

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

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

**JOINT NOTICE OF THE *BRIAN A. TECHNICAL ASSISTANCE COMMITTEE*
SUPPLEMENTAL REPORT**

The parties hereby jointly give notice of the filing of the *Brian A. Technical Assistance Committee* (“TAC”) Supplemental Report, provided by the Technical Assistance Committee (“TAC”) on January 30, 2015, attached hereto as Exhibit 1.

The supplemental report attached hereto was created by the court-appointed monitor(s) / the Technical Assistance Committee (“TAC”), pursuant to Section XV.A of the September 2014 Modified Settlement Agreement and Exit Plan (Dkt. No. 525) as modified in Dkt. No. 529 and Dkt. No. 534.

DATED: January 30, 2015
 Nashville, TN

Respectfully Submitted,

APPROVED FOR ENTRY:

ATTORNEYS FOR PLAINTIFFS:

/s/ Ira Lustbader

IRA LUSTBADER (*pro hac vice*)
SARAH RUSSO (*pro hac vice*)
CHILDREN'S RIGHTS, INC.
330 Seventh Avenue, 4th Floor
New York, NY 10001
(212) 683-2210

/s/ David L. Raybin

DAVID L. RAYBIN (TN BPR #003385)
HOLLINS, RAYBIN AND WEISSMAN P.C.
Suite 2200, Fifth Third Center
424 Church Street
Nashville, TN 37219
(615) 256-6666

JACQUELINE B. DIXON (TN BPR #012054)
WEATHERLY, MCNALLY AND DIXON, P.L.C.
Suite 2260
424 Church Street
Nashville, TN 37219
(615) 986-3377

OF COUNSEL FOR PLAINTIFFS:

ROBERT LOUIS HUTTON (TN BPR #15496)
GLANKLER BROWN, PLLC
Suite 1700, One Commerce Square
Memphis, TN 38103
(901) 525-1322

WADE V. DAVIES (TN BPR #016052)
RITCHIE, DILLARD AND DAVIES
606 W. Main Street, Suite 300
Knoxville, TN 37902
(865) 637-0661

ATTORNEYS FOR DEFENDANTS:

/s/ Martha A. Campbell

MARTHA A. CAMPBELL (TN BPR #014022)

Deputy Attorney General

General Civil Division

P.O. Box 20207

Nashville, TN 37243

(615) 741-6420

/s/ Jonathan P. Lakey

JONATHAN P. LAKEY (TN BPR #16788)

PIETRANGELO COOK, PLC

6410 Poplar Avenue, Suite 190

Memphis, TN 38119

(901) 685-2662

CERTIFICATE OF SERVICE

I, Sarah Russo, hereby certify that on January 30, 2015, a true and correct copy of this Joint Notice of the Brian A. Technical Assistance Committee Supplemental Report in the case of *Brian A. v. Haslam* has been served on Defendants' counsel Martha A. Campbell, Deputy Attorney General, General Civil Division, P.O. Box 20207, Nashville, TN 37243, and Jonathan Lakey, Pietrangelo Cook, PLC, 6410 Poplar Avenue, Suite 190, Memphis, TN 38119, electronically by operation of the Court's electronic filing system.

DATED: January 30, 2015

/s/Sarah Russo

EXHIBIT 1

MONITORING REPORT

OF

**THE TECHNICAL ASSISTANCE
COMMITTEE**

IN THE CASE OF

BRIAN A. V. HASLAM

January 30, 2015

TECHNICAL ASSISTANCE COMMITTEE:

Steven D. Cohen
Senior Associate
Annie E. Casey Foundation
Baltimore, MD

Judy Meltzer
Deputy Director
Center for the Study of Social Policy
Washington, D.C.

Andy Shookhoff
Attorney
Nashville, TN

Paul Vincent
Director
Child Welfare Policy and Practice Group
Montgomery, AL

TECHNICAL ASSISTANCE COMMITTEE STAFF:

Michelle Crowley
Colleen Gleason Abbott
Jamie McClanahan
Kelly Whitfield

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INTRODUCTION

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

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

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

The Role of the Technical Assistance Committee

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

This is the twelfth monitoring report issued by the TAC.

In addition to these monitoring reports, the TAC has filed three reports related specifically to concerns raised about TFACTS, the Department's automated information system. The *Report of the Brian A. Technical Assistance Committee on its Evaluation of TFACTS* was filed on April 2, 2013; an *Update on Developments Related to the TFACTS Evaluation Findings and Recommendations* was filed on September 17, 2013 and an additional *Update* was filed on June 11, 2014.¹

The Focus and Organization of this Monitoring Report

At the request of the parties and with the approval of the Court, this monitoring report is focused on providing information on the Department's progress on 24 specific provisions of the

¹ Previous monitoring reports are available online at <http://www.state.tn.us/youth/dcsguide/fedinitiatives.htm>. The TFACTS Evaluation and Updates are also available at this link.

Settlement Agreement that were not designated as “maintenance” in the Modified Settlement Agreement and Exit Plan entered by the Court on September 19, 2014. The parties identified the included provisions for this supplemental report based on discussions following the issuance of the May 2014 Monitoring Report, and they include MSA provisions that the Department believed would be appropriate for maintenance discussions well before June 2015 when the TAC will be submitting a comprehensive monitoring report that will report on all provisions of the Settlement Agreement.

This report presents information related to these specific provisions in the order in which those provisions appear in the Settlement Agreement.

SECTION III PROVISIONS: REPORTING OF CHILD ABUSE AND NEGLECT

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

A. Introduction

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

As discussed in previous monitoring reports, reports of abuse and neglect of children in state custody are made to the Child Protective Services (CPS) Child Abuse Hotline and assigned for investigation. If the alleged perpetrator is another foster child, a resource parent or a member of a resource parent's household, a facility staff member, a DCS or private provider employee, a teacher, a therapist, or another professional responsible for caring for children, the case is assigned to the Special Investigations Unit (SIU) for investigation. If the abuse or neglect is alleged to have occurred during the course of a home visit or during a runaway episode, the case is assigned to the regional CPS² investigation or assessment staff.³

The reports investigated by SIU make up the large majority (approximately 90%) of the investigations of allegations of children being abused or neglected while in DCS custody. In order to assess the adequacy of the Department's handling of these reports, the TAC relies on the following indicators, discussed in Subsection A below:

- SIU data related to the timeliness of case investigation (priority response times and time to complete and close the investigation):
- the Department's internal processes for ensuring quality of the SIU investigations (including both regular supervisory case reviews in which the TAC monitoring staff periodically participate and quality assurance reviews conducted by both the Office of Child Safety and the Quality Control Division): and
- SIU caseload data.⁴

The investigations of allegations of abuse and neglect during the course of a home visit or runaway episode handled by regional CPS staff make up a very small portion of the overall regional CPS caseload and are not separately tracked and accounted for. In order to assess the adequacy of the Department's handling of these reports, TAC monitoring staff collaborated with staff from the Office of Child Safety to conduct a targeted review focused on the timeliness of all

² As discussed in previous monitoring reports, the CPS functions are shared by the Office of Child Safety (which handles investigations) and the Office of Child Programs (which handles assessments).

³ In addition, if, as is not infrequent, a child after entering custody discloses additional incidents of abuse or neglect that occurred prior to the child entering custody, those cases would be assigned to regional CPS/MRS staff.

⁴ As discussed below, SIU caseloads include cases beyond those referenced in Section III.A.

investigations involving such reports that were open on August 16, 2014. The results of that review are discussed in subsection C below. The TAC assesses the adequacy of staffing for these investigations based on the timeliness and quality of the investigations of the specific cases reviewed, rather than based on an analysis of general CPS caseloads or overall performance, general CPS priority response times, or time to case closure.

B. Investigations by the Special Investigation Unit

The discussion in this subsection addresses the adequacy of SIU staffing and timeliness and quality of SIU investigations. As discussed above, “third-party” investigations (concerning allegations of abuse or neglect of a child not in DCS custody for which a community member is the alleged perpetrator) make up a substantial portion of SIU’s workloads, and those cases are also included in the SIU data presented in this section. While SIU also manages some number of overflow CPS investigation cases as needed,⁵ these cases are not included in the data presented in this section unless otherwise noted.

1. SIU Caseloads

SIU leadership seeks to maintain staffing at a level that allows investigators to carry no more than approximately 24 cases (including newly assigned investigations) at one time.

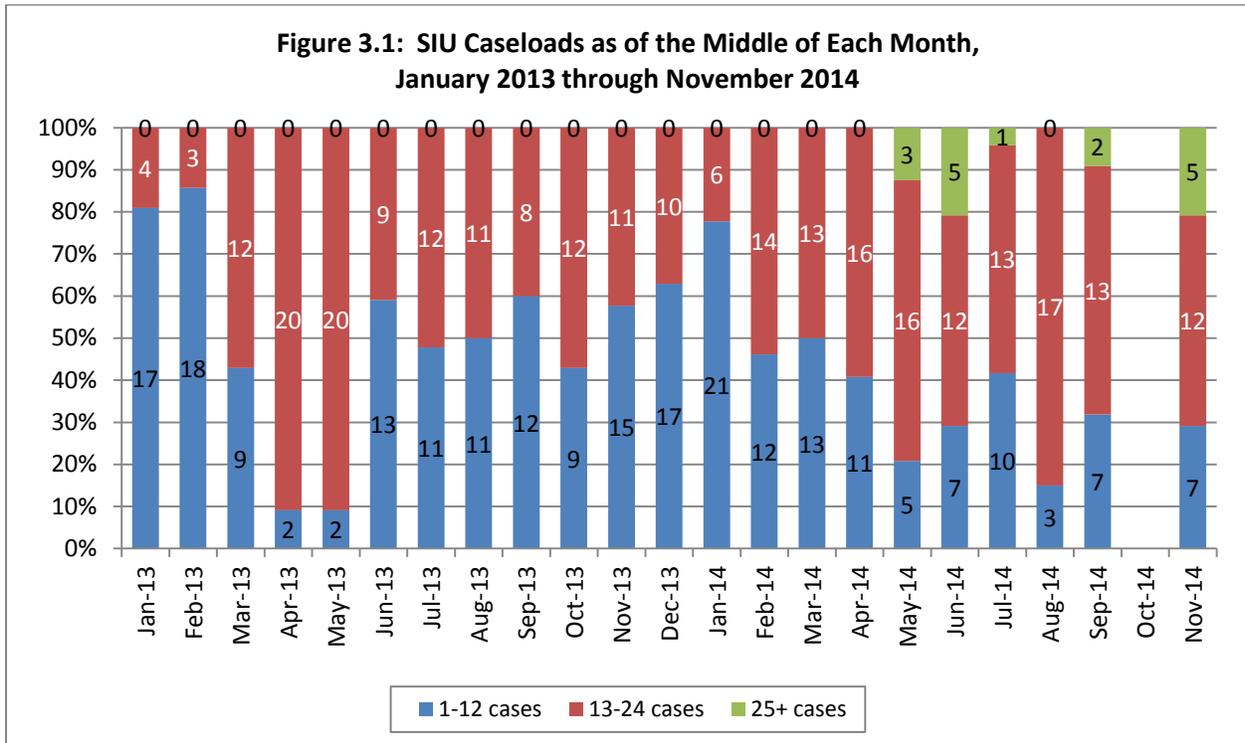
SIU leadership monitors the investigators’ caseloads through weekly meetings, which include a review with each supervisor of the number of open cases on each investigator’s caseload, the number of overdue cases, and the tasks remaining to be completed in order to close the overdue cases.⁶ Figure 3.1 presents SIU caseloads according to SIU’s manual compilation of caseloads as of the middle of each month from January 2013 through November 2014.⁷ SIU investigators consistently had 24 or fewer cases on their caseloads throughout 2013 and for the first few months of 2014. Beginning in May 2014, for the first time in the past couple of years, caseloads

⁵ SIU was allocated six new positions in late 2013 that were strategically placed across the state to supplement the regional investigation teams. Shelby County received two positions, Davidson received two positions, and TN Valley and Knoxville each received one position. These staff work in their assigned regions or “float” among the counties in rural regions when additional staffing is necessary to meet the demands of the case assignments. Although they are assigned to SIU for logistical reasons, they serve as the CPS overflow staff and generally are not assigned SIU cases.

⁶ As discussed in detail in the June 2014 TFACTS Evaluation Status Update, the change to a “family case” in TFACTS adds a level of complexity to designing an aggregate report on caseloads. While the Department continues to improve its aggregate reporting on caseloads, for purposes of this monitoring report, the TAC relies on data gathered from the SIU manual caseload tracking process.

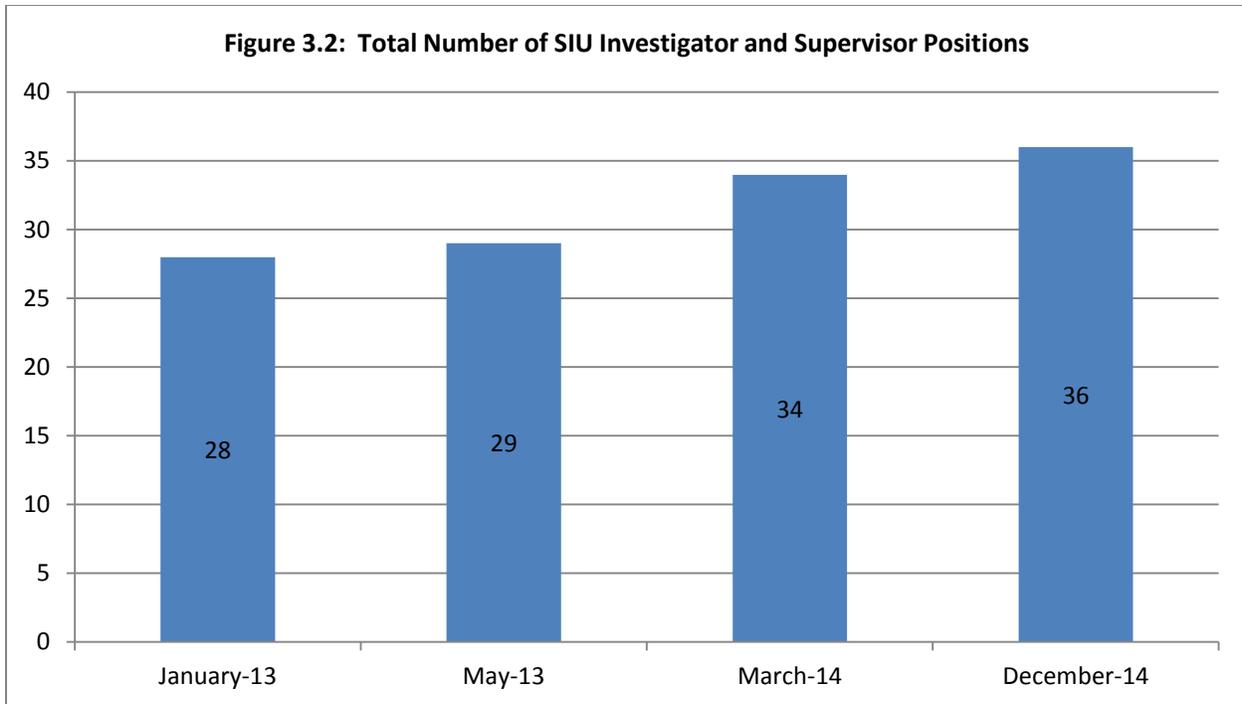
⁷ SIU did not produce manual counts for October because at least one team leader was unable to attend each of the weekly meetings during that month. Only investigators assigned an SIU investigation on the manual count date are included in Figure 3.1 (investigators and supervisors not assigned any SIU investigations are excluded, as are vacant positions). For this reason, caseloads of SIU investigators working CPS overflow cases are included in the data if the investigator was working a mix of SIU and CPS overflow cases (their total caseloads—both SIU and regional CPS investigations—are counted). Caseloads of SIU investigators working only CPS overflow cases are not included in the data.

for some SIU investigators exceeded 24 cases. As of November 10, 2014, five of the 24 SIU investigators (21%) had caseloads ranging from 25 cases to 39 cases.



Source: SIU's manual caseload tracking from January 2013 through November 2014.

Figure 3.2 below presents the total number of investigator and supervisor positions within SIU (including CPS overflow positions). Of the 36 positions in December 2014, 33 (92%) were filled.



Source: Periodic SIU staffing data provided by the Department.

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

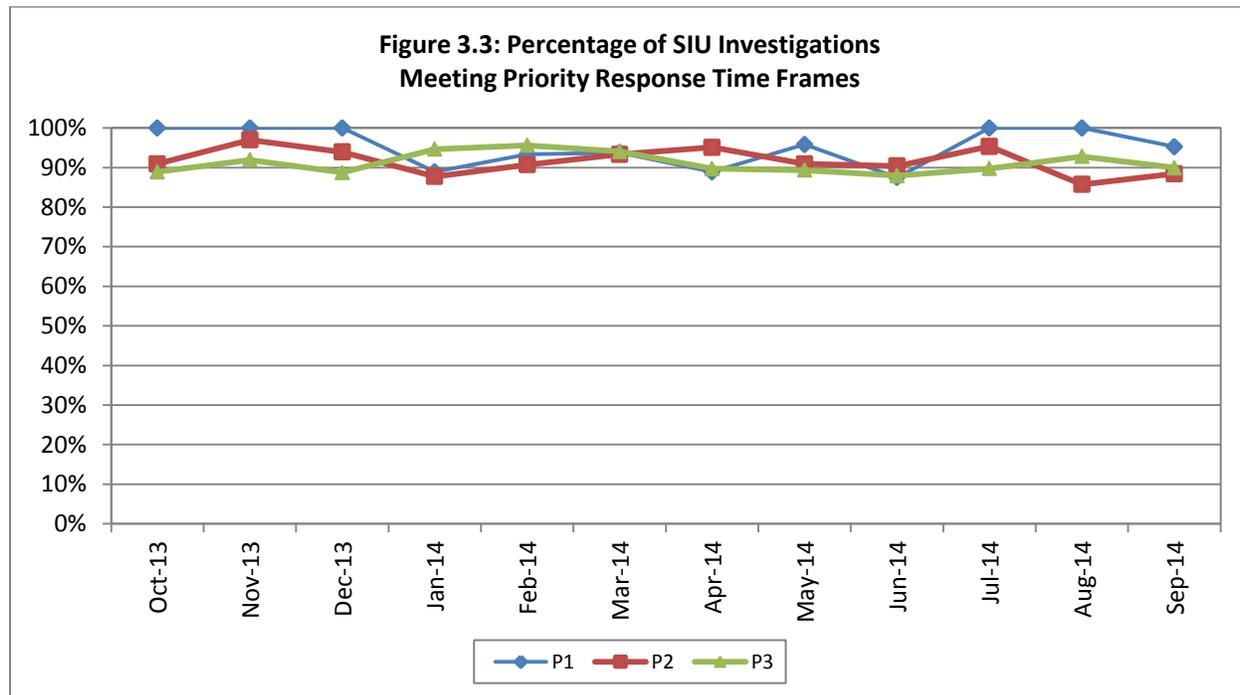
2. Timeliness of SIU Investigations

One key indicator of investigation timeliness is the time from the assignment of a report of abuse or neglect to the investigator and the investigator's first face-to-face contact with the alleged victim. The Child Abuse Hotline Center worker uses the Priority Response Decision Tree in the Structured Decision Making (SDM) Manual to determine the priority response assignment (P-1, P-2, or P-3) based on critical safety and risk factors involved.⁸

Figure 3.3 below shows performance on priority response for SIU (including, but not limited to, *Brian A.* class members) according to the TFACTS reporting. Since October 2013, when the

⁸ For a description of the priority response time frames in DCS policy and the methodology of the TFACTS reporting, see the May 2014 Monitoring Report at pages 112-113. The data shown in this figure are pulled from recently "refreshed" reports run several months after the reporting period to allow additional time for data entry (resulting in some improvement in performance for the months for which data had been included in the May 2014 Monitoring Report from reports that allowed less time for data entry).

Department revised the TFACTS priority response reporting, SIU performance has remained well above 80% for all three priorities, and at 88% or above for P-1.⁹



Source: TFACTS “CPS Referral Response by Priority, Investigations” reports for October 2013 through September 2014.

