	24%	34%
Nov-Dec 2007	41%	28%	31%
Dec-Jan 2008	41%	24%	35%
Jan-Feb 2008	39%	23%	37%
Feb-Mar 2008	38%	29%	33%
Mar-Apr 2008	40%	25%	35%
Apr-May 2008	36%	27%	37%
May-Jun 2008	37%	24%	39%
Jun-Jul 2008	39%	24%	37%

Source: TNKids "Active *Brian A*. Class Sibling Groups Not Placed Together Visitation Summary Reports" (SBL-ASGNPTVS-200) for August and September 2006 through May and June 2008.

Table for Figure 24: Open SIU and CPS Investigations Involving *Brian A.* Class Members as of the First Day of Each Month, January 2007 through June 2008

Month	Number of Investigations
January-07	119
February-07	108
March-07	114
April-07	125
May-07	127
June-07	139
July-07	142
August-07	131
September-07	134
October-07	129
November-07	130
December-07	147
January-08	154
February-08	174
March-08	146
April-08	162
May-08	126
June-08	134

Source: TNKids "Brian A. Class Open Investigations Over 60 Days Old Report" (CPS-BRIANINV-200); reports as of the first day of each month for January 2007 through June 2008.

Table for Figure 25: Percentage of EPSDT Assessments Completed within 30 Days of Entering Custody	
Month	Percentage of EPSDT Assessments
January-07	84%
February-07	87%
March-07	86%
April-07	89%
May-07	74%
June-07	77%
July-07	70%
August-07	94%
September-07	82%
October-07	79%
November-07	72%
December-07	82%
January-08	86%
February-08	85%
March-08	86%
April-08	87%
May-08	84%
June-08	85%

Source: Division of Reporting and Analysis EPSDT reports (EPSTBLSC_EPSDT_CMPNT_TBLS_123_Summ) for January 2007 through June 2008.

Table for Figure 26: Percentage of Completed EPSDT and Dental Assessments by Region, June 2008			
Region	Annual EPSDT	Annual Dental Assessment	Initial EPSDT (within 30 days)
Hamilton	95%	91%	100%
Northwest	98%	98%	100%
Southeast	86%	84%	100%
Upper Cumberland	98%	84%	100%
South Central	94%	88%	97%
Northeast	93%	90%	94%
Mid Cumberland	98%	97%	89%
Statewide	94%	84%	85%
East	87%	56%	84%
Davidson	96%	93%	82%
Knox	95%	91%	81%
Southwest	95%	86%	77%
Smoky Mountain	91%	75%	73%
Shelby	93%	77%	59%

Source: Division of Reporting and Analysis EPSDT reports EPSTBLSC_EPSDT_CMPNT_TBLS_123_Summ) for January 2007 through June 2008.

Table for Figure 28: Cumulative Percent Discharged to Permanent Exit, First Placements by Cohort Year						
Cohort	In 6 Months	In 1 Year	In 2 Years	In 3 Years	In 4 Years	In 5 Years
2002	37%	52%	67%	78%	83%	86%
2003	35%	51%	70%	79%	85%	
2004	41%	58%	74%	83%		
2005	43%	59%	77%			
2006	41%	60%				
2007*	40%					

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.
*Permanent exits in six months for children first placed during 2007 should be considered preliminary.

Table for Figure 29: Cumulative Percent Discharged to Relative/Guardian, First Placements by Cohort Year						
Cohort	In 6 Months	In 1 Year	In 2 Years	In 3 Years	In 4 Years	In 5 Years
2002	8%	11%	13%	14%	15%	15%
2003	8%	12%	16%	17%	17%	
2004	13%	16%	19%	20%		
2005	14%	17%	21%			
2006	14%	18%				
2007*	13%					

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.
*Permanent exits in six months for children first placed during 2007 should be considered preliminary.

Table for Figure 30: Cumulative Percent Discharged to Non-Permanent Exits, Youth Age 14 or Older, First Placements by Cohort Year						
Cohort	In 6 Months	In 1 Year	In 2 Years	In 3 Years	In 4 Years	In 5 Years
2002	12%	18%	27%	32%	35%	35%
2003	13%	19%	26%	31%	35%	
2004	12%	18%	26%	29%		
2005	11%	16%	22%			
2006	12%	18%				
2007*	9%					

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.
*Permanent exits in six months for children first placed during 2007 should be considered preliminary.

APPENDIX F

Key Outcome Measures and Performance Indicators by Race

This appendix presents race breakouts of those key outcome measures and performance indicators for which race data are currently available. Race data are currently available for the measures listed below.

- From the Settlement Agreement Outcome and Performance Measures for Reporting Period III (December 1, 2005 through June 30, 2008):[1]
    - Reunification within 12 months (XVI.A.1),
    - Adoption finalization within 12 months of full guardianship (XVI.A.2),
    - Number of placements within the previous 12 months (XVI.A.3),
    - Length of time in placement (XVI.A.4),
    - Reentry into placement (XVI.A.5),
    - Adoptive placement disruption (XVI.A.6),
    - Achievement measures upon discharge (XVI.A.7),
    - Timeliness of placement in an adoptive home (XVI.B.5),
    - Planned Permanent Living Arrangement (PPLA) goals (XVI.B.6), and
    - Placements within 75 miles (XVI.B.7);

- From the Regional Outcome reports produced by Chapin Hall:
    - Reduce the rate of children entering out-of-home care (Purpose No. 1),
    - Increase the proportion of children initially placed in home county (Purpose No. 2),
    - Increase the proportion of children initially placed in a family setting (Purpose No. 3),
    - Increase placement stability (Purpose No. 7), and
    - Increase the number and rate of siblings placed together initially (Purpose No. 8).

Appendix H includes data related to psychotropic medication by race.

Settlement Agreement Section XVI Outcome and Performance Measures

In the following tables, "Other" includes American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Multiracial, Undetermined, Unknown, and Missing.

[1] Although Period III began on December 1, 2005, unless otherwise indicated, the TAC reports Period III performance based on the 18-month period from January 1, 2007 through June 30, 2008 (referred to as Reporting Period III) and reports separately the earlier part of Period III under the designation "Interim Reporting Period III" (January 1, 2006 through December 31, 2006). The TAC did not feel that separate reporting for the first month of Period III (December 2005) was necessary. The exact reporting timeframe for each measure is described in the table headings.

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XVI.A.1 Reunification Children Exiting Care Between 7/1/07 and 6/30/08 Number and Percent Who Were Reunified with Parents or Exited to Relatives within 12 Months of Entry												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	402	296	73.6%	127	98	77.2%	241	179	74.3%	34	19	55.9%
East	394	336	85.3%	353	299	84.7%	19	17	89.5%	22	20	90.9%
Hamilton	75	50	66.7%	36	26	72.2%	32	19	59.4%	7	5	71.4%
Knox	193	148	76.7%	129	101	78.3%	44	32	72.7%	20	15	75.0%
Mid-Cumberland	628	506	80.6%	458	366	79.9%	110	86	78.2%	60	54	90.0%
Northeast	294	241	82.0%	249	204	81.9%	17	12	70.6%	28	25	89.3%
Northwest	144	116	80.6%	91	68	74.7%	40	36	90.0%	13	12	92.3%
Shelby	394	302	76.6%	54	40	74.1%	329	253	76.9%	11	9	81.8%
Smoky Mountain	406	325	80.0%	361	291	80.6%	20	17	85.0%	25	17	68.0%
South Central	188	145	77.1%	161	126	78.3%	11	8	72.7%	16	11	68.8%
Southeast	178	138	77.5%	151	117	77.5%	18	13	72.2%	9	8	88.9%
Southwest	140	103	73.6%	85	67	78.8%	40	25	62.5%	15	11	73.3%
Upper Cumberland	175	130	74.3%	165	124	75.2%	6	4	66.7%	4	2	50.0%
Statewide	**3611**	**2836**	**78.5%**	**2420**	**1927**	**79.6%**	**927**	**701**	**75.6%**	**264**	**208**	**78.8%**
Outcome Goal			**80.0%**			**80.0%**			**80.0%**			**80.0%**

XVI.A.2 Adoption Finalization Full Guardianship Obtained between 1/1/06 and 6/30/07 Number and Percent of Adoption Finalizations within 12 Months of Full Guardianship												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	165	102	61.8%	45	35	77.8%	108	59	54.6%	12	8	66.7%
East	103	84	81.6%	97	79	81.4%	1	0	0.0%	5	5	100.0%
Hamilton	92	71	77.2%	52	40	76.9%	34	25	73.5%	6	6	100.0%
Knox	212	154	72.6%	113	93	82.3%	80	51	63.8%	19	10	52.6%
Mid-Cumberland	153	113	73.9%	117	86	73.5%	13	11	84.6%	23	16	69.6%
Northeast	200	148	74.0%	178	134	75.3%	12	8	66.7%	10	6	60.0%
Northwest	52	37	71.2%	44	30	68.2%	4	3	75.0%	4	4	100.0%
Shelby	159	120	75.5%	22	15	68.2%	134	103	76.9%	3	2	66.7%
Smoky Mountain	135	95	70.4%	126	88	69.8%	0	0	N/A	9	7	77.8%
South Central	72	58	80.6%	53	42	79.2%	12	10	83.3%	7	6	85.7%
Southeast	126	84	66.7%	110	73	66.4%	9	6	66.7%	7	5	71.4%
Southwest	98	86	87.8%	50	47	94.0%	45	37	82.2%	3	2	66.7%
Upper Cumberland	171	132	77.2%	156	117	75.0%	7	7	100.0%	8	8	100.0%
Statewide	**1738**	**1284**	**73.9%**	**1163**	**879**	**75.6%**	**459**	**320**	**69.7%**	**116**	**85**	**73.3%**
Outcome Goal			**75.0%**			**75.0%**			**75.0%**			**75.0%**

XVI.A.3 Number of Placements Children in Custody between 7/1/07 and 6/30/08 Number and Percent of Children Experiencing Two or Fewer Placements between 7/1/07 and 6/30/08												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	1036	872	84.2%	329	271	82.4%	617	515	83.5%	90	86	95.6%
East	1168	1015	86.9%	1062	921	86.7%	37	32	86.5%	69	62	89.9%
Hamilton	418	369	88.3%	179	160	89.4%	213	183	85.9%	26	26	100.0%
Knox	908	770	84.8%	572	496	86.7%	252	204	81.0%	84	70	83.3%
Mid-Cumberland	1587	1360	85.7%	1147	977	85.2%	292	256	87.7%	148	127	85.8%
Northeast	1012	927	91.6%	865	796	92.0%	69	60	87.0%	78	71	91.0%
Northwest	323	281	87.0%	213	186	87.3%	85	70	82.4%	25	25	100.0%
Shelby	1366	1192	87.3%	171	151	88.3%	1143	1000	87.5%	52	41	78.8%
Smoky Mountain	1285	1147	89.3%	1146	1017	88.7%	52	49	94.2%	87	81	93.1%
South Central	705	632	89.6%	571	510	89.3%	72	65	90.3%	62	57	91.9%
Southeast	526	466	88.6%	462	409	88.5%	40	34	85.0%	24	23	95.8%
Southwest	372	335	90.1%	193	173	89.6%	161	144	89.4%	18	18	100.0%
Upper Cumberland	746	672	90.1%	692	623	90.0%	21	19	90.5%	33	30	90.9%
Statewide	**11452**	**10038**	**87.7%**	**7602**	**6690**	**88.0%**	**3054**	**2631**	**86.1%**	**796**	**717**	**90.1%**
Outcome Goal			**90.0%**			**90.0%**			**90%**			**90.0%**

XVI.A.4 Length of Time in Placement Children in Custody between 7/1/07 and 6/30/08 Number and Percent of Children Who Had Been in Custody for Two Years or Less												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	1036	767	74.0%	329	254	77.2%	617	445	72.1%	90	68	75.6%
East	1168	1018	87.2%	1062	925	87.1%	37	31	83.8%	69	62	89.9%
Hamilton	418	304	72.7%	179	129	72.1%	213	153	71.8%	26	22	84.6%
Knox	908	744	81.9%	572	490	85.7%	252	187	74.2%	84	67	79.8%
Mid-Cumberland	1587	1273	80.2%	1147	937	81.7%	292	221	75.7%	148	115	77.7%
Northeast	1012	799	79.0%	865	684	79.1%	69	48	69.6%	78	67	85.9%
Northwest	323	264	81.7%	213	167	78.4%	85	76	89.4%	25	21	84.0%
Shelby	1366	986	72.2%	171	122	71.3%	1143	823	72.0%	52	41	78.8%
Smoky Mountain	1285	1014	78.9%	1146	896	78.2%	52	47	90.4%	87	71	81.6%
South Central	705	610	86.5%	571	510	89.3%	72	48	66.7%	62	52	83.9%
Southeast	526	441	83.8%	462	387	83.8%	40	35	87.5%	24	19	79.2%
Southwest	372	312	83.9%	193	174	90.2%	161	120	74.5%	18	18	100.0%
Upper Cumberland	746	590	79.1%	692	546	78.9%	21	14	66.7%	33	30	90.9%
Statewide	**11452**	**9122**	**79.7%**	**7602**	**6221**	**81.8%**	**3054**	**2248**	**73.6%**	**796**	**653**	**82.0%**
Outcome Goal			**75.0%**			**75.0%**			**75.0%**			**75.0%**

XVI.A.5 Reentry into Placement Children Exiting Custody between 7/1/06 and 6/30/07 Number and Percent of Children Who Re-Entered Custody within 12 Months of Discharge												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	647	55	8.5%	239	20	8.4%	362	32	8.8%	46	3	6.5%
East	469	28	6.0%	437	27	6.2%	9	0	0.0%	23	1	4.3%
Hamilton	244	12	4.9%	103	1	1.0%	128	9	7.0%	13	2	15.4%
Knox	377	16	4.2%	234	14	6.0%	116	2	1.7%	27	0	0.0%
Mid-Cumberland	695	34	4.9%	495	24	4.8%	125	8	6.4%	75	2	2.7%
Northeast	591	29	4.9%	535	23	4.3%	25	4	16.0%	31	2	6.5%
Northwest	179	15	8.4%	140	14	10.0%	25	0	0.0%	14	1	7.1%
Shelby	650	56	8.6%	72	4	5.6%	541	44	8.1%	37	8	21.6%
Smoky Mountain	551	22	4.0%	494	20	4.0%	22	1	4.5%	35	1	2.9%
South Central	362	22	6.1%	289	19	6.6%	45	2	4.4%	28	1	3.6%
Southeast	290	19	6.6%	264	17	6.4%	17	2	11.8%	9	0	0.0%
Southwest	310	13	4.2%	177	7	4.0%	110	3	2.7%	23	3	13.0%
Upper Cumberland	471	47	10.0%	422	43	10.2%	22	4	18.2%	27	0	0.0%
Statewide	**5836**	**368**	**6.3%**	**3901**	**233**	**6.0%**	**1547**	**111**	**7.2%**	**388**	**24**	**6.2%**
Outcome Goal			**<= 8%**			**<= 8%**			**<= 8%**			**<= 8%**

XVI.A.6 Adoptive Placement Disruption Adoptive Placements Occurring between 7/1/07 and 6/30/08 Number and Percent of Adoptive Placements that Disrupted as of 6/30/08												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	122	5	4.1%	43	4	9.3%	67	0	0.0%	12	1	8.3%
East	73	0	0.0%	68	0	0.0%	0	0	N/A	5	0	0.0%
Hamilton	53	2	3.8%	30	1	3.3%	20	1	5.0%	3	0	0.0%
Knox	144	3	2.1%	85	1	1.2%	49	2	4.1%	10	0	0.0%
Mid-Cumberland	158	8	5.1%	110	8	7.3%	31	0	0.0%	17	0	0.0%
Northeast	139	2	1.4%	126	2	1.6%	8	0	0.0%	5	0	0.0%
Northwest	31	1	3.2%	27	1	3.7%	4	0	0.0%	0	0	N/A
Shelby	161	2	1.2%	31	0	0.0%	125	2	1.6%	5	0	0.0%
Smoky Mountain	130	0	0.0%	123	0	0.0%	0	0	N/A	7	0	0.0%
South Central	52	3	5.8%	38	3	7.9%	7	0	0.0%	7	0	0.0%
Southeast	47	1	2.1%	38	1	2.6%	6	0	0.0%	3	0	0.0%
Southwest	39	1	2.6%	15	1	6.7%	22	0	0.0%	2	0	0.0%
Upper Cumberland	105	0	0.0%	99	0	0.0%	2	0	0.0%	4	0	0.0%
Statewide	**1254**	**28**	**2.2%**	**833**	**22**	**2.6%**	**341**	**5**	**1.5%**	**80**	**1**	**1.3%**
Outcome Goal			**<= 5%**			**<= 5%**			**<= 5%**			**<= 5%**

XVI.A.7 Achievement Measures upon Discharge Youth Exiting Custody between 7/1/07 and 6/30/08 Number and Percent of Youth Reaching at Least One Achievement Measure												
	Total Population			White			Black / African American			Other		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	52	43	82.7%	16	13	81.3%	35	29	82.9%	1	1	100.0%
East	40	35	87.5%	37	33	89.2%	2	1	50.0%	1	1	100.0%
Hamilton	20	19	95.0%	6	5	83.3%	13	13	100.0%	1	1	100.0%
Knox	24	22	91.7%	10	10	100.0%	10	8	80.0%	4	4	100.0%
Mid-Cumberland	73	62	84.9%	52	46	88.5%	16	13	81.3%	5	3	60.0%
Northeast	41	30	73.2%	36	27	75.0%	4	2	50.0%	1	1	100.0%
Northwest	18	15	83.3%	14	12	85.7%	3	2	66.7%	1	1	100.0%
Shelby	73	52	71.2%	7	4	57.1%	61	45	73.8%	5	3	60.0%
Smoky Mountain	45	41	91.1%	44	40	90.9%	0	0	N/A	1	1	100.0%
South Central	31	26	83.9%	24	20	83.3%	4	3	75.0%	3	3	100.0%
Southeast	19	16	84.2%	18	15	83.3%	1	1	100.0%	0	0	N/A
Southwest	17	17	100.0%	9	9	100.0%	8	8	100.0%	0	0	N/A
Upper Cumberland	32	28	87.5%	30	26	86.7%	0	0	N/A	2	2	100.0%
Statewide	**485**	**406**	**83.7%**	**303**	**260**	**85.8%**	**157**	**125**	**79.6%**	**25**	**21**	**84.0%**
Outcome Goal			**90.0%**			**90.0%**			**90.0%**			**90.0%**

XVI.B.3 Placing Siblings Together Percent of Sibling Groups Placed Together Initially Sibling Groups Entering Out-of-Home Placement Together for the First Time during 2007			
Region	**Total Population**	**White**	**Black / African American**
Davidson	89%	84%	89%
East	80%	79%	100%
Hamilton	81%	91%	82%
Knox	83%	84%	83%
Mid-Cumberland	86%	87%	85%
Northeast	89%	91%	100%
Northwest	64%	71%	40%
Shelby	84%	83%	82%
Smoky Mountain	78%	79%	71%
South Central	92%	92%	0%
Southeast	92%	93%	100%
Southwest	96%	100%	90%
Upper Cumberland	96%	95%	100%
Statewide	**85%**	**86%**	**84%**
Outcome Goal	**85%**	**85%**	**85%**

XVI.B.5 Placement in an Adoptive Home Children Obtaining Full Guardianship between 7/1/07 and 6/30/08 Number and Percent of Children with Intent to Adopt Signed Within 6 Months of Full Guardianship												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	69	48	69.6%	20	14	70.0%	41	30	73.2%	8	4	50.0%
East	38	31	81.6%	36	29	80.6%	0	0	N/A	2	2	100.0%
Hamilton	18	10	55.6%	10	7	70.0%	6	1	16.7%	2	2	100.0%
Knox	66	42	63.6%	40	29	72.5%	22	10	45.5%	2	3	150.0%
Mid-Cumberland	100	60	60.0%	74	40	54.1%	17	11	64.7%	9	9	100.0%
Northeast	73	45	61.6%	66	41	62.1%	6	4	66.7%	1	0	0.0%
Northwest	12	7	58.3%	11	7	63.6%	1	0	0.0%	0	0	N/A
Shelby	91	48	52.7%	13	10	76.9%	77	37	48.1%	1	1	100.0%
Smoky Mountain	59	40	67.8%	55	37	67.3%	1	0	0.0%	3	3	100.0%
South Central	26	14	53.8%	17	11	64.7%	4	2	50.0%	5	1	20.0%
Southeast	14	5	35.7%	13	4	30.8%	1	1	100.0%	0	0	N/A
Southwest	31	17	54.8%	12	6	50.0%	19	11	57.9%	0	0	N/A
Upper Cumberland	54	41	75.9%	50	37	74.0%	2	2	100.0%	2	2	100.0%
Statewide	**651**	**408**	**62.7%**	**417**	**272**	**65.2%**	**197**	**109**	**55.3%**	**35**	**27**	**77.1%**
Outcome Goal			**65.0%**			**65.0%**			**65.0%**			**65.0%**

XVI.B.6 Goal of Planned Permanent Living Arrangement Children in Custody on June 30, 2008 Number and Percent of Children with a Sole PPLA Goal												
	Total Population			**White**			**Black / African American**			**Other**		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	448	3	0.7%	140	1	0.7%	272	2	0.7%	36	0	0.0%
East	650	0	0.0%	594	0	0.0%	16	0	0.0%	40	0	0.0%
Hamilton	267	0	0.0%	103	0	0.0%	149	0	0.0%	15	0	0.0%
Knox	562	4	0.7%	344	3	0.9%	164	1	0.6%	54	0	0.0%
Mid-Cumberland	746	1	0.1%	544	0	0.0%	136	1	0.7%	66	0	0.0%
Northeast	546	4	0.7%	462	3	0.6%	39	1	2.6%	45	0	0.0%
Northwest	137	4	2.9%	84	2	2.4%	42	2	4.8%	11	0	0.0%
Shelby	775	2	0.3%	94	1	1.1%	651	1	0.2%	30	0	0.0%
Smoky Mountain	679	2	0.3%	599	1	0.2%	29	0	0.0%	51	1	2.0%
South Central	440	2	0.5%	360	2	0.6%	45	0	0.0%	35	0	0.0%
Southeast	281	2	0.7%	251	1	0.4%	18	1	5.6%	12	0	0.0%
Southwest	179	3	1.7%	87	2	2.3%	91	1	1.1%	1	0	0.0%
Upper Cumberland	430	0	0.0%	398	0	0.0%	12	0	0.0%	20	0	0.0%
Statewide	**6140**	**27**	**0.4%**	**4060**	**16**	**0.4%**	**1664**	**10**	**0.6%**	**416**	**1**	**0.2%**
Outcome Goal			**<= 5%**			**<= 5%**			**<= 5%**			**<= 5%**

XVI.B.7 In-Region Placements Children in Custody during June 2008 Number and Percent of Children Placed within 75 Miles of Removal Address												
	Total Population			White			Black / African American			Other		
Region	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	497	434	87.3%	158	133	84.2%	298	265	88.9%	41	36	87.8%
East	666	600	90.1%	615	555	90.2%	16	15	93.8%	35	30	85.7%
Hamilton	280	247	88.2%	107	96	89.7%	157	138	87.9%	16	13	81.3%
Knox	599	514	85.8%	376	334	88.8%	165	126	76.4%	58	54	93.1%
Mid-Cumberland	802	727	90.6%	578	529	91.5%	153	133	86.9%	71	65	91.5%
Northeast	575	528	91.8%	489	449	91.8%	40	34	85.0%	46	45	97.8%
Northwest	147	119	81.0%	89	68	76.4%	46	41	89.1%	12	10	83.3%
Shelby	797	723	90.7%	96	86	89.6%	669	606	90.6%	32	31	96.9%
Smoky Mountain	708	641	90.5%	627	566	90.3%	29	26	89.7%	52	49	94.2%
South Central	466	426	91.4%	381	348	91.3%	49	45	91.8%	36	33	91.7%
Southeast	303	283	93.4%	272	254	93.4%	19	18	94.7%	12	11	91.7%
Southwest	194	184	94.8%	96	89	92.7%	95	92	96.8%	3	3	100.0%
Upper Cumberland	454	410	90.3%	421	382	90.7%	12	9	75.0%	21	19	90.5%
Statewide	**6488**	**5836**	90.0%	**4305**	**3889**	**90.3%**	**1748**	**1548**	**88.6%**	**435**	**399**	**91.7%**
Outcome Goal			**85.0%**			**85.0%**			**85.0%**			**85.0%**

Regional Outcomes

In the following tables, "Total Population" includes all children regardless of race or ethnic designation (or absence such designation in TNKids).