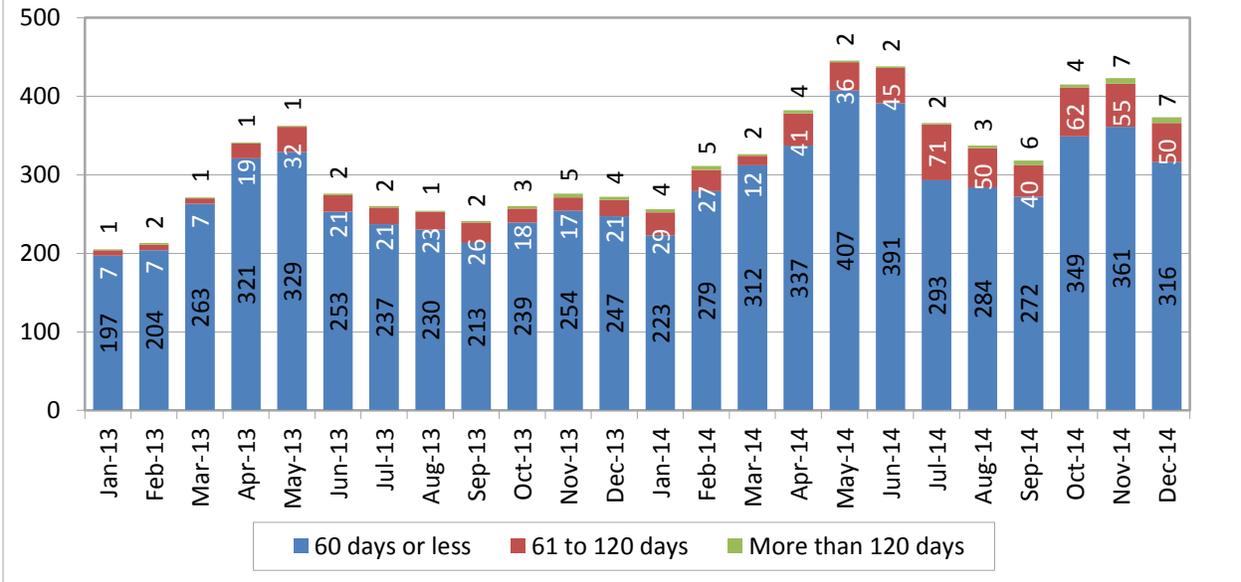
Another key indicator of investigation timeliness is the percentage of investigations not completed within the 60 days required by law (or “overdue” investigations).

Figures 3.4 and 3.5 below show the number and percentage, respectively, of SIU open investigations by case age as of the middle of each month for the period January 2013 through December 2014.

The total number of open investigations, the number of overdue SIU investigations, and the percentage of overdue investigations have generally been higher in the second part of 2014 than in previous months.

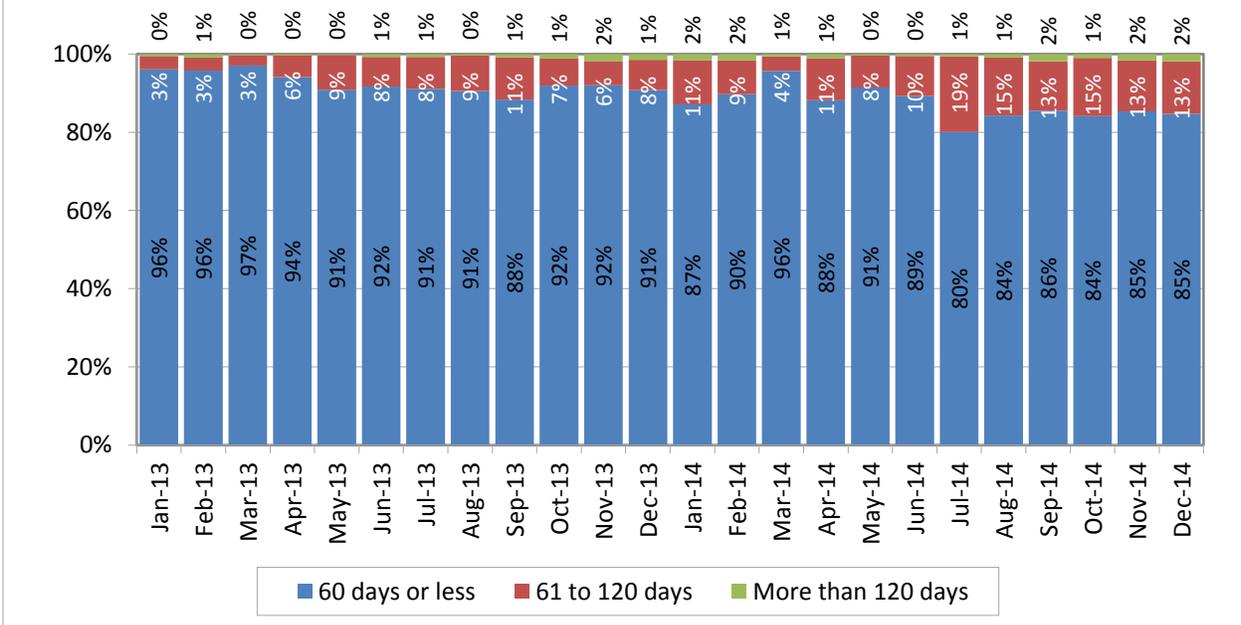
⁹ The number of P-1 SIU investigations each month is sometimes very small, resulting in a significantly lower percentage if just one response is missed. For example, in June 2014, there were a total of seven P-1 investigations, and priority response was met on all but one (or 88%) of those investigations.

Figure 3.4: Number of SIU Open Investigations by Case Age as of the Middle of Each Month



Source: TFACTS "CPS Open Investigations by Case Age" reports as of the middle of each month from January 2013 through December 2014.

Figure 3.5: Percentage of SIU Open Investigations by Case Age as of the Middle of Each Month



Source: TFACTS "CPS Open Investigations by Case Age" reports as of the middle of each month from January 2013 through December 2014.

3. Quality of SIU Investigations

The quality of SIU investigations has been a focus of SIU leadership. The Department has implemented multiple review processes to ensure the quality of SIU investigations.

Within SIU, Lead Investigators (immediate supervisors) consult with investigators at multiple points during the course of the investigation to ensure that priority response is met (and accurately documented) and to ensure that investigations are both classified by the 30-day mark and closed within 60 days except when there is an appropriate reason for delay in classification or closure. The Investigations Coordinator meets weekly with the lead investigators to provide guidance and support in addressing any barriers to case closure.

The Deputy Commissioner of the Office of Child Safety (OCS) has appropriately recognized the importance of implementing a process external to SIU that regularly examines the quality of SIU investigations and established a quality assurance unit within OCS for that purpose (the OCS Internal Quality Control Unit). This Unit has recently implemented a quality review process (beginning in the fourth quarter of 2014) to provide both quantitative and qualitative data about SIU practice that will inform quality improvement at the individual worker level, the team level, and the SIU program level.¹⁰ Once the reviews are completed, the Department's Division of Quality Control will review a sample of the cases reviewed by the OCS Internal Quality Control Unit to ensure the quality and objectivity of the reviews.

During the second and third quarters of 2014, while the new SIU specific review tool was being developed, SIU leadership reviewed a random 5% sample of open and closed SIU investigations using the Case Process Review tool, which is a tool for reviewing the timely completion of case documentation used by the Department in other program areas.¹¹ These reviews revealed that a particular Lead Investigator had been approving cases for closure without completion of investigative tasks; this issue was addressed through performance briefings with the Lead Investigator. These reviews also found that documentation quality and timeliness needed improvement, and in response to this finding, the Office of Child Safety is providing documentation training to all investigators.¹² (SIU investigators will complete the training by the end of February 2015).

As discussed in the May 2014 Monitoring Report, the Department's Division of Quality Control conducted reviews of SIU cases investigated during the third and fourth quarters of 2012 and the first quarter of 2013 in which either the alleged child victim or the alleged perpetrator had a total of three or more SIU investigations. These reviews identified a number of opportunities for improving the quality of SIU investigations, including the need for a better safety and risk

¹⁰ The Department involved the TAC in the design of the review process, and assuming implementation is consistent with the design, the review process should provide reliable information about the timeliness and quality of SIU investigations.

¹¹ The Department's Division of Quality Control has used the Case Process Review tool as part of its continuous quality improvement work around case practice and case documentation for many years. The Office of Child Safety developed and is currently implementing the new quality review process, discussed in the preceding paragraph, to more closely align with its internal management needs and also serve as a mechanism for staff development.

¹² The review identified some cases in which the documentation lacked detail concerning the investigator's observations or concerning the information on which case decisions were based.

assessment tool. The Office of Child Safety is in the process of revising the SIU safety and risk tool (targeted for implementation in the summer of 2015) and continues to evaluate improvement in other areas identified in these reviews through the new review processes that have been implemented.

C. Investigations Involving Brian A. Class Members

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

The Department produces a daily report of children who have an open *Brian A.* custody case and a CPS or SIU investigation.

All SIU investigations included in this report represent an alleged incident of abuse or neglect while in custody and are easily identified by the assignment to the Special Investigations Unit. It is much more complicated to identify the investigations and assessments conducted by regional CPS of abuse or neglect that occur during home visits or while on runaway status. This is because a significant number of the CPS investigations involving *Brian A.* children concern allegations of abuse or neglect occurring prior to a child's custody episode that were reported after the child entered custody, and there is no mechanism to separate these investigations from investigations of abuse or neglect alleged to have occurred while the child was in custody and on a home visit or on runaway status.¹³

TAC monitoring staff and staff from the Office of Child Safety Internal Quality Control Unit collaboratively conducted a target review to isolate investigations and assessments of abuse or neglect of *Brian A.* children alleged to have occurred while in custody, including during home visits or while on runaway status. This review involved the following steps:

- The 242 investigations on the Department's *Brian A.* Investigations Report as of August 15, 2014 were sorted into two groups—those investigated by SIU (129, or 53%) and those investigated by regional CPS (113, or 47%).
- For each of the 113 investigations handled by regional CPS, the investigator was asked to indicate whether or not the allegation in the investigation was about an incident that occurred while the child was on a home visit or on runaway status.¹⁴
- TAC monitoring staff and staff from the OCS Internal Quality Control Unit reviewed those cases to determine whether priority response and case closure timelines were met.

¹³ At the request of the TAC, in order to identify investigations and assessments concerning incidents that occurred while the child was in custody, investigations and assessments that were opened within the first three days of custody are excluded because these are very likely to be the investigations that brought the children into custody.

¹⁴ TAC monitoring staff confirmed the information provided by regional staff through TFACTS spot checks and reviews of more than one-third of the 113 cases handled by regional CPS.

The findings from this review are as follows:

Of the 242 open investigations involving a *Brian A.* child on August 15, 2014, 129 (53%) were SIU investigations and 16 (7%) were CPS investigations or assessments concerning incidents of abuse or neglect by birth family alleged to have occurred after the child had entered custody. The remaining 97 (or 40%) were CPS investigations and assessments concerning incidents of abuse or neglect alleged to have occurred prior to custody.

Of the 129 open SIU investigations, 116 (90%) had been open 60 or fewer days as of August 15, 2014, and 13 (10%) had been open more than 60 days as of August 15, 2014.

Of the 16 CPS investigations and assessments concerning alleged incidents of abuse or neglect by birth families that occurred during custody, 11 (69%) had been open 60 or fewer days, and five (31%) had been open more than 60 days as of August 15, 2014.

Reviewers checked the status of these 16 cases as of November 5, 2014, and found that 15 cases had been closed as of that date:

- six cases (four investigations and two assessments) had closed within the required time frame (60 days for investigations and 120 days for assessments);
- two investigations were overdue but had been classified within 30 days (one was closed as of November 5th and the other remained open);¹⁵
- four cases (two investigations and two assessments) had closed within 15 days after the required time frame;
- three investigations had closed more than 15 days after the required time frame (more than 75 days), but collaboration with external agencies (such as law enforcement and Child Protective Investigation Team (CPIT)) was the reason for the late closure;¹⁶ and
- one case was closed after 75 days because of the investigator's high caseload (resulting from vacancies and a co-worker on medical leave).

Reviewers also checked the priority response performance on these 16 cases and found that all responses had been made within the required time frames.

In addition, reviewers found that all of the alleged child victims in the overdue cases were safe during the investigation.

¹⁵ This case remained open because of a delay in documentation. Office of Child Safety staff indicated that this particular Investigator is very good and attribute the lack of documentation to the Lead Investigator's assigning too many cases to this Investigator. They indicate that this issue is being addressed through performance briefing with the Lead Investigator.

¹⁶ Investigator performance was noted as an additional factor contributing to the delayed closure in one of these investigations.

III.C Multiple Investigations Involving a Particular Caregiver for a Particular Class Member

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

Beginning in the second quarter of 2014, the Department's Division of Quality Control¹⁷ implemented a revised case review process for SIU investigations of situations in which there are three or more reports that a particular child (whether in custody or not¹⁸) has been abused or neglected by the same caregiver.¹⁹ Fortunately, as one would expect in a well-functioning child welfare system, these cases are rare.

During the first three quarters of 2014, three children were the subject of a third investigation of abuse or neglect against a particular alleged perpetrator. For each child, the Assistant Commissioner over Quality Control read TFACTS case documentation for all investigations involving the child and the alleged perpetrator and found that:

- all three investigations for each child were thorough and well documented;
- the children were safe during each investigation;
- two children were unharmed; one suffered minor injuries;²⁰
- of the nine investigations that were the subject of this review, five were closed as unsubstantiated and four were closed as unsubstantiated but with concerns. Those closed "with "concerns" included proper documentation of the concerns; and
- the Resource Home Quality Team (RHQT)²¹ reviewed all four of the investigations that were closed with concerns.²²

¹⁷ The Department's Division of Quality Control, headed by an Assistant Commissioner, is the Division responsible for performing the quality assurance functions enumerated in the Settlement Agreement. As discussed in the May 2014 Monitoring Report, separate and apart from the Division of Quality Control, the Deputy Commissioner of the Office of Child Safety has established a quality assurance unit within that division with responsibility for using aggregate data and regular case reviews to ensure that CPS investigators meet case practice expectations, that caseloads are being managed and supervised appropriately, and that, in the case of reports of abuse and neglect of children while in custody, the SIU process is generating and providing to the Department's separate Quality Control Division the information that Division needs to carry out its oversight responsibilities with respect to those cases.

¹⁸ This review is therefore broader than what is required by the Settlement Agreement.

¹⁹ Under the previous review process (through the end of the first quarter 2013), the Division of Quality Control reviewed a broader group of SIU investigations—all SIU cases in which *either* the alleged child victim *or* the alleged perpetrator had a total of three or more total SIU investigations. The decision to narrow the focus of this particular review was made in collaboration with the Office of Child Safety's Internal Quality Control staff, who were developing their own quality review processes, to ensure that the reviews conducted by both groups were complementary and not redundant or duplicative.

²⁰ The resource father hit this child (his biological child, who is not a class member) on the leg and on the face, leaving no marks. This was the second of three investigations involving the resource father as the alleged perpetrator and his biological child as the alleged child victim.

²¹ Both the Resource Home Quality Team and the Provider Quality Team (discussed later in this section) are components of the Department's provider monitoring structure. See the detailed discussion of these teams in Sections Three C and Twelve E of the May 2014 Monitoring Report.

One of the reasons that it would be unusual for there to be three reports of abuse and neglect involving the same child and perpetrator is that there are already processes and activities by which the Department flags repeat allegations involving a specific alleged perpetrator, irrespective of whether it involves the same child, and those processes are likely to result in appropriate action being taken before a third incident involving a specific child could occur. Those processes and activities include the following:

Child Abuse Hotline Intake Process: The Child Abuse Hotline Center staff check prior CPS history on alleged perpetrators and victims when receiving and screening referrals of abuse or neglect.

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

Network Development "Freeze" Process: Network Development staff review all SIU initial notifications regarding private provider resource homes in order to place the resource homes on freeze while under investigation.²³ Network Development staff also review all closing notifications as part of the process of lifting freezes for unsubstantiated investigations and as part of preparation for the RHQT meetings. While reviewing the notifications, they are expected to look for multiple investigations involving the same perpetrator. Any instances of multiple investigations that they feel warrant further review are added to the RHQT agenda. Foster Care and Adoption division staff follow this same process for DCS resource homes.

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

Division of Quality Control Review of Closing Notifications: Quality Control staff review every initial and closing notification (for both resource homes and congregate care placements), focusing on the number of previous investigations, any immediate safety concerns, and any trends for referral to the Provider Quality Team.

²² The TAC reviewed and discussed these cases with the Assistant Commissioner. Her findings appeared to be reasonable and appropriate, and there were no corrective actions needed.

²³ In order to ensure the safety of children, whenever an SIU investigation of alleged abuse or neglect concerning a resource home is opened, the resource home is placed "on freeze" (meaning no new placements of children are allowed into the home) for the duration of the investigation and any subsequent discussion, if required, at the Resource Home Quality Team.

SECTION IV PROVISIONS: REGIONAL SERVICES

IV.B.2 Intensive Family Based Services to Support Transition Home

A. Introduction

Section IV.B.2 of the Settlement Agreement requires that each region have available “*community based family services*” for “*families to whom children in foster care could be returned safely with the availability of intensive family services for a transition period.*” The services envisioned by this provision are short term, intensive therapeutic in-home counseling and support to facilitate the transition home for children with behavioral health needs that pose special parenting challenges.²⁴

For children served through continuum contracts (approximately 25% of children on Trial Home Visits (THV) at any given time),²⁵ the continuum contract requires that the continuum agency provide services, including intensive family services when needed, for at least three months after the date the child returns home. For children served through some non-continuum Level II or Level III contracts, the contract provider is also required to provide these services.

For children in DCS placements or children in contract placements for which these transition services are not required by the contract, the Department has four options for providing these services:

1. The Department’s preference is to access Comprehensive Child and Family Therapy (CCFT)²⁶ for TennCare eligible children (the vast majority of the *Brian A.* population) through TennCare Select, the Behavioral Health Organization (BHO) for all children in DCS custody.²⁷

²⁴ While Section IV.B.2 is narrowly focused on a specific set of in-home therapeutic services, there are, of course, other services and supports that may be important for successful reunification. This broader range of services is referenced in Section IV.A as the “*full range of community-based services to support and preserve families of foster children in state custody, and to enable children to be reunified with their families safely and as quickly as possible.*”

²⁵ While approximately one-third of children in custody are served through continuum contracts at any given time (31% as of January 5, 2015) and are therefore eligible for continuum services, those children make up a smaller percentage of the children on THV at any given time. Because Section IV.B.2 of the Settlement Agreement is focused on the availability of *intensive family services to support reunification for a transition period*, the discussion in this section is focused on the group of children for whom that transition home is imminent—those who are on trial home visits.

²⁶ CCFT is designed both to prevent out-of-home placement for high-risk youth and to support successful reunification for youth returning from out-of-home placement. Children and adolescents receiving CCFT exhibit high-risk behaviors and their families have a high level of instability. CCFT assessments and interventions are highly individualized and they include around-the-clock crisis intervention as needed.

²⁷ Between January 1, 2013 and July 31, 2014, 14 different agencies provided CCFT services to children in custody through TennCare.

2. The Department has a special contract with Youth Villages to provide these intensive family based services through their Intercept program for instances in which CCFT cannot be immediately provided through TennCare (when a child is not TennCare eligible, when a child does not otherwise qualify for CCFT through TennCare, when there is for some reason a delay in getting TennCare approval for CCFT, or when there is a delay in getting an approved CCFT service started).²⁸ And because Youth Villages is an approved CCFT provider, a subsequent TennCare approval for CCFT allows Youth Villages to continue to serve the family, while opening up a contract slot to another family.
3. The Department is also able to access intensive family based services through regional contracts for family preservation services.
4. Finally, in cases in which a child requires a particularly idiosyncratic therapeutic service during the transition period or the right match for therapeutic in-home services cannot be readily accessed through the available CCFT, Intercept, or regional contract, wraparound funds (formerly referred to as “flex funds”) can be accessed to cover the costs of those services.

B. The Role of the DCS Health Advocacy Representatives

Regional Health Advocacy Representatives (HARs) play a pivotal role in ensuring that children who need intensive family based services to support their transition home get those services. In much the same way as the regional education specialists play a critical role in addressing education issues that may arise, regional HARs, with support from the Central Office Division of Child Health staff, play a critical role in ensuring that children in custody are receiving the physical and behavioral health services they need.²⁹ With respect to obtaining CCFT services for a transition period, HARs are expected to make sure that the information that TennCare requires for pre-approval of CCFT is provided in a timely manner, and that they respond promptly to any delay or denial by TennCare, including obtaining CCFT services through other funding sources.

The regional HARs and the Central Office staff supporting them report little difficulty in obtaining CCFT services when those services are needed to support a child’s transition home.

²⁸ There are currently 102 contract Youth Villages slots available to be apportioned among the regions, and as of December 30, 2014, the Department was using 90 slots.

²⁹ While the responsibility for requesting CCFT services lies primarily with the child’s Family Service Worker, the regional HARs are available to assist if any barriers to timely provision of CCFT arise. The regional HARs are very active in their regions, both in providing trainings for staff about their role and the assistance they can offer, and in individual cases as they ensure that workers have the TennCare documentation they need to access services and that each child in custody receives timely initial and annual medical and dental assessments. The regional HARs also participate in regular meetings with Family Service Workers, supervisors, and other staff from the Division of Health (including Mental Health Clinicians (formerly Regional Psychologists—see footnote 64), Educational Specialists, and Independent Living Specialists) to review the well-being needs of children who have recently entered custody. Family Service Workers and other DCS staff are therefore generally very well-informed about the role and availability of the regional HARs.

C. Review of DCS TennCare Tracking Data

Another source of information related to the availability and accessibility of CCFT services for children in DCS custody is the TennCare related tracking data that the Department maintains pursuant to *Binta B. v. Emkes*.³⁰ In connection with provisions of that class action lawsuit that relate to a sub-class of children in DCS custody, the Department maintains tracking data that identifies any requests for health or mental health services on behalf of TennCare eligible children in DCS custody which are the subject of “adverse action” by TennCare. The term “adverse action” includes any denial or delay in implementing services, as well as any termination of services, even if the termination is a result of the services no longer being medically necessary.³¹ That tracking data reflects that CCFT is readily available, that denials or delays in access to CCFT for children in DCS custody are rare, and that to the extent that CCFT is terminated at the conclusion of the transition period, that such termination is consistent with what Section IV.B.2 envisions.³²

TAC monitoring staff reviewed the TennCare tracking documents maintained by the DCS Division of Child Health. The tracking data includes the approved authorizations for CCFT services during the reporting period (including the name of the provider and the first effective date of the service) and any “adverse action” regarding a CCFT referral (a denial, reduction, delay, suspension, or termination of CCFT).

The Department’s tracking of CCFT authorizations reflects that between January 1, 2013 and July 31, 2014, CCFT services were provided to 516 custody children through TennCare (for 25 of those children, there was more than one authorization for CCFT services during that period).

The Department’s tracking of CCFT adverse actions reflects that between July 1, 2013 and October 31, 2014, there were 86 adverse actions concerning referrals for CCFT services for children in custody.³³ Of these 86 adverse actions:

- 67 (78%) represented a planned discharge for the child from CCFT services (the provider and the child’s team felt that the therapeutic goals had been met);
- six (7%) represented a planned reduction in service;

³⁰ Formerly *Grier v. Goetz*, 79-CV-3107 (Revised Consent Decree modified on February 5, 2008).

³¹ Because CCFT requires prior approval from TennCare, the Department, as the child’s legal custodian, receives notice any time a request for prior approval is delayed or denied.

³² Both the DCS HARs and external advocates who represent children in custody in TennCare appeals agree that it is dental services, particularly orthodontic services and wisdom teeth extractions, that are the subject of the vast majority of TennCare denials for children in DCS custody. While in the past there had been some issues related to obtaining behavioral health services for children in DCS custody, both the HARs and the external advocates indicate that there are no such problems currently. Some external advocates assert that there are challenges to accessing behavioral health services through TennCare; however, those assertions are made with regard to the broader TennCare eligible population. With respect to children in DCS custody, these external advocates have not identified, any current problems with access to services of the type described in IV.B.2.

³³ The number of CCFT adverse actions tracked by the Department is significantly lower than the number of CCFT authorizations because this service is frequently provided to children who are in the process of exiting custody. Once the children have returned to the custody of their parents and there is a decision to end the service, the Department is no longer the address of record and notification of termination of that service would go to the child’s current legal custodian.

- eight (9%) represented situations in which there was a barrier to provision of the CCFT service, but the Department was able to address the barrier and CCFT was provided to the child;
- an appeal was filed for two of the adverse actions and later withdrawn after the service was provided to the child;
- an appeal was filed for one adverse action when the CCFT provider decided to end the service prior to the child's exit from custody; however, subsequent to the filing of the appeal, the child exited custody and the team was in agreement at that time that the service was no longer needed; and
- two had an "open" status as of the end of October 2014—both of these adverse actions were received by the Department in the second half of October 2014 and had not been resolved by the most recent update to the tracking document at the end of October.

D. Review of QSR Data

In addition to reviewing the TennCare tracking data, TAC monitoring staff reviewed QSR data related to two indicators: Successful Transitions and Emotional/Behavioral Well-being.

The Successful Transitions indicator assesses the degree to which planning for the child's next transition (including a return to the family home) assures a successful adjustment before, during, and after the change occurs, including the timely provision and effective delivery of any services necessary to support the transition. In order to rate a case "acceptable" for this indicator, the reviewer must find that at least some supports and services are in place for the child and family that will ensure relatively successful coping with transitions over the short- and long-term.

The Emotional/Behavioral Well-being indicator requires that the reviewer examine the emotional and behavioral functioning of the child (age two and older) in home and school settings, to determine that either the child is doing well or, if not, that the child (a) is making reasonable progress toward stable and adequate functioning and (b) has supports in place to succeed socially and academically. In order to rate a case "acceptable" for this indicator, the reviewer must find that the child is doing at least marginally well emotionally and behaviorally for at least the past 30 days, even if the child still has problems functioning consistently and responsibly in home, school, and other daily settings. Special supports and services may be necessary and must be found to be at least minimally adequate.

In the 2013-14 QSR review cycle, 68% (73 out of 108) of the applicable cases scored acceptable for Successful Transitions; regional acceptable scores ranged from 35% to 91% (with most regions above 50%). Ninety-two percent (162 out of 182) of the applicable cases scored acceptable for Emotional/Behavioral Well-being; regional acceptable scores ranged from 83% to 100% for (with most regions above 90%). Sixty-one percent (61 out of 100) of the applicable cases scored acceptable for both Successful Transitions and Emotional/Behavioral Well-being.

TAC monitoring staff reviewed the case stories for all of the 42 QSR cases for 2013-14 that scored unacceptable for Successful Transitions or for Emotional/Behavioral Well-being to determine whether failure to provide intensive home based services was a factor in the scoring of

the case. In 30 of these 42 cases, reunification with a parent was not imminent, and the issues resulting in the unacceptable score for these indicators were therefore unrelated to intensive home based services to support reunification.

For the remaining 12 cases in which a trial home visit with a parent was imminent or the child was already placed on a trial home visit with a parent at the time of the QSR, TAC monitoring staff reviewed information in TFACTS and interviewed Team Leaders or Family Service Workers as necessary to determine whether a failure to provide intensive home based services contributed to the unacceptable QSR score. TAC monitoring staff found no evidence that failure to provide intensive home based services was a problem in any of the 12 cases.

SECTION V PROVISIONS: STAFF QUALIFICATIONS, TRAINING, CASELOADS AND SUPERVISION

V.C.3 and D.3 Requirement of Supervisory Training and Competency Assessment for DCS Case Manager Supervisors

The Settlement Agreement requires that every case manager supervisor complete basic supervisor training and pass a skills based competency test geared specifically to child welfare supervision. This in-service training of a minimum of 40 hours is to begin within two weeks of the supervisor assuming supervisory responsibility and be completed within six months.

A. *New Supervisor Training and Certification*

As discussed in the May 2014 Monitoring Report, after terminating the training contract with the Tennessee Center for Child Welfare (TCCW) at Middle Tennessee State University (MTSU) and bringing responsibility for supervisory training back “in-house,” the Department has implemented a revised supervisory training and competency assessment process. That revised supervisory training consists of:

- Twenty-six hours of course instruction accomplished through a combination of self-paced individual work delivered through an eLearning CD curriculum, along with guided discussion of the material led by a Master Trainer.³⁴
- Ten hours of coaching provided by the candidate’s direct supervisor (or assigned coach in the rare event the direct supervisor is in an inactive capacity). The coaching supports the learning as the supervisor candidate progresses through the certification process. The supervisor and candidate are able to build a professional relationship, and the direct supervisor is able to assess the candidate’s skills as he or she progresses through the process and continue the candidate’s professional development after certification. This coaching allows the direct supervisor to model the coaching process so that the candidate will be able to transfer this skill to coach his or her team members.³⁵

³⁴ Each regional cluster has a Master Trainer/Training Officer 2 who has more experience or related education than, and is responsible for supervising, the two Training Officer 1s. All three trainers provide training.

³⁵ Each supervisor candidate’s progress is tracked in a database maintained by the Office of Learning and Development. Supervisors provide a copy of the coaching summary form as the candidate completes each section of the work. Training rosters are submitted to the Office of Learning and Development for each facilitated discussion. Regional administrators receive monthly status reports that reflect candidates’ progress in the certification process.

- A four-hour panel assessment process during which the candidate is presented with a case scenario and must respond to panel questions regarding the case. An assessment rubric based on core supervisor competencies is used to score the candidate's responses.³⁶

1. New Supervisor Certification since May 2013

Between May 1, 2013 and November 15, 2014, a total of 31 supervisors of *Brian A.* cases were enrolled in the current new supervisor certification program.³⁷ As of November 15, 2014, 17 of the 31 had completed the training and been certified; six were eligible for the panel assessment; and six were in the midst of the training and not yet eligible for the panel assessment. One supervisor completed supervisory training before June 2012 and has enrolled in the current certification process because she resumed supervisory responsibility after a break from supervising. One supervisor began the certification process prior to implementation of the current process and is currently completing training. Of the 17 supervisors who successfully completed the certification process, 10 did so within the specified time frame of six months or less; five completed the process within eight months; and two completed the process in over 12 months.³⁸

Eleven Candidates were promoted between January 1 and June 30, 2014.³⁹ Of the 11 candidates, 10 have completed the supervisory certification process, including receiving 40 hours of training. Seven did so within six months, one within seven months, one within eight months, and one within ten months.⁴⁰

2. New Supervisor Certification from July 2012 to April 2013

Between July 1, 2012 (the date that DCS terminated its training relationship with TCCW and brought the training function back "in-house") and April 30, 2013, a total of 43 supervisors of

³⁶ The most significant change in the supervisor certification process is the assessment component. The process now includes a panel assessment, which mirrors the process used in the new case manager certification process. The panel consists of the candidate's immediate supervisor in addition to regionally designated panelists. If the candidate does not pass the initial panel assessment there is an opportunity to participate in a second panel after a Professional Development Plan is developed and completed. Those who are unable to pass a second panel will be removed from a supervisory role.

³⁷ These data includes all new supervisors of *Brian A.* cases.

³⁸ In one instance, the training was completed 13 months after the date of hire (the supervisor was hired into a supervisory position and completed pre-service training prior to beginning the supervisor certification process); the delay resulted from the supervisor (a CM4) going on extended leave between the pre-service training and supervisor certification; when the supervisor returned from leave, she began the supervisor certification process in earnest (and completed it in seven months). In the other instance, training was completed 16 months after the date of the promotion; at the time of the promotion (to a CM3 position) the case manager was handling a full caseload and therefore was not assuming supervisory responsibilities; some additional factors (including a period of reconsideration by the case manager about whether she wanted to assume supervisory responsibilities, and a period when that case manager's supervisor was on leave) contributed to the delay.

³⁹ All of the 10 candidates began their supervisory certification process within two weeks of promotion.

⁴⁰ The one supervisor who has not yet completed her supervisory certification process, who was promoted in May 2014, experienced a change in leadership and is now working with her interim Team Coordinator to complete her coaching hours.

Brian A. cases were identified to complete the supervisor certification process.⁴¹ This includes 19 supervisors of *Brian A.* cases who were in the process prior to the program transition date of July 1, 2012. All 43 supervisors were enrolled in the current process prior to May 1, 2013. As of November 15, 2014:

- 35 have completed the training and been certified,
- two transferred to non-*Brian A.* positions,
- three resigned,
- one has completed the training content, but the certification panel is pending because the supervisor is on extended leave, and
- two failed to meet the expectations of the panel assessment and are not eligible to supervise *Brian A.* caseloads.

B. Additional Supervisory Training

Supervisory coaching capacity continues to be built through training developed and delivered as part of the *In Home Tennessee* initiative. That training, developed with support from the Atlantic Coast Child Welfare Implementation Center (ACCWIC), has a substantial coaching component designed to reinforce skills learned through the training process. As part of the *In Home Tennessee* initiative, all supervisors are now required to attend a two-day training in leadership coaching.

DCS supervisors are now also required to receive training in a coaching model required of supervisors throughout state government. The “Leadership Coaching” training mentioned in previous monitoring reports has therefore undergone a name change (effective February 26, 2014), and curricula has been added to strengthen and support the process of coaching staff and families utilizing child welfare best practice principles. “Child Welfare Supervision in Action” is the current title of the former “Leadership Coaching.” The training addresses supervisory skills specific to child welfare work. The Tennessee Department of Human Resources has undertaken responsibility for all training on general skills relevant to supervision. Once supervisor candidates have been certified, they participate in the “Child Welfare Supervision in Action” training module. The training is offered on a quarterly basis in each grand region. As of November 15, 2014, all but 12 current *Brian A.* supervisors had successfully completed this training. The 12 remaining supervisors will be enrolled in the January 2015 offering of the training.

V.F Department Review of Provider Training Curriculum

The Settlement Agreement requires that, prior to contracting with any agency, the Department review, approve, and monitor curriculum for private provider pre-service and in-service training

⁴¹ Prior to the Department’s assumption of responsibility for the supervisory certification process, TCCW offered an in-service supervisory training entitled *Supervising Child Welfare Caseworkers*. The training, which was delivered over multiple days in a classroom setting, was comparable in content to that of the current supervisory certification training. There were 184 supervisors who successfully completed this TCCW training module.

for case managers to ensure that general content areas are appropriate to the work being performed by the agency (V.F). The Department has implemented a uniform approach to reviewing and approving training curricula. The curricula for each agency with which the Department currently contracts have been reviewed, approved and monitored consistent with this process.

Beginning with the 2014-15 contract year, each provider who currently contracts with DCS is required to use a Request for Qualification (RFQ) process to submit a range of documentation that the Department requires of potential contractors, including a form that identifies the training provided by the agency that covers the core content areas and competencies of pre-service training.

Under the revised and improved curriculum review and approval process, a DCS trainer from the Office of Learning and Development holds an individual face-to-face meeting with a representative of each agency familiar with that agency's training. During the meeting, the trainer discusses and reviews with the agency representative the training modules identified in the relevant RFQ form to make sure that the core competencies are adequately covered in the training. Using a tool developed by the Office of Learning and Development, the trainer documents the results of that review and discussion.⁴²

In the inaugural review of existing contract agencies, which was completed in September of 2014, reviewers found that 21 (75%) of the 28 agencies (including those agencies which serve the largest number of DCS children⁴³) provided appropriate coverage of the key case management and child welfare competencies in their training. For seven (25%) of the 28 agencies reviewed, the reviewer determined that the provider would benefit from technical assistance to enhance some aspect of their training and for three of those seven providers, a piece of the provider's training was found to be inadequate.

For agencies determined to require technical assistance and those whose training curriculum was not approved for one or more competency areas, the Department developed a process by which the agency, in partnership with DCS and the Tennessee Alliance for Children and Families (TACF), can shore up any deficiencies in its training. The Department and TACF have met with each of the seven agencies whose training had not been approved and developed an appropriate plan to address the deficiencies.

For four of those seven cases, adoption of some basic materials was all that was required to complete the agency's curriculum. The Department has made its own training curriculum available to providers and has provided "train the trainer" sessions for agencies whose curriculum requires more extensive enhancement. As of December 14, 2014, each of the seven providers that required technical assistance has received and incorporated training materials from the Department, five have attended a train the trainer session, and one has provided an in-service training facilitated by the Department's training staff.

⁴² TAC monitoring staff participated in several of the face-to-face discussions and reviewed each curriculum review tool and technical assistance plan (including the final approval detail).

⁴³ As of September 29, 2014, 95% of those class members served by private providers were being served by agencies with training curricula that had been reviewed and approved by the training division.

Following the provision of technical assistance to the seven agencies whose curricula fell short of the Department's expectations, the Office of Learning and Development conducted a review of the updated curriculum for each of these agencies. All of the providers received full approval.

While this inaugural review process was completed for existing agencies which were already under contract as of July 1, 2014, the site visit review process is now in place prospectively for new contracts. There are currently three new providers who are seeking to contract with the Department and each will be required to complete the curricula review and approval process prior to a contract being issued.

The direct contact between DCS training staff and private provider training staff that has resulted from the structure of this review not only enhances the quality of the review, but provides an opportunity for greater cooperation and collaboration around training between the Department and its provider agencies. The Department anticipates increased collaboration between the Department and the Tennessee Alliance for Children and Families (which provides support to member agencies) on training related matters.

V.J Caseload Limits

The Settlement Agreement (V.J) provides that any DCS case manager responsible for the case of at least one class member have case responsibility for no more than:⁴⁴

- 15 individual children in DCS custody if the case manager is a case manager 1;
- 20 individual children in DCS custody if the case manager is a case manager 2 or 3 without any supervisory responsibility; and
- 10 individual children in DCS custody if the case manager 3 supervises one or two lower-level case managers.

The Settlement Agreement provides that, should the Department propose the use of workers carrying a mix of custodial and non-custodial cases, “a *weighted equivalent caseload standard will be developed in consultation with the TAC.*” The Department has not yet made such a proposal and, in the absence of a weighted equivalent caseload, the TAC has considered those

⁴⁴ There are four case manager positions, two of which (case manager 1 and case manager 2) are non-supervisory positions and two of which (case manager 3 and case manager 4) are supervisory. Case manager 1 is a trainee/entry level class for a person with no previous case management experience; after successful completion of a mandatory one-year training period, a case manager 1 will be reclassified as a case manager 2. A case manager 2 is responsible for providing case management services to children and their families, and requires at least one year of case management experience. A case manager 3 can have supervisory responsibility for leading and training case manager 1s and case manager 2s in the performance of case management work. A case manager 4 is typically responsible for the supervision of staff (including case manager 3s) in a regional office who are providing case management services for children and their families. The terms case manager 4 and team leader are used interchangeably. A team coordinator supervises the case manager 4s/team leaders.

case managers who have a mix of custodial and non-custodial cases to be subject to the “individual child” limits that are applicable to custodial caseloads.

With the transition to TFACTS and in keeping with the family focus of the Department’s *Practice Model*, the Department has moved from a “child case” data system to a “family case” data system and toward conceptualizing staff workloads in terms of the number of families that a case manager is working with, and not just the number of individual children.

After having moved over the previous few years toward increased use of “mixed caseloads”—caseloads that included both non-custodial and custodial cases—the Department last year reconsidered that approach and decided to avoid including non-custodial cases on the caseloads of those workers handling *Brian A.* class members. The shift back from mixed caseloads to separate caseloads for *Brian A.* class members has progressed significantly since that decision.⁴⁵

One of the most significant accomplishments of the Department’s reform effort has been the reduction of caseloads to manageable limits. Analysis of aggregate reports from TNKids and targeted reviews and the results of spot checks of individual case manager caseloads, reported in previous monitoring reports, reflected that the Department was generally keeping caseloads within the limits established by the Settlement Agreement. For those few case managers during any given month whose caseloads exceeded the limits, steps had been taken to reduce their caseloads back to within the limits within a relatively short time. In light of this performance, Section V.J. was among the provisions originally designated as in “maintenance” when that status was first incorporated into the Modified Settlement Agreement and Exit Plan entered by the Court on November 10, 2010.

However, during the eight-month period from July 2012 through February 2013, as reported in the June 2013 Monitoring Report, more than one-fifth of case managers in three regions consistently had caseloads above the limits established by the Settlement Agreement, and in two additional regions, more than 10% of case managers consistently had caseloads above the Settlement Agreement limits. Statewide, the percentage of case managers whose caseloads were within the Settlement Agreement limits did not go above 90% during this period. In light of this decline in performance, the parties agreed that the relevant provision of the Settlement, which had been previously designated in maintenance, should be moved out of maintenance.⁴⁶

As discussed in the May 2014 Monitoring Report, the Department implemented a number of strategies to address the rise in caseloads. Based on the caseload tracking data for January

⁴⁵ For more detailed discussion of the issues related to mixed caseloads, see pages 177-182 of the May 2014 Monitoring Report. As of September 30, 2014, 50 (9%) of the 527 case managers carrying a *Brian A.* case also had at least one non-custody family case (excluding extension of foster care cases, which are always counted by child) on their caseloads.

⁴⁶ The performance during 2012 and the first half of 2013 stood in sharp contrast to caseload data for the most recent prior period (May 2009 through May 2010) for which aggregate caseload data were available. That data, discussed in the April 2011 Monitoring Report, reflected that on average 96% of case manager caseloads fell within established caseload limits, and in no month were fewer than 94% of caseloads within those limits. There was relatively little regional variation: eight regions had caseload compliance rates at or above the statewide 13-month average and another three regions had rates just under the statewide average (two at 95% and one at 93.8%). The remaining region had a compliance rate of 86.8%, substantially below the statewide 13-month average.

through September 2014, these strategies have succeeded. Caseload compliance levels are now comparable to those that supported the original “maintenance” designation.

Table 5.1 below presents the percentage of case managers carrying at least one *Brian A.* case whose total caseload, according to the caseload tracking spreadsheets,⁴⁷ were within the caseload limits established by the Settlement Agreement, statewide and by region, as of the end of each month for of the period from January through September 2014.⁴⁸ Between January and September 2014, statewide caseload compliance ranged between 93% and 99%, with no region falling below 90% compliance since July.

⁴⁷ As discussed in the May 2014 Monitoring Report and its September 2014 Supplement, the TAC has validated the caseload reporting process. See Appendix K of the May 2014 Monitoring Report and the September 2014 Supplement Related to Case Loads and Case Load Reporting for a description of the caseload tracking process and the TAC’s validation of the data. In May 2014, the Department modified the process to include, in addition to a count of any non-custody *cases* on a mixed caseload, a count of *individual children* involved in those non-custody cases. Data shown in the table and figure are based on a count of custody children plus any non-custody *cases* for the months of January 2014 through April 2014 and a count of custody children plus non-custody *children* for the months of May 2014 through September 2014.