Rate (per 1,000) of Children Entering Out-of-Home Placement Children Entering Out-of-Home Placement for the First Time during 2007				
Region	Total Population	White	Black / African American	Hispanic
Davidson	3.3	1.7	5.2	5.1
East	8.9	8.6	9.6	12
Hamilton	3.2	2.9	3.6	5.9
Knox	4	3.1	7.7	10.7
Mid-Cumberland	3	2.4	5.6	5.2
Northeast	3.1	2.7	6.5	9.9
Northwest	2.3	1.6	4.1	2.3
Shelby	1.8	0.5	2.6	1.4
Smoky Mountain	6.3	5.7	10.7	20.3
South Central	3.1	3	1.4	5.1
Southeast	3.2	2.9	3.6	5.9
Southwest	1.7	1.5	1.6	0.7
Upper Cumberland	3.2	2.9	5.3	9.7
Statewide	**3.2**	**2.9**	**3.6**	**5.9**

Percent of Children Placed In-County Children Entering Out-of-Home Placement for the First Time during 2007			
Region	**Total Population**	**White**	**Black / African American**
Davidson	83%	82%	84%
East	37%	38%	40%
Hamilton	89%	87%	90%
Knox	73%	63%	95%
Mid-Cumberland	57%	57%	55%
Northeast	62%	62%	71%
Northwest	64%	62%	61%
Shelby	94%	85%	95%
Smoky Mountain	34%	33%	46%
South Central	52%	54%	36%
Southeast	57%	57%	71%
Southwest	66%	66%	63%
Upper Cumberland	51%	47%	67%
Statewide	**60%**	**52%**	**81%**

Percentage of Children Initially Placed in a Family Setting Children Entering Out-of-Home Placement for the First Time during 2007			
Region	**Total Population**	**White**	**Black / African American**
Davidson	95%	96%	97%
East	93%	94%	85%
Hamilton	88%	87%	89%
Knox	90%	90%	84%
Mid-Cumberland	96%	96%	92%
Northeast	94%	94%	95%
Northwest	96%	94%	100%
Shelby	80%	67%	82%
Smoky Mountain	92%	92%	96%
South Central	94%	95%	64%
Southeast	96%	96%	100%
Southwest	95%	96%	93%
Upper Cumberland	93%	93%	100%
Statewide	**92%**	**93%**	**89%**

Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window Children in Out-of-Home Placement on January 1, 2006			
Region	**Total Population**	**White**	**Black / African American**
Davidson	81%	76%	81%
East	83%	83%	90%
Hamilton	82%	82%	79%
Knox	77%	78%	77%
Mid-Cumberland	85%	84%	86%
Northeast	82%	81%	91%
Northwest	81%	83%	78%
Shelby	86%	91%	86%
Smoky Mountain	84%	83%	92%
South Central	83%	85%	74%
Southeast	82%	82%	70%
Southwest	91%	93%	88%
Upper Cumberland	84%	84%	87%
Statewide	**83%**	**83%**	**83%**

Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window Children Entering Out-of-Home Placement during 2007			
Region	**Total Population**	**White**	**Black / African American**
Davidson	73%	66%	73%
East	75%	74%	82%
Hamilton	78%	80%	76%
Knox	78%	82%	70%
Mid-Cumberland	72%	75%	71%
Northeast	82%	83%	58%
Northwest	80%	77%	82%
Shelby	81%	84%	79%
Smoky Mountain	78%	81%	89%
South Central	76%	76%	71%
Southeast	83%	82%	87%
Southwest	80%	80%	80%
Upper Cumberland	80%	81%	88%
Statewide	**78%**	**78%**	**76%**

APPENDIX G

Supplemental Information on Placement Stability for the 2006 Entry Cohort

This appendix presents additional information supplementing the data discussion on pages __ ~~28-31~~ of this monitoring report regarding placement stability for children in the 2006 entry cohort.

A. Placement Moves by Exit Status

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children who remain in care might. The table below breaks down the data presented above by whether or not the children had exited care as of April 30, 2008.

Movements as of April 30, 2008 for Children First Entering Care in 2006

First Entrants	Total	Exited Care	Still in Care
Total	4,506	3,579	927
Children w/ no moves to date	2,163	1,907	256
Children w/ one move to date	1,155	914	241
Children w/ more than one move to date	1,188	758	430
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	79%	21%
Children w/ no moves to date	100%	88%	12%
Children w/ one move to date	100%	79%	21%
Children w/ more than one move to date	100%	64%	36%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	48%	53%	28%
Children w/ one move to date	26%	26%	26%
Children w/ more than one move to date	26%	21%	46%

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

The table shows that of the 4,506 children who entered out-of-home placement for the first time in 2006, 79% had exited placement and just over one-fifth still remain in out-of-home placement as of April 30, 2008. The vast majority (88%) of the 2,163 children who did not experience a placement move had exited care as of April 30, 2008. Of the 1,188 children who experienced more than one move, 64% exited care as of April 30, 2008, and 36% of those children still remained in care as of that date.

Of the 927 children in the 2006 entry cohort who were still in care as of April 30, 2008, 28% have not experienced a placement move while in care; 26% have experienced one placement move; and 46% have experienced two or more placement moves.

The majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time.

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B. Placement Moves by Time in Care

The table below provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care. The table describes when placement moves tend to occur for children who experience placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2006 ("Total Children"), the number of children entering out-of-home placement in 2006 who have not experienced a placement move as of April 30, 2008 ("Stayers"), and the number of children entering out-of-home placement in 2005 who have experienced at least one placement move as of April 30, 2008 ("Movers"). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of April 30, 2008. For example, 4,462 children experienced six or fewer months in out-of-home placement as of April 30, 2008; 2,120 of those children also experienced seven to 12 months in out-of-home placement; and 1,318 of those children also experienced 13 to 18 months in out-of-home placement.[1]

[1] There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2005 and has not had time to experience that period(s) in out-of-home placement.

Period Specific Movements for Children First Placed in Foster Care in 2006
As of April 30, 2008

	Placement Intervals (Duration in Months)									
Children by Moves	6 and under	7 to 12	13 to 18	19 to 24	25 to 30	31 to 36	37 to 42	43 to 48	49 to 54	55 to 60
Total Children	4,462	2,120	1,318	674	122					
Stayers	2,188	678	382	206	24					
Movers	2,274	1,442	936	468	98					
Number of Moves										
0	184	962	700	380	92					
1	1,246	322	148	63	4					
2	482	88	55	17	2					
3	197	50	17	3	0					
4	85	11	11	3	0					
5	44	7	4	1	0					
6	18	1	1	0	0					
7	9	0	0	1	0					
8	8	1	0	0	0					
9	1	0	0	0	0					
Total Movers	2,274	1,442	936	468	98					
	As a Percent of Total Children by Placement Interval									
Total Children	100%	100%	100%	100%	100%					
Stayers	49%	32%	29%	31%	20%					
Movers	51%	68%	71%	69%	80%					
Number of Moves	As a Percent of Total Movers by Placement Interval									
0	8%	67%	75%	81%	94%					
1	55%	22%	16%	13%	4%					
2	21%	6%	6%	4%	2%					
3	9%	3%	2%	1%	0%					
4	4%	1%	1%	1%	0%					
5	2%	0%	0%	0%	0%					
6	1%	0%	0%	0%	0%					
7	0%	0%	0%	0%	0%					
8	0%	0%	0%	0%	0%					
9	0%	0%	0%	0%	0%					
Total Movers	100%	100%	100%	100%	100%					

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30. 2008.
Outliers (children experiencing more than nine moves) are not included in this analysis.

Breaking this data into groups by whether or not the child has experienced a placement move as of April 30, 2008 shows that about half of the children entering out-of-home placement in 2006 have experienced at least one placement move. It also shows that the children who remain in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 4,462 total children entering custody in 2006 and experiencing the "six or fewer months" period, only 51% (2,274) experienced a placement move as of April 30, 2008 at some point during their stay in out-of-home placement. Conversely, of the 1,318 children who experienced the "13 to 18 months" period, 71% (936) experienced a placement move as of April 30, 2008 at some point in their stay in out-of-home placement.

The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 2,274 "movers" who experienced six or fewer months in out-of-home placement, 8% (184) did not experience the placement move(s) during that period, but 92% (2090) did. (Of the 92% of children who experienced a move during the first six months in out-of-home placement, 55% experienced one move, 21% experienced two moves, and so on.) Of the 936 "movers" who experienced 13 to 18 months in out-of-home placement, 75% (700) did not experience the move(s) during that period, and only 25% (236) did. This indicates that

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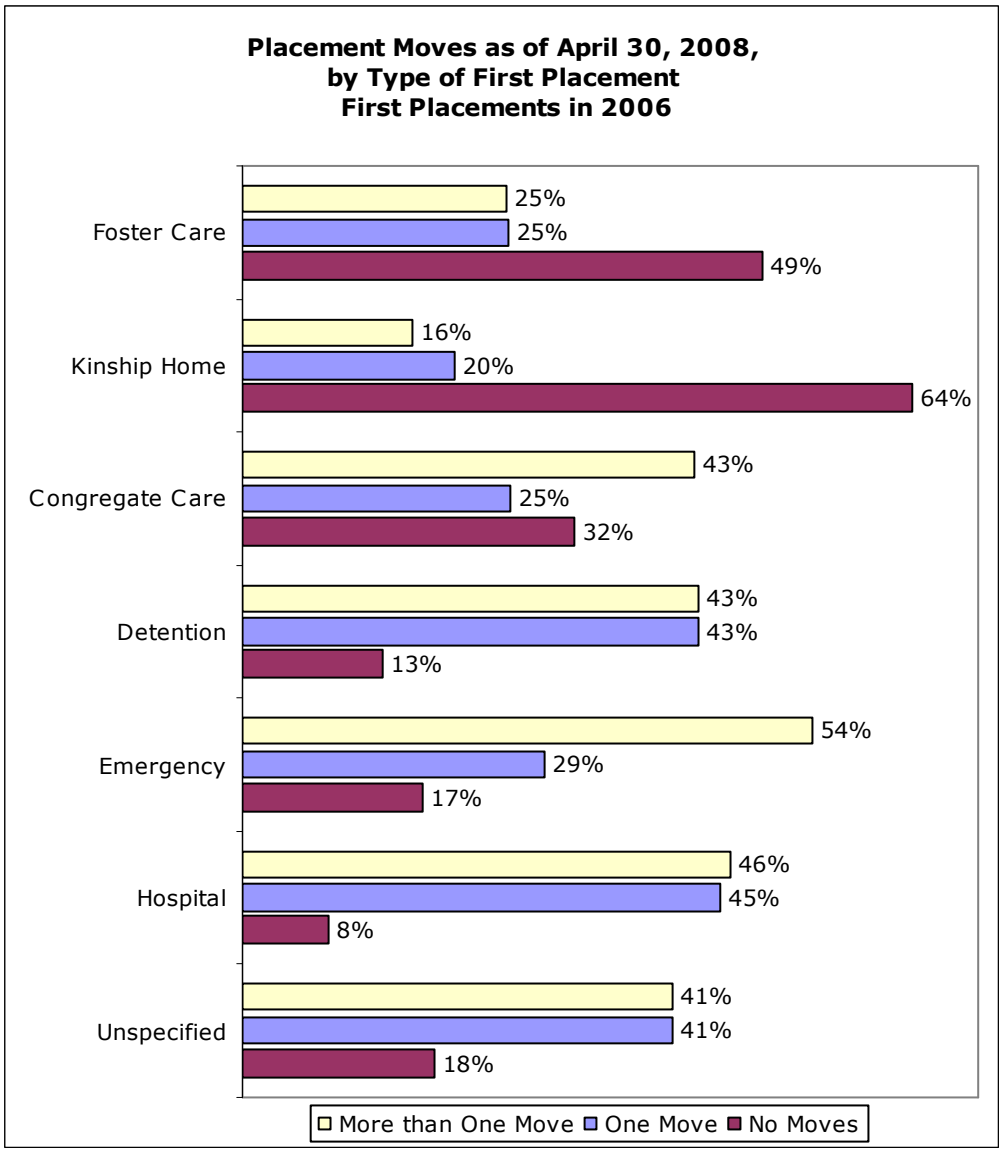
most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

These patterns were also seen for children entering out-of-home placement for the first time in 2005, as reported in the September 2007 Monitoring Report.

C. Placement Moves by Type of Placement

The figure below provides a breakdown of placement stability data by the child's first placement type when entering out-of-home care. For children entering out-of-home placement for the first time in 2006, those whose first placement was with relatives were less likely to move to another placement setting. Almost two-thirds (64%) of children initially placed with relatives did not experience a placement move while in care.

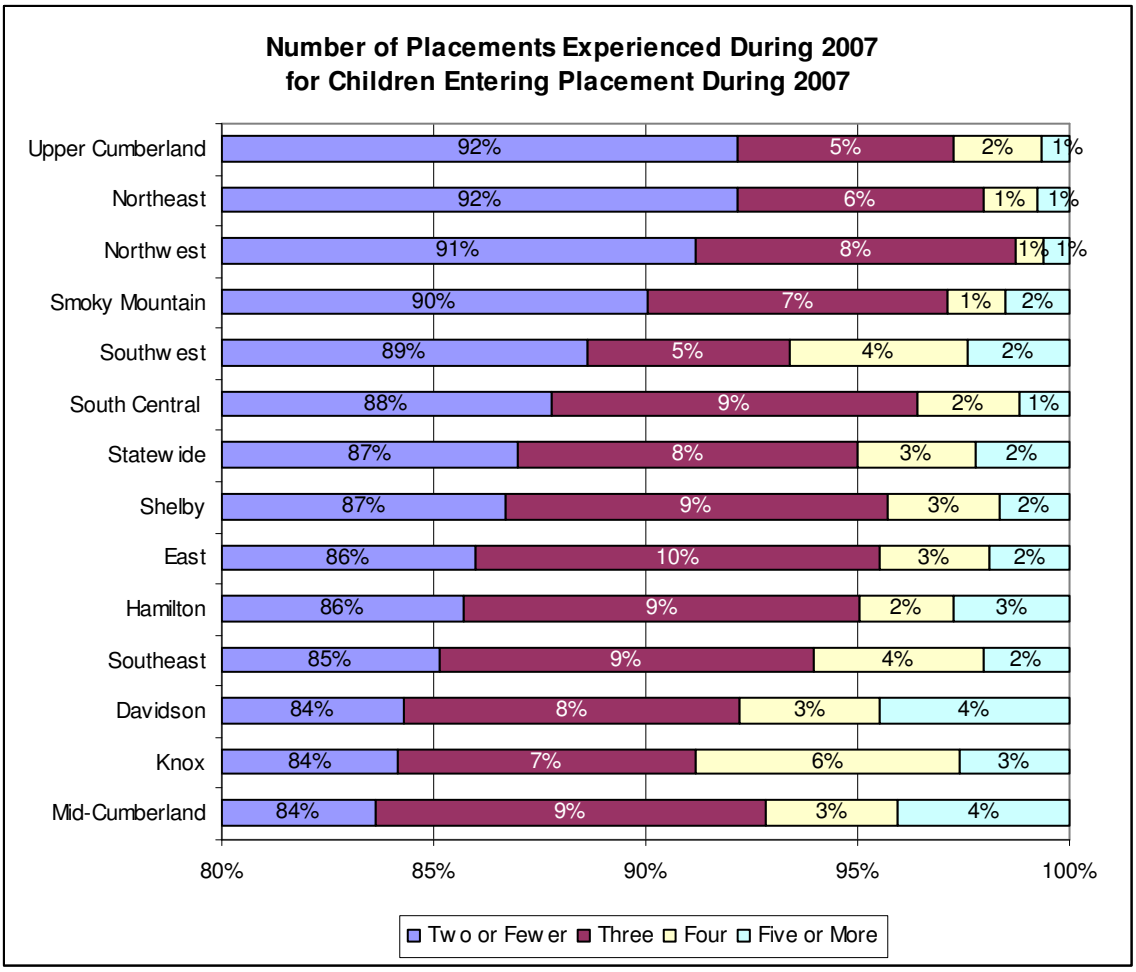
This increased stability of kinship placements compared to non-kinship resource families is consistent with the findings reported in the September 2007 Monitoring Report with respect to the 2005 entry cohort (69% of children entering custody in 2005 whose first placement was with a relative did not experience a placement move, and 15% of those children experienced only one move.)



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through April 30. 2008.

D. Number of Placement Moves by Region

The figure below provides a more detailed look, by region, at the number of placements experienced during 2007 by children who entered care for the first time during 2007.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 7, 2008.

APPENDIX H

DCS Pharmacy Data Summary, January to December 2007

Pharmacy Data
January-December 2007

Blue Cross and Blue Shield provided pharmacy data to the Department of Children Services for January-December 2007. The information each month included:

- the name of child
- social security number
- the prescriber's name, specialty, and address
- the primary care physician's name and address
- date of service and date the prescription was paid
- the drug's name , strength, and the quantity dispensed
- amount paid
- the pharmacy's name and address

This information was matched with data from TNKIDS for each month. Summary information was given on demographic information, such as adjudication, gender, and race. Summary information on the physician prescribing the medication, as well as, drug information was given. The information from each month has been totaled and averaged for the year. Here are some of calendar year 2007 findings:

Statewide

- The average number of DCS children prescribed at least one drug per month was 1724 children.
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar:
  - Nearly twenty eight percent (27.9%) of the children were prescribed at least one drug.
  - A child's average age is thirteen years (13.2).
  - A child's average length of time in custody is eight months (8.1).
  - A child's average number of months being prescribed at least one drug is five months (4.9).
  - The child's average number of drugs per month is two prescriptions (1.9).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar
  - One tenth (10.4%) of the children were prescribed 4 or more drugs for at least one month and the average number of months being prescribed four or more drugs is almost four months (3.6).
  - Nearly three percent (2.8%) of the children who were prescribed four or more drugs received medication for all twelve months of the calendar year.
- The physicians prescribing the most drugs specialized in Psychiatry.
- The five drugs prescribed the most during the calendar year were
  1) Methylphenidate
  2) Adderall
  3) Seroquel
  4) Risperdal
  5) Clonidine
- The five classes of drugs prescribed the most during the calendar year were

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	Drug Class	Drug1	Drug2
1)	Antipsychotic	Seroquel	Risperdal
2)	Stimulants	Methylphenidate	Adderall
3)	Antidepressants	Trazodone HCL	Zoloft
4)	Mood Stabilizers	Trileptal	Depakote
5)	Anti-Hypertensives	Clonidine	Guanfacine

- A child in DCS custody and administered medication is more likely to be a white male, adjudicated dependent neglect and thirteen years of age. Tthe physician specializes in Psychiatry and prescribed approximately two drugs (1.9) per month for the child.

Brian A Children

- The average number of DCS children prescribed at least one drug per month was 1274 children.
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar
  - One fourth (25.1%) of the children were prescribed at least one drug.
  - A child's average length of time in custody is eight months (8.3).
  - A child's average number of months being prescribed at least one drug is five months (5.2).
  - The child's average number of drugs being prescribed per month is two prescriptions (2.0).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
  - One tenth (10.4%) of the children were prescribed 4 or more drugs for at least one month and the average number of months being prescribed four or more drugs is four months (4.0).
  - Nearly four percent (3.9%) of the children who were prescribed four or more drugs received medication for all twelve months of the calendar year.
- The physicians prescribing the most drugs specialized in Psychiatry.
- The five drugs prescribed the most during the calendar year were
  1) Methylphenidate
  2) Adderall
  3) Risperdal
  4) Seroquel
  5) Clonidine
- The five classes of drugs prescribed the most during the calendar year were

	Drug Class	Drug1	Drug2
1)	Stimulants	Methylphenidate	Adderall
2)	Antipsychotic	Risperdal	Seroquel
3)	Mood Stabilizers	Trileptal	Depakote
4)	Antidepressants	Zoloft	Trazodone HCL
5)	Anti-Hypertensives	Clonidine	Guanfacine

- A Brian A child in DCS custody and administered medication is more likely to be a white male, adjudicated dependent neglect, twelve years of age. The physician specializes in Psychiatry and prescribed approximately two drugs per month for the child.

Chart 1

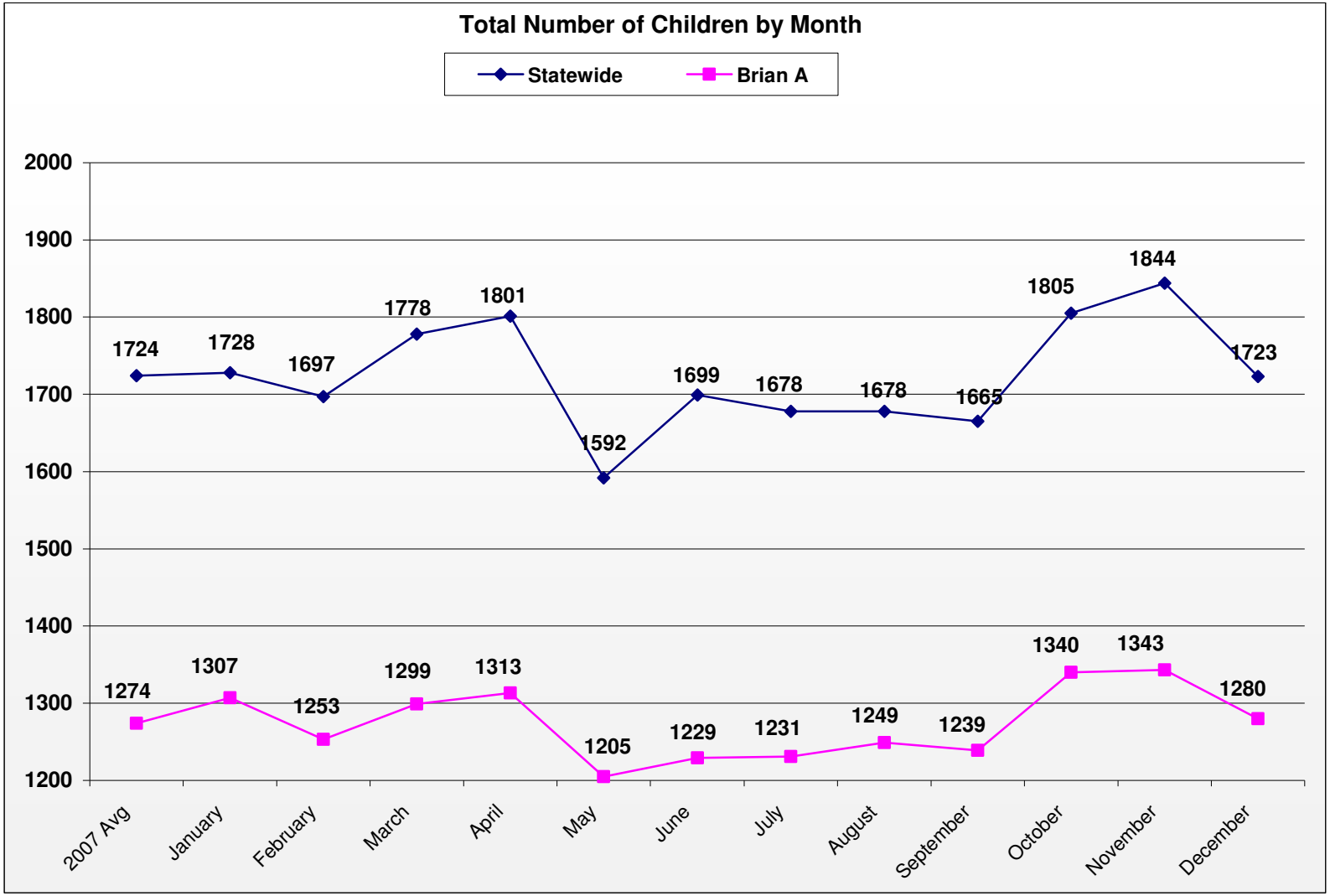
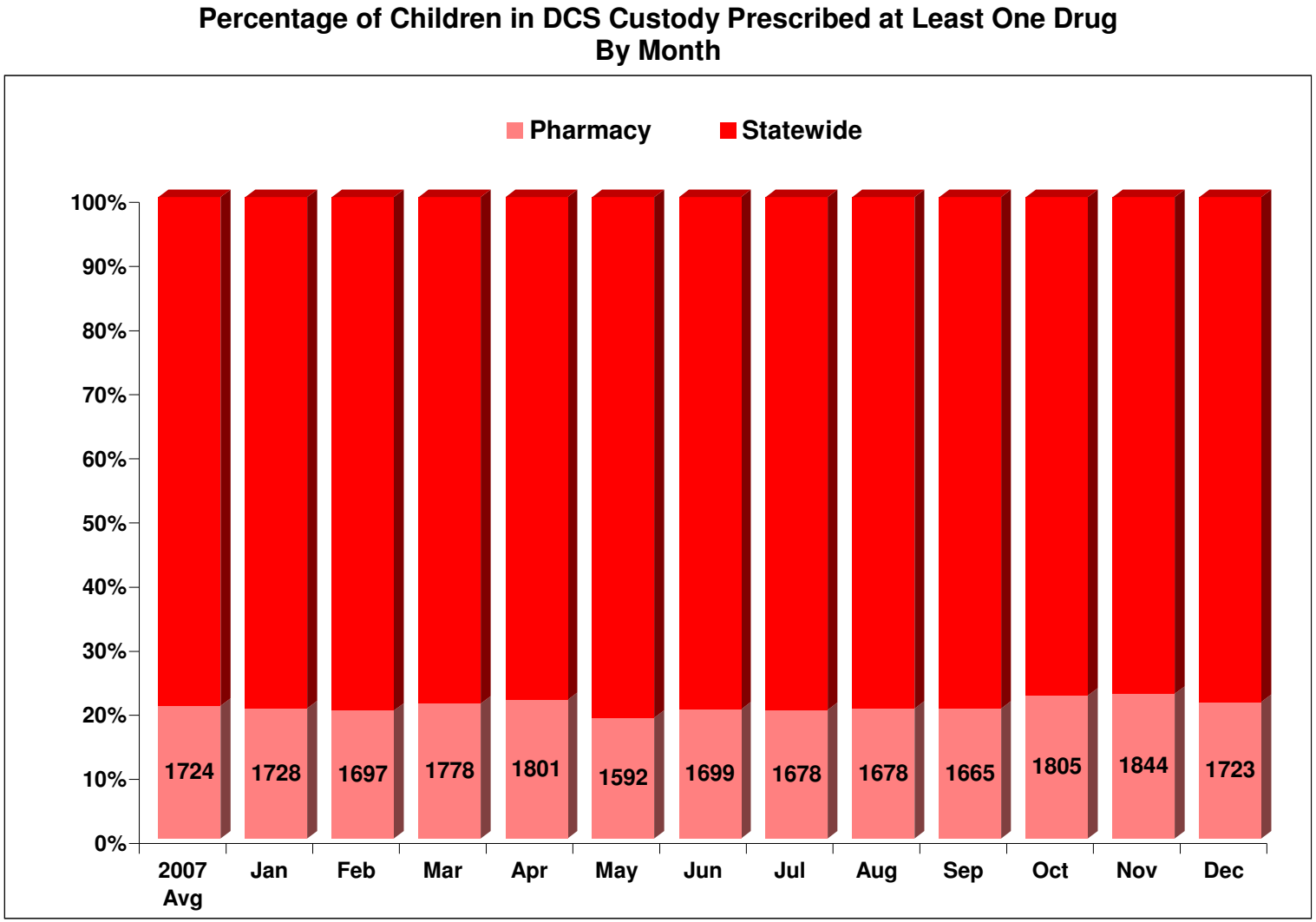
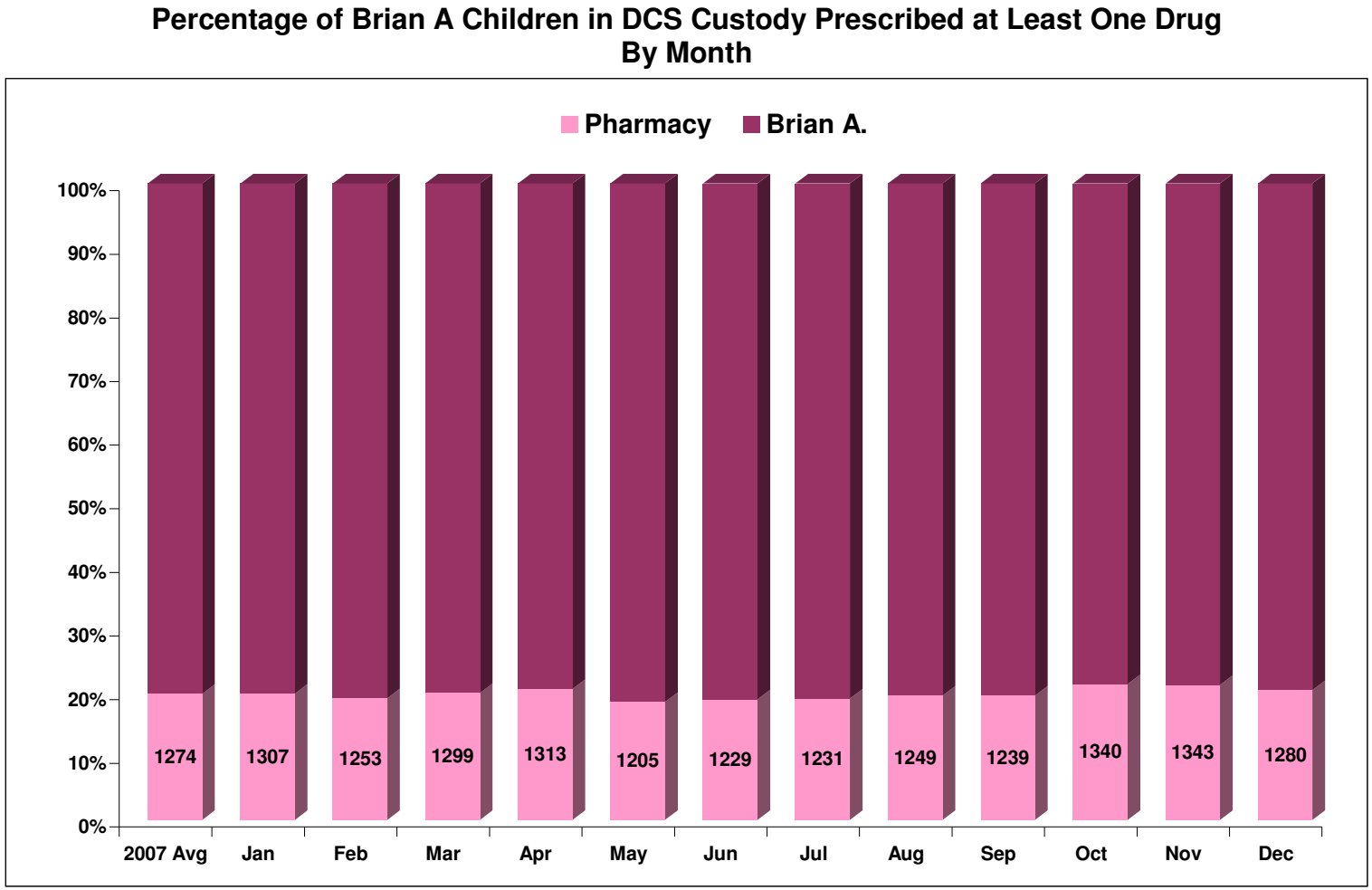

Total Number of Children by Month
Statewide
Brian A
2000
1900
1800
1700
1600
1500
1400
1300
1200
1724
1728
1697
1778
1801
1592
1699
1678
1678
1665
1805
1844
1723
1274
1307
1253
1299
1313
1205
1229
1231
1249
1239
1340
1343
1280
2007 Avg
January
February
March
April
May
June
July
August
September
October
November
December

Chart 2A



2007 Average Number of Children - 8342

Chart 2B



2007 Average Number of Brian A. Children - 6435

Table 1A

Statewide-Demographics January-December 2007

Number of Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	**1724**	**1728**	**1697**	**1778**	**1801**	**1592**	**1699**	**1678**	**1678**	**1665**	**1805**	**1844**	**1723**
Adjudication													
Dependent/Neglect	1215	1247	1185	1238	1246	1148	1171	1175	1189	1190	1281	1285	1224
Delinquent	449	421	444	479	488	387	465	446	428	425	464	499	443
Unruly	60	60	68	61	67	57	63	57	61	50	60	60	56
Gender													
Male	1129	1140	1120	1185	1206	1036	1125	1108	1093	1088	1173	1182	1097
Female	595	588	577	593	595	556	574	570	585	577	632	662	626
Age Range													
<= 5	89	104	94	104	97	87	88	87	86	85	82	78	72
6 - 10	306	304	291	313	314	297	308	299	298	297	314	317	322
11 - 14	474	518	483	499	495	467	469	449	468	442	474	470	449
15 - 17	820	770	798	824	855	722	804	808	784	803	891	924	851
18 +	36	32	31	38	40	19	30	35	42	38	44	55	29
Race													
White	1231	1261	1240	1284	1289	1118	1192	1186	1182	1181	1274	1338	1231
Black/African American	423	395	386	428	446	420	438	420	425	412	456	434	414
American Indian/Alaska Native	1	2	1	1	1	0	1	0	0	0	0	1	2
Asian	2	3	2	3	2	1	1	3	2	3	2	2	2
Multi Racial	41	38	37	36	35	35	44	44	41	41	48	43	48
Native Hawaiian/Oth Pacific Isl.	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	26	29	31	26	28	18	23	25	28	28	25	26	26

Table 1B

Brian A-Demographics January-December 2007

Brian A. Children by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	**1274**	**1307**	**1253**	**1299**	**1313**	**1205**	**1229**	**1231**	**1249**	**1239**	**1340**	**1343**	**1280**
Adjudication													
Dependent/Neglect	1214	1247	1185	1238	1246	1148	1166	1174	1188	1189	1280	1284	1224
Unruly	60	60	68	61	67	57	63	57	61	50	60	59	56
Gender													
Male	772	807	769	800	814	727	752	761	748	748	810	790	742
Female	502	500	484	499	499	478	477	470	501	491	530	553	538
Age Range													
<= 5	89	104	94	104	97	87	88	87	86	85	82	78	72
6 - 10	303	302	290	312	312	294	305	296	295	294	310	313	318
11 - 14	392	423	392	403	407	385	384	375	391	376	400	396	374
15 - 17	490	478	477	480	497	439	452	473	477	484	548	556	516
Race													
White	912	947	913	941	944	850	869	872	878	887	940	984	924
Black/African American	311	301	285	310	321	315	310	310	320	303	344	310	300
American Indian/Alaska Native	1	1	0	0	0	0	0	0	0	0	0	1	2
Asian	1	3	2	1	1	0	0	0	0	1	1	1	1
Multi Racial	29	29	28	26	26	26	31	31	29	28	37	29	33
Native Hawaiian/Oth Pacific Isl.	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	20	26	25	21	21	14	19	18	22	20	18	18	20

Table 1C

Statewide-Children in DCS Custody January-December 2007

Number of Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	**8342**	**8522**	**8526**	**8468**	**8351**	**8466**	**8461**	**8393**	**8303**	**8233**	**8103**	**8181**	**8101**
Adjudication													
Dependent/Neglect	6239	6374	6380	6321	6196	6299	6302	6263	6210	6177	6093	6156	6092
Delinquent	1905	1930	1958	1938	1950	1955	1954	1930	1903	1873	1820	1836	1813
Unruly	200	218	208	209	205	212	205	200	190	183	190	189	196
Gender													
Male	4795	4902	4914	4865	4782	4868	4856	4818	4786	4756	4662	4685	4643
Female	3548	3620	3612	3603	3569	3598	3605	3575	3517	3477	3441	3496	3458
Age Range													
<= 5	2130	2141	2140	2146	2087	2132	2121	2152	2152	2164	2115	2109	2105
6 - 10	1276	1290	1286	1260	1252	1288	1303	1301	1269	1266	1255	1284	1262
11 - 14	1412	1509	1507	1503	1478	1463	1458	1389	1364	1348	1305	1318	1296
15 - 17	3251	3311	3318	3296	3259	3325	3330	3293	3234	3158	3135	3184	3164
18 +	274	271	275	263	275	258	249	258	284	297	293	286	274
Race													
White	5252	5296	5305	5254	5189	5309	5307	5269	5238	5218	5163	5256	5216
Black/African American	2609	2749	2741	2732	2697	2697	2682	2648	2574	2526	2452	2420	2384
American Indian/Alaska Native	8	7	7	6	6	7	8	8	8	7	7	10	10
Asian	17	20	19	19	18	16	14	15	17	18	18	18	17
Multi Racial	232	233	233	234	225	221	235	240	237	229	236	235	231
Native Hawaiian/Oth Pacific Isl.	3	2	2	1	1	2	2	2	3	5	5	6	5
Unable to Determine	222	215	219	222	215	214	213	211	226	230	222	236	238

Table 1D

Brian A-Children in DCS Custody January-December 2007

Number of Children in Custody by Demographics	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	**8342**	**8522**	**8526**	**8468**	**8351**	**8466**	**8461**	**8393**	**8303**	**8233**	**8103**	**8181**	**8101**
Adjudication													
Dependent/Neglect	6239	6374	6380	6321	6196	6299	6302	6263	6210	6177	6093	6156	6092
Delinquent	1905	1930	1958	1938	1950	1955	1954	1930	1903	1873	1820	1836	1813
Unruly	200	218	208	209	205	212	205	200	190	183	190	189	196
Gender													
Male	4795	4902	4914	4865	4782	4868	4856	4818	4786	4756	4662	4685	4643
Female	3548	3620	3612	3603	3569	3598	3605	3575	3517	3477	3441	3496	3458
Age Range													
<= 5	2130	2141	2140	2146	2087	2132	2121	2152	2152	2164	2115	2109	2105
6 - 10	1276	1290	1286	1260	1252	1288	1303	1301	1269	1266	1255	1284	1262
11 - 14	1412	1509	1507	1503	1478	1463	1458	1389	1364	1348	1305	1318	1296
15 - 17	3251	3311	3318	3296	3259	3325	3330	3293	3234	3158	3135	3184	3164
18 +	274	271	275	263	275	258	249	258	284	297	293	286	274
Race													
White	5252	5296	5305	5254	5189	5309	5307	5269	5238	5218	5163	5256	5216
Black/African American	2609	2749	2741	2732	2697	2697	2682	2648	2574	2526	2452	2420	2384
American Indian/Alaska Native	8	7	7	6	6	7	8	8	8	7	7	10	10
Asian	17	20	19	19	18	16	14	15	17	18	18	18	17
Multi Racial	232	233	233	234	225	221	235	240	237	229	236	235	231
Native Hawaiian/Oth Pacific Isl.	3	2	2	1	1	2	2	2	3	5	5	6	5
Unable to Determine	222	215	219	222	215	214	213	211	226	230	222	236	238

Table 2A

Statewide-Placement Type Information January-December 2007

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total ...	**8342**	**1724**	**1728**	**1697**	**1778**	**1801**	**1592**	**1699**	**1678**	**1678**	**1665**	**1805**	**1844**	**1723**
Adoptive Home	14	1	7	2	1	0	0	0	0	0	0	0	0	0
Contract Foster Home	639	45	56	49	61	54	43	46	34	40	41	34	43	42
Contract Foster Home Medically Fragile	63	23	21	21	22	25	22	22	24	25	21	23	23	21
Contract Foster Home Therapeutic	280	458	488	489	504	511	469	456	433	431	415	449	435	416
DCS Foster Home	2956	290	311	286	299	303	270	272	290	285	281	293	301	292
Expediated Home	281	22	21	23	19	23	16	24	25	24	20	20	18	25
In-Home/Trial Home Visits	557	94	104	94	100	84	69	94	100	88	102	100	95	97
DCS Group Home	75	27	19	22	25	27	27	31	32	27	24	32	34	28
Youth Development Center	530	15	16	30	51	46	2	17	2	0	0	4	7	3
Runaway	239	2	2	1	1	1	1	0	0	1	5	2	2	2
Medical Surgical/In-Patient Psychiatric	18	5	3	4	5	6	7	8	4	6	6	3	5	3
Level 2	33	8	7	10	9	11	8	4	6	4	7	10	10	6
Level 2 Continuum	1259	212	193	180	204	201	175	208	203	215	232	245	249	239
Level 2 Special Needs	32	23	24	23	25	27	24	24	24	21	20	19	22	22
Level 2 Special Population	175	65	64	67	66	78	60	63	65	62	61	66	69	61
Level 3	130	58	51	55	56	61	55	58	57	61	65	63	53	64
Level 3 Continuum	773	272	236	243	235	252	245	268	289	287	267	325	315	298
Level 3 Continuum Special Needs	62	34	45	45	36	38	31	36	29	26	25	36	31	34
Level 3 Special Needs Sex Offender	1	1	0	0	0	0	0	0	0	1	1	1	0	3
Level 4	59	33	28	27	20	25	29	31	31	38	37	43	54	31
Level 4 Special Needs	5	2	5	4	4	3	4	2	0	1	2	1	0	0
Detention/Emergency Shelter/Primary Treatment Center	146	29	23	17	28	22	30	31	28	32	32	34	41	29
Transitional/Independent Living	6	2	2	1	2	0	4	2	1	2	1	1	1	1
Center/Diagnostic, Evaluation, and Assessment	14	2	2	4	5	3	1	2	1	1	0	0	4	4