⁴⁸ In each month, the table and figure in this section exclude a small number of case manager 3s who do not carry *Brian A.* cases. On September 30, 2014, for example, there were 21 case managers 3s who did not carry *Brian A.* cases but supervised up to four *Brian A.* workers. Of those, 15 did not carry any cases at all, and the remaining six carried non-custody cases. Four of these six case manager 3s (all of whom supervised one to two *Brian A.* workers) had more than 10 children on their caseloads (the caseload limit under V.J for case manager 3s supervising one to two workers). Or, stated differently, 19% (4) of these 21 case manager 3s had caseloads in violation of the V.J provision.

The table and figure in this section do not provide data regarding the supervisory workload provisions in Section V.K of the Settlement Agreement (team leaders who carry cases or supervise more than five case managers and case manager 3s who supervise more than four case managers).

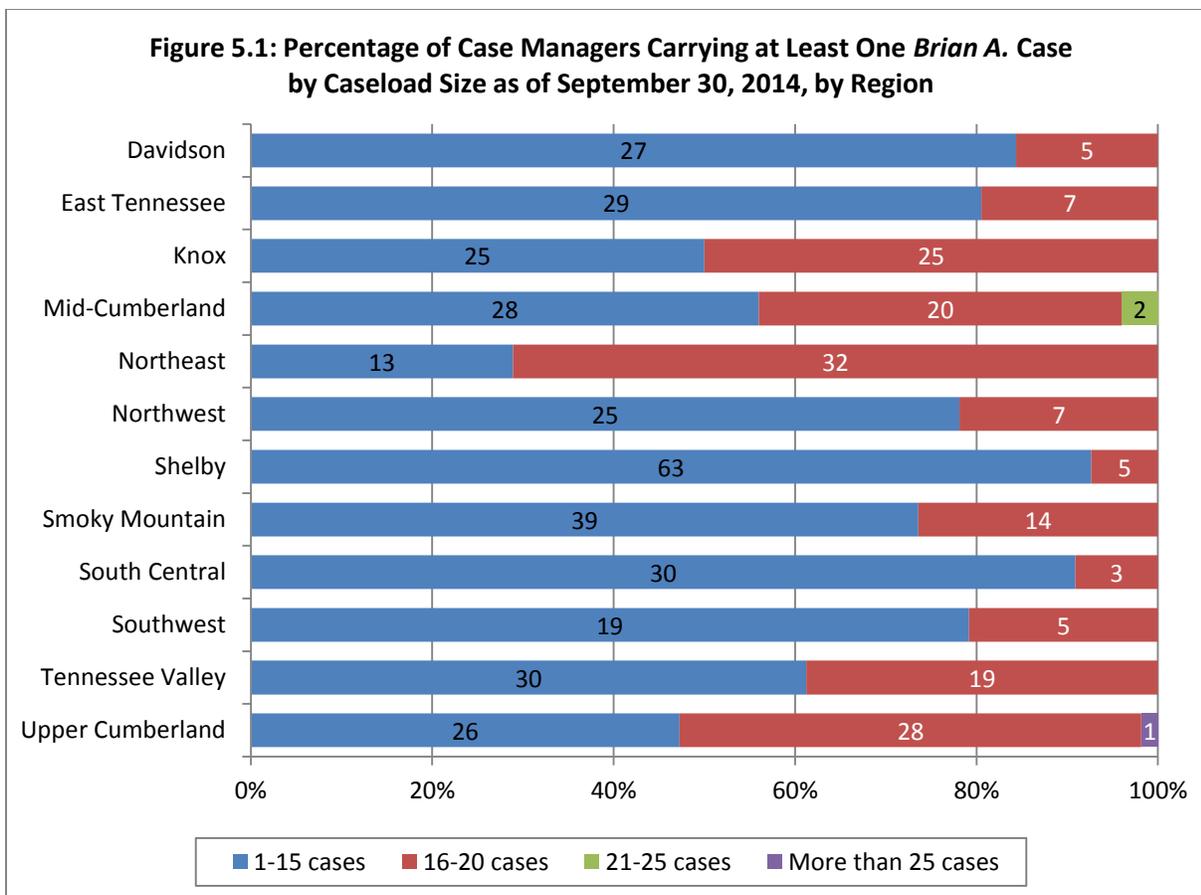
Table 5.1: Of Case Managers Carrying at Least One <i>Brian A.</i> Case, Percentage Meeting Caseload Requirements as of the Last Day of Each Month									
Region	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Davidson	91%	94%	97%	100%	97%	97%	94%	97%	100%
East Tennessee	97%	100%	95%	97%	97%	97%	97%	97%	100%
Knox	100%	100%	100%	100%	100%	100%	98%	96%	100%
Mid-Cumberland	97%	98%	98%	96%	98%	100%	100%	100%	96%
Northeast	90%	98%	100%	94%	90%	95%	98%	90%	100%
Northwest	100%	98%	95%	100%	68%	77%	94%	100%	100%
Shelby	100%	98%	95%	100%	100%	100%	97%	100%	100%
Smoky Mountain	87%	94%	86%	98%	83%	86%	96%	100%	100%
South Central	100%	97%	100%	100%	100%	100%	100%	100%	100%
Southwest	100%	100%	97%	100%	83%	83%	100%	100%	100%
Tennessee Valley	98%	94%	98%	100%	98%	100%	96%	93%	96%
Upper Cumberland	99%	96%	94%	94%	98%	92%	94%	96%	98%
Statewide	95% (n=551)	97% (n=545)	96% (n=542)	98% (n=533)	93% (n=528)	95% (n=510)	97% (n=517)	98% (n=523)	99% (n=527)

Source: DCS Manual Caseload Tracking Spreadsheets for January 2014 through September 2014.

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

Figure 5.1 below presents, for case managers who had at least one *Brian A.* case on their caseloads (without regard for case manager job classification) on September 30, 2014, the percentage of case managers whose total caseload size fell within each category (0-15 cases, 16-20 cases, 21-25 cases, and more than 25 cases).⁴⁹

⁴⁹ For reasons having to do with the nature of the analysis, the data in Figure 5.1 do not account for the different caseload caps of case manager 1s, case manager 2s, and case managers 3s in the way that Table 5.1 above does.



Source: DCS Manual Caseload Tracking Spreadsheet for September 30, 2014.

TAC monitoring staff followed up on the three case managers (each of whom was a CM2) who had more than 20 children on their caseloads as of September 30. As of October 31, the case manager who had 22 children on her caseload was back down to 19 children and the case manager who had 21 children was down to 20 children. The third case manager who had a caseload on September 30 that included 27 non-custodial children and one *Brian A.* child was no longer carrying any *Brian A.* children on her caseload as of October 31.

V.N Requirements for File Maintenance and Documentation

The Settlement Agreement requires that all documentation of contacts or developments in a child’s case be added to the file within 30 days and that the case files of class members contain adequate documentation of the services provided, progress, placement changes, and authorizations of approval for placements, treatment, and services. The Department’s policies require that all child case files be kept in an organized manner, and contain all pertinent information required to effectively manage the case.

The Department has developed (and the TAC has validated) the TFACTS “*Brian A.* Timeliness of Case Recordings” report, which lists all case recordings documenting case activity entered

into the family case⁵⁰ that took place in a given time period and calculates the number of days between the date of the activity (referred to as the “occurred date” in the report⁵¹) and the date that the case recording was completed in TFACTS. For activities that took place from January through September 2014, 84% of case recordings were completed within 30 days of the contact date, and 91% of case recordings were completed within 40 days. In the region with the poorest performance on timeliness of case recording, 75% of case recordings were completed within 30 days and 85% were completed within 40 days. In the region with the best performance, 91% of case recordings were completed within 30 days and 96% within 40 days.⁵²

⁵⁰ All case recordings made by *Brian A.* case managers and supervisors related to a child on their caseload or supervisory workload are entered into the “family case.” However, case recordings made by CPS workers or CPS supervisors as part of their investigations are entered into the CPS case file, not the family case. If a child in DCS custody is the subject of an open CPS investigation, the *Brian A.* Timeliness of Case Recordings report does not include information on the timeliness of case recordings made by CPS workers of CPS investigation activities related to that child. At the request of the TAC, the Department ran a special report that did include time between relevant CPS activity related to a *Brian A.* child and the CPS case file recording of that activity. For activities that took place from January through September 2014, 82% of case recordings were completed within 30 days of the contact date, and 89% of case recordings were completed within 40 days.

⁵¹ The “occurred date” is drawn from the “contact date” field in TFACTS.

⁵² In 2013, the poorest performing region had 73% of case recordings entered within 30 days.

SECTION VI PROVISIONS: PLACEMENT AND SUPERVISION OF CHILDREN

VI.A.1.f Limits on Placement of Children in Group Care Facilities with Capacity Greater Than Eight Beds

A. Introduction

The Settlement Agreement prohibits placement of children in a residential treatment center or any other group care setting with a capacity in excess of eight children unless (a) the child's needs can be met in that specific facility and (b) that facility is the least restrictive placement that could meet the child's needs.⁵³

As has been discussed in previous monitoring reports, one of the most significant achievements of the Department's child welfare system reform effort has been the dramatic reduction in the use of congregate care placements.⁵⁴ At the time that the original Settlement Agreement was entered, the Department of Children's Services was serving large numbers of children who could more appropriately be served in resource homes in congregate care facilities. These children were placed both in DCS operated placements (including one large institution and a number of group homes) and a large number of private provider operated group care facilities.

The Department has invested heavily in recruiting and supporting its own resource homes and in contracting with agencies that share the view that children should be served in family settings whenever possible and that congregate care should only be used when a child's needs cannot be met in a resource home. The Department created financial incentives to encourage the development of resource homes, embraced and facilitated increased utilization of kinship resource homes, and implemented a "gatekeeping process" on the front end of placement decision-making (to ensure the appropriateness of initial placements in congregate care) and a utilization review process on the back end (to ensure that an appropriately placed child is "stepped down" to a family setting, once the issues that resulted in their residential placement have been sufficiently addressed.)⁵⁵ Further, through better communication and collaboration with private providers and through an improved provider oversight process, the Department has worked to ensure that the congregate care placements have the skills and services to meet the needs of the children they serve.

⁵³ Section VI.A.2 requires that the Regional Administrator review and approve any placement of a child in a residential treatment center or other group care setting with a capacity in excess of eight children. This is currently done through the Placement Exception Request (PER) process. A PER is not required for short-term hospitalization for a health condition (e.g., hospitalization for an appendectomy) or for short-term psychiatric hospitalization to stabilize the child in crisis and return her to the resource home.

⁵⁴ This accomplishment is highlighted in "What Works in Child Welfare Reform: Reducing Reliance on Congregate Care in Tennessee" published by Children's Rights, July 2011.

⁵⁵ 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.

As the data presented below reflect (the aggregate data on rates of congregate care placement, the QSR scores related to the appropriateness of placement, and the data generated by the recently revamped Placement Exception Review process), these efforts have been largely successful in limiting the use of congregate care placements to those situations in which congregate care is the least restrictive placement and in ensuring that the children in those congregate care settings are receiving services that are appropriate to their specific treatment needs.

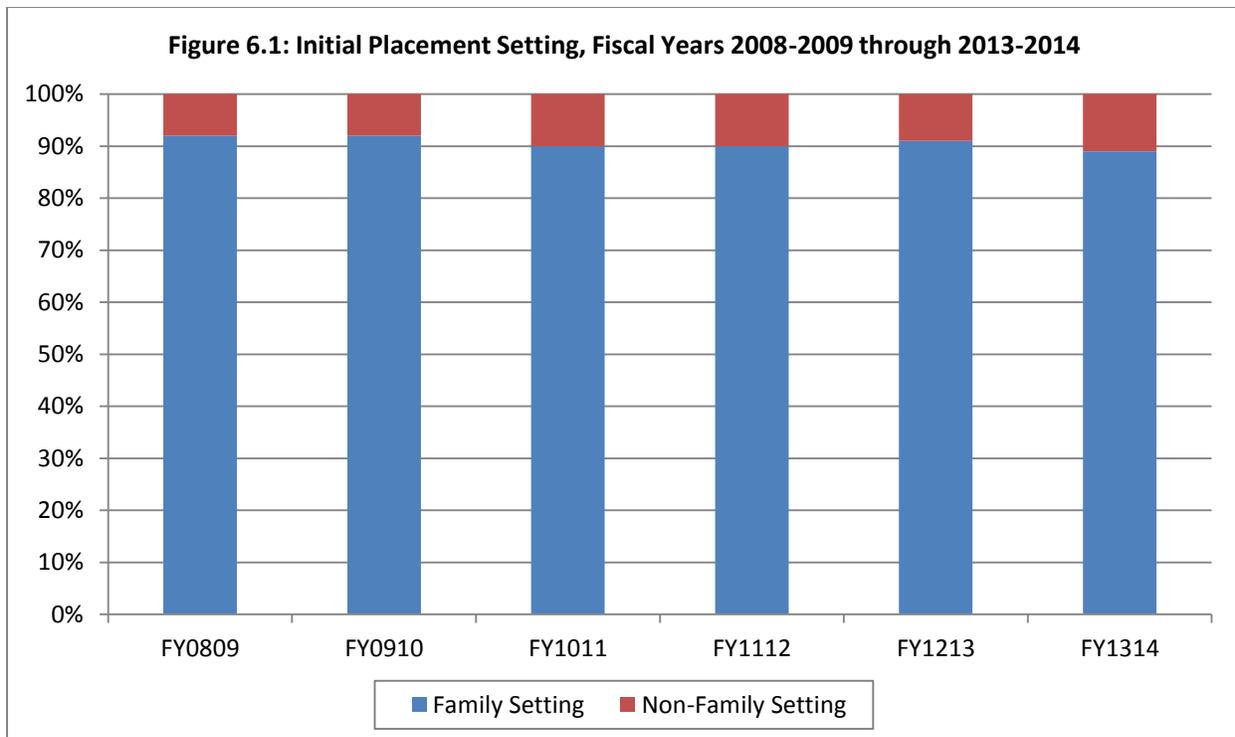
B. Aggregate Data Related to Use of Congregate Care

As discussed in Section One Subsection B.1 of the May 2014 Monitoring Report, one measure that the Department and the TAC use to monitor placements in group care settings is the number and percent of children initially placed in family and non-family settings.⁵⁶ Initial placement in a family setting has remained relatively constant in recent years, ranging between 85% and 89% for the past five calendar year periods.

The Department also tracks initial placement in a family setting⁵⁷ by fiscal year. The figure below shows first placements by placement setting for children entering care during each of the past six fiscal year periods. The bottom segment of the bar (shaded blue) reflects family placements, and the top segment of the bar (shaded red) reflects non-family settings. (The terms “non-family settings” and “congregate care settings” are used interchangeably throughout this report).

⁵⁶ While this measurement does not take into account the capacity of the group care facility, it is an indication of how well the Department is doing in limiting these residential placements. See Section One of the May 2014 Monitoring Report beginning at page 35 for further discussion.

⁵⁷ Children who were first placed in a congregate care setting for fewer than five days and were subsequently moved to a family setting placement are counted as initial family setting placements for purposes of the Department’s reporting on this measure.



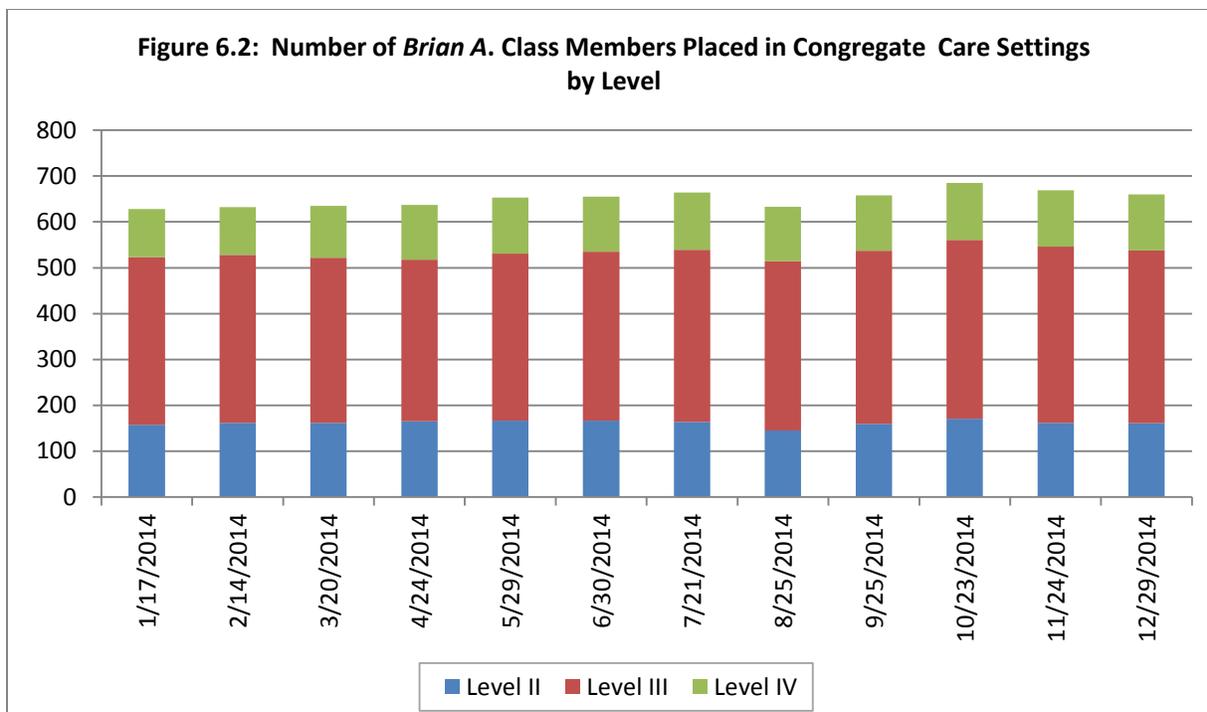
Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in August 2014.

The percentage of children in congregate care placements with a capacity in excess of eight beds has remained stable at 7% to 8% of the population, as periodic reviews of the Mega Report reflect. For example, at the end of June 2014 (according to the June 30, 2014 Mega Report) there were 562 class members (8% of 6,744) placed in such congregate care facilities.⁵⁸ This is consistent with the findings for June and December of 2013, 2012 and 2011 described in previous monitoring reports.

Figure 6.2 below shows the number of children (as of the date indicated) placed in congregate care settings (without regard to the bed capacity of the particular group home or facility) through Level II, III, and IV contracts.⁵⁹

⁵⁸ These numbers are based on facilities identified to have capacities greater than eight by the Department. For purposes of this reporting the TAC adds the capacities of cottages located on the same campus and includes those placements in this count when the sum capacity for the campus is over eight. The report that the TAC used to identify children in congregate care settings greater than eight only includes congregate care providers with whom the Department has (or had for the applicable period) an ongoing contract. It does not include those small number of cases in which a child is placed in a facility not operated by one of those regular contract providers through a “unique care agreement” (an individual child-specific contract typically involving an out-of-state or specialized placement) nor does it include children placed in hospital settings through “inpatient” placements. As of June 30, 2014 there were 49 children excluded for this reason.

⁵⁹ This tracking data was developed as part of the utilization review process and therefore does not include temporary PTC placements, short-term hospitalization, or judicial detention. Those categories represent a relatively small percentage of the children in congregate care placements. For example, on December 12, 2014 there were a total of 715 class members in congregate care settings: five were in “inpatient” hospital settings; 13 were in court ordered detention; and 26 were in emergency temporary PTC placements.



Source: "TFACTS Mega Reports," January 17, 2014 through December 29, 2014.

C. *Quality Service Review Scores for Appropriate Placement*

The appropriateness of a child’s placement is also measured through QSR reviews. In order for a case of a child in congregate care to be scored acceptable for “Appropriate Placement,” reviewers must find that the child is in “the least restrictive, most appropriate placement necessary to meet most of the child’s needs” and that the placement is “a fair match for the child.”⁶⁰ Of the cases reviewed during the 2013-14 QSR, 16 involved *Brian A.* children who were in congregate care placements at the time of their review; 12 of those cases (75%) scored acceptable for Appropriate Placement. TAC monitoring staff reviewed each of the four cases that scored unacceptable.

In one of those cases, the congregate care program appeared to be in turmoil at the time of the review.⁶¹ There had been wholesale turnover in staff and the private provider case manager assigned to the child was inexperienced and overwhelmed. Because of a pipe that burst in another facility, children from that other facility were moved into this program resulting in there being 15 children in a program intended to serve eight. The reviewers found that “at this time it does not appear that the facility is doing anything for the child other than providing a place to sleep.” Shortly after the QSR, the child went on a Trial Home Visit (THV) with her stepfather,

⁶⁰ An acceptable score also requires that the child “maintains connections to his home community” and that the placement is minimally acceptable for the child’s age, ability, peer group, culture, language, and religious practice.

⁶¹ This provider agency has since been the subject of oversight and technical assistance from the Central Office Provider Quality Team and has worked a Corrective Action Plan to address issues, including the ones described in this case.

but that disrupted, and she spent the remainder of her time in care in six different resource homes until aging out in November of 2014.

In each of the other three cases, the children had been appropriately placed in the congregate care program but had completed the treatment program; they nevertheless remained (or returned to) the congregate care program because of an inability to find a viable family placement for the child.