Table 2B

Brian A-Placement Type Information January-December 2007

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total ...	**6435**	**1274**	**1307**	**1253**	**1299**	**1313**	**1205**	**1229**	**1231**	**1249**	**1239**	**1340**	**1343**	**1280**
Adoptive Home	14	1	7	2	1	0	0	0	0	0	0	0	0	0
Contract Foster Home	631	43	54	46	58	52	41	44	33	39	38	32	41	42
Contract Foster Home Medically Fragile	63	23	21	21	22	25	22	22	24	25	21	23	23	21
Contract Foster Home Therapeutic	238	397	425	427	431	447	402	387	374	372	363	393	381	362
DCS Foster Home	2905	282	302	279	292	295	259	263	278	277	274	284	292	283
Expediated Home	276	21	20	23	19	23	15	22	24	23	17	19	17	25
In-Home/Trial Home Visits	467	74	83	75	77	72	55	75	71	74	85	82	71	71
DCS Group Home	4	2	0	0	0	0	1	1	2	3	3	3	3	3
Youth Development Center	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Runaway	129	1	2	0	1	0	0	0	0	0	2	2	0	1
Medical Surgical/In-Patient Psychiatric	15	3	1	3	4	4	5	7	2	3	4	2	3	3
Level 2	8	2	2	3	2	2	3	2	2	2	2	3	3	2
Level 2 Continuum	985	158	142	130	151	146	140	149	152	163	171	183	186	182
Level 2 Special Needs	20	18	20	20	20	21	18	17	18	15	15	15	18	19
Level 2 Special Population	43	17	14	15	18	19	21	18	19	18	15	18	13	15
Level 3	54	33	32	30	30	32	31	30	33	32	35	35	41	36
Level 3 Continuum	487	155	138	137	133	142	148	145	161	157	148	188	186	174
Level 3 Continuum Special Needs	25	14	18	19	14	13	15	16	13	10	10	14	10	10
Level 3 Special Needs Sex Offender	1	1	0	0	0	0	0	0	0	1	1	1	0	2
Level 4	41	21	18	16	13	15	17	21	20	25	26	29	38	15
Level 4 Special Needs	4	2	4	3	4	3	4	2	0	1	2	1	0	0
Detention/Emergency Shelter/Primary Treatment Center	24	8	4	4	9	2	6	7	5	9	7	12	15	11
Transitional/Independent Living	1	1	0	0	0	0	2	0	0	0	0	0	0	1
DCS Observation & Assessment Center/Diagnostic, Evaluation, and Assessment	1	0	0	0	0	0	0	1	0	0	0	0	0	0

Table 3A

Statewide-Number of Prescriptions January-December 2007

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**8342**	**1724**	**759**	**537**	**298**	**129**
January	8522	1728	727	555	307	139
February	8526	1697	751	529	294	122
March	8468	1778	774	543	333	127
April	8351	1801	833	548	285	134
May	8466	1592	682	462	309	139
June	8461	1699	758	533	278	129
July	8393	1678	731	520	303	124
August	8303	1678	704	541	295	138
September	8233	1665	745	534	273	113
October	8103	1805	763	587	314	141
November	8181	1844	828	559	319	138
December	8101	1723	816	534	264	108

Table 3B

Brian A-Number of Prescriptions January-December 2007

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	**6435**	**1274**	**557**	**393**	**223**	**101**
January	6591	1307	552	407	240	108
February	6565	1253	563	384	211	94
March	6523	1299	566	373	258	101
April	6396	1313	611	377	221	103
May	6508	1205	515	347	227	116
June	6505	1229	548	373	211	97
July	6462	1231	543	370	223	95
August	6400	1249	527	402	218	102
September	6358	1239	532	411	206	90
October	6280	1340	558	447	227	108
November	6345	1343	586	417	233	107
December	6288	1280	587	407	198	87

Table 3C

Statewide-Number of Children With 4+ Prescriptions by Age Group January-December 2007

Number of Children By Age Group With 4+ Prescriptions	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**8342**	**1724**	**1**	**15**	**44**	**68**	**2**
January	8522	1728	3	21	45	67	3
February	8526	1697	3	14	43	58	4
March	8468	1778	4	18	44	59	2
April	8351	1801	1	16	44	72	1
May	8466	1592	0	16	52	70	1
June	8461	1699	1	10	44	72	2
July	8393	1678	0	12	43	69	0
August	8303	1678	0	12	49	74	3
September	8233	1665	1	13	40	58	1
October	8103	1805	0	14	49	77	1
November	8181	1844	0	15	42	79	2
December	8101	1723	2	13	30	63	0

Table 3D

Brian A-Number Children with 4+ Prescriptions by Age Group January-December 2007

Number of Brian A. Children By Age Group With 4+ Prescriptions	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	**6435**	**1274**	**1**	**14**	**39**	**46**	**0**
January	6591	1307	3	21	38	46	0
February	6565	1253	3	14	38	39	0
March	6523	1299	4	18	38	41	0
April	6396	1313	1	16	39	47	0
May	6508	1205	0	16	47	53	0
June	6505	1229	1	10	39	47	0
July	6462	1231	0	12	38	45	0
August	6400	1249	0	12	43	47	0
September	6358	1239	1	13	38	38	0
October	6280	1340	0	13	46	49	0
November	6345	1343	0	15	38	54	0
December	6288	1280	2	13	28	44	0

Table 4A Statewide-Unique Children

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2007) Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	**15067***	**4200**	**435**	**13.2**	**8.1**	**4.9**	**3.6**	**1.9**
Adjudication								
Dependent/Neglect	11235	2762	292	11.9	8.4	5.3	4.1	2.0
Delinquent	3420	1277	130	15.7	7.6	4.2	2.6	1.9
Unruly	412	161	13	15.1	7.3	4.5	1.8	1.9
Gender								
Male	8564	2564	283	13.2	8.1	5.1	3.8	2.0
Female	6503	1546	152	13.2	8.1	4.6	3.2	1.9
Age Range								
<= 5	4057	269	8	3.3	8.7	4.5	2.0	1.5
6 - 10	2186	667	58	8.0	8.5	5.7	3.6	1.8
11 - 14	2682	1085	134	12.9	8.3	5.7	4.1	2.1
15 - 17	5839	2099	229	16.0	7.8	4.5	3.3	1.9
18 +	303	80	6	18.0	6.6	2.6	1.8	1.9
Race								
White	9667	2978	342	13.2	7.9	5.0	3.7	2.0
Black/African American	4523	1033	83	13.3	8.5	4.9	3.3	1.8
American Indian/Alaska Native	17	5	0	12.6	5.8	1.8	0.0	1.4
Asian	33	8	0	14.9	9.8	3.3	0.0	1.7
Multi Racial	394	101	4	12.3	8.3	4.9	4.8	1.9
Native Hawaiian/Oth Pacific Isl.	10	0	0	0.0	0.0	0.0	0.0	0.0
Unable to Determine	423	75	6	12.7	7.6	4.2	1.8	1.7

*** This number was obtained by selecting all children in DCS custody on January 1, 2007 and adding all admissions to DCS from January 1 – December 31, 2007.**

Table 4B Brian A.-Unique Children

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2007) Average				
				Age/Years	Months in Custody	Months with a Presciption	Months with 4+ Prescription	Number of Prescriptions
Total ...	***11647**	**2922**	**305**	**12.1**	**8.3**	**5.2**	**4.0**	**2.0**
Adjudication								
Dependent/Neglect	11235	2761	292	11.9	8.4	5.3	4.1	2.0
Unruly	412	161	13	15.1	7.3	4.5	1.8	1.9
Gender								
Male	5765	1652	194	11.6	8.4	5.6	4.2	2.0
Female	5882	1270	111	12.6	8.3	4.7	3.6	1.9
Age Range								
<= 5	4057	269	8	3.3	8.7	4.5	2.0	1.5
6 - 10	2180	662	56	8.0	8.5	5.7	3.7	1.8
11 - 14	2189	855	108	12.8	8.4	5.8	4.5	2.1
15 - 17	3221	1136	133	15.9	8.0	4.7	3.8	2.0
Race								
White	7664	2090	235	12.1	8.2	5.2	4.1	2.0
Black/African American	3240	695	62	12.1	8.8	5.4	3.7	1.8
American Indian/Alaska Native	12	3	0	10.7	5.7	1.3	0.0	2.0
Asian	19	5	0	14.0	10.4	2.2	0.0	1.3
Multi Racial	333	72	3	11.1	8.5	4.9	4.7	2.0
Native Hawaiian/Oth Pacific Isl.	8	0	0	0.0	0.0	0.0	0.0	0.0
Unable to Determine	371	57	5	11.7	7.7	4.3	2.0	1.7

*** This number was obtained by selecting all children in DCS custody on January 1, 2007 and adding all admissions to DCS from January 1 – December 31, 2007.**

Table 5 Drug Listing

Drug Listed on BCBS File	Drug Name	Drug Class
ABILIFY	ABILIFY	Antipsychotics
ADDERALL	ADDERALL	Stimulants
ADDERALL XR	ADDERALL	Stimulants
AMPHETAMINE SALT COMBO	ADDERALL	Stimulants
ALPRAZOLAM	ALPRAZOLAM	Sedative-Hypnotics
ZOLPIDEM TARTRATE	AMBIEN	Sedative-Hypnotics
AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	Antidepressants
ATENOLOL	ATENOLOL	Anti-Hypertensives
BENZTROPINE MESYLATE	BENZTROPINE MESYL	Anticholinergic
BUSPIRONE HCL	BUSPIRONE	Miscellaneous
CAMPRAL	CAMPRAL	Miscellaneous
CARBAMAZEPINE	CARBAMAZEPINE	Mood Stabilizers
CARBATROL	CARBAMAZEPINE	Mood Stabilizers
TEGRETOL	CARBAMAZEPINE	Mood Stabilizers
TEGRETOL XR	CARBAMAZEPINE	Mood Stabilizers
CATAPRES-TTS 1	CATAPRES-TTS 1	Anti-Hypertensives
CATAPRES-TTS 3	CATAPRES-TTS 3	Anti-Hypertensives
CITALOPRAM	CELEXA	Antidepressants
CITALOPRAM HBR	CELEXA	Antidepressants
CHLORAL HYDRATE	CHLORAL HYDRATE	Sedative-Hypnotics
CHLORDIAZEPOXIDE HCL	CHLORDIAZEPOXIDE	CHLORDIAZEPOXIDE H
CHLORPROMAZINE HCL	CHLORPROMAZINE	Antipsychotics
CLOMIPRAMINE HCL	CLOMIPRAMINE	Antidepressants
CLONAZEPAM	CLONAZEPAM	Sedative-Hypnotics
CLONIDINE HCL	CLONIDINE	Anti-Hypertensives
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOT	Sedative-Hypnotics
CLOZAPINE	CLOZAPINE	Antipsychotics
CLOZARIL	CLOZAPINE	Antipsychotics
CYMBALTA	CYMBALTA	Antidepressants
DDAVP	DDAVP	Miscellaneous
DEPAKOTE	DEPAKOTE	Mood Stabilizers
DEPAKOTE ER	DEPAKOTE	Mood Stabilizers
DEPAKOTE SPRINKLE	DEPAKOTE	Mood Stabilizers
VALPROIC ACID	DEPAKOTE	Mood Stabilizers
DEXTROAMPHETAMINE SULFATE	DEXEDRINE	Stimulants
DEXTROSTAT	DEXEDRINE	Stimulants
DIAZEPAM	DIAZEPAM	Sedative-Hypnotics
BENADRYL	DIPHENHYDRAMINE	Antihistamines
DOXEPIN HCL	DOXEPIN HCL	Antidepressants
EFFEXOR XR	EFFEXOR	Antidepressants
VENLAFAXINE HCL	EFFEXOR	Antidepressants
FLUOXETINE HCL	FLUOXETINE	Antidepressants
FLUPHENAZINE HCL	FLUPHENAZINE HCL	Antipsychotics

Drug Listed on BCBS File	Drug Name	Drug Class
FLUVOXAMINE MALEATE	FLUVOXAMINE	Antidepressants
GABAPENTIN	GABAPENTIN	Mood Stabilizers
NEURONTIN	GABAPENTIN	Mood Stabilizers
GABITRIL	GABITRIL	Mood Stabilizers
GEODON	GEODON	Antipsychotics
GUANFACINE HCL	GUANFACINE	Anti-Hypertensives
HALDOL	HALOPERIDOL	Antipsychotics
HALOPERIDOL	HALOPERIDOL	Antipsychotics
HALOPERIDOL LACTATE	HALOPERIDOL	Antipsychotics
HYDROXYZINE HCL	HYDROXYZINE	Antihistamines
HYDROXYZINE PAMOATE	HYDROXYZINE	Antihistamines
VISTARIL	HYDROXYZINE	Antihistamines
IMIPRAMINE HCL	IMIPRAMINE	Antidepressants
IMIPRAMINE PAMOATE	IMIPRAMINE	Antidepressants
INDERAL LA	INDERAL LA	Anti-Hypertensives
KEPPRA	KEPPRA	Mood Stabilizers
LAMICTAL	LAMOTRIGINE	Mood Stabilizers
LAMOTRIGINE	LAMOTRIGINE	Mood Stabilizers
LEXAPRO	LEXAPRO	Antidepressants
LITHIUM CARBONATE	LITHIUM CARBONATE	Mood Stabilizers
LITHIUM CITRATE	LITHIUM CARBONATE	Mood Stabilizers
LITHOBID	LITHIUM CARBONATE	Mood Stabilizers
LORAZEPAM	LORAZEPAM	Sedative-Hypnotics
LORAZEPAM INTENSOL	LORAZEPAM INTENSO	Sedative-Hypnotics
LUNESTA	LUNESTA	Sedative-Hypnotics
METHADONE HCL	METHADONE	Miscellaneous
CONCERTA	METHYLPHENIDATE	Stimulants
DAYTRANA	METHYLPHENIDATE	Stimulants
FOCALIN	METHYLPHENIDATE	Stimulants
FOCALIN XR	METHYLPHENIDATE	Stimulants
METADATE CD	METHYLPHENIDATE	Stimulants
METADATE ER	METHYLPHENIDATE	Stimulants
METHYLIN	METHYLPHENIDATE	Stimulants
METHYLIN ER	METHYLPHENIDATE	Stimulants
METHYLPHENIDATE ER	METHYLPHENIDATE	Stimulants
METHYLPHENIDATE HCL	METHYLPHENIDATE	Stimulants
RITALIN LA	METHYLPHENIDATE	Stimulants
MIDAZOLAM HCL	MIDAZOLAM	Sedative-Hypnotics
MIRTAZAPINE	MIRTAZAPINE	Antidepressants
NALTREXONE HYDROCHLORIDE	NALTREXONE HYDROC	Miscellaneous
NORTRIPTYLINE HCL	NORTRIPTYLINE	Antidepressants
PAROXETINE HCL	PAXIL	Antidepressants
PAXIL CR	PAXIL	Antidepressants
PERPHENAZINE	PERPHENAZINE	Antipsychotics
PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMIT	PERPHENAZINE-AMITR
PROPRANOLOL	PROPRANOLOL	Anti-Hypertensives
PROVIGIL	PROVIGIL	Stimulants
TEMAZEPAM	RESTORIL	Sedative-Hypnotics

Drug Listed on BCBS File	Drug Name	Drug Class
RISPERDAL	RISPERDAL	Antipsychotics
RISPERDAL CONSTA	RISPERDAL	Antipsychotics
ROZEREM	ROZEREM	Sedative-Hypnotics
SEROQUEL	SEROQUEL	Antipsychotics
SONATA	SONATA	Sedative-Hypnotics
STRATTERA	STRATTERA	Miscellaneous
SYMBYAX	SYMBYAX	Antidepressants
THIORIDAZINE HCL	THIORIDAZINE	Antipsychotics
THIOTHIXENE	THIOTHIXENE	Antipsychotics
TOPAMAX	TOPAMAX	Mood Stabilizers
TRAZODONE HCL	TRAZODONE HCL	Antidepressants
OXCARBAZEPINE	TRILEPTAL	Mood Stabilizers
TRILEPTAL	TRILEPTAL	Mood Stabilizers
BUDEPRION SR	WELLBUTRIN	Antidepressants
BUPROPION HCL	WELLBUTRIN	Antidepressants
WELLBUTRIN SR	WELLBUTRIN	Antidepressants
WELLBUTRIN XL	WELLBUTRIN	Antidepressants
SERTRALINE HCL	ZOLOFT	Antidepressants
ZOLOFT	ZOLOFT	Antidepressants
ZYPREXA	ZYPREXA	Antipsychotics
ZYPREXA ZYDIS	ZYPREXA	Antipsychotics

APPENDIX I

Supplemental Information on Exits to Permanency

This appendix presents additional information supplementing the data discussion on pages __ ~~56-59~~ of this monitoring report regarding exits to permanency.

A. Exits for 2006 entry Cohort by Exit Type

The Department tracks and reports on the permanency outcomes for children entering foster care during a particular year. For example, the figure below shows the percentage of children first entering out-of-home placement in 2006 who have exited to each exit type as of April 30, 2008. Children exiting to Reunification represent by far the largest percentage of exits. As of April 30, 2008, almost half (48%) of the children entering care in 2006 had exited to Reunification with Family, 22% had exited to Reunification with Relatives, 5% had exited to Adoption, 7% had experienced some other non-permanent exit, and 18% remained in care.[1]

This data both helps the Department understand the range and frequency of exit types generally and allows comparison of entry cohorts as one possible indicator of changes in performance related to permanency.[2]

[1] It is important to note that, as discussed further below, for those who remain in care, the percentage of those children exiting to adoption will likely be greater than the percentage of those who have already exited and the percentage of those exiting to reunification will likely be lower. For this reason, the ultimate "exit type" percentages for the 2006 entry cohort (calculated after the last child in that cohort exits custody) will be different than the percentages to date.

[2] The September 2007 Monitoring Report presented these data as of March 31, 2007 for children entering out-of-home placement in 2005. By March 31, 2007, 48% of children entering in 2005 had exited to reunification with family, 21% to reunification with a relative, and 5% to adoption. Six percent (6%) experienced some other non-permanent exit, and 21% were still in out-of-home placement.

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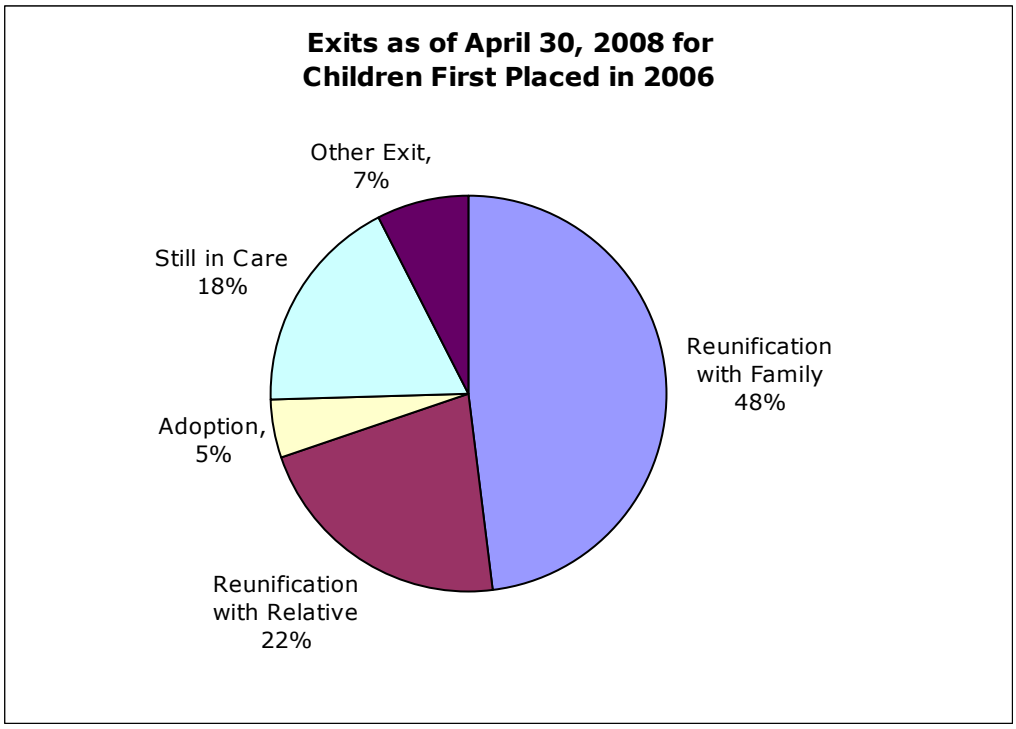


Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

B. Interrelationship between Exit Type and Length of Stay for Children Placed 2002 to 2007

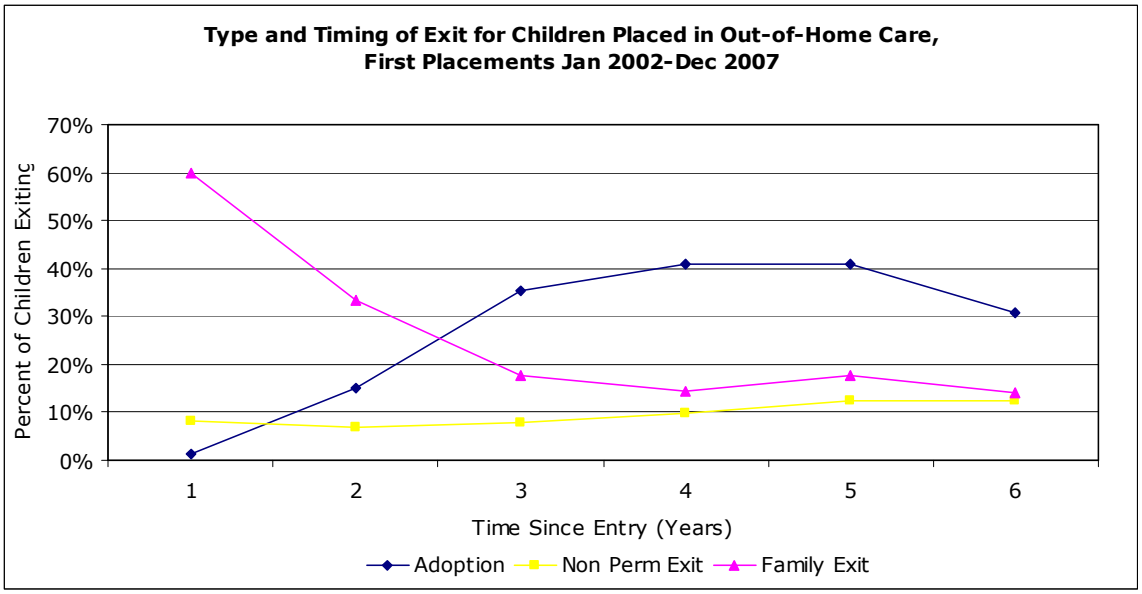
The Department tracks and reports data that reflect the interrelationship between length of stay and exit type. The figure below shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. Finally, the points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and the points at interval five show the proportion of exits that occurred for children who spent five years in foster care during the next year-long interval.