- In the first of those cases, the case story reflected that the placement was “adequate for now” and the child, whose mother was refusing to participate in services to support reunification, requested that she be allowed to return to that specific congregate care facility after a failed THV and three short stays in different resource homes. After a subsequent step down to a group home, the child recently returned to the congregate care facility that she was in at the time of the QSR.
- In the second case, the child was “stuck” in a Level III residential facility because his extreme behavioral issues (which included stealing, fire setting, and defiance) had resulted in several failed resource home placements. While he had “completed” the program, he remained in the program because of the Department’s difficulty finding a resource home willing to take him, and the Department’s efforts to support placement with his grandfather were abandoned when the grandfather expressed his inability to handle the child’s behavior. In July 2014, the child was successfully stepped down to a resource home where he remained as of the end of this interim reporting period.
- The third case involves a young person with a history of sexual perpetration who had been in four separate congregate care placements. The child’s parents surrendered their parental rights, and the Department had been unsuccessful in attempts to find a family setting for the child to “step down” to from the residential program. At the time of the review, the Department had been searching for over three years for a family for the child, including exploring possible placement with relatives who initially expressed interest in being considered as placement options. In May 2014 the child was successfully placed in a resource home where he has remained as of the end of this interim reporting period.

D. Placement Exception Review Process Data

The decision that a child should be placed in a residential facility is, of course, to be made within the context of the Child and Family Team Meeting (CFTM) process, based on the team’s assessment that this is the least restrictive and most appropriate placement setting in which to meet the child’s needs. However, the Placement Exception Request (PER) process requires in addition that the Regional Administrator (RA) approve each instance of a child being placed in a congregate care facility with a capacity greater than eight.

As part of that approval process, the RA must either indicate that the placement is the least restrictive placement and that the particular placement meets the child’s needs (and, if so, make sure there is documentation in the file supporting that finding) or, if the placement does not meet

those requirements, document the reasons that the placement was nevertheless approved and indicate any further action to be taken with respect to the placement or to securing a more appropriate placement.

1. Review and Approval of Level II Congregate Care Placements Greater than Eight

At any given time, a quarter or fewer of the class members in congregate care placements are placed in Level II placements that care for more than eight children or youth.⁶² Relatively few initial placements of class members are in Level II congregate care placements. For example, of the 425 class members entering custody in October 2014, only 13 were initially placed in Level II congregate care settings. Level II congregate care placements are more frequently used as "step downs" from Level III or Level IV placements (discussed in the next subsection) or "step ups" for children initially placed in resource homes who subsequently need more structure than a resource home is able to provide, but not the more intensive therapeutic services associated with higher level congregate care facilities.

Review and approval by the RA is required for these level II placements with capacity greater than eight.

2. Review and Approval of Level III and Level IV Congregate Care Placements

The majority of congregate care placements of class members in facilities with a capacity greater than eight are placements in Level III or Level IV residential treatment programs.⁶³ These programs provide a higher level of therapeutic care than Level II programs. In carrying out their review and approval responsibilities with respect to Level III and Level IV residential placements, regional administrators are able to rely on (and are subject to) an additional "gatekeeping" process that the Department has implemented that is well-designed to ensure placements in these residential settings are consistent with the Settlement Agreement requirements. The Regional Mental Health Clinician (MHC)⁶⁴ is the "gatekeeper" for all Level III and Level IV residential admissions; therefore, any placement in a Level III or Level IV congregate care facility greater than eight beds must be approved by both the regional administrator and the MHC.

The MHC is expected to be familiar with the residential treatment facilities in the region and the strengths of particular programs. Approval for admission to a residential treatment center is

⁶² For example, on October 23, 2014, 171 class members of the 726 class members in congregate care were in Level II placements.

⁶³ For example, on October 23, 2014, 512 class members of the 726 class members in congregate care were in Level III or IV placements.

⁶⁴ The position of "Regional Mental Health Clinician" has replaced the "Regional Psychologist" position, expanding the pool of eligible licensed clinicians beyond licensed psychologists. In 10 regions, the MHC positions are currently filled by licensed psychologists. In the remaining two regions, MHC positions are currently filled by licensed therapists.

contingent on the MHC determining that the particular placement is the least restrictive placement offering the services that meet the specific needs of the child.⁶⁵

The Regional MHC is responsible for determining whether the placement is the least restrictive environment in which the child's needs can be met and is only to approve a residential placement when that is the case. The Regional MHC reviews clinical, placement, and social history in order to make this assessment. In deciding whether to approve a residential placement, the MHC considers past treatment efforts in less restrictive settings, the risks of community-based placements to the child and the public, and the information generated by the Child and Adolescent Needs and Strengths (CANS) assessment process.⁶⁶

The work of the MHCs in these cases informs the PER process and provides a sound basis for the Regional Administrator's assessment of the appropriateness of the placement.

3. PER Data

The level of review and accountability provided by the combination of the RA review and approval requirement for any congregate care placements greater than eight and the additional MHC review and approval requirement for those that are Level III or IV placements is intended to ensure that there are very few cases in which a regional administrator approves a placement in congregate care that does not meet the Settlement Agreement requirements, and a review of recent PERs data confirms this.

As part of the ongoing collaborative PER related work (between the regional administrators and other regional staff responsible for the placement exception process, the Division of Quality Control, and the TAC monitoring staff), the Department, with support from the monitoring staff, gathered and analyzed data on all children for whom a PER for being placed in a congregate care facility with a capacity greater than eight should have been filed during March, April or May 2014.⁶⁷ During that three-month period from March through May 2014, 401 children were identified; for 92% (368), the RA certified that the child's needs could be met in that facility and the placement was the least restrictive placement setting to meet the child's needs.⁶⁸

⁶⁵ In the event that a MHC is not sufficiently familiar with a particular proposed placement to make this determination, the MHC is expected to consult with other MHCs or with DCS Central Office Network Development staff who are.

⁶⁶ While a CANS may not have been fully completed at the time of the initial placement, typically the MHC will be provided with relevant information that has been generated by those working on completing the CANS.

⁶⁷ Regions currently submit a spreadsheet to Central Office monthly listing all children during the preceding month who required a Placement Exception Request.

⁶⁸ The Division of Quality Control has set up a Central Office PER team, including representatives from the Offices of Network Development and Foster Care and Adoption, to make use of data generated by the PER process and to set up follow-up processes for specific cases for which a congregate care placement is approved notwithstanding the determination by the RA that it is not the least restrictive placement or that the particular placement is not well suited to meet the needs of the child.

VI.B Assessment of Children Entering Custody

The Settlement Agreement requires that all children receive an assessment, including a medical evaluation and, if indicated, a psychological evaluation, using a standardized assessment protocol. The assessment may take place prior to custody, but no later than 30 days after the child comes into custody. The Settlement Agreement further requires that as soon as the assessment is completed, the child's placement shall be re-evaluated to ensure that it meets the child's needs.

A. Initial Assessment within 30 Days

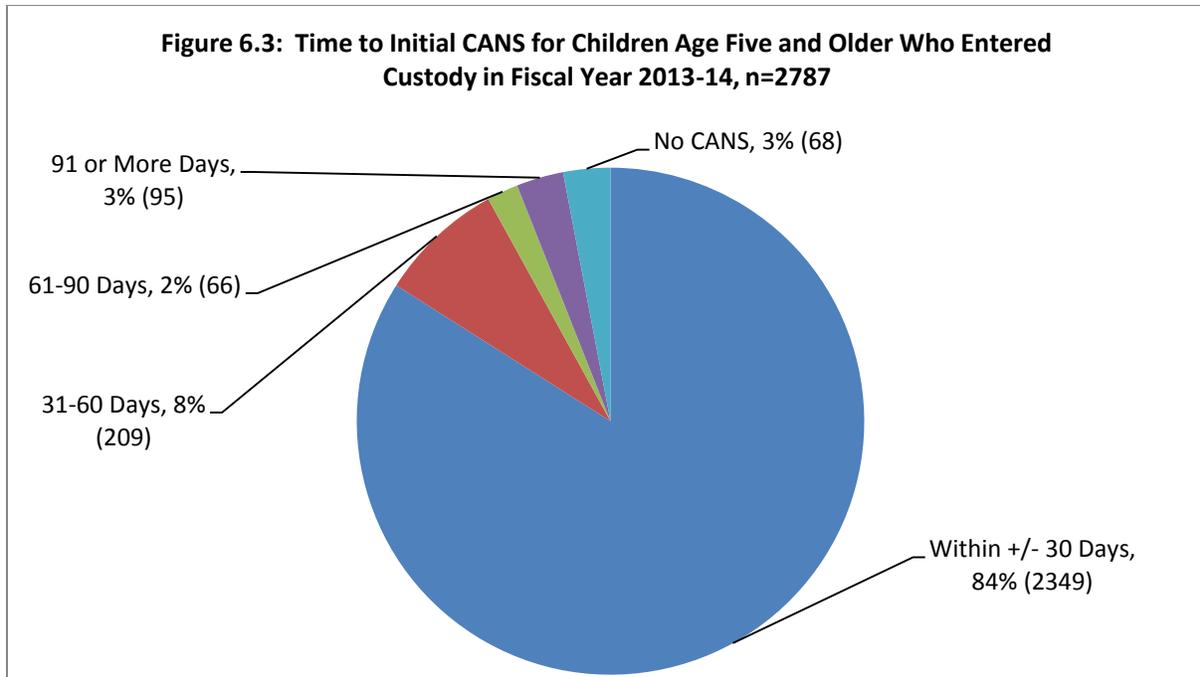
As discussed in previous monitoring reports, the Department has adopted as the "standardized assessment protocol" required by the Settlement the combination of the initial *Early Periodic Screening, Diagnosis, and Treatment (EPSDT)* exam (for all children) and the initial *Child and Adolescent Needs and Strengths (CANS)* assessment (for children age five and older).⁶⁹

1. Initial CANS Assessment

The Department's Office of Information Technology produces a report (*Timeliness of the Initial CANS Report*) that identifies all children age five or older who entered custody during the relevant reporting period and indicates whether those children had an initial CANS. TAC monitoring staff analyzed this entry cohort report for fiscal year 2013–14 to determine the time between the date each child entered custody and the date of the initial CANS. As Figure 6.3 below reflects, of the 2,787 class members age five and older who entered custody in fiscal year 2013–14 and had custodial stays of 30 or more days, 84% (2,349) had an initial CANS completed either within 30 days prior to the start of the custodial episode or within 30 days after the start of the custodial episode,⁷⁰ and an additional 8% (209) had a CANS within 31 and 60 days.

⁶⁹ The Department has also embraced an on-going functional assessment process to support planning, service provision, and placement decisions. The family functional assessment draws from "formal assessments" such as psychological and medical evaluations, including the EPSDT exam, and from formal assessment tools and activities, including the CANS. The family functional assessment also draws heavily from the insights and perspectives of Child and Family Team members (including the family), based on the team members' own observations, interactions, and experiences with the child and family. The TAC recognizes that plaintiffs may have a broader view of the language of Section VI.B, interpreting that provision of the Settlement as including QSR performance on the "On Going Assessment" indicator (the indicator that focuses on the on-going family functional assessment).

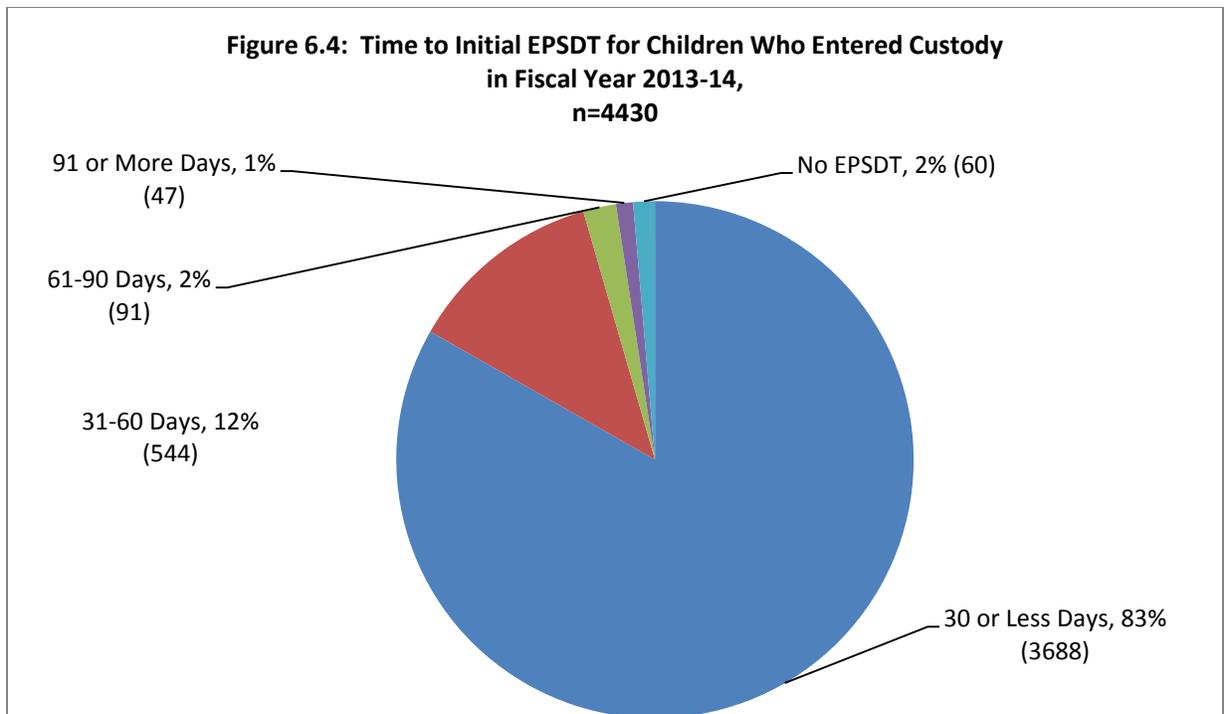
⁷⁰ The CANS is used to help identify strengths and needs for both custodial and non-custodial children.



Source: "Timeliness of the Initial CANS," FY 2013-14 Cohort Report.

2. Initial EPSDT Screening

For purposes of its monitoring and reporting, the TAC utilizes the *New Custody EPSDT Cohort Report*, a TFACTS extract that includes all children who entered custody during a 12-month period and contains the information from which the time from date of entry into care to time of initial EPSDT screening can be calculated and aggregated. TAC monitoring staff analyzed the *New Custody EPSDT Cohort Report* for fiscal year 2013-14. As Figure 6.4 reflects, of the 4,430 class members who entered custody in fiscal year 2013-14 and had custodial stays of 30 or more days, 83% (3,688) had an EPSDT screening within 30 days, and an additional 12% (544) had an EPSDT screening within 31 and 60 days.



Source: New Custody FY 2013–14 EPSDT Cohort Extract.

3. CANS and EPSDT Screening Combined for Children Age 5 and Older

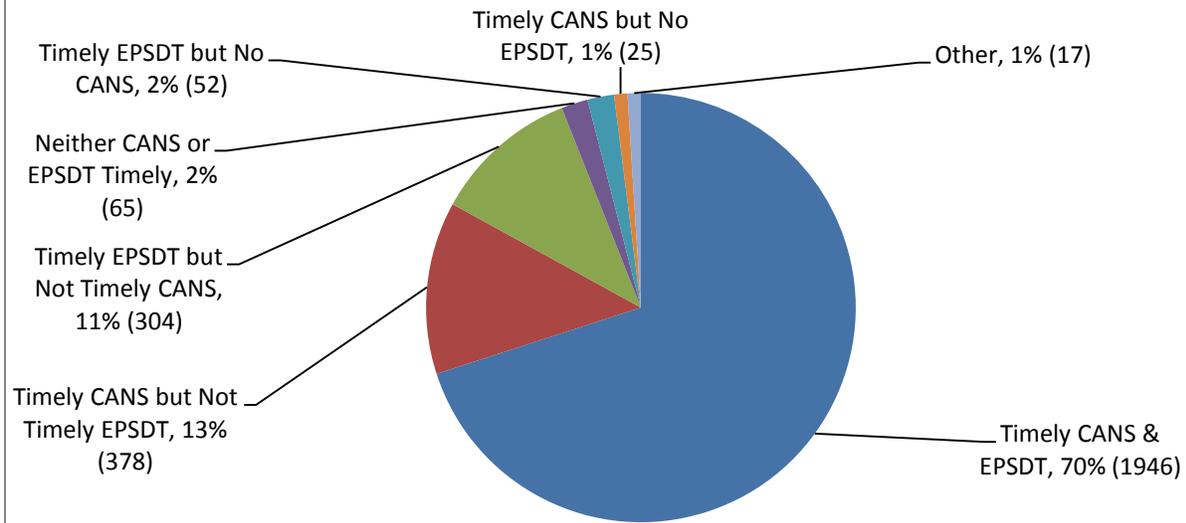
Using a combination of the *Timeliness of the Initial CANS Report* and the *New Custody EPSDT Cohort Report*, TAC monitoring staff were able to determine the extent to which children age five and older who entered custody during fiscal year 2013–14 received ***both*** components of the initial assessment—the CANS ***and*** the EPSDT—within 30 days of entering custody.

As Figure 6.5 below reflects, 70% (1,946) of children had both the initial CANS and EPSDT completed within 30 days of entering custody,⁷¹ and another 24% (682) of children had one of the assessments completed timely.⁷²

⁷¹ This includes 10 children who did not have an EPSDT within 30 days but for whom there was a “good cause” exception for the delay in receiving the EPSDT screen (and for whom an EPSDT was subsequently completed). “Good cause exceptions” would include, for example, a delay resulting from a child being on runaway status during the first 30 days of custody and therefore unavailable; or a child who was hospitalized for treatment for a specific acute condition during the first 30 days, warranting a delay in obtaining the EPSDT screening until after the acute conditions have been addressed; or a child placed in detention within the first 30 days.

⁷² The “Other” category in the figure includes: 12 children who did not have a CANS completed and for whom the EPSDT was completed more than 30 days after the children entered custody; one child who did not have an EPSDT completed and for whom the CANS was completed more than 30 days after the child entered custody; and four children who had neither assessment completed.

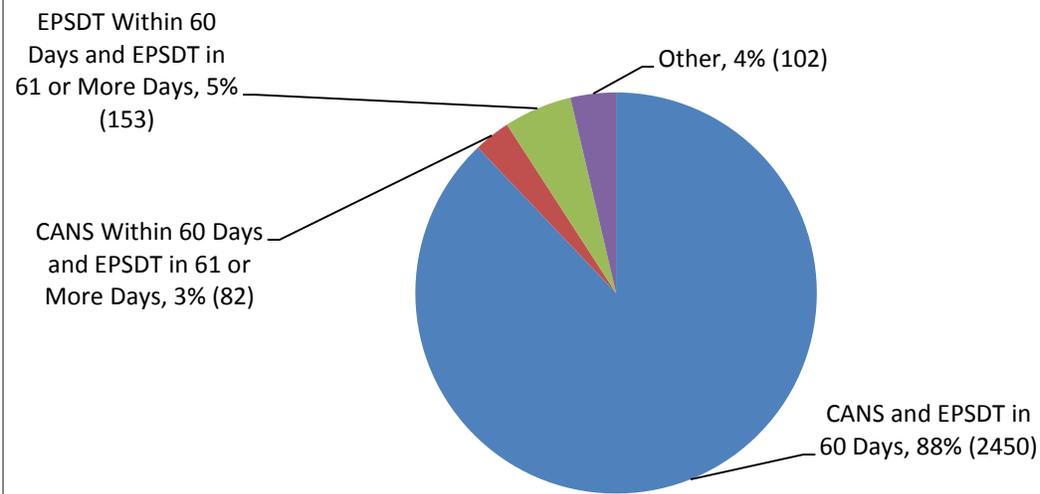
Figure 6.5: Timeliness of the Initial CANS and EPSDT for Children Age 5 and Older Who Entered Custody in Fiscal Year 2013-14, n=2787



Source: Timeliness of the Initial CANS FY 2013–14 Cohort Report and the New Custody FY 2013–14 EPSDT Cohort Extract.

TAC monitoring staff conducted a similar analysis using a 60-day rather than a 30-day time frame. As Figure 6.6 below reflects, 88% (2,445) of children had both the initial CANS and EPSDT screening completed within 60 days of entering custody.⁷³

Figure 6.6: Initial Assessments Completed Within 60 Days of Entering Custody in FY 2013-14, n=2787



Source: Timeliness of the Initial CANS FY 2013–14 Cohort Report and the New Custody FY 2013–14 EPSDT Cohort Extract.

⁷³ The TAC is following up on those children age five and older who did not receive one or both of these assessments within 60 days.

B. The Re-evaluation of Placement Following the Initial Assessment

The Settlement Agreement provides that “as soon as the assessment is completed, the child’s placement shall be re-evaluated to ensure that it meets the child’s needs.”