Displaying the three exit probabilities together—adoption, reunification with family or relative, and other exits (primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the pink line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the first year and drops significantly in subsequent years. Adoptions (the blue line), on the other hand, occur more slowly, but the probability of adoption increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a "family exit"—a return to the child's birth family or a relative. Between 50-60% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, only a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is about 10% in each yearly interval.

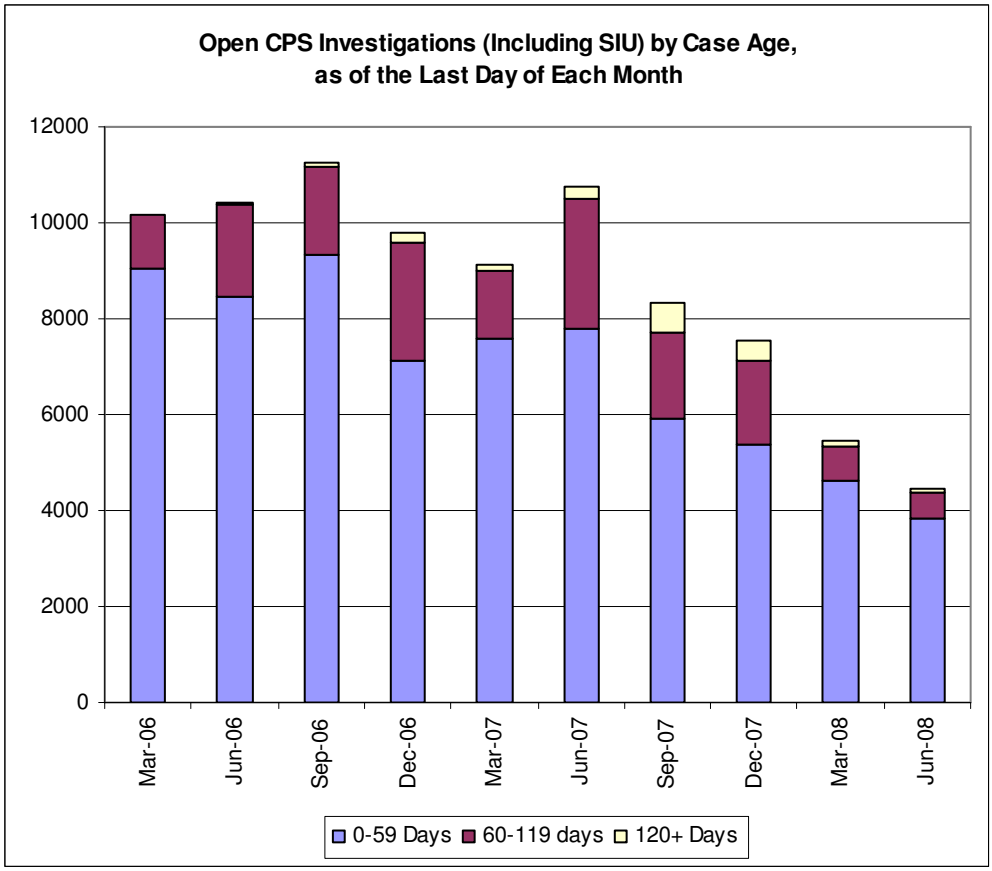


Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through April 30, 2008.

APPENDIX J

CPS and SIU Investigations by Case Age

This Appendix presents historical data related to overdue investigations from March 2006 through June 2008 (see the figure below). The data include both CPS and SIU cases in order to allow comparison against performance on this measure presented in previous Monitoring Reports.



Sources: "Statewide Summary Report of Overdue vs. Open CPS and SIU Investigations" (CPS-INVPODUE-200) as of the last day of each month during the period September 2007 through June 2008, and "CPS--Open Investigations Summary Report," March 2006 through June 2007.

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APPENDIX K

Placement Exception Request Form

Department of Children's Services
Exception Request

PART I - CHILD INFORMATION							
1. CHILD'S NAME:					2. HOME COUNTY/REGION:		
3. DATE:					4. CHILD'S TNKIDS ID:		
5. AGE:		6. DOB:		7. SSN:		8. CUSTODY DATE:	
9. CUSTODY TYPE (Select One):	D/N:		UNRULY:			DELINQUENT:	
10. PERANENCY GOAL:		11. TARGETED DATE:			12. DATE OF PLACEMENT:		
13. FAMILY SERVICE WORKER:			14. FSW PHONE NUMBER:				

PART II – CHARACTERISTICS OF PROPOSED PLACEMENT					
15. CHILD'S PLACEMENT:	I.	II.		III.	IV.
16. IS THIS A SIBLING GROUP PLACEMENT:		17. PLACEMENT STATUS:		18. RESOURCE HOME TYPE:	

RESOURCE PARENT INFORMATION		RESIDENTIAL/AGENCY PLACEMENT		
19. NAME OF RESOURCE PARENT:		25. FACILITY NAME:		
20. ADDRESS:		26. ADDRESS:		
21. CITY:		27. CITY:		
22. STATE:		28. STATE, ZIP CODE:		
23. ZIP CODE:		29. COUNTY:		
24. COUNTY:		30. PHONE # & FAX:		

PART III – CHILD DATA			
31. Total # of DCS children in Resource Home:		**32.** Total # of all children in Resource Home:	
33. Placement relationship:		**34**. Type of assessment completed:	
35. Is this a temporary/emergency placement?		**36.** If yes, did the RA approve prior to placement?	
37. Does this child have criminal charges?		**38.** What are the charges?	

39. IDENTIFYING INFORMATION OF OTHER DCS CHILDREN IN THE HOME. List all DCS children in the home (NOTE: Exception requests are not required for adoptive or biological children in the home)**:**

TNKIDS ID	DOB	RELATIONSHIP

PART IV - TYPES OF EXCEPTIONS

NOTE: Once licensing standards are promulgated they have the force of law and may not be waived (see Licensing Standards for Child Placing Agencies, 1240-4-9-.07(5)). Exception request approvals only address best practice standards and do not affect licensure standards. For exception request placements not conducted within the Child & Family Team Meeting (CFTM) framework, a CFTM must be convene within seven (7) days of the placement being made.

CHECK ALL THAT APPLY BELOW:

☐ **40. Shelter placement in excess of thirty (30) days.**

Standard: No child shall remain in emergency or temporary facilities/emergency shelters for more than thirty (30) days.

☐	***I. Note: This placement standard has no exceptions that comply with best practice standards.***	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
		☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
		☐	**B. Clinical Reasons.** This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

☐ **41. Multiple shelter placements.**

Standard: No child shall be placed in more than one (1) shelter or other emergency or temporary placement within any 12-month period. An exception for up to five (5) days for runaway children shall apply. An exception for children facing a direct threat to their safety, or who present a threat to the safety of others, shall apply. An exception for up to fifteen (15) days for children requiring placement for the purpose of assessing placement needs as a result of significant behavioral changes shall apply.

☐	***I. Compliant with best practice standards.*** (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement exception because the placement is for an apprehended runaway and shall not exceed five (5) days.	☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
☐	**B.** This request meets the best practice standards for placement exception because the placement is for a child who faces a direct threat to his or her safety or who is a direct threat to the safety of others.	☐	**B. Clinical Reasons.** This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.
☐	**C.** This request meets the best practice standards for placement exception because the Regional Administrator certifies that the placement is to assess a child who requires placement as a result of significant behavioral changes and certifies that the placement shall not exceed fifteen (15) days.		

☐ **42. No child placed in detention.**

Standard: No child in DCS physical or legal custody in foster care shall be placed, by DCS or with knowledge of DCS, in a jail, correctional or detention facility unless such child has been charged with a delinquency charge or unless otherwise placed or ordered by the court.

☐	***Non-Compliant with best practice standards.*** (Provide justification item # 61).

☐ **43. Placement not within the region or 75 miles.**

Standard: Children must be placed within their own region or within a 75 mile radius of the home through which the child entered custody unless the child's needs are so exceptional that they cannot be met by a family or facility within the region, the child's permanency calls for reunification with parents who reside outside the region, or placement is with a relative outside the region.

☐	***I. Compliant with best practice standards.*** (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement because the child's needs are so exceptional that they cannot be met by a family or facility within the region.	☐	**A. Resource Limitations.** The request is made because there are neither appropriate placements within the region nor appropriate placements outside the region that meet the standard for best practice placement. Complete column A of the Certified Assurances.
☐	**B.** This request meets the best practice standards for placement because the child's permanency calls for reunification with parents who reside outside the region.	☐	**B. Clinical Reasons.** This request is made because the facts & circumstances in this particular instance make this placement the best option to meet the individual needs of this child & family. Complete column B of the Certified Assurances.
☐	**C.** This request meets the best practice standards for placement because the placement is with a relative outside the region.		

☐ **44. Siblings placed apart.**

Standard: Siblings shall be placed together. An exception applies in cases in which it would be harmful for one or more of the siblings to be placed together. An exception applies in cases in which a sibling has such exceptional needs that they can only be met in a specialized program or facility. An exception applies in cases in which the size of the sibling group makes placement together impractical notwithstanding diligent efforts to place them together.

☐	***I. Compliant with best practice standards.*** (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement because this child or this child's sibling would be harmed if the siblings were placed together.	☐	**A. Resource Limitations**. The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
☐	**B.** This request meets the best practice standards for placement exception because this child has such exceptional needs that can only be met in this specialized program or facility.	☐	**B. Clinical Reasons.** This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.
☐	**C.** This request meets the best practice standards for placement exception because the size of the sibling group makes placement together impractical notwithstanding the diligent efforts that were expended to place them together.		

☐ **45. Child under age six (6) placed in a congregate group home.**

Standard: No child under six (6) shall be placed in congregate care (i.e. a group care, non resource family home setting). An exception shall apply in cases in which the Regional Administrator personally certifies that the child has exceptional needs, which cannot be met in any other type of placement.

I. Compliant with best practice standards. (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
A. This request meets the best practice standards for placement exception because the Regional Administrator personally certifies that the child has exceptional needs which cannot be met in any other type of placement. The services that will be provided to meet the child's individual needs are stated below.	☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
	☐	**B. Clinical Reasons.** This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

☐ **46. More than three (3) foster children in the home.**

Standard: No child shall be placed in a resource home if that placement will result in more than three (3) foster children in the home. An exception in the best interests of the child (as documented in the child's file) shall apply. An exception for the placement of a sibling group in a resource home with no other children in the home shall also apply.

☐	***I. Compliant with best practice standard.*** (Provide justification below)	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement exception because the placement is in the best interest of the child.	☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
☐	**B.** This request meets the best practice standards for placement exception because the placement is a sibling group in a resource home with no other children.	☐	**B. Clinical Reasons.** This request is made because the facts & circumstances in this particular instance make this placement the best option to meet the individual needs of this child & family. Complete column B of the Certified Assurances.

☐ **47. More than six (6) children total in the resource home.**

Standard: No child shall be placed in a resource home if that placement will result in more than six (6) children (including natural and adopted children) in the home. An exception in the best interests of the child (as documented in child's file) shall apply. An exception for the placement of a sibling groups in a resource home with no other children in the home shall also apply.

☐	***I. Compliant with best practice standards.*** (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standards.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement exception because the placement is in the best interests of the child.	☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
☐	**B.** This request meets the best practice standards for placement exception because the placement is a sibling group in a resource home with no other children.	☐	**B. Clinical Reasons.** This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

☐ **48. More than three (3) children in a resource home under age three (3).**

Standard: No child shall be placed in a resource home if that placement will result in more than three (3) children under the age of three in the home. An exception in the best interests of the child (as documented in child's file) shall apply.			
☐	***I. Compliant with best practice standard.*** (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standard.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement exception because the placement is in the best interest of the child.	☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
☐	**B.** This request meets the best practice standards for placement exception because the placement is a sibling group in a resource home with no other children.	☐	**B. Clinical Reasons.** This request is made because the facts & circumstances in this particular instance make this placement the best option to meet the individual needs of this child & family. Complete column B of the Certified Assurances.

☐ 49. More than two (2) therapeutic/medically fragile (MF) children in a resource home (COA Standard). **Standard:** No child with therapeutic/MF needs shall be placed in a resource home if that placement will result in more than two (2) children with therapeutic/MF needs in the home. An exception shall apply for sibling placements. An exception shall apply for children with documented exceptional needs that cannot be met in any other type of placement.	
	(Provide justification item # 61).
☐	**A.** This request meets DCS policy standard for placement exception because the placement is made to keep a sibling group together.
☐	**B.** This request meets DCS policy standard for placement exception because the child has exceptional needs that can **only** be met in this therapeutic resource home. **The services that will be provided to meet the child's individual needs are stated in the justification.**
☐	**C. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
☐	**D. Clinical Reasons.** This request is made because the facts & circumstances in this particular instance make this placement the best option to meet the individual needs of this child & family. Complete column B of the Certified Assurances.

☐ 50. Child placed in a residential treatment center or group care setting with capacity in excess of eight (8) children. **Standard:** No child shall be placed in a residential treatment center or any other group care setting with a capacity in excess of eight (8) children. An exception shall apply in cases in which the Regional Administrator personally certifies that the specific placement is the least restrictive option that will meet the child's individual needs and includes a description of the services in the facility that address those needs.			
☐	***I. Compliant with best practice standard.*** (Provide justification item # 61)	☐	***II. Non-Compliant with best practice standard.*** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:
☐	**A.** This request meets the best practice standards for placement exception because the Regional Administrator personally certifies that this specific placement is the least restrictive option that will meet the child's individual needs. The services that will be provided to meet the child's individual needs are stated below.	☐	**A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete column A of the Certified Assurances.
		☐	**B. Clinical Reasons.** This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.
		☐	**C. Detention.**

PART V – DETAILED JUSTIFICATION OF PLACEMENT
51. What barriers exist to using or considering family (grandmother, aunt, cousin, uncle, etc.) placement? List specific actions taken to find kinship or relative placements.
52. Was the placement decision reached within the context of a Child & Family Team Meeting? If not, explain. What were the recommendations of the CFTM?
53. Were the parents or caretaker and the Family Service Worker (FSW) in agreement with this decision (Answer yes or no below)? If not, explain:

54. a. Was the CANS administered? If yes, what were the results, and was placement in accordance with the CANS recommendation? If not, why?
b. If the CANS was not administered, explain why the CANS was not used and document how the placement decision was made.

a.

b.

55. Is this a relative placement? If, yes has the expedited approval occurred?

56. List all available resources contacted prior to this exception. If no other resources were contacted or considered state the reasons why.

57. Will the proposed placement be stable and directly support the child's need for permanency? Answer yes if (i) this proposed placement is expected to be the only placement until reunification or (ii) the proposed placement would be an appropriate sole or concurrent permanency option if the circumstances so indicate.

58. If this proposed placement is not the optimal placement & is being sought because better options are not available, indicate the types of placement and service options that are in short supply in your region. If you believe this is an isolated instance & that the more appropriate placement & service options are usually available, then so indicate.

59. **Other than respite**, is this exception for over-crowding a resource home? If it is, is this an emergency/temporary placement? If it is a temporary/emergency placement provide details of the decision and the date the emergency/temporary placement is scheduled to end.

60. Was this child in the office overnight? If yes, explain in detail.

61. **Detailed Justification for the placement:**

VI - CERTIFIED ASSURANCES (62) The person(s) requesting this proposed placement exception provides the following assurances:			
COLUMN A		**COLUMN B**	
DCS assures that this placement will be reviewed within three (3) weeks at the next CFTM. The CFTM is scheduled for:		DCS assures that this placement will be reviewed within seven (7) days at the next CFTM. The CFTM is scheduled for:	
DCS assures that an interim visitation plan is in place and is included in the case file.	☐	DCS assures that at the next CFTM held within seven (7) days, the CFTM will include the participation of at least one of the following: The Health Unit psychiatrist, DCS psychologist, Health Unit nurse, Director of Medical & Behavioral Services or a DCS contract psychiatrist.	☐
DCS assures that this is not a request for a placement in a jail or secure detention or correctional facility.	☐	DCS assures that an interim visitation plan is in place and is included in the case file.	☐
DCS assures that this placement will not commingle children with an assessed risk for violence or sexual assault with children who do not possess a risk for violence or sexual assault?	☐	DCS assures that this is not a request for a placement in a jail or secure detention or correctional facility.	☐
		DCS assures that this placement will not commingle children with an assessed risk for violence or sexual assault with children who do not possess a risk for violence or sexual assault?	☐

APPROVED BY:		
63. DCS Team Leader or Team Coordinator Signature:	64. Team Leader or Team Coordinator Name:	65. Date:
_____	_____	_____
66. DCS Regional Administrator Signature:	67. Regional Administrator Name:	68. Date:
_____	_____	_____

69. DCS Regional Administrator Verbal Approval:		70. Date/Time of Verbal Approval:	

NOTE: Exception requests approved verbally must note time and date and be signed by the RA within 72 hours of placement.

REVIEWED BY:

71.Record the names of all CFTM Participants:	72. Date:	73.Record the names of all CFTM Participants:	74. Date:

APPENDIX L

Standards for In-House Schools Evaluation

IN-HOUSE SCHOOLS EVALUATION, 2007-2008
EDUCATIONAL STANDARDS

For each of the following standards, and using the evidences listed, determine the school's current level of compliance (1-4). Record the corresponding number on the accompanying Ratings Sheet and in the excel spreadsheet.

Standard 1: All children and youth are a) enrolled in a school program and are b) provided with an educational plan, as appropriate, that is c) integrated into his/her service plan.

Evidence of Compliance

- Review of procedures for enrolling children and youth in school and for developing education plans.
- Review of case records.

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. Except in a few cases, the school complies with the standard, or practice could be strengthened in a minor way (for example, plans are too brief or vague to yield sufficient guidance to personnel).
3. In a significant percentage of cases, the school does not comply with the standard; or practice requires significant improvement.
4. The organization consistently does not comply with the standard.

Standard 2: The school and organization assess whether students are ready for placement in a local public school making such placements in accord with the goals and timetables of the students' treatment and educational plans.

Evidence of Compliance

- Educational Placement Evaluation Form
- Interview educational personnel.
- Review of case records to document that students are enrolled in school.

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. In a substantial percentage of cases, the school and organization complies with the standard; or practice could be strengthened in some minor way (for example, the school and organization could be more proactive in seeking this standard).
3. In a significant percentage of cases, the school and organization do not comply with the standard; or practice requires significant improvement (for example, the

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school and organization are reluctant to assess students as ready for placement in off-campus school settings, or timelines are set but not followed).
4. The organization consistently does not comply with the standard.

Standard 3: Personnel coordinate as needed with school professionals in public schools to facilitate school transfers and to provide consultation as need to local school personnel.

Evidence of Compliance

- Interview educational personnel.
- Contact local school system.

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. In a substantial percentage of cases, the school complies with the standard; or practice could be strengthened in some minor way.
3. In a significant percentage of cases, the school does not comply with the standard or practice requires significant improvement.
4. The organization consistently does not comply with the standard.

Standard 4: The organization provides or arranges, as necessary:
--a) tutoring
--b) preparation for a high school equivalency diploma
--c) college preparation or other post secondary training

Evidence of Compliance

- Interview personnel and review case records.

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. In a substantial percentage of cases, the school complies with the standard.
3. In a significant percentage of cases, the school does not comply with the standard.
4. The organization consistently does not comply with the standard.

Standard 5: Educational Personnel:
--a) implement the educational plan.
--b) integrate the goals of the therapeutic service program into the school day.
--c) involve students in community social, athletic, and recreational programs as appropriate to individual need and readiness.