This language dates back to the entry of the original Settlement Agreement in 2001, when initial placement was too often focused primarily on finding an available “bed” for the child, even if only as an interim placement, rather than on an effort to match the child to an appropriate placement. At that time, significant use was made of temporary placements, emergency shelters and “observation and assessment” centers. Many children were placed initially in congregate care settings not because that was the least restrictive setting capable of meeting the child’s therapeutic needs, but because of a lack of available resource families and the administrative ease of accessing a congregate care bed. Because initial placement was not primarily focused on doing an assessment and finding the right match based on that assessment, language was included in the Settlement Agreement to require an initial assessment within 30 days and to compel a re-examination of a placement once there was a more formal assessment of the child’s needs. The assumption of this provision of the original Settlement Agreement was that, at least until placement practices changed, significant numbers of children placed under the then existing process would need to be moved to meet treatment needs as those needs were identified.

The current placement process is significantly different. It is designed to reduce the need to unnecessarily move children from placement to placement, a traumatic event for most children. The Department’s preferred approach is to place children in a resource family and then to respond to the child’s therapeutic needs by wrapping appropriate services around that child and that resource family.

Temporary and emergency placements are now rare rather than common. As discussed in more detail in Section VI.A.1.f of this monitoring report, placement of a child in a congregate care placement larger than eight beds requires an assessment of appropriateness and review and approval by the Regional Administrator and, for any Level III or Level IV placement, a review by both the Regional Administrator and the Regional Mental Health Clinician.

The Department expects the initial placement decisions to be based on assessment information that is available at the time, including the information that is generated as the CANS is being completed. Notwithstanding the 30-day assessment period contemplated by the Settlement Agreement, the custodial assessment process begins as soon as a child comes into custody, building on any information generated from DCS involvement prior to a child coming into custody and from any previous custodial episodes. Case managers are expected to complete the CANS and submit it to their supervisor for review within seven days of a child coming into custody, and the target time frame for completion of the initial EPSDT screening is now 72 hours.⁷⁴

The Child and Family Team process ensures that the appropriateness of an initial placement is reviewed based on assessment information that comes to light during the 30-day assessment

⁷⁴ Because accomplishing this is dependent on the responsiveness of the health care providers, the Department is working with health care providers in the regions to make EPSDT screenings readily available on short notice.

period contemplated by the Settlement Agreement. As discussed in the May 2014 Monitoring Report, the initial Child and Family Team Meeting is expected to occur within seven days of a child coming into custody and the Initial Permanency Planning CFTM is expected to occur within 30 days of the child coming into custody.⁷⁵ At each of these meetings, the appropriateness of the child's placement is reviewed based on the assessment information available to the team, including CANS and EPSDT related information, and, perhaps most importantly, on how the child is functioning in the current placement. And because of the Department's commitment (supported by the Settlement Agreement) to serving children in resource family settings, if a particular therapeutic need is not being addressed in the resource home, the expectation is to arrange to provide the child and resource home caregiver with additional services and supports to meet that need, not to move the child to a new placement.⁷⁶

Section VI.B is narrowly focused on ensuring that there is a standardized assessment of each child conducted within 30 days of a child coming into care to identify health and mental health needs and that the child's placement is appropriate to meet the needs identified through the formal assessments. As discussed in Sections VI.A.1.f and VI.G of this report, the Quality Service Review includes a specific indicator, "Appropriate Placement," which includes an examination of whether the placement the child is in at the time of the review meets the child's needs. In the TAC's view, the fact that the Department consistently scores well on this indicator reflects that the processes for assessing and reassessing the appropriateness of placement based on the health and mental health needs of the child are meeting the requirements of VI.B.

VI.C Ensuring Access to Reasonable and Appropriate Education

A. Introduction

The Settlement Agreement (VI.C) requires the Department to ensure that children in foster care receive timely access to reasonable and appropriate education (including special/exceptional education) and are placed in community schools whenever possible. The Department is required to assign full-time education specialists in each region and 12 regional lawyers with special expertise in educational issues, responsible for ensuring that individual children in DCS custody receive timely access to appropriate educational placements and services.

⁷⁵ There were 988 children entering care during the third quarter of 2014 (July through September) who had at least one initial CFTM within 30 days before or after their custody date; for 892 (90%) of those children, that CFTM (or at least one of the CFTMs) occurred within seven days before or after their custody date. There were 837 children who reached their 30th day in custody during the third quarter of 2014 and who had at least one initial permanency planning CFTM; for 781 (93%) of those children, that CFTM occurred within 30 days of the child's custody date.

⁷⁶ The requirement (discussed in Section VI.A.1.f above) of Regional Administrator review and approval for any congregate care placement greater than eight beds and the additional requirement of Mental Health Clinician review and approval of any Level III or Level IV congregate care placement mean that it is unlikely that a child would initially be placed in higher levels of care than indicated necessary by the initial CANS assessment. In that unlikely event, the utilization review process would provide an additional layer of reassessment of the appropriateness of the congregate care placement.

At the time that the original Settlement Agreement was entered, a significant number of school-age children in foster care, who would have benefitted from a regular school setting, were being educated in “in-house” schools rather than community schools; and for those children who were enrolled in community schools, it was not infrequent for there to have been delays of weeks (and in some cases even months) between their entry into custody and their enrollment in school.

In an effort to address these concerns, the Department established an education unit, led by a very capable and experienced director, and hired a cadre of talented and committed education specialists and education consultants. Supported by regional DCS attorneys with special expertise in education law issues, the director of the education unit and her staff set about the task of ensuring that children in custody were educated in “in-house” schools only when that was the most appropriate education setting and only when the “in-house” school provided an appropriate education. As a result of that work, there was a dramatic reduction in the number of children placed in “in-house schools,” and a number of “in-house” schools that did not provide appropriate education were closed.

The Department also identified obstacles to enrollment in local school systems that were contributing to the overuse of “in-house” schools. Through a combination of legislation and state Department of Education policies, Tennessee has clarified the responsibilities of local school districts to serve children in foster care in their district. Through consistent, persistent, and effective interactions with local schools, and with important support from the State Department of Education, the education specialists have built working relationships with local school systems that have largely overcome what had been significant obstacles to timely enrollment of class members in community schools.

The success of the Department’s efforts to meet the educational needs of the children in foster care is reflected in recent QSR results. Most school-age children are attending public schools, and the Department continues to act responsibly to ensure that exceptional education needs are being addressed.⁷⁷

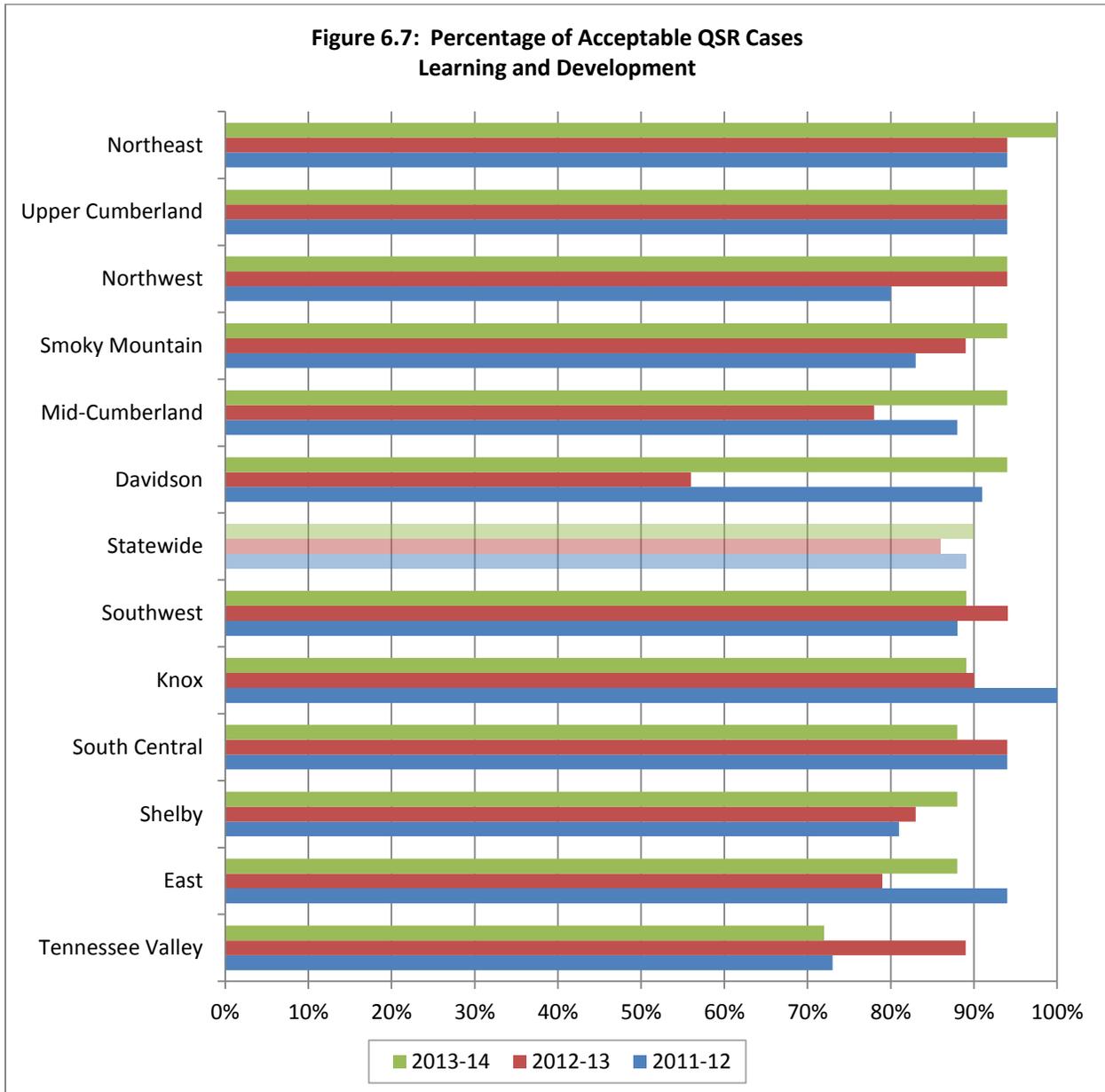
B. Quality Service Review Data Related to Appropriateness of Educational Services

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.⁷⁸

⁷⁷ The Department now participates along with 141 other Tennessee school systems in utilizing “Easy IEP,” the state’s automated exceptional education student management software. Among other things, this system provides participating school systems with immediate online access to information such as previous and current IEPs, eligibility reports, procedural safeguard documentation, and student progress reports. Education specialists review Easy IEP when a child comes into DCS custody to determine whether that child has an IEP and, if so, whether that IEP is up to date.

⁷⁸ While school-age (ages 5 to 18) children make up the large majority of the QSR cases, the annual QSR scores for Learning and Development include both school-age children and younger children in the sample.

Figure 6.7 below presents the number and percentage of *Brian A.* cases receiving acceptable scores for Learning and Development in the past three annual QSRs.⁷⁹



Source: QSR Databases.

As discussed in previous monitoring reports, in order to better understand the extent to which the failure to provide appropriate education services contributed to those QSR cases that received unacceptable scores, TAC monitoring staff regularly review the cases involving school-age

⁷⁹ 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.

Brian A. class members that received unacceptable scores for Learning and Development to determine the reasons for the unacceptable score. For the most recent QSR year (2013-14), of the 210 cases reviewed, 20 (10%) received unacceptable scores for Learning and Development. As discussed in the May 2014 Monitoring Report, in only 12 cases (6%) did the TAC monitoring staff find some indication that the failure to provide some educational service was a contributing factor to the case receiving an unacceptable score.

- In two cases, the unacceptable rating was attributable in part to a failure to adequately assess the child's educational needs.
- Three children had a delay in receiving appropriate educational assessments and services because of a breakdown in communication and coordination between DCS, the private provider, and/or the school system.⁸⁰
- In five cases, the children were certified to receive exceptional education services and reviewers were concerned about the sufficiency of the services provided.⁸¹
- One 17-year-old child had been approved to take her GED but had not yet been enrolled in classes. The team determined that the youth was ready to be returned to her father on trial home visit and could receive educational services in the community. Reviewers suggested that the youth be enrolled in the GED program prior to the court hearing where it was anticipated that the judge would grant the THV. The Department assisted the youth in enrolling in school, and helped with a transportation plan and the payment of related fees prior to the court date on which the judge granted the THV.
- In the case of one youth (age 17), the team opted for the GED because the youth had earned very few credits towards graduation. Reviewers were concerned that the appropriate documentation to enroll the youth in a GED program had not yet been completed and felt an urgent need to do so because of the child's age.

C. Timeliness of School Enrollment

In order to provide specific information on the timeliness of educational placement, TAC monitoring staff gathered data on the school-age class members who entered custody between September 7, 2014 and September 21, 2014 to determine the time between the date of entry into custody and the child's enrollment in an education program. The first source of data consisted of tracking spreadsheets that the educational specialists generated from manual tracking that they had been conducting at the request of the Central Office. The second source of data was a review by the TAC monitoring staff of a sample of those children for whom the TAC staff independently verified the time to enrollment. The TAC also examined the QSR results for "Learning and Development" for those children in the 2013-14 QSR who at the time of the review had been in care for less than six months.

⁸⁰ One child had exited custody prior to the QSR review and reviewers were concerned that the child's services were not transitioned when the child went on THV.

⁸¹ The reviewers were concerned that the children may need further assessment and adjustment in their services.

1. Education Specialist Tracking Data

There were a total of 118 school-age class members who entered care between September 7 and September 21, 2014, of whom 115 would reasonably have been expected to be enrolled in school in a timely manner.⁸² According to the education specialist tracking data, of those 115 class members, 90% (103) were enrolled in school within five school days of their entry into custody⁸³ and 98% (113) were enrolled within ten school days. The remaining two children were enrolled in 13 and 15 days, respectively.⁸⁴

2. Monitoring Staff Independent Review

The TAC monitoring staff independently gathered data on the enrollment dates for a random sample of 53 of the 115 class members who were appropriate for review.⁸⁵ The sample consisted of 42 children who were in public school (for whom the TAC used documentation from the State Department of Education Information System (EIS) database to confirm the enrollment date); 10 children who were in in-house schools in their residential placement (for whom the TAC used the date the child was placed in the residential program as the enrollment date), and one child who was in a private school prior to entering custody and continued to be enrolled in that school after entering custody.

Forty-four (83%) of the children in the sample were enrolled within five school days of entering custody (including 16 children who did not change schools when they entered custody); an additional seven children (13%) were enrolled within 10 school days. Two children (4%)—the same two children discussed in footnote 84—were enrolled more than 10 school days after entry into custody.

3. Quality Service Review Results Related to Children in Custody for Less than Six Months

The Quality Service Review results also reflect the timely placement of children in appropriate education programs. Fifty-eight of the cases reviewed during the 2013-14 QSR involved children who at the time of the review had been in DCS custody for less than six months. Of those cases, 50 (86%) scored acceptable for learning and development. Of the eight cases that scored “unacceptable” for learning and development, six involved school-age children, and in only three (5%) of those cases did the TAC monitoring staff find some indication that the failure

⁸² A sibling group of three children who entered custody during this time was not reviewed because, while the Department did have legal custody of the children, it did not have physical custody of the children and was working to try to locate the children during the time of the review.

⁸³ This includes children who, despite being placed in foster care, were able to remain in the schools they had been attending.

⁸⁴ In one case, the child had been expelled from his school prior to his placement in DCS custody and it took additional time to “clear the expulsion” so that the child could be enrolled. In the other case, a combination of factors, including required court appearances, a requirement of a “pre-enrollment meeting” with the school, and uncertainty about placement, accounted for the delay. That child was subsequently placed in a residential treatment program.

⁸⁵ This provided a confidence level of 95% and a confidence interval of plus/minus 10.

to provide some educational service was a contributing factor to the case receiving an unacceptable score.

D. Identifying Children with Special Education Needs

Of the 115 class members covered by the review, 22 children were identified by DCS and the TAC through the use of Easy IEP (see footnote 77) as having special education needs. The TAC monitoring staff determined that each of these 22 children had a current IEP document in Easy IEP.

The TAC also randomly selected and followed up on an additional 23 class members of the 93 who did not appear in Easy IEP (two from each of 11 regions and the only regular education student from the 12th region) to determine, among other things, whether any of those children may have had special education needs, notwithstanding the fact that they were not identified by Easy IEP.

Among those 23 children were four children identified by the educational specialists as needing a special education assessment: two were referred for special education services after entering custody; one was receiving intervention support from the school in which he was enrolled, but had not yet been referred for special education services because the school had not yet obtained parental consent; and one had a “504 plan” and the education specialist followed up with the school to ensure that the plan was implemented in an appropriate educational placement.⁸⁶

Section VI.F Ensuring a Full Range of Independent Living Services for Older Youth

A. Introduction

The Settlement Agreement requirement on Independent Living Services is focused on ensuring that the Department has the structures and resources to provide each young person in foster care, age 14 or older, with reasonable access to a range of supports, services, experiences, and opportunities that are important to healthy adolescent development and that will help the youth successfully transition to adulthood.⁸⁷

Consistent with this understanding, the Department expects that all youth 14 to 16 years of age have the opportunity to take on increasing levels of responsibility for taking care of themselves; that they learn basic self-care skills (cooking, cleaning, health, and hygiene habits); that they receive some introduction to and practical experience with budgeting; and most importantly, that

⁸⁶ As of November 30, 2014, education specialists had been involved with an additional nine of those 23 children, helping obtain waivers for two to pursue the HiSET/GED, providing referrals for tutoring for two others, helping with educational planning and transition planning for four children who were in residential settings and needed help planning for transition from the residential setting, and obtaining prior school records for one.

⁸⁷ As a technical matter, the requirement of Section VI.F is focused on whether the “full range of IL services” is available, not whether eligible youth are actually taking advantage of those services.

they have opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence, and competence. For youth ages 14-16, independent living skill development is usually accomplished by providing those youth with a range of age-appropriate, normalizing, and maturity building opportunities and experiences that would be expected for a younger adolescent in a reasonably well-functioning family.⁸⁸

Beginning when a young person reaches the age of 17, the Department expects assessment, case planning, and service provision to be more intensive and specifically organized around nine competency areas that are generally important to successful transition to adulthood: education; housing; health; transportation; financial skills; employment/job skills; life skills; social skills; and communication skills.⁸⁹ Consistent with federal requirements, the Department expects transition plans for 17-year-olds to specifically address these critical areas.⁹⁰

The Department has been paying particularly close attention to the special challenges to transition planning for older youth with intellectual and developmental disabilities and older youth with significant mental health needs. As discussed in the May 2014 Monitoring Report, the Department has dramatically improved its coordination and collaboration with the Department of Intellectual and Developmental Disabilities (DIDD) to ensure a smooth transition for young people whose intellectual disabilities qualify them for DIDD adult residential services and supports. The Department has also established a structure for identifying older youth exiting foster care who are not eligible for DIDD adult residential services and supports but who have severe psychiatric diagnoses that required DCS Level IV residential treatment, and whose acute psychiatric condition at the time they turn 18 requires adult mental health intensive supported residential housing before they can safely function in a community setting. An individual in the Office of Child Health coordinates transition efforts for all young people needing adult mental health services. She is responsible for tracking the progress of all 17-year-olds in Level IV placements and ensuring that referrals are made, applications filed, and documentation provided without delay. Case managers, regional MHCs, and private providers are trained to refer cases to the Office of Child Health when the need for continued mental health services is apparent.⁹¹

⁸⁸ The Department recognizes that in determining what opportunities and experiences are “age appropriate” for a particular child, the child’s developmental, behavioral and therapeutic status, and not just age, are relevant factors to consider, just as they would be in a well-functioning family.

⁸⁹ These domains encompass the areas for planning for older youth contemplated by independent living and permanency and transition planning requirements of federal law.

⁹⁰ In addition, the Department expects special attention to be paid in transition planning to the additional challenges facing young people who are pregnant or who are already parents as well as those with potential immigration issues.

⁹¹ The Department is working with both current residential providers and DCS regional Mental Health Clinicians (MHCs) to identify older youth likely to need an adult residential psychiatric setting and to begin the application process and provide the information necessary to establish eligibility for these services sufficiently in advance of the young person turning 18 to allow a smooth transition. The Extension of Foster Care Services program, discussed below, provides additional flexibility for the Department to support the successful transition of young people with mental health needs. Those who have acute psychiatric conditions qualify for EFC based upon their health needs, and in some cases, enrollment in EFC provides a “grace period” that allows the Department to engage in more thorough transition planning, especially when a young person needs services that do not allow for application until after or shortly before the young person’s 18th birthday. DCS is also able to continue case management services for these young people as they move into adult mental health services.

The Department continues to believe that the best strategy for ensuring that older youth in foster care develop the independent living skills and have the ongoing supports and opportunities they need for a successful transition to adulthood is for them to achieve permanency and be part of a well-functioning family. For this reason, the Department continues its emphasis on finding permanency for older youth.

The Department also recognizes that it is unrealistic to expect young people transitioning from foster care at age 18 to function fully independently without access to ongoing supports. For this reason, as discussed in the May 2014 Monitoring Report, the Department makes available a range of independent living services and supports for transitioning youth beyond their 18th birthday.

B. Services and Supports Available for Young Adults Transitioning From Foster Care

The Department offers young adults who were in foster care or who are in foster care on their 18th birthday the opportunity to continue to receive a variety of supports and services beyond age 18 to help them successfully transition to adulthood.