Evidence of Compliance

- Interview educational personnel and review service plans.

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. The school generally complies with the standard, but practice could be strengthened in some minor way.
3. Practice requires significant improvement.
4. The organization consistently does not comply with the standard.

Standard 6: The in-house school a) obtains school records promptly (within 14 calendar days) upon admission and b) provides up-to-date records to the new school (within 14 calendar days) when the child is transferred elsewhere.

Evidence of Compliance

- Interview educational personnel and review case records.

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. In a substantial percentage of cases, the school complies with the standard.
3. In a significant percentage of cases, the school does not comply with the standard.
4. The organization consistently does not comply with the standard.

Standard 7: The school and organization make every effort to involve parents/guardians of students in the educational planning and educational activities.

Evidence of Compliance

- Interview educational personnel and parents.
- Review student files for documentation of parental involvement

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. In a substantial percentage of cases, the school complies with the standard; or practice could be strengthened in some minor way.
3. In a significant percentage of cases, the school does not comply with the standard or practice requires significant improvement.
4. The organization consistently does not comply with the standard.

Standard 8: Educational texts and curriculum materials are current, state approved, and rotated at regular intervals.

Evidence of Compliance

- Classroom observation
- Interview educational personnel

Description of Current Levels of Compliance

1. The school fully complies with the standard.
2. In a substantial percentage of cases, the school complies with the standard; or practice could be strengthened in some minor way.
3. In a significant percentage of cases, the school does not comply with the standard or practice requires significant improvement.

The organization consistently does not comply with the standard.

APPENDIX M

Conflict of Interest Statement

CONFLICT OF INTEREST STATEMENT

Attach this form as a cover sheet to all the Conflict of Interest statements.

Pursuant to provider's contract section E. 23 the following applies:

E.23. Supplemental Conflict of Interest. The Private Provider shall not have any owner, member of the board of directors, or member of the board of trustees of that Contract Private Provider who also holds any other position which may influence the placements provided to children in the plaintiff class of Brian A. v. Phil Bredesen. Such positions include, but are not limited to juvenile court judges, referees or other court officers involved in the individual cases of children in foster care. This document is incorporated into your contract as Attachment I.

Agency Name:

Address:

State of Incorporation: Federal ID/Vend #:

Name of Chief Executive Officer:

Name of Board Member Employer: Name of Board Member: Employer:

Signature of CEO/Executive Director: _____ Date:

Each owner, member of the board of directors, or member of the board of trustees of the agency must complete and sign this document.

Name of Agency:

Name of Board Member:

Title: Occupation:

Business Address:

Phone Number:

I understand that DCS is prohibited from contracting with any agency for which any owner, member of the board of directors, or member of the board of trustees of that agency also holds any position which may influence the placements provided to children who are adjudicated dependent and neglected or unruly. I understand that such positions include, but are not limited to, juvenile court judges, referees or other court officers involved in the individual cases of children in foster care.

I certify that I do not hold a judicial or non-judicial position (with a juvenile court or other court) involved in individual cases of children in foster care.

I further certify that I do not hold any other position which may influence the placements provided to children adjudicated dependent and neglected or unruly.

I understand that if I have any question about whether a position that I hold is one that would make my agency ineligible to contract with DCS, I should obtain clarification from the DCS Child Placement & Private Providers Unit of the Department of Children's Services before signing this statement.

Name of Member:

Signature of Member: _____ Date:

APPENDIX N

Recommendations of the Technical Assistance Committee Related to the Use of Planned Permanent Living Arrangement (PPLA) as a Permanency Goal for Tennessee's Foster Children/Youth

Recommendations of the Technical Assistance Committee Related to The Use of Planned Permanent Living Arrangement (PPLA) as a Permanency Goal for Tennessee's Foster Children/Youth

December 6, 2007

I. Introduction

This Memorandum sets forth findings and recommendations of the Technical Assistance Committee (TAC) related to the use of the permanency goals of Planned Permanent Living Arrangement (PPLA) and Subsidized Permanent Guardianship (SPG).

At the time that the original Settlement Agreement was entered, large numbers of children had goals of "permanent foster care" or "long term foster care." The parties recognized that in most of those cases the children were not in placements that afforded them permanent family connections. The parties therefore agreed that the use of permanency goals other than reunification and adoption should be narrowly circumscribed.

The original Settlement Agreement required as one of its outcome and performance measures that no more than five percent of children in care at any given time have a permanency goal of permanent or long term foster care.[1] In addition, the Settlement Agreement contained two provisions articulating the circumstances under which permanent or long term foster care could be considered as a permissible goal. One provided that long term foster care placement with a relative was a permissible permanency goal for a child for whom the Department has not made adoption efforts:

- if an appropriate relative has been identified;
- if the relative is willing to assume long-term responsibility for the child but has legitimate reasons for not adopting the child; and
- if it is in the best interest of the child to remain in the home of the relative rather than be considered for adoption by another person. (Original Settlement Agreement, VII.F.)

The second provision stated more generally that permanent foster care could be considered if:

- the child is at least fifteen years old;
- the Department has made every reasonable effort, documented in the record, to return the child home, to place the child with appropriate family members or to place the child for adoption; and

[1] Five percent is the compliance level to be achieved for Reporting Period III. For Reporting Periods I and II, the percentages were ten and eight respectively. (XVI.B.6)

- the person to whom the Department proposes to assign permanent caretaker status has demonstrated a commitment to assuming long-term responsibility for the child. (Original Settlement Agreement, VII.G.)

Early on in its reform effort, and consistent with changes in federal policy, the Department eliminated "permanent foster care" and "long term foster care" as permanency goals and established "planned permanent living arrangement" as that narrowly circumscribed alternative to reunification and adoption, applicable to long term foster care placements with both relatives and non-relatives.

As reflected in previous monitoring reports, the Department has consistently kept its use of PPLA well within the percentage limits on the use of "permanent foster care" set forth in the Settlement Agreement.[2]

In addition, the Department has, pursuant to a IV-E waiver, recently established an additional permanency option, Subsidized Permanent Guardianship, providing an alternative to PPLA for children in kinship resource homes, which is likely to further reduce the use of PPLA as a permanency goal.[3]

The parties recently modified the Settlement Agreement language related to PPLA, preserving the percentage limit previously associated with permanent or long term foster care and applying it to the use of PPLA as a permanency goal, but not including specific provisions describing the circumstances under which PPLA could be considered as a permissible goal.[4] Instead, the modified Settlement Agreement directs the TAC to "issue recommendations on the use of the goal of planned permanent living arrangement and subsidized permanent guardianship on or before October 31, 2007." Those recommendations are then to be implemented by the Department.

II. Recommendations

A. Recommendations regarding the substantive standard for assignment of PPLA as a permanency goal:

1. Planned permanent living arrangement should only be considered a permissible sole or concurrent permanency goal if:

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[2] Of the 6,537 class members on the August 31, 2007 *Brian A.* class list, there were 35 children with a sole goal of PPLA, and an additional 140 children with a concurrent goal of PPLA. Of those children with concurrent goals of PPLA, for 88 the concurrent goal was adoption, for 29 the concurrent goal was reunification, for 22, exit to relative, and for one, subsidized permanent guardianship.

[3] Subsidized permanent guardianship should reduce the use of PPLA in the long term. However, the design and implementation of Tennessee's IV-E waiver may have initially resulted in some increase in the assignment of PPLA for children in DCS custody. See footnote 8 and accompanying text.

[4] The parties inadvertently failed to conform the language in Section XVI.B.6 to track the modifications reflected in the revised Section VII.G. The parties confirmed that it was their intention that these sections be consistent and advised the TAC that they will be submitting an agreed order further modifying the Settlement Agreement to accomplish that.

- **the Department has made reasonable and appropriate efforts to return the child to the child's parents, to place the child with appropriate family members or to place the child for adoption;**

- **the person to whom the Department proposes to assign permanent caretaker status has demonstrated a commitment to assuming long-term responsibility for the child;**

- **the person to whom the Department proposes to assign permanent caretaker status has been fully informed about the options of adoption and, if applicable, subsidized permanent guardianship, and expresses a reasoned judgment for not pursuing adoption or, if applicable, subsidized permanent guardianship; and**

- **it is in the best interest of the child to remain in the home of the proposed permanent caretaker rather than be considered for adoption by another person.**

2. In addition, PPLA should not be considered a permissible goal for a child under the age of sixteen years unless the proposed permanent placement meets all of the requirements set forth in A.1 above and:

- **The permanent placement is in a kinship resource home; or**

- **There are extraordinary individual circumstances that warrant an exception to the strong presumption against approving PPLA for younger children.**

3. Notwithstanding the above limitations, in appropriate circumstances, PPLA may be permissible as a permanency goal if the assignment of PPLA as a permanency goal is necessary to make the child eligible for subsidized permanent guardianship and subsidized permanent guardianship is potentially an appropriate goal for the child.

4. In addition to the limitations and conditions set forth in sections A.1-A.3, in the case of a child who is twelve years of age or older, PPLA should not be considered a permissible permanency goal unless the child, having been fully informed about the options of adoption, and, if applicable, subsidized permanent guardianship, agrees that PPLA should be the sole or concurrent permanency goal.

Discussion

The substantive standards that the TAC has recommended are substantially the same as those set forth in the original Settlement Agreement.

The recommended standard has retained the language from the original Settlement Agreement requiring that the proposed permanent caretaker of the child have

"demonstrated a commitment to assuming long-term responsibility for the child." The "long-term responsibility" envisioned by this standard would extend, at a minimum, to the child reaching the age of majority.

It would, of course, be preferable for the commitment to extend beyond the age of the majority—a commitment to being the family with whom the adult child can spend Thanksgiving and Christmas, to whom the adult child can come "home" during school vacations, and with whom life's major milestones, such as graduation, marriage, the birth of a child, are celebrated. However, if a child has a long-term relationship with a foster parent, if other permanency efforts have been unsuccessful, and if the foster parent is committed to caring for the child until the child is eighteen, but unwilling to make any promises beyond that, PPLA can be an appropriate goal, assuming that Child and Family Team is convinced that this foster home is the best place for the child to live until the age of majority and the child wants to live with the family through the age of majority.

As set forth in Recommendation B.2 below, the permanency plan would still need to include action steps designed to develop relationships and family like connections with other adults committed to remaining actively involved with the child beyond the age of majority.[5] And, in accordance with Recommendation B.3, the goal would need to be reexamined periodically for continued appropriateness.

The parties have agreed that PPLA should presumptively be limited to situations in which children are sixteen years of age or older, an increase over the presumptive age limit of fifteen included in the original Settlement Agreement. The TAC recommendations therefore include a strong presumption that PPLA not be assigned as a permanency goal for a child under the age of sixteen. However, the TAC has included both a specific exception for PPLA kinship placements and an "exceptional circumstances" provision to allow some very limited additional flexibility.

The TAC established these exceptions in part based on the results of the case file reviews conducted by TAC monitoring staff of 49 children for whom PPLA was their permanency goal.[6] All but ten of those children were sixteen or older. The assignment of PPLA to nine of those ten children under the age of sixteen appeared to be appropriate:

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[5] Of the 49 cases of children with sole goals of PPLA reviewed by the Monitoring Staff, seven children for whom there was documentation of central office approval, at the time of the central office approval of PPLA as the goal, appeared to be in resource homes that were anticipated to be the child's placement until the age of majority, but made no commitment beyond that. Monitoring staff were reluctant to conclude that PPLA was appropriate in these cases without more documentation of transitional planning by the Child and Family Team, including action steps to develop relationships with supportive adults that would reasonably be anticipated to continue beyond the age of majority. One of the children has since reached the age of majority, is receiving transitional services, but is struggling. Five are among those on the list of children considered appropriate for subsidized permanent guardianship under the IV-E waiver. The remaining case involves a fifteen year old, whose goal was changed from Reunify/Exit to Relative to PPLA, but the reason for the change is not clear from the file and the decision appears to have been made separate from the Child and Family Team process.

[6] This included all 35 of the children in DCS custody who had sole goals of PPLA as of August 31, 2007 and an additional fourteen children for whom the sole goal had been PPLA as of May 31, 2007.

- Four of the children, a sibling group, ages one, three, four and twelve, had been placed together in a resource home that was also providing care and support for the children's severely injured father. (Those four children have recently exited to subsidized permanent guardianship.)

- Two of the children were siblings, ages ten and twelve, placed out of state with relatives. (Both children are on the list of children eligible for subsidized permanent guardianship under the IV-E waiver.)

- One of the children is a fifteen year old child with special needs who has been living with his non-relative foster family for at least nine years, and although they consider him family, are afraid to adopt him and leave the responsibility for his intensive care to other family members if anything should happen to them. They are committed to continuing to care for him with the Department's help. (He is eligible for subsidized permanent guardianship under the IV-E waiver.)

- The remaining children are fourteen and fifteen year old siblings, in a resource home (not a relative), with their seventeen year old sibling whose goal is also PPLA. (All three are on the list of children eligible for subsidized permanent guardianship under the IV-E waiver.)

Providing some flexibility to allow PPLA to be used in these kinds of situations involving children under the age of sixteen seems reasonable.[7]

In addition, the recommended procedural requirements set forth in Section B. below, if implemented, should ensure that the somewhat more flexible substantive standard is thoughtfully and appropriately applied.

The TAC has added references to subsidized permanent guardianship, including a provision that references the special route to subsidized permanent guardianship eligibility established by the IV-E waiver that the Department has received from the U.S.

[7] The tenth child in the case file review sample under the age of sixteen is one for whom reviewers questioned the appropriateness of the assignment of the goal of PPLA. His goal change seems to have been approved in order to make him eligible for subsidized permanent guardianship under the IV-E waiver when that special eligibility opportunity was made available in December 2006. See footnote 8.

Department of Health and Human Services, pursuant to which the Department is implementing a subsidized permanent guardianship demonstration project.[8]

As of September 30, 2007, there were a total of 167 Brian A class members with either a sole or concurrent goal of PPLA. Of that group, the Department is moving forward with subsidized permanent guardianship for 111, based on the one time eligibility provision for the non pilot regions. Of the remaining 56, 32 are from the pilot regions, and of those 32, DCS is moving forward with subsidized permanent guardianship on seven.

B. Recommendations regarding the process for assignment, approval, and periodic review of PPLA as a permanency goal:

1. The Department may only approve PPLA as a permanency goal if the Child and Family Team, pursuant to a child and family team meeting (CFTM) held in accordance with the provisions of the Settlement Agreement, determines that the substantive standard for assignment of the goal has been met, and the Commissioner or her central office designee has reviewed the determination and rationale of the Child and Family Team and concurs that the standard has been met and that PPLA is appropriate. There must be written documentation, including the permanency plan, supporting both the determination by the Child and Family Team and the review and approval by the Commissioner or Commissioner's designee.

2. The Permanency Plan for any child with a goal of PPLA must reflect and/or include action steps to ensure that the child has enduring relationships with positive, supporting adults who are committed to maintaining such relationships beyond the child's involvement in the child welfare system.

3. The Child and Family Team must specifically review the continued appropriateness of the PPLA goal of any child at least once within any given six month period.

4. The determination of the Child and Family Team that PPLA continues to be an appropriate goal must be reviewed annually by the Commissioner and/or her

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[8] The IV-E waiver demonstration project is only being implemented in three regions; however, the US Department of Health and Human Services has allowed the Department to extend "one time" eligibility, on two separate occasions, for IV-E subsidized permanent guardianship to an additional group of children in the other nine regions if those children had a permanency goal of PPLA as of January 1, 2007 and/or October 1, 2007. For a child to be eligible for subsidized permanent guardianship under the IV-E waiver: (a) the child must have been in foster care for at least nine of the last twelve months; (b) the child must have lived in an approved relative setting or reside with the same kin caregiver continuously for at least six months (allowing for temporary absences from the home); and (c) reunification and adoption must not be viable permanency options. Of the 49 children with sole goals of PPLA whose cases were reviewed by the TAC monitoring staff, 33 were involved in some way with the IV-E waiver program: three were in the control group, and therefore ineligible for subsidized permanent guardianship; six were in the experimental group and eligible for subsidized permanent guardianship; and 24 were not in the experimental group but were eligible for subsidized permanent guardianship under the "one time" eligibility program.

designee and can only continue to be a goal if the Commissioner or Commissioner's designee concurs that the standard continues to be met and that PPLA remains appropriate.

5. In the event that a child is moved from the placement that has been designated as the PPLA placement, the child's goal cannot remain PPLA unless the Child and Family Team reconvenes and makes a determination, based on the new circumstances of the child, that the new circumstances meet the standard for PPLA and that determination is concurred in and approved by the Commissioner or the Commissioner's designee.

Discussion

The Department has established a process for Central Office review and approval of any case in which PPLA is proposed as an appropriate permanency goal. That process has evolved over time and has much to commend it.

Beginning in 2005, the Commissioner instituted a policy that no child could be assigned a permanency goal of PPLA (sole or concurrent) without written approval by the Commissioner or her central office designee. At present, the Commissioner's designee, the Assistant Director of Permanency Planning, is responsible for the review and approval of any assignment of a goal of PPLA.

Under the present process, before PPLA can be assigned as a goal, the regional staff is required to submit a request in writing to the Assistant Director of Permanency Planning.[9] The request must include a statement of the facts supporting the selection of PPLA as the appropriate permanency goal. The Assistant Director is to review the request and notify the region in writing whether the goal has been approved. Unless and until the Assistant Director approves the PPLA goal, no child should be assigned a PPLA goal. Approval of the PPLA goal should be noted in the case recordings of the TNKIDS file. In addition, the Assistant Director maintains a hard copy file of requests for approval of PPLA.

The Assistant Director's review is to include at a minimum a review of the TN Kids file and a discussion with the family service worker, and, in most cases, a conversation with the resource parent who is contemplated as the permanent placement. The Assistant Director sometimes speaks with the child and his/her birth parent(s).[10] The approval decision is required to be confirmed in writing, in the past by e-mail and presently by letter. [11]

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[9] See request form, Appendix A, pages 11-13.

[10] A somewhat less rigorous expedited approval process has been used for those cases in which PPLA was recently assigned as a goal in order to make a child eligible for subsidized permanent guardianship. A Foster Care and Adoption Program Coordinator who is actively involved with the implementation of the IV-E waiver demonstration project has served as Commissioner's designee for such approval.

[11] See sample decision letter, Appendix B, page 14.

The TAC's process-related recommendations are intended to build upon and strengthen the present review process by ensuring that the initial decision that PPLA is appropriate is thoughtfully reached and well-documented, by ensuring that the central office review and approval process is consistently adhered to (see Section C below), and by requiring regular review of the continued appropriateness of PPLA after the initial determination is made and approved.

The primary recommendation is that there be a well-functioning Child and Family Team for any child who is assigned a PPLA goal and that the Child and Family Team first determine that PPLA is the appropriate goal. The monitoring staff noted in their review of children with sole goals of PPLA that there appeared to be a correlation between a well-functioning team and the apparent appropriateness of the PPLA determination. While it may be implicit in the design of the present review process that the information communicated by the region to the Commissioner's designee reflects the considered judgment of a well-functioning and active Child and Family Team, PPLA should not be approved unless there is documentation that PPLA was the goal recommended by such a team.

A related recommendation is that the PPLA goal be reviewed at least every six months by the Child and Family Team and, if still appropriate, reapproved by the Commissioner's designee at least annually. In addition, whenever there has been a placement disruption, the goal cannot remain PPLA unless the Child and Family Team makes a new determination, based on the new circumstances, that PPLA is an appropriate goal and the Commissioner's designee reviews and approves that new determination.

A number of cases that the monitoring staff reviewed reflected the failure of subsequent reexamination of the continued appropriateness of PPLA as a goal. Among those children whose cases would have benefited from the review were three who were on runaway and seven who had been moved from what had been their designated "permanent placement" after the PPLA goal was assigned/chosen.[12]

C. Recommendations regarding internal quality assurance related to the assignment of PPLA as a permanency goal:

1. The Department should reexamine its present process for review and approval of PPLA, and propose to the TAC, for TAC approval, a revised process that includes an internal tracking mechanism capable of ensuring the identification of any cases in which a child is assigned the goal of PPLA without being reviewed and approved by the Commissioner and/or the Commissioner's designee, and that reasonably assures that the standards and process for assigning and maintaining PPLA as a goal are being followed consistently.

[12] Monitoring staff have forwarded to the Department for appropriate follow-up the names of the children for whom, based on the case file review, either (a) PPLA seemed to be an inappropriate goal or (b) information in the file appeared insufficient to determine the appropriateness of PPLA.

2. By May 31, 2008, the Department should provide the TAC with documentation demonstrating that all cases with PPLA as a sole or concurrent goal at that time have received the appropriate approvals.

Discussion

The central office review and approval process appeared to be reasonably designed and it appeared that those recently acting as the Commissioner's designee were conscientiously reviewing the requests for PPLA approval and granting approval in appropriate cases. However, a cause of some considerable concern were the number of cases in which a child had been assigned a PPLA goal, but for which there was no documentation that a request for approval had been made to the central office (and no documentation that the case had ever been reviewed or the goal approved by the Commissioner's designee). Of the 49 cases of children with sole goals of PPLA that were reviewed by the monitoring staff, the staff were able to find documentation that the region had sought and obtained approval in 21 cases. In 28 cases, there was no record of the region having sought approval and no indication that approval had been granted.[13]

Of the 287 children with a sole or concurrent goal of PPLA as of November 30, 2007, 285 had their goals established after January 1, 2005 and therefore should have had central office approval. Of those 285, 206 had their goals established during 2007, when the present designee, the Assistant Director of Permanency Planning, was responsible for receiving, reviewing, and approving PPLA requests. DCS Central Office, Office of Child Permanency, has provided the TAC with documentation of approval for 133 of those cases for which approval should have been requested and reviewed by the Assistant Director (or by the Foster Care and Adoption Program Coordinator for those cases approved in order to establish special eligibility for subsidized permanent guardianship, as detailed in footnote eight.). The Office of Child Permanency reports that it has approved PPLA as a goal for an additional fifteen children, and is in the process of completing the documentation for those cases.