A range of services and supports are available for these young adults, ages 18-21, who opt for Extension of Foster Care (EFC) at age 18. Those youth who did not opt in at age 18 or who dropped out of Extension of Foster Care are eligible to opt in or opt back in until reaching age 21. Extension of Foster Care was implemented in fiscal year 2012-13. In that year, 564 young people were served through EFC. From July 1, 2013, through June 30, 2014, DCS served 623 young adults through EFC.⁹²

In addition, through a partnership with Youth Villages, any young person transitioning from foster care, irrespective of whether he or she opts into EFC, can receive case management services and supports through the Transitional Living Program, which helps foster youth and former foster youth ages 17-22 find safe housing, achieve stable employment, continue their education or get job training, reunite with birth families if possible, build healthy adult support systems and learn to manage their physical and mental health.⁹³

Education and Training Vouchers (ETVs) are available to support former foster youth through age 23. In addition, The Bright Scholarship, a state funded scholarship program, is available to

⁹² Of those 623, 508 were class members, with an average length of stay in EFC of 231 days. In fiscal year 2012-13, EFC had 121 high school graduates, and in 2013-14, EFC had 126 high school graduates.

⁹³ Because of the special role Youth Villages plays in the administration of the initial National Youth in Transition (NYTD) survey, the vast majority of older youth turning 17 years old while in care is initially assessed for participation in the Transitional Living Program. Since October 2013, the Department has contracted with Youth Villages to contact every 17-year-old in foster care and seek to have the youth complete the NYTD survey within 45 days of that youth turning 17. While the primary purpose of the contact is to encourage the young person to complete a NYTD survey and to obtain contact information to facilitate locating the young person for the follow-up NYTD surveys required at age 19 and 21, the meeting also provides an opportunity for Youth Villages to assess the young person for appropriateness for the Transitional Living Program. Between October 1, 2013 and September 30, 2014, the Department referred 616 17-year-olds to Youth Villages for administration of the NYTD survey; Youth Villages contacted 558 (91%) of those youth, and 541 (88%) submitted an initial NYTD survey (11 youth declined, and an additional 6 youth were identified as “Incapacitated” or “Incarcerated”).

bridge the gap for former foster youth and young adults who may not be eligible for ETV assistance; and the Hope Foster Care grant is available to youth 14 and older who were in the child welfare system for a continuous year.⁹⁴

The Department also worked with Middle Tennessee State University and Hiwassee College to develop programs that provide special support for former foster youth as they adjust to college life. Efforts are underway to develop similar programs at other colleges and universities.

A range of additional services and supports for transitioning youth up to age 26 are also available from the resource centers, discussed in the next subsection.

The availability of independent living supports and services into young adulthood for older youth transitioning from foster care provides the Department and the young people they serve with a longer and more realistic horizon (both for service provision and for independent living skills development) than if the option to receive ongoing services and supports did not exist beyond age 18.

C. The Role of Resource Parents

For youth in intact families, most “independent living skills” development begins with what happens in the home, with their parents providing the “training” and “skills practice opportunities.” Parents also generally play a key supportive role in helping their teens find recreational and extracurricular activities that allow them to explore and develop areas of interest and provide opportunities for socializing and developing relationships with peers and supportive adults (who can serve as mentors and role models). Finally, parents often help support their teens in their search for employment and service learning opportunities.

It is therefore not surprising that for teens in foster care, the Department expects resource parents to play a key parental role in ensuring that every young person has access to the “full range of IL services” that he or she needs. As discussed in the May 2014 Monitoring Report, the Department’s Independent Living Division has been working with the DCS Office of Learning and Development and the Foster Parent Association to develop and promote special training for resource parents serving older youth to help those resource parents assume this role.⁹⁵

⁹⁴ From July 1, 2013 through June 30, 2014, 267 young people received Education and Training Vouchers totaling \$733,799.85. During that same period, a total of 139 young people received state funded Bright Futures grants totaling \$309,175.55. For fall semester 2014, there was a 38% increase in committed ETV expenditures and 33% increase in Bright Future expenditures over committed expenditures for fall semester 2013. In fiscal year 2012-13, 40 young adults received the Hope Foster Care Scholarship, and in 2013-14, 52 young adults received the Hope Foster Care scholarship.

⁹⁵ The Department piloted a new training (“Teachable Moments”) that includes instruction and resources for cultivating skill sets identified by young people and by the Department as important for their development. The curriculum includes a checklist of the skills and proficiencies in which all young people are expected to receive instruction. This is incorporated into the training, which provides concrete strategies for addressing the identified skill areas.

To gather information on the extent to which resource parents are providing opportunities for independent living skills development to older youth in care, the Department conducted a survey of 85 resource parents who attended the annual resource parent training conference in September.⁹⁶

The resource parent survey asked those who foster older youth (ages 14-18)⁹⁷ about the extent to which they have helped the young person currently (or most recently) in their care develop specific independent living skills.⁹⁸ For each of the specific independent living skills, the survey also asked the resource parents, irrespective of whether they helped youth in any of these areas, their “comfort level” “teaching” each of the specific skills listed.⁹⁹ The survey results, which are set out in detail in the tables in Appendix VI.F can be summarized as follows:

- The vast majority of resource parents completing the survey indicated that they provided training in home care skills (shopping for food, cooking meals, cleaning, washing dishes, washing and drying clothes, dealing with minor injuries, health care, oral care) and felt comfortable doing so.
- A large majority of resource parents indicated they provided training in basic financial skills (saving money, avoiding debt, making a budget, using a debit card, using a bank/savings/credit account); a minority of resource parents provided training on “learning credit scores” and “filing taxes.” A large majority expressed a high level of comfort in their ability to provide training in all those areas.
- With respect to specific transportation skills (driving a car, getting a driver’s license, purchasing a car, getting gas for a car, changing a tire, getting an oil change, using public transportation), the only area in which a majority of resource parents indicated they provided training was “getting gas for a car.” Nevertheless, a majority of resource parents felt comfortable about their ability to provide this training to older youth in their care.¹⁰⁰

⁹⁶ Approximately 800 resource parents attended the conference; the survey targeted only those resource parents who were fostering older youth.

⁹⁷ The age distribution was as follows: 31 14-year-olds; 11 15-year-olds; 17 16-year-olds; 15 17-year-olds; and 9 18-year-olds. (Two resource parents failed to indicate the age of the older youth most recently in their home.)

⁹⁸ The resource parent survey provided three responses to this set of questions: “yes,” “no,” or “youth already knew this when they entered my home.”

⁹⁹ The resource parent survey provided three response options to this series of questions: “high,” “somewhat,” or “low.”

¹⁰⁰ As these survey results reflect, an area that remains challenging for DCS (as it has been for all child welfare systems) is how to provide older youth in foster care who are interested in learning to drive before their 18th birthday the opportunity to do so. While the Department is able to provide financial support for driver’s education classes and encourages resource parents who feel comfortable helping eligible youth in their care learn to drive, many resource parents are reluctant, and liability and insurance issues as well as some ambiguities in the law and Department of Motor Vehicles’ regulation present some obstacles. The Department is approaching this issue thoughtfully, including contacting other states that are facing these same issues, analyzing data on the extent to which older youth in the general population obtain driver’s licenses, and engaging resource parents in discussions. The Department has made it clear that driver’s education and obtaining a driver’s license can be appropriate IL services for more mature and responsible older youth and is looking for ways to address the liability and other obstacles to providing these services prior to a child’s 18th birthday.

- With respect to specific employment related life skills (finding a job, interviewing for a job, having a job), the large majority of resource parents indicated they provided training; a minority reported having provided training on “writing a resume.” The vast majority felt comfortable about their ability to provide training in all four of these employment skills areas.
- A majority of resource parents also indicated that they provided training on two specific relationship life skills—getting along with others (the vast majority) and practicing safe sex (the large majority)—and felt comfortable in their ability to do so.
- With respect to specific housing life skills (finding a house, apartment or other place to live; applying for a lease) and post-secondary education life skills (finding a college to attend, applying to college or training program; applying for financial aid), only a small majority (for some of these skills) or a minority (for others) provided relevant training. However, a large majority indicated that they felt comfortable in their ability to provide training in these areas.

The survey also asked the resource parent to answer, for the older youth most recently in their home, whether that youth participated in after school activities. Of the 79 resource parents responding to this question, the large majority responded that older youth participated in after school activities either “often” (44) or “sometimes” (24).

D. Wraparound Funding

To the extent that additional financial assistance or resources are necessary to allow resource parents to provide any specific types of independent living services, supports or opportunities, DCS policy embraces the use of “wraparound” funding to obtain these services.

In past years, a significant amount of wraparound funding budgeted for a range of individualized IL services and supports went unspent because of a combination of overly narrow construction of what could be covered and insufficient communication with the field about the availability of funding, what it can cover, and how to access it. In an effort to increase use of this funding, the IL Division has expanded the scope of activities that can be covered under extracurricular activities and education and clarified the specific types of activities that fall within these broad categories. The Department is also pursuing an expansion of covered services that would include home furnishings and technology.

The Office of Independent Living Services pays special attention to ensuring that DCS and private provider staff, child advocates, foster care review board members, court personnel, community partners, and young people themselves know about available independent living services and supports, including those that can be accessed through the use of “IL wraparound” funds. The Office has developed and distributed materials to providers, resource parents, and

young people to explain what services and supports can be funded.¹⁰¹ A specific CQI effort, involving a broad representation of staff with some responsibility for serving older youth, including fiscal staff who oversee the use of wraparound funds, has improved the process for accessing IL wraparound funds.

In fiscal year 2013-14, the Department spent \$46,342.82 on 399 Custodial IL wraparound services, covering everything from school related expenses (including class trips, graduation packages, year books, tutoring and test preparation, test and application fees, and summer school) to driving related expenses (driver's education classes, auto insurance, and auto repairs). The Department also spent \$34,733.03 on 257 Extension of Foster Care IL wraparound services for fiscal year 2013-14.

E. Resource Centers

In addition to providing services directly through the wraparound funding discussed above, the Independent Living Division contracts with four resource centers across the state. The resource centers serve young people between the ages of 14-26 who have spent at least one day in foster care after the age of 14 and live in Memphis, Nashville and surrounding counties, Knoxville and surrounding counties, and Chattanooga and surrounding counties.¹⁰²

The resource centers offer a financial education curriculum that features finance basics including: savings, asset building, credit, credit reports, money management, and budgeting. Participants receive assistance opening an Individual Development Account (IDA) and (if desired) a bank account with the banking partner, or a personal account at a financial institution of their choice. Participants are encouraged and supported as they make savings contributions towards the purchase of an asset. Once the participant is ready to purchase an approved asset, the resource centers match the savings contributions of the youth up to \$1,000 per year (\$3,000 lifetime) towards the purchase of the asset.

Other services provided directly by the resource centers or through referral include General Educational Development (GED) classes/preparation, Life Skills assessment/training, youth leadership, and activities designed to build social skills and civic engagement. They also assist young people in connecting to job skills training, job placement (including limited paid internships), career counseling, and educational opportunities. Participants are connected with resources and tools within their community to help them establish their own social capital and support networks.

¹⁰¹ As discussed above, the Department has partnered with current and former foster youth to develop a set of materials to help youth in foster care understand their rights and responsibilities, and the resources and services available to them. The Department is also putting renewed energy into the development and support of both local youth advisory boards and the statewide youth advisory board. A youth engagement and grants management staff person has been hired and is responsible for development of new youth boards, contacting aged out youth who do not enter Extension of Foster Care, and contacting shelters across the state to explain pertinent DCS services and encourage them to contact DCS when they have a youth that may be eligible to receive services.

¹⁰² The resource center serving Chattanooga and the surrounding counties opened this fiscal year.

From July 1, 2013 through June 30, 2014, 268 youth/young adults took life skills classes offered by the resource centers,¹⁰³ and 177 young people were actively involved with a center as of June 30, 2014. In addition, as of January 5, 2015, 232 youth had active Individual Development Accounts (IDAs), matched savings accounts that help these youth save for the purchase of a significant asset.

F. The Role of Congregate Care Providers

Congregate care facilities have generally been able to offer a range of self-care, cleaning, and cooking activities considered to be among the basic independent living skills that young people need to develop. In addition, congregate care facilities are able to offer more formal “Independent Living classes” on subjects ranging from basic financial literacy to health and hygiene. Each agency serving young people in congregate care facilities is expected to provide this instruction in a manner that is responsive to its population and logistical circumstances.¹⁰⁴

The Department recognizes, of course, that congregate care facilities are not normal settings to grow up in and that congregate care placements present added challenges to providing normalizing activities and opportunities for youth. While the congregate care providers are contractually required to make the full range of IL skills training available to young people in their care, the Department is working with these agencies, as they are with resource families, to understand what additional supports can be made available using case services and other resources, and to address rules and regulations that are perceived as impediments to providing young people in congregate care with more normalizing experiences.

Through Program Accountability Review (discussed further below), the Department evaluates the degree to which core life skill development opportunities are being provided in congregate care settings. In instances in which agencies have not fully met the Department’s expectations in these areas, the Office of Independent Living has provided technical assistance and resources to enhance the agency’s offerings. The Provider Quality Team also refers agencies to the Office of Independent Living when examples of strong practice or concern come to its attention.

As part of its work with private providers, the Department has invested in a partnership with Oasis Center, a national leader in promoting positive youth development for adolescents, and is delivering training to congregate care facility staff in implementation of the Teen Outreach

¹⁰³ Youth served by the Resource Centers during this period received life skills training in the following areas (with the percentage of youth receiving each training indicated in parentheses): Assets for Credit Building (28%), Education and Training (43%), Health (35%), Housing (25%), Investments (30%); Microenterprise (14%), Participant Specific (8%), Vehicle (36%).

¹⁰⁴ Youth Villages, for example, provides experiential learning in the areas of cooking, laundry, vocational training and computer training, as well as placing a focus on money management. Smoky Mountain Children’s Home provides instruction in money management, sex education, healthy lifestyle and exercise, meal preparation, grocery shopping, and applying for employment.

Program (TOP).¹⁰⁵ There are currently 28 TOP clubs in ten agencies, and DCS anticipates expanding the program in the coming fiscal year to serve more agencies and youth.

G. Program Accountability Review of Planning and Plan Implementation for Older Youth

The Program Accountability Reviews (PARs) conducted by the Department as part of monitoring and oversight of private providers¹⁰⁶ include a review of whether the case plans of children 14-17 specifically address the developmentally appropriate independent living and transitional living skills and competencies and whether relevant education and support is being provided for those areas of need identified in the plans.

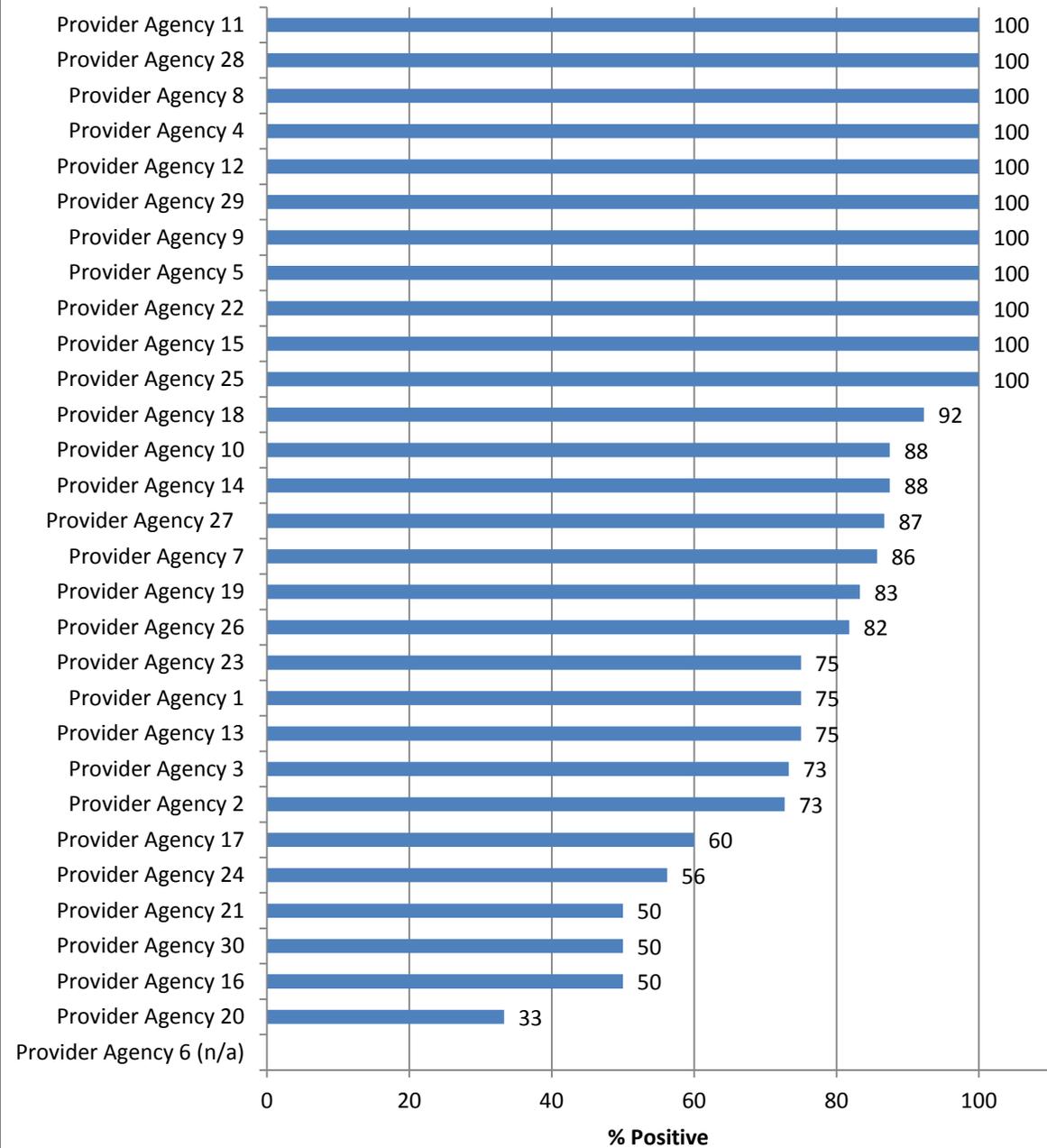
For fiscal years 2012-13 and 2013-14, PAR reviewers checked provider agency records of children age 14-16 at provider agencies to see if treatment plans included IL goals and interventions in the areas of life skills and social skills as directed by the permanency plan and updates as needed, as well as if the treatment record documented implementation of services to address IL indicators and action steps.¹⁰⁷ The following figures show the findings on this element of the PAR review for the agencies reviewed.

¹⁰⁵ The Department chose to implement TOP in large measure because the program emphasizes activities that focus on three “Adult Preparation Subjects” seen as particularly relevant to successful transition to adulthood for this population: developing healthy life skills (with an emphasis on goal setting), understanding adolescent development (with an emphasis on self-efficacy and self-regulation), and developing healthy relationships. The curriculum helps youth gain knowledge related to these three areas. Most importantly, group activities and community service learning projects give youth opportunities to practice and further develop these skills. The service learning projects are structured and designed to help the young people develop and practice skills related to planning, setting goals, making decisions, budgeting, teamwork, acting on healthy attitudes and values, and gaining positive self-esteem through giving to others.

¹⁰⁶ For a full description of the PAR process, see the May 2014 Monitoring Report Section Five, Part Two and Appendix O to that Report.