D. Additional Recommendations:

1. The Department should identify any differences between the services and supports available to children in foster care and their resource parents as compared

[13] Of those 28 cases for which there was no record of Central Office approval of the PPLA goal, six were cases in which the initial assignment of PPLA was made before January of 2005 (the time at which the Commissioner mandated that PPLA could not be assigned as a goal without approval of the Commissioner or her designee). Of the remaining 22 cases, ten were cases in which the PPLA goal was initially established in 2005 or 2006; twelve were cases in which the initial assignment of the PPLA goal was made in 2007, when the present designee, the Assistant Director of Permanency Planning, was responsible for receiving, reviewing and approving PPLA requests. The Assistant Director is following up both on those twelve cases that he personally should have received requests for and the other cases which preceded his tenure as the Commissioner's designee, to determine why requests for approval were not submitted. (Of the 28 children for whom there is no record of Central Office approval, six have exited custody, two to subsidized permanent guardianship, one to reunification with his mother, and three exited having reached the age of majority; and nine have been designated for consideration for subsidized permanent guardianship under the IV-E waiver.)

with children who are adopted that act as a financial or other disincentive to adoption or subsidized permanent guardianship and make PPLA a preferable option.

2. The Department, in consultation with the TAC, should develop and implement a plan for addressing any such disincentives that can be reasonably addressed without commitment of significant additional state resources.

Discussion

There appears to be some very modest differential between the special needs adoption board rates and the foster home board rates. There may be some reasonable explanation of the origins of this differential, but whatever the historical rationale was, the differential should probably be eliminated.

In addition, there may be some benefits specifically designed to meet the needs of older youth, including some education benefits, for which children become ineligible when they are adopted. Finally, there may be some misinformation about imagined differences between the support available to resource parents and supports available to those who adopt or agree to subsidized permanent guardianship.

It is important to identify obstacles to adoption and subsidized permanent guardianship, both real and imagined, and develop some strategies for responding to both the realities and the misperceptions that may encourage resource families to pursue PPLA rather than adoption or subsidized permanent guardianship.

3. For situations in which DCS reasonably believes that a child is going to return to his or her family of origin at age eighteen, but does not feel that that return home is a safe or appropriate permanency goal, the TAC recommends that the Department provide some specific guidance to Family Service Workers about how to approach permanency planning.

Discussion

In three of the cases reviewed by the monitoring staff, the case notes reflected that each of these older children planned to return to their birth families when they turned eighteen. While PPLA was the official permanency goal, it was clear that the Department recognized that each child would be "aging out" and returning to his or her birth family. It is important that permanency planning for such older youth take into account the likelihood of the child returning to such a placement and, without necessarily condoning or approving the child's choice, include measures reasonably designed to help mitigate the risks associated with that choice and maximize potential benefits.

Appendix A

Tennessee Department of Children's Services

REQUEST FOR PERMANENCY GOAL OF PLANNED PERMANENT LIVING ARRANGEMENT

Please complete one form per child.
All fields must be completed prior to submission to Central Office.

Child's Name:		**Date of Birth:**	Date
Region:		Date of Custody:	Date
Adjudication:			
Case Manager:		Team Leader:	
Current Placement:			
How long has the child/youth been in this placement?			
Date of next scheduled Child and Family Team Meeting?		Date	

Planned Permanent Living Arrangement should be used as a goal only in certain, rare circumstances. In order for PPLA to be considered, at least one of the following must be true:
(Check appropriate box/boxes.)

☐ The child/ youth's resource family is a relative. Due to family circumstances, the relative does not wish to adopt or pursue permanent guardianship but does need the financial support of the board payment.

☐ The child/youth is 15 years or older, has received adoption counseling, and does not wish to be adopted. The current resource placement is willing to care for this child/youth long-term.

Please explain what efforts have been made to achieve permanency for this child through the other permanency options.

1. Reunification:

2. Exit Custody to Relative/ Permanent Guardianship:

3. Adoption:

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

Distribution: Child Case File, Regional Office

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Please explain, in detail, the long term plans for this child/youth.
What are the plans for the child/youth's transition to adulthood including education, employment, independent living, relational permanency, etc?
Will this child/youth's placement support him or her to the age of majority and beyond?
Who are the other adults with a significant bond or relationship to the child/youth who can help support the transition to adulthood?
If this child/youth is placed with a relative, please explain why adoption or exiting custody with the relative/ permanent guardianship is not an appropriate goal.
When was a comprehensive case review (archaeological dig) completed on this child? What was the result?

SIGNATURE AND APPROVAL PAGE

I believe that this child/youth meets the criteria for consideration of PPLA as a permanency goal. I understand that approval of PPLA as a permanency goal does not imply that no further permanency work will be done on behalf of this child/youth. I will continue to work towards other permanency goals, should they become viable alternatives.

I am committed to ensuring that this child/youth has meaningful, permanent connections to caring adults as he or she transitions to adulthood.

Case Manager: _____ Date: _____

Team Leader: _____ Date: _____

Team Coordinator: _____ Date: _____

Regional Administrator: _____ Date: _____

This request must be reviewed and approved by the Regional Administrator or his/her designee prior to submission to Central Office for approval. When approved by Regional Administrator, please forward this form and any other documents supporting your request to the Office of Permanency Planning.

Appendix B

STATE OF TENNESSEE

DEPARTMENT OF CHILDREN'S SERVICES

Phil Bredesen
Governor

Viola P. Miller
Commissioner

April 20, 2007

Ms. Kitty Oliver
Northwest Regional Administrator
8600 Hwy 22
Dresden, TN. 38225

Dear Ms. Oliver,

In response to your request for approval of a permanency goal of Permanent Planned Living Arrangement (PPLA) for_____, I have taken the opportunity to review the documentation provided and his TN-Kids record. It is apparent that the chid does meet the required standards for PPLA approval, as follows: a) he is over the age of 15 years old; b) DCS has made every reasonable effort to place _____ with appropriate family members or to place him for adoption; and, c) the person that DCS has proposed to assign permanent caretaker status has demonstrated a commitment to assume permanent, long-term responsibility for him.

During my review, I found that the Department did make reasonable efforts to return _____ home, but that placement disrupted due to conflict between he and his father. Clearly your region made every effort to work through the conflict and when he was unable to remain with his father, located another home for him. It is apparent that the child has special needs and that this resource family is very committed to him. The fact that the resource parents get along with his father and live nearby will hopefully help _____to sustain this relationship.

As a result, I am approving your request to use the permanency goal of PPLA for case planning at this time. A copy of your request and this letter of approval will remain on file in the Office of Child Permanency. Please place a copy of this letter in the hard file for audit purposes. If at any time the child's permanency goal is changed, please notify the Office of Child Permanency immediately so that the PPLA records can be updated.

Respectfully,

John L. Johnson
Asst. Director of Permanency Planning
TN. Dept. of Children's Services

7th Floor, Cordell Hull Building, 436 Sixth Avenue North, Nashville, Tennessee 37243-1290
Telephone No. (615) 741-9699

APPENDIX O

Department of Children's Services, Office of Inspector General, Division of Internal Audit TNKids Audit Report for the Period January 1 – December 31, 2006

Department of Children's Services

Office of Inspector General

Division of Internal Audit

TNKIDS Audit Report

For the period:
January 1 – December 31, 2006

Vivian Bollinger, CPA, CGFM
Director of Internal Audit

INTRODUCTION

The Brian A. Settlement Agreement states in X.C., "…The data shall be audited no less frequently than every 12 months". Department of Children's Services (DCS) Internal Audit has been charged with performing this audit of TNKIDS. In planning this audit, the auditors referenced DCS Policies and excised due professional care by considering the extent of work needed to achieve the engagement's objectives. DCS Internal Audit staff discussed with the Inspector General the areas of TNKIDS that were in scope at the time of fieldwork. The proposed audit program was approved by the Inspector General on November 16, 2006. The purpose of this audit is to determine whether the data in TNKIDS is accurate and valid.

AUDIT SCOPE AND METHODOLOGY

Audit work covered the period January 1, 2006 through December 31, 2006. The audit was conducted on site at all twelve Regional Offices:

Region	City of Regional Office	Date Fieldwork Performed
Davidson	Nashville, Tennessee	March 13 - 16, 2007
East Tennessee	Clinton, Tennessee	April 2 – 4, 2007
Hamilton	Chattanooga, Tennessee	February 15 -16, 2007
Knox	Knoxville, Tennessee	February 6 – 9, 2007
Mid Cumberland	Nashville, Tennessee	February 5 – 7, 2007
Northeast	Johnson City, Tennessee	March 28, 2007
Northwest	Dresden, Tennessee	February 27 – March 1, 2007
Shelby	Memphis, Tennessee	April 23 -26, 2007
South Central	Columbia, Tennessee	March 26 – 29, 2007
Southeast	Chattanooga, Tennessee	March 13 -14, 2007
Southwest	Jackson, Tennessee	February 7 – 13, 2007
Upper Cumberland	Cookeville, Tennessee	February 2 – 4, 2007

The audit was performed in accordance with standards for the professional practice of internal auditing and with generally accepted government auditing standards. The Regional Administrator was notified of the sample list three business days prior the beginning date of the field work. The methodology used in conducting the audit involved comparing the documentation in the paper case file to the data in TNKIDS.

Findings were noted for instances in which the error rate was 8% or greater, and weaknesses were noted for instances in which the error rate was less than 8 %. A finding is defined as deficiencies or exceptions in 8% or greater of the sample items tested. A weakness is defined as deficiencies or exceptions in less than 8% of the sample items tested. A finding would be considered more severe than a weakness.

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OBJECTIVES OF THE AUDIT

The audit had six primary objectives:

- To determine whether the children's demographic information (legal name, social security number, and date of birth) was entered correctly in TNKIDS and marked as verified in TNKIDS.

- To determine whether there are case recordings in TNKIDS for each month that the children were in custody; to determine if case recordings indicate a client face-to-face contact for each month of custody; and to determine if the case recordings were entered in TNKIDS within 30 days of case activity.

- To determine whether the children's court disposition information (disposition decision and disposition date) and adjudication information (adjudication date and decision) has been entered correctly in TNKIDS.

- To determine whether the children's permanency plan information (Plan date and Plan Goal) has been correctly entered in TNKIDS. To determine if ratification information entered in TNKIDS agrees with a ratified permanency plan in the client's case file.

- To determine whether the children's TNKIDS placement information agrees with the paper case file, pre-placement authorizations and de-authorizations.

- To determine if daily rate data for contract payments agree between TNKIDS and TNKIDS Financials.

Sample Selection Method

The sample was randomly selected from the monthly report of all children included in the Brian A. Class report. The Information Systems Division distributes this monthly report around the 16th of each month. Internal Audit did not take a statistical sample of the Brian A. Population. Therefore, the results cannot be projected to the entire population of children in departmental custody for the time period tested. However, the sample does give an indication of the types of errors found within the regions. It was determined to have a 200 item statewide sample and to have each region's sample size dependent upon the region's weighted average percentage of children compared to the statewide total. If a region had a sample size less than 12, its sample size was increased to 12. The sample was selected using IDEA Auditing software. Below is a breakdown of children selected for each region.

Region	Number of Children Sampled
Davidson	21
Upper Cumberland	15
Mid-Cumberland	22
South Central	12
Southwest	12
Northwest	12
Shelby County	25
Knox County	14
Hamilton County	12
Southeast	12
Northeast	18
East Tennessee	25
Total Statewide Sample	200

ATTRIBUTES TESTED FOR DURING AUDIT

Section B: Person & Relationship:

Child's Name: A Birth Certificate with a name that matches the name entered in TNKIDS.

Social Security Number: A Social Security card with a Social Security number that matches the Social Security number entered in TNKIDS.

Date of Birth: A Birth Certificate with a date of birth that matches the date of birth entered in TNKIDS.

Verification Screen: TNKIDS screenshot. (Court History, Person Tab, Verification Tab) This screen should be marked "Yes" by the case manager for the "verified?" field for Birth Date Verification, SSN Verification, and Legal Name Verification.

Section C: Case Recordings:

Case Recordings in TNKIDS: Did case recordings during the scope of the audit reflect case management activity every month that the client was in custody?

Case Recordings in TNKIDS: Case recordings during the scope of the audit that reflect a face-to-face contact between the case manager and client for each month the client was in custody.

Case Recordings in TNKIDS: Case recordings during the scope of the audit reflect that the recorded date is within thirty (30) days of the occurrence date.

Section D: Court:

Disposition Decision: TNKIDS screenshot (Court History, Court Order/Release Tab, Disposition Tab) and court orders. The disposition decision on the court order should match the disposition decision entered in TNKIDS.

Date of Custody: TNKIDS screenshot (Court History, Court Order/Release Tab, Disposition Tab) and court orders. The disposition date (date of custody) on the court orders should match the disposition date (date of custody) entered in TNKIDS.

Adjudication Decision: TNKIDS screenshot (Court History, Court Order/Release Tab, Adjudication Tab) and court orders. The adjudication decision on the court orders should match the adjudication decision entered in TNKIDS.

Adjudication Date: TNKIDS screenshot (Court History, Court Order/Release Tab, Adjudication Tab) and court orders. The adjudication date on the court orders should match the adjudication date entered in TNKIDS.

Section E: Permanency Plan

Permanency Plan Date and Plan Goal: All permanency plans completed during the scope of the audit. The "Plan Date" and "Plan Goal" on the permanency plan should match the "Plan Date" field and "Plan Goal" field entered in TNKIDS.

Permanency Plan Ratification information: A copy of the permanency plans completed during the scope of the audit. The ratification information should match the data entered in TNKIDS (Permanency Plans, Agreement and Signature Tab, Court Ratification Tab).

Section F: Placements

DCS Foster Homes – Placement Information. All DCS Foster Home placements during the scope of the audit. The placement information including Placement Date, Placement Type, Foster Home address, Foster Parents Name(s), and all applicable signatures on the Daily Rate Child Placement Contract (DCS Form CS-0565) should match the information entered in TNKIDS.

Residential Treatment Facilities or Hospitals – Placement Information. All DCS Residential Treatment Facility or Hospital placements during the scope of the audit. The placement information including Placement Date and Placement Type on the Authorization for Residential Placement (DCS Form CS-0596) should match the information entered in TNKIDS.

Residential Treatment Facilities or Hospitals – TNKIDS Financials. All DCS Residential Treatment Facility or Hospital placements during the scope of the audit. The information including Placement Date, Vendor Name, Daily Cost, and Placement Type in TNKIDS Financials should match the information entered in TNKIDS.

Contract Foster Homes – Placement Information. All DCS Contract Foster Home placements during the scope of the audit. The placement information including Placement Date and Placement Type on the Authorization for Residential Placement (DCS Form CS-0596) should match the information entered in TNKIDS.

Contract Foster Homes – TNKIDS Financials. All DCS Contract Foster Homes placements during the scope of the audit. The information including Placement Date, Vendor Name, Daily Cost, and Placement Type in TNKIDS Financials should match the information entered in TNKIDS.

FINDINGS AND RECOMMENDATIONS

Section B – Person Information

1. Legal name entered in TNKIDS does not agree with legal name documentation in case file.

Statewide Results: For 40 of 200 case files reviewed the legal name information did not agree. **There is a 20 % error rate for this attribute**. In 17 of the case files there was no birth certificate present. In 22 of the case files the full name listed on the birth certificate did not agree with the legal name entered in TNKIDS. In 1 of the case files the name on both the birth certificate and TNKIDS agree, however the name was different on the social security card.

Region	Error Rate	Specifics listed on Page(s)
Davidson	14 % (3 of 21)	A-2
East Tennessee	16 % (4 of 25)	A-2
Hamilton	42 % (5 of 12)	A-2
Knox	7 % (1 of 14)	A-2
Mid Cumberland	23 % (5 of 22)	A-2, A-3
Northeast	11 % (2 of 18)	A-3
Northwest	0 % (0 of 12)	N/A
Shelby	20 % (5 of 25)	A-3
South Central	58 % (7 of 12)	A-3
Southeast	8 % (1 of 12)	A-4
Southwest	25 % (3 of 12)	A-4
Upper Cumberland	27 % (4 of 15)	A-4

Statewide Total 20 % (40 of 200)

Recommendation:

Copies of birth certificates should be maintained in the client's case file. Client's full name on the birth certificate should be reflected in TNKIDS. If client's name has been changed since the birth certificate, legal documentation should be in case file to reflect name change. DCS Policy 31.5 (revision date 02-01-2003).C.4.b) and DCS Policy 31.5 (current effective date 04-15-2007).C.3.b. both require birth certificate or copy of birth certificate in client's case file.

Management's Response:

(Note the following was received by Internal Audit on October 19, 2007 from Bonnie Hommrich, Deputy Commissioner, Protection and Permanency: The following is management's response to the entire audit report and will apply to every finding).

TNKIDS Audit Response Review

On May 7, 2007, as a result of the modifications of the Brain A. Settlement Agreement, DCS staff began working with the Director of Internal Audit to refine the TNKids Audit process. As this process and the completion of the TNKids Audit Report proceeded, it became clear that several upgrades in TNKids, along with revisions in policy and practice had not been clearly communicated to the audit staff. Consequently, a meeting was held on August 24, 2007, to assess the process and determine the next steps. The decision was made to carefully review the modified agreement and develop a completely different, more relevant value added, evaluation (monitoring and audit) process for TNKids. The initial focus of the revised process will be the DCS Resource Homes including the approval process, placement process, re-assessment process, training, documentation of on-going support of resource and closure of resource homes.

Response to the Report
Below are comments related to the current audit:

- Attributes Tested For During Audit
- Person and Relationship
- Case Recordings
- Court
- Permanency Plan
- Placements

Regional staff will review and monitor for accuracy and timeliness of the identified items. However, they can now do this on a regular basis because of the scheduled reports and increased sophistication of TN Kids. For example, TNKids provides a monthly

report (Timeliness of Data Entry on Case Recordings) which identifies our compliance on all recordings completed more than 30 days from the occurrence date. See attachment A. TNKids staff are currently working closely with program and regional staff about a number of opportunities to increase compliance overall and timeliness specifically related to placement issues.

DCS has and will continue to respond to the concerns addressed in this report. Core and regional leadership have a strong commitment to data analysis and quality plus reviewing data on a routine basis. For example, regions are currently developing specific plans related to placements entered more than 24 hours which was underlying issue for most of those addressed in this TNKids Audit Report. The Regional Administrators will submit their corrective actions plan on November 1st for approval with an initiation date of December 1st pending Central Office approval.

DCS has reviewed the TNKIDS Audit Report very carefully and has taken decisive steps to respond where relevant and to chart a new course of actions where the needs of the system require alignment with the Modified Settlement Agreement.

Thank you so much for this opportunity to respond.

Timeliness of Data Entry on Case Recordings * Reporting data as of September 28, 20					
Regions	**Number of Recordings completed more than 30 days from occurred date**	**Number of Recordings completed within 30 days of occurred date**	**Total number of case recordings completed since 07/01/06**	**Percent completed within 30 days of occurred date**	**Percent completed more than 30 days from occurred date.**
Davidson	6,470	36,905	43,375	**85.08%**	**14.92%**
East Tennessee	11,162	62,566	73,728	**84.86%**	**15.14%**
Hamilton	3,512	11,029	14,541	**75.85%**	**24.15%**
Knox	10,334	29,296	39,630	**73.92%**	**26.08%**
Mid Cumberland	6,970	62,923	69,893	**90.03%**	**9.97%**
Northeast	7,155	37,874	45,029	**84.11%**	**15.89%**
Northwest	1,305	19,813	21,118	**93.82%**	**6.18%**
Shelby	11,706	48,650	60,356	**80.61%**	**19.39%**
South Central	4,393	29,445	33,838	**87.02%**	**12.98%**
Southeast	2,907	19,097	22,004	**86.79%**	**13.21%**
Southwest	1,093	16,234	17,327	**93.69%**	**6.31%**
Upper Cumberland	4,386	31,006	35,392	**87.61%**	**12.39%**
State of Tennessee	**71,393**	**404,838**	**476,231**	**85.01%**	**14.99%**

FINDINGS AND RECOMMENDATIONS

Section B – Person Information

2. Social Security number entered in TNKIDS does not agree with social security number documentation in client case files.

Statewide Results: For 32 of 200 case files reviewed the social security number information did not agree. **There was a 16 % error rate for this attribute**. Of the 32 case files: 18 cases did not have a social security card , 6 cases had an undated application, and 6 cases the applications were dated, but did not appear to be dated within 90 days of DCS custody. In 1 case file there was a copy of a social security card, but it was not readable. In 1 case file there was a copy of a social security card, but no social security number had been entered in TNKIDS.

Region	Error Rate	Specifics listed on Page(s)
Davidson	24 % (5 of 21)	A-5
East Tennessee	28 % (7 of 25)	A-5
Hamilton	0 % (0 of 12)	N/A
Knox	7 % (1 of 14)	A-5
Mid Cumberland	14 % (3 of 22)	A-5
Northeast	0 % (0 of 18)	N/A
Northwest	8 % (1 of 12)	A-5
Shelby	8 % (2 of 25)	A-5, A-6
South Central	17 % (2 of 12)	A-6
Southeast	25 % (3 of 12)	A-6
Southwest	33 % (4 of 12)	A-6
Upper Cumberland	27 % (4 of 15)	A-6, A-7
Statewide Total	16 % (32 of 200)	

Recommendation:

The social security card or copies should be maintained in the client's case file. If the social security cards are not received within three months of custody, then the Family Service Workers should follow up to obtain the social security card. DCS Policy 31.5 (revision date 02-01-2003).c.4.a) and DCS Policy 31.5 (current effective date 04-15-2007).c.3.a) both require a social security card or copy of social security card in the client's case file.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section B – Person Information

3. Date of birth entered in TNKIDS does not agree with birth certificate documentation in case file.

Statewide Results: For 17 of 200 case files reviewed the date of birth did not agree. **There is a 9 % error rate for this attribute**. In 16 of the case files there was no birth certificate present. In 1 of the case files the birth date on the birth certificate did not match the birth date entered in TNKIDS.

Region	Error Rate	Specifics listed on Page(s)
Davidson	19 % (4 of 21)	A-8
East Tennessee	4 % (1 of 25)	A-8
Hamilton	0% (0 of 12)	N/A
Knox	0 % (0 of 14)	N/A
Mid Cumberland	18 % (4 of 22)	A-8
Northeast	6 % (1 of 18)	A-8
Northwest	0 % (0 of 12)	N/A
Shelby	0 % (0 of 25)	N/A
South Central	8% (1 of 12)	A-8
Southeast	8 % (1 of 12)	A-8
Southwest	17 % (2 of 12)	A-8
Upper Cumberland	20 % (3 of 15)	A-9
Statewide Total	9 % (17 of 200)	

Recommendation:

Copies of birth certificates should be maintained in the client's case file. DCS Policy 31.5 (revision date 02-01-2003).C.4.b) and DCS Policy 31.5 (current effective date 04-15-2007).C.3.b) both require birth certificate or copy of birth certificate in client's case file.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section B – Person Information

4. Verification screen in TNKIDS was not completed.

Statewide Results: There were 19 exceptions found in the 200 case files reviewed. **There was a 10 % error rate for this attribute**. The verification was not completed for legal name and/or date of birth and/or social security number in 18 cases. In 1 of the cases the legal name verified in TNKIDS did not match the name on the birth certificate.

Region	Error Rate	Specifics listed on Page(s)
Davidson	14 % (3 of 21)	A-10
East Tennessee	16 % (4 of 25)	A-10
Hamilton	8 % (1 of 12)	A-10
Knox	0 % (0 of 14)	N/A
Mid Cumberland	9 % (2 of 22)	A-10
Northeast	6 % (1 of 18)	A-10
Northwest	0 % (0 of 12)	N/A
Shelby	20 % (5 of 25)	A-10, A-11
South Central	8% (1 of 12)	A-11
Southeast	0 % (0 of 12)	N/A
Southwest	17 % (2 of 12)	A-11
Upper Cumberland	0 % (0 of 15)	N/A
Statewide Total	10 % (19 of 200)	

Recommendation:

Verification of client's legal name, social security number and date of birth should be accurately verified by appropriate staff and entered as verified in TNKIDS.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section C – Case Recordings

5. Case Recordings were not entered in TNKIDS within 30 days of occurrence date.

Statewide Results: For 86 of 200 case files reviewed, case recordings were not entered in TNKIDS within 30 days of the occurrence date. **There was a 43 % error rate for this attribute**.

Region	Error Rate	Specifics listed on Page(s)
Davidson	33 % (7 of 21)	A-12
East Tennessee	68 % (17 of 25)	A-12, A-13
Hamilton	42 % (5 of 12)	A-13
Knox	86 % (12 of 14)	A-13, A-14
Mid Cumberland	14 % (3 of 22)	A-14
Northeast	78 % (14 of 18)	A-14, A-15
Northwest	8 % (1 of 12)	A-15
Shelby	40 % (10 of 25)	A-15, A-16
South Central	33 % (4 of 12)	A-16
Southeast	42 % (5 of 12)	A-16
Southwest	25 % (3 of 12)	A-16, A-17
Upper Cumberland	33 % (5 of 15)	A-17
Statewide Total	43 % (86 of 200)	

Recommendation:

TNKIDS case recordings should be entered in TNKIDS within 30 days of occurrence date. DCS Policy 31.14 (Revision Date: 01-01-2004) – Policy Statement – "Each contact (successful or unsuccessful) with or on behalf of clients will be documented in TNKIDS case recordings within thirty (30) days from the date of contact."

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section D – Court

6. Disposition information entered in TNKIDS was not documented in case files.

Statewide Results: For 57 of 200 case files reviewed, the Disposition information (Disposition: DCS custody and Date of Custody) entered in TNKIDS was not documented in the case file. **There was a 29 % error rate for this attribute**. For 4 of the case files there was no judge/referee signed court order, for 17 case files there was no court order (indicating DCS custody), and for 36 case files there were court orders for DCS custody, but no date of custody agreement between court order and date of custody entered in TNKIDS.

Region	Error Rate	Specifics listed on Page(s)
Davidson	29 % (6 of 21)	A-18
East Tennessee	64 % (16 of 25)	A-18, A-19
Hamilton	42 % (5 of 12)	A-19
Knox	0 % (0 of 14)	N/A
Mid Cumberland	14 % (3 of 22)	A-19
Northeast	72 % (13 of 18)	A-19, A-20
Northwest	8 % (1 of 12)	A-20
Shelby	8 % (2 of 25)	A-20
South Central	25 % (3 of 12)	A-20
Southeast	50 % (6 of 12)	A-21
Southwest	8 % (1 of 12)	A-21
Upper Cumberland	7 % (1 of 15)	A-21
Statewide Total	29 % (57 of 200)	

Recommendation:

Court disposition information (DCS Custody and Date of Custody) should agree with court documents in the client's case file. DCS Policy 31.5 (revised date 02-01-2003).C.3.c) and g) and DCS Policy 31.5 (current effective date 04-15-2007).C.2.c) and g) both required Protective Custody Order(s) and Court Orders be in the client's case file.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section D – Court

7. Adjudication information entered in TNKIDS was not documented in case files.

Statewide Results: For 77 of 200 case files reviewed, the Adjudication information (Adjudication: Dependent/Neglected and Date of Adjudication) entered in TNKIDS was not documented in the case file. **There was a 39 % error rate for this attribute**. There was no judge/referee signed court order in 4 of the case files. There was no court order referring to adjudication in 20 case files. In 45 case files there was no adjudication date agreement between court orders and adjudication date entered in TNKIDS. For 8 case files there were court orders referring to DCS custody, but adjudication was "pending".

Region	Error Rate	Specifics listed on Page(s)
Davidson	29 % (6 of 21)	A-22
East Tennessee	60 % (15 of 25)	A-22, A-23
Hamilton	50 % (6 of 12)	A-23
Knox	7% (1 of 14)	A-23
Mid Cumberland	14 % (3 of 22)	A-23
Northeast	67 % (12 of 18)	A-23, A-24
Northwest	8 % (1 of 12)	A-24
Shelby	56 % (14 of 25)	A-24, A-25
South Central	42 % (5 of 12)	A-25, A-26
Southeast	92 % (11 of 12)	A-26
Southwest	17 % (2 of 12)	A-26
Upper Cumberland	7 % (1 of 15)	A-26
Statewide Total	39 % (77 of 200)	

Recommendation:

Court adjudication information (Adjudication Decision and Adjudication Date) should agree with court documents in the client's case file. DCS Policy 31.5 (revised date 02-01-2003) C.3.c) and g) and DCS Policy 31.5 (current effective date 04-15-2007).C.2.c) and g) both required Protective Custody Order(s) and Court Orders be in the client's case file.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section E – Permanency Plan

8. Permanency Plan information (Plan Date and/or Plan Goal) entered in TNKIDS was not documented in the case files.

Statewide Results: For 28 of 200 case files reviewed, the Permanency Plan information (Plan Date and/or Plan Goal) entered in TNKIDS was not documented in the case file. **There was a 14 % error rate for this attribute**. There was no copy of the permanency plan in the case file in 24 of the case files. In 4 of the case files there was a date disagreement between the Permanency Plan in the case file and the plan date entered in TNKIDS.

Region	Error Rate	Specifics listed on Page(s)
Davidson	19 % (4 of 21)	A-27
East Tennessee	20 % (5 of 25)	A-27
Hamilton	8 % (1 of 12)	A-27
Knox	29 % (4 of 14)	A-27
Mid Cumberland	14 % (3 of 22)	A-27, A-28
Northeast	0 % (0 of 18)	N/A
Northwest	17 % (2 of 12)	A-28
Shelby	4 % (1 of 25)	A-28
South Central	25 % (3 of 12)	A-28
Southeast	33 % (4 of 12)	A-28
Southwest	8 % (1 of 12)	A-29
Upper Cumberland	0 % (0 of 15)	N/A
Statewide Total	14 % (28 of 200)	

Recommendation:

Permanency plan information should be correctly entered in TNKIDS and should be documented in the client's case file. DCS Policy 16.31BA.I.2 states "All permanency plan information and dates shall be entered into TNKIDS within three (3) working days of the completion of the CFTM where the plan is developed or revised." DCS Policy 31.5 (revised date 02-01-2003).C.7.b) and DCS Policy 31.5 (Current Effective Date 04-15-2007).C.6.b) requires a copy of the permanency plan in the client case file.

Management's Response:

(See management's response to entire audit report on pages 7, 8, and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section E – Permanency Plan

9. No agreement of permanency plan ratification between TNKIDS and case file documentation.

Statewide Results: For 103 of 200 case files reviewed, there was evidence of permanency plan ratification in either TNKIDS or the case file, but not both. **There was a 52 % error rate for this attribute.** In 63 cases there was a ratified permanency plan in the client's case file, but was not marked as ratified in TNKIDS. In 18 cases the permanency plan was marked as ratified in TNKIDS, but no ratified copy of the permanency plan was in the case file. In 22 cases the permanency plan and/or the ratification signature page were not found in the case file therefore no determination of ratification could be made. If both TNKIDS and the case file indicated not ratified, then no exception was taken.

Region	Error Rate	Specifics listed on Page(s)
Davidson	57 % (12 of 21)	A-30
East Tennessee	64 % (16 of 25)	A-30, A-31
Hamilton	17 % (2 of 12)	A-31
Knox	71 % (10 of 14)	A-31, A-32
Mid Cumberland	36 % (8 of 22)	A-32
Northeast	56 % (10 of 18)	A-32, A-33
Northwest	58 % (7 of 12)	A-33
Shelby	56 % (14 of 25)	A-33, A-34
South Central	33 % (4 of 12)	A-34, A-35
Southeast	58 % (7 of 12)	A-35
Southwest	50 % (6 of 12)	A-35
Upper Cumberland	47 % (7 of 15)	A-35, A-36
Statewide Total	52 % (103 of 200)	

Recommendation:

Permanency Plan ratification should be accurately entered in TNKIDS and should agree with ratification information in the client's case file.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section F – Placement – DCS Foster Homes

10. DCS Foster Home Placement information entered in TNKIDS was not documented in case files.

Statewide Results: For 127 of 168 applicable placements reviewed, the placement information in the case files did not agree with the placement entries in TNKIDS. **There was a 76 % error rate for this attribute.** The reasons for the exceptions: In 51 placements, there were no Daily Rate Child Placement Contracts in client's case files. In 48 placements, the Daily Rate Child Placement Contracts did not have all of the required signatures and dates. In 29 placements, the Daily Rate Child Placement Contracts did not have required termination dates and signatures. In 16 placements, there was no date agreement between the Daily Rate Child Placement Contracts and placement dates entered in TNKIDS. In 16 placements, the foster home addresses did not agree between Daily Rate Child Placement Contracts and TNKIDS. In 8 placements the foster parent names did not agree between the Daily Rate Child Placement Contracts and TNKIDS. In 1 placement the Daily Rate Child Placement Contract was in the case file, but the placement had not been entered in TNKIDS.

Note each placement was tested for Placement Date, Placement Type, Foster Home Address, Foster Parent Name and properly completed Daily Rate Child Placement Contract. A placement could have an exception of one or more attributes.

The following chart presents the error rate for the overall finding for DCS Foster Homes Placements.

Region	Error Rate	Specifics listed on Page(s)
Davidson	73 % (11 of 15)	N/A (See pages 18, 19)
East Tennessee	62 % (13 of 21)	A-37, A-38
Hamilton	91 % (10 of 11)	A-38
Knox	100 % (4 of 4)	A-38, A-39
Mid Cumberland	78 % (14 of 18)	N/A (See pages 18, 19)
Northeast	92 % (12 of 13)	A-39, A-40
Northwest	62 % (8 of 13)	N/A (See pages 18, 19, 20)
Shelby	73 % (8 of 11)	N/A (See pages 18, 19, 20)
South Central	92 % (11 of 12)	N/A (See pages 18, 19, 20)
Southeast	93 % (14 of 15)	A-40, A-41
Southwest	71 % (12 of 17)	N/A (See pages 18, 19, 20)
Upper Cumberland	56 % (10 of 18)	N/A (See pages 18, 19, 20)
Statewide Total	76 % (127 of 168)	

Recommendation:

Each DCS Foster Home Placement entered in TNKIDS should have a properly completed Daily Rate Child Placement Contract in client's case file. Per DCS Policy 16.29 (Current Effective Date: 11-01-2006). A.3 – "The contract (form CS-0565, Daily Rate Child Placement Contact) must be completed, with all blank spaces filled in, or N/A (not applicable) used. The resource parents, FSW and the supervisor must sign the contract in ink." Policy 16.29.A.4 –"A copy of the (contract) shall be maintained in the resource parent case file and a copy shall also be maintained in the Expense section of the child's case file as outline in DCS policy 31.5".

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

Additional information referring to Finding # 10 DCS Foster Home Placements. These are not separate findings.

a. Placement Dates – no agreement between entry in TNKIDS and Daily Rate Child Placement Contracts in case file. Statewide result: 53 % error rate, 89 of 168 applicable placements.

Region	Error Rate	Specifics listed on Page(s)
Davidson	60 % (9 of 15)	A-41
East Tennessee	38 % (8 of 21)	N/A (See page 16)
Hamilton	64 % (7 of 11)	N/A (See page 16)
Knox	0 % (0 of 4)	N/A (See page 16)
Mid Cumberland	50 % (9 of 18)	A-41, A-42
Northeast	62 % (8 of 13)	N/A (See page 16)
Northwest	46 % (6 of 13)	A-42, A-43
Shelby	64 % (7 of 11)	A-43
South Central	58 % (7 of 12)	A-43, A-44
Southeast	87 % (13 of 15)	N/A (See page 16)
Southwest	71 % (12 of 17)	A-44, A-45
Upper Cumberland	17 % (3 of 18)	A-45
Statewide Total	53 % (89 of 168)	

b. Placement Types – no agreement between entry in TNKIDS and Daily Rate Child Placement Contracts in the case file. Statewide result: 31 % error rate, 52 of 168 applicable placements.

Region	Error Rate	Specifics listed on Page(s)
Davidson	33 % (5 of 15)	A-45
East Tennessee	33 % (7 of 21)	N/A (See page 16)
Hamilton	55 % (6 of 11)	N/A (See page 16)
Knox	0 % (0 of 4)	N/A (See page 16)
Mid Cumberland	28 % (5 of 18)	A-45, A-46
Northeast	46 % (6 of 13)	N/A (See page 16)
Northwest	8 % (1 of 13)	A-46
Shelby	27 % (3 of 11)	A-46
South Central	42 % (5 of 12)	A-46, A-47
Southeast	53 % (8 of 15)	N/A (See page 16)
Southwest	18 % (3 of 17)	A-47
Upper Cumberland	17 % (3 of 18)	A-47
Statewide Total	31 % (52 of 168)	

c. Foster Home Address – no agreement between entry in TNKIDS and Daily Rate Child Placement Contracts in the case file. Statewide result: 40 % error rate, 68 of 168 applicable placements.

Region	Error Rate	Specifics listed on Page(s)
Davidson	33 % (5 of 15)	A-47, A-48
East Tennessee	57 % (12 of 21)	N/A (See page 16)
Hamilton	82 % (9 of 11)	N/A (See page 16)
Knox	0 % (0 of 4)	N/A (See page 16)
Mid Cumberland	33 % (6 of 18)	A-48
Northeast	46 % (6 of 13)	N/A (See page 16)
Northwest	15 % (2 of 13)	A-48, A-49
Shelby	45 % (5 of 11)	A-49
South Central	50 % (6 of 12)	A-49, A-50
Southeast	60 % (9 of 15)	N/A (See page 16)
Southwest	29 % (5 of 17)	A-50
Upper Cumberland	17 % (3 of 18)	A-50, A-51
Statewide Total	40 % (68 of 168)	

d. Foster Parent(s) Name(s) - no agreement between entry in TNKIDS and Daily Rate Child Placement Contracts in case file. Statewide results: 36 % error rate, 60 of 168 applicable placements.

Region	Error Rate	Specifics listed on Page(s)

Davidson	33 % (5 of 15)	A-51
East Tennessee	33 % (7 of 21)	N/A (See page 16)
Hamilton	82 % (9 of 11)	N/A (See page 16)
Knox	0 % (0 of 4)	N/A (See page 16)
Mid Cumberland	28 % (5 of 18)	A-51
Northeast	46 % (6 of 13)	N/A (See page 16)
Northwest	23 % (3 of 13)	A-52
Shelby	27 % (3 of 11)	A-52
South Central	58 % (7 of 12)	A-52, A-53
Southeast	60 % (9 of 15)	N/A (See page 16)
Southwest	18 % (3 of 17)	A-53
Upper Cumberland	17 % (3 of 18)	A-53
Statewide Total	36 % (60 of 168)	

e. Properly completed Daily Rate Child Placement Contracts in the case files. Statewide results: 74 % error rate, 124 of 168 applicable placements.

Region	**Error Rate**	**Specifics listed on Page(s)**
Davidson	73 % (11 of 15)	A-54
East Tennessee	62 % (13 of 21)	N/A (See page 16)
Hamilton	91 % (10 of 11)	N/A (See page 16)
Knox	100 % (4 of 4)	N/A (See page 16)
Mid Cumberland	78 % (14 of 18)	A-54, A-55
Northeast	92 % (12 of 13)	N/A (See page 16)
Northwest	46 % (6 of 13)	A-55
Shelby	64 % (7 of 11)	A-55, A-56
South Central	92 % (11 of 12)	A-56, A-57
Southeast	93 % (14 of 15)	N/A (See page 16)
Southwest	71 % (12 of 17)	A-57, A-58
Upper Cumberland	56 % (10 of 18)	A-58
Statewide Total	74 % (124 of 168)	

FINDINGS AND RECOMMENDATIONS

Section F – Placements – Contract Foster Homes

11. Entries in TNKIDS authorization screen did not agree with Authorization of Residential Treatment forms (CS-0596).

Statewide Results: For 12 of the133 applicable placements reviewed, the Authorization of Residential Treatment forms did not agree with authorization screen entries in TNKIDS. **There was an error rate of 9 % for this attribute.**

Region	Error Rate	Specifics listed on Page(s)
Davidson	5 % (1 of 22)	A-59
East Tennessee	0 % (0 of 10)	N/A
Hamilton	0 % (0 of 4)	N/A
Knox	6 % (1 of 18)	A-59
Mid Cumberland	0 % (0 of 12)	N/A
Northeast	0 % (0 of 17)	N/A
Northwest	33 % (4 of 12)	A-59, A-60
Shelby	22 % (5 of 23)	A-60
South Central	100 % (1 of 1)	A-60, A-61
Southeast	0 % (0 of 3)	N/A
Southwest	0 % (0 of 0)	N/A
Upper Cumberland	0 % (0 of 11)	N/A
Statewide Total	9 % (12 of 133)	

Recommendation:

Authorization for Residential Treatment forms should agree with authorization information entered in TNKIDS authorization screen.

Management's Response:

(See management's response to entire audit report on pages 7, 8, and 9 of this audit report).

FINDINGS AND RECOMMENDATIONS

Section F – Placements - Contract Foster Homes

12. Placement/payment information entered in TNKIDS Financials did not match placement/payment information in TNKIDS.

Statewide Results: For 14 of the 133 applicable contract foster home placements reviewed, the placement date, vendor name, daily rate and placement type could not be verified with comparing TNKIDS and TNKIDS Financials. **There is an 11 % error rate for this attribute.**

Region	Error Rate	Specifics listed on Page(s)
Davidson	9 % (2 of 22)	A-62
East Tennessee	0 % (0 of 10)	N/A
Hamilton	25 % (1 of 4)	A-62
Knox	0% (0 of 18)	N/A
Mid Cumberland	0 % (0 of 12)	N/A
Northeast	12 % (2 of 17)	A-62
Northwest	42 % (5 of 12)	A-62, A-63
Shelby	17 % (4 of 23)	A-63
South Central	0 % (0 of 1)	N/A
Southeast	0 % (0 of 3)	N/A
Southwest	0 % (0 of 0)	N/A
Upper Cumberland	0 % (0 of 11)	N/A
Statewide Total	11 % (14 of 133)	

Recommendation:

Placement information in TNKIDS should reflect the information in TNKIDS Financials. Vendor information including vendor name should agree in both TNKIDS and TNKIDS Financials.

Management's Response:

(See management's response to entire audit report on pages 7, 8 and 9 of this audit report).

Additional Weaknesses (State-wide) Noted Not Included In Findings.

Below are weaknesses in management controls, which were found during test work, but not considered significant enough to warrant a finding:

- No case recordings for every month that a client was in custody. Error rate of 2 %, 4 of 200 cases reviewed.

- No case recordings documenting at least one client face-to-face contact for each month client was in custody. Error rate of 5 %, 9 of 200 cases reviewed.

- Forty seven (47) Residential Treatment Placements were tested to determine if TNKIDS authorization screen entries matched the Authorization for Residential Treatment forms (CS -0596) Error rate of 4 %, 2 of 47 applicable placements.

- Residential Treatment Placements. TNKIDS payment information did not match payment information in TNKIDS Financials. Error rate of 4 %. 2 of 47 applicable placements.