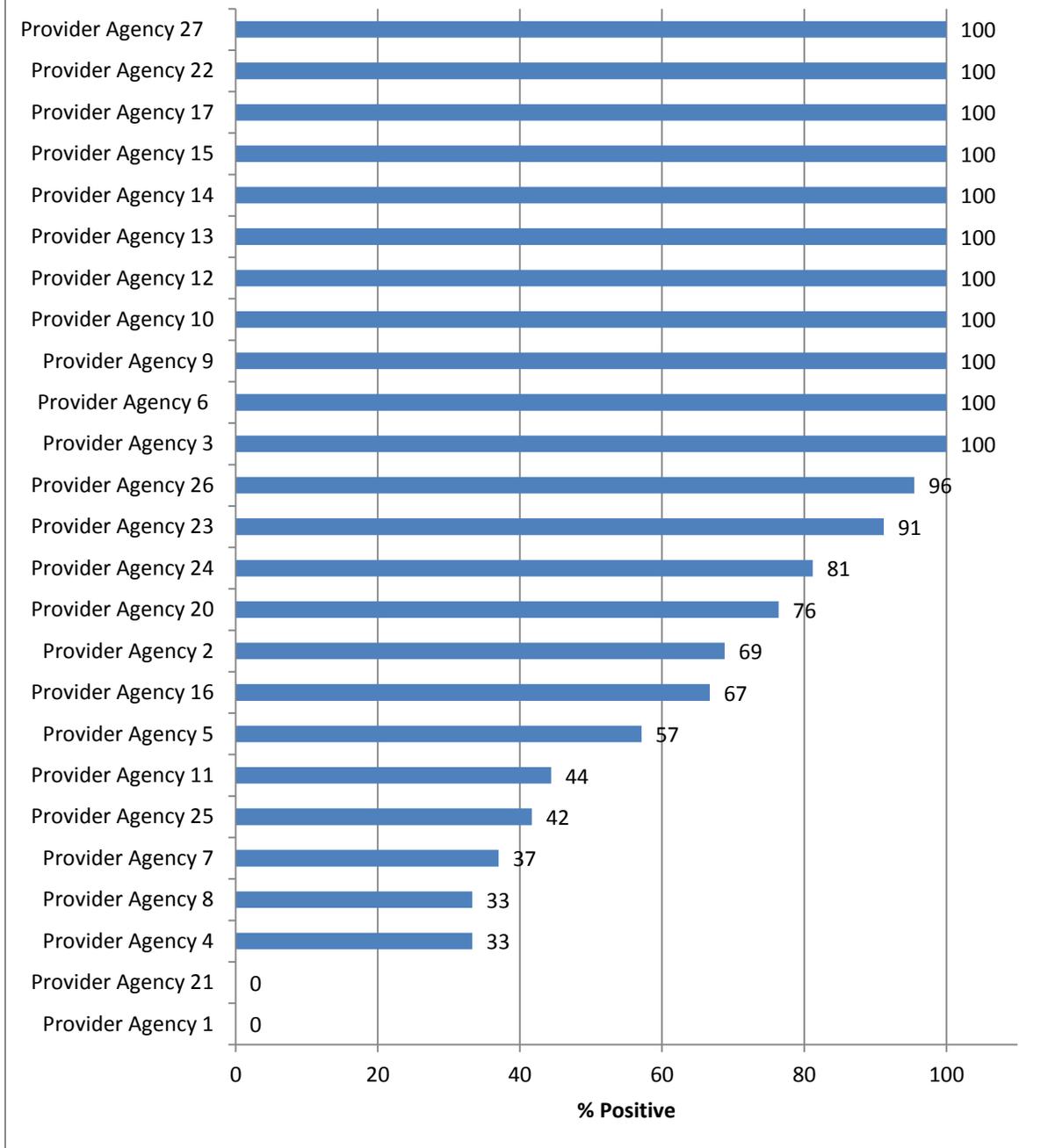
¹⁰⁷ If the Permanency Plan does not contain an IL plan, the provider agency should develop one.

Figure 6.8: Independent Living Fiscal Year 2012-13



Source: PAR Annual Report, Fiscal Year 2012-13.

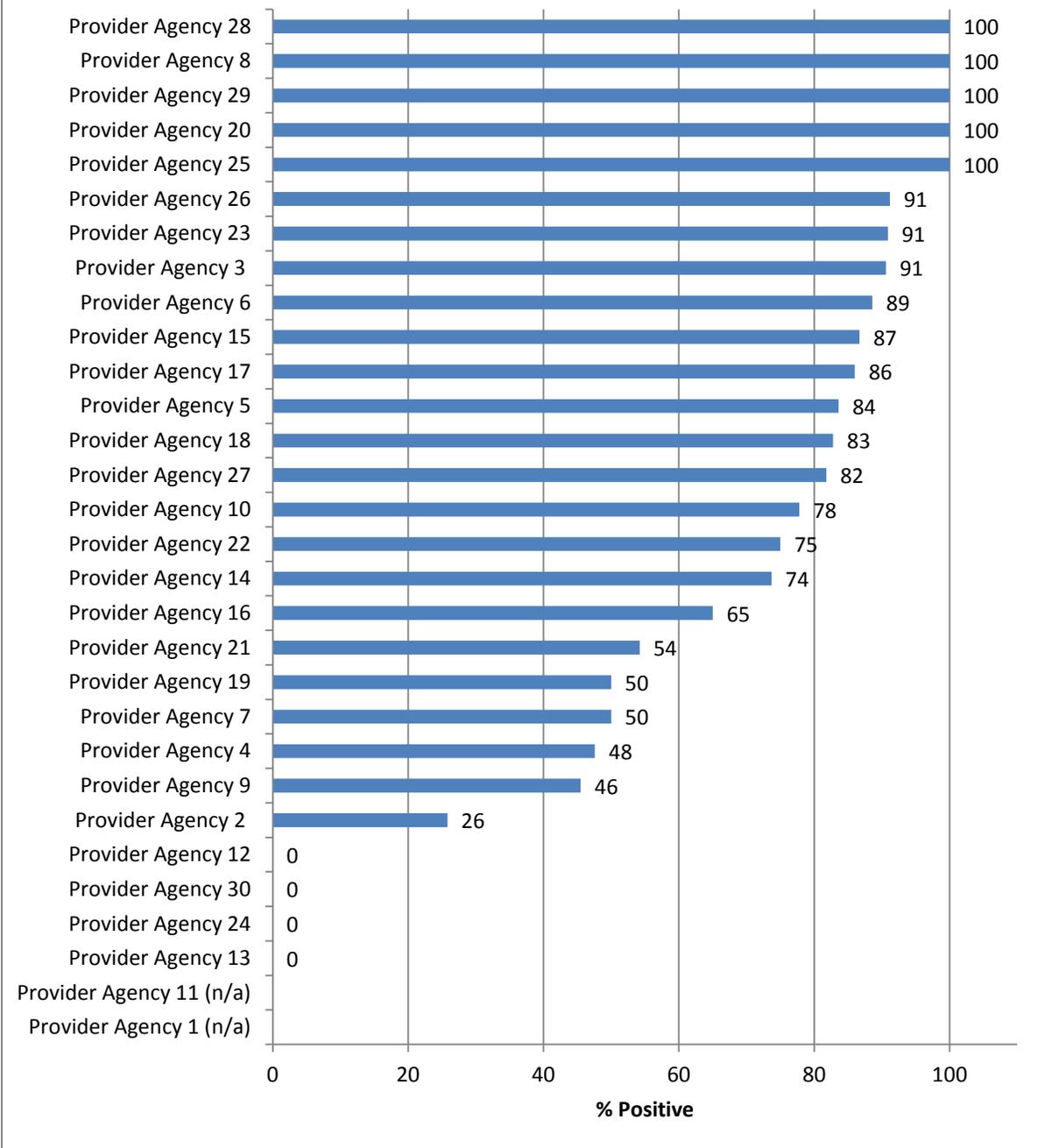
Figure 6.9: Independent Living Fiscal Year 2013-14



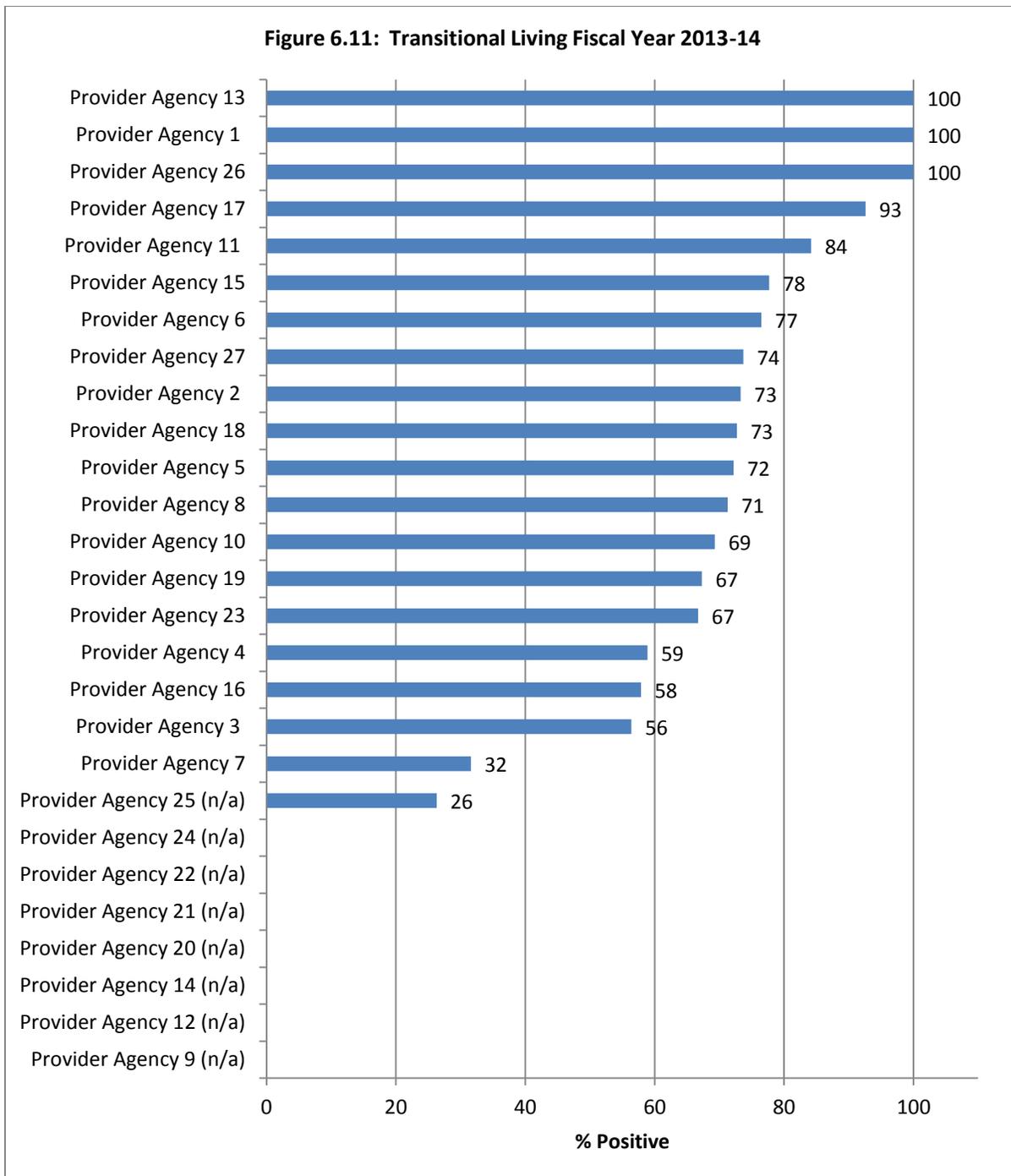
Source: PAR Annual Report, Fiscal Year 2013-14.

Reviewers also recorded for children age 17 or older if the following areas were addressed in the treatment plan and updates as needed, as well as if the treatment record documented implementation of services to address IL indicators and action steps: housing, employment, education (financial aid, scholarship), health (including referral to other state agencies for qualifying youth), communication skills, finances (including access to benefits), social skills (including an identified mentor or support person), life skills, and transportation. The following figures show the findings on this element of the PAR review for the agencies reviewed.

Figure 6.10: Transitional Living Fiscal Year 2012-13



Source: PAR Annual Report, Fiscal Year 2012-13.



Source: PAR Annual Report, Fiscal Year 2013-14.

H. Feedback from DCS Older Youth in Care Survey

The Department’s Office of Independent Living, in consultation with the TAC, conducted a survey of older youth in foster care, asking those youth (a) to provide information on the extent to which they have had opportunities and activities related to key independent living skills and competencies and (b) to assess their level of competence in each key area.

The key areas of focus on the one page survey included: home care (shopping, cleaning and cooking); finance; getting around (transportation); housing; jobs; and post-secondary education. The survey also asked about opportunities that the young person had to participate in extracurricular activities, to make friends and socialize, to develop and pursue a hobby or special interest, or attend life skills classes.¹⁰⁸

Most of the survey questions that asked about whether a young person had a particular experience or opportunity provided the young person with three choices: “a lot;” “one, two or a few times;” or “never.” The questions related to extracurricular activities, hobbies and interests, and opportunities to make friends and socialize had four choices: “lots,” “sometimes,” “not a lot,” and “never.”

Questions about particular skill areas also asked young people to indicate their level of confidence in their ability to perform the task or apply the skill. Three response options were provided: “I’ve got this,” “some idea,” or “clueless.”

The survey was distributed to children in custody ages 13-17 (through their case managers, IL staff, foster care review boards and private providers) beginning on October 7, 2014. The survey results included all completed survey forms received by November 14, 2014.¹⁰⁹

For purposes of this monitoring report, the TAC focused on the responses received from the 221 class members who were 17 years old at the time they completed the survey.¹¹⁰ (There were a total of 540 class members in custody in October 2014 who were age 17.)¹¹¹

The following subsections present for each question, the number of 17-year-olds who answered that specific question and the breakdown of those answers among the choices given.¹¹² Similar information reflecting the responses of 16-year-olds and of 14- to 15-year-olds is presented in Appendix VI.F.

¹⁰⁸ There were also questions specific to participation in “Youth 4 Youth” boards or in the Teen Outreach Program (TOP) program.

¹⁰⁹ The survey results have been shared with DCS leadership, staff, partners, and providers, and statewide CQI efforts have taken place and are ongoing to respond to opportunities for improvement identified by the survey. The Foster Youth Handbook has been updated to address specific areas of skill development highlighted by the results of the life skills survey. (The handbook will be reviewed by the state youth advisory board and other stakeholders before official publication to ensure that information is communicated in a way that is youth-friendly and helpful.) In addition, updates to training and communications for resource parents and staff have already been implemented to address survey findings.

¹¹⁰ In addition to the surveys received from the youth who were 17 years old, the Department received 155 completed surveys from youth who were 16 years old, 260 from youth who were 14 or 15 years old, and 21 from youth who were 13 years old.

¹¹¹ *Brian A. Mega Report* dated October 2, 2014.

¹¹² Because not every young person answered every question, not all questions have the same total number of answers.

1. Home Care

Table 6.1: Youth Experience and Confidence with Home Care Skills				
	Shopping for food	Cooking meals	Cleaning (sweep/mop/remove trash)	Washing dishes/clothes
	n=217	n=216	n=214	n=214
A lot	138 (64%)	127 (59%)	190 (89%)	185 (86%)
1, 2, or a few times	62 (28%)	79 (36%)	19 (9%)	21 (10%)
Never	17 (8%)	10 (5%)	5 (2%)	8 (4%)
	n=200	n=196	n=198	n=198
I've got this	157 (79%)	138 (70%)	185 (93%)	182 (92%)
Some idea	38 (19%)	54 (28%)	13 (7%)	15 (7%)
Clueless	5 (2%)	4 (2%)	0 (0%)	1 (1%)

Source: Youth Life Skills Survey 2014.

Most of the 17-year-old respondents indicated that they have experience completing basic household chores and tasks and that they feel confident in their abilities in this area. Very few expressed lack of experience or capacity in the area of home care.¹¹³

¹¹³ Of those few reporting no confidence in their home care skills, one had experience with shopping for food, and one had experience with cooking meals, but the remainder did not report having any relevant experiences.

2. Finance

Table 6.2: Youth Experience and Confidence with Finance Skills			
	Making a budget	Having a debit, savings, or checking account	Getting my credit score
	n=212	n=211	n=212
A lot	55 (26%)	45 (21%)	12 (6%)
1, 2, or a few times	88 (41%)	36 (17%)	21 (10%)
Never	69 (33%)	130 (62)%	179 (84%)
	n=196	n=196	n=190
I've got this	61 (31%)	60 (31%)	26 (14%)
Some idea	93 (48%)	86 (44%)	64 (34%)
Clueless	42 (21%)	50 (25%)	100 (52%)

Source: Youth Life Skills Survey 2014.

Two-thirds of the 17-year-old respondents reported some experience completing a budget, and a higher proportion reported some confidence in their skill level in this area.¹¹⁴ About one-third of respondents reflected having a savings or checking account; however 75% reported at least some confidence in this area.¹¹⁵ Most young people reflected little or no experience or confidence in the area of getting their credit score.¹¹⁶

¹¹⁴ Of those who reported having no confidence in their budgeting skills, six reported having had some experience with making a budget.

¹¹⁵ Among the 25% who reported having no confidence, none reported having had any experience with having a debit, savings, or checking account.

¹¹⁶ The Department has been working with credit reporting agencies to perform regular credit checks on behalf of young people in care. A training on remediation of anomalies has been developed and will be employed when the credit check process is fully implemented.

3. *Transportation (Getting Around)*

Table 6.3: Youth Experience and Confidence with Transportation Skills				
	Learning to drive a car	Getting a driver's license	Doing basic car maintenance (checking/changing oil, checking tire pressure/ changing a tire, and getting gas)	Using public transportation
	n=216	n=214	n=216	n=211
A lot	108 (50%)	49 (23%)	89 (41%)	70 (33%)
1, 2, or a few times	64 (30%)	25 (12%)	54 (25%)	65 (31%)
Never	44 (20%)	140 (65%)	73 (34%)	76 (36%)
	n=195	n=190	n=197	n=187
I've got this	119 (61%)	90 (47%)	86 (44%)	91 (49%)
Some idea	53 (27%)	58 (31%)	64 (32%)	61 (32%)
Clueless	23 (12%)	42 (22%)	47 (24%)	35 (19%)

Source: Youth Life Skills Survey 2014.

Eighty percent of the 17-year-old respondents reported some experience learning to drive, and almost 90% reported some confidence in this area. About one-third indicated experience getting a driver's license, and about two-thirds reported experience with car maintenance; over 75% reflected having some confidence about their abilities in these two areas.¹¹⁷ About two-thirds of young people had some experience using public transportation, and almost 80% reported some confidence in their abilities.

¹¹⁷ As discussed earlier in this section, the Department has developed and distributed a guide for young people in foster care to assist youth, foster parents, case managers, and other supportive adults with navigating the process of developing driving skills. The guide provides information about accessing driver education courses and available funding to cover related expenses. It also walks through the process of obtaining a license in Tennessee—both for minors and those 18 and older. The Department is working to equip young people and the adults supporting them to make informed decisions about appropriate driving privileges and alternatives to acquiring a license that still prepare youth to drive when they are able.

4. *Housing*

Table 6.4: Youth Experience and Confidence with Housing Skills		
	Finding a house/apartment/other place to live	Filling out an application for housing
	n=214	n=215
A lot	31 (14%)	24 (11%)
1, 2, or a few times	62 (29%)	33 (15%)
Never	121 (57%)	158 (74%)
	n=195	n=193
I've got this	54 (28%)	47 (24%)
Some idea	101 (52%)	81 (42%)
Clueless	40 (20%)	65 (34%)

Source: Youth Life Skills Survey 2014.

Most 17-year-old respondents reported little experience relevant to securing housing, but a majority expressed some level of confidence in their ability to find housing and fill out a housing application.¹¹⁸

¹¹⁸ The Department has added materials to the Foster Youth Handbook to address these issues and to direct young people to additional available resources for education and support in obtaining housing.

5. Jobs

Table 6.5: Youth Experience and Confidence with Job Skills			
	Finding a job and Filling out a job application	Interviewing for a job	Writing a resume
	n=218	n=212	n=212
A lot	109 (50%)	69 (32%)	47 (22%)
1, 2, or a few times	74 (34%)	59 (28%)	71 (34%)
Never	35 (16%)	84 (40%)	94 (44%)
	n=198	n=195	n=193
I've got this	131 (66%)	111 (57%)	75 (39%)
Some idea	52 (26%)	60 (31%)	64 (33%)
Clueless	15 (8%)	24 (12%)	54 (28%)

Source: Youth Life Skills Survey 2014.

Over 80% of the 17-year-old respondents reported that they had some experience finding and applying for a job, and over 90% had some confidence in their ability to do so.¹¹⁹ About 60% had some experience interviewing for a job and writing a resume, and a significant majority had some comfort level in each of these areas.¹²⁰

¹¹⁹ Of the 15 youth who reported a lack of confidence in their ability to find a job and fill out a job application, three reported having had some relevant experience.

¹²⁰ In response to these results, the Department has also added tip sheets and sample resumes to the Foster Youth Handbook.

6. Post-Secondary Education

Table 6.6: Youth Experience and Confidence with Education Skills		
	Finding/applying to a college/vocational school or training program	Applying for financial aid (FAFSA)
	n=215	n=215
A lot	42 (19%)	33 (15%)
1, 2, or a few times	66 (31%)	34 (16%)
Never	107 (50%)	148 (69%)
	n=196	n=194
I've got this	68 (35%)	59 (30%)
Some idea	79 (40%)	58 (30%)
Clueless	49 (25%)	77 (40%)

Source: Youth Life Skills Survey 2014.

Half of the 17-year-olds surveyed reported some experience locating and applying to a college or vocational school, and 75% had some comfort level with the process. Less than a third had experience applying for financial aid, but about two-thirds had some confidence in their ability to navigate the process.

7. After School Activities, Opportunities to Socialize, Develop Hobbies and Pursue Interests

Table 6.7: Youth Participation in Activities While in DCS Custody

	Participate in after school activities (extracurricular clubs, activities, teams)	Attend Life Skills classes	Build friendships or hang out with my friends	Develop/pursue a hobby or special interest (singing, playing an instrument, dancing, drawing, painting, etc.)
	n=221	n=220	n=220	n=221
Lots	58 (26%)	61 (28%)	127 (58%)	119 (54%)
Sometimes	53 (24%)	52 (23%)	60 (27%)	40 (18%)
Not a Lot	28 (13%)	24 (11%)	17 (8%)	22 (10%)
Never	82 (37%)	83 (38%)	16 (7%)	40 (18%)

Source: Youth Life Skills Survey 2014.

Over half of the respondents provided positive opportunities for social involvement. Almost three-fourths reported pursuing hobbies and interests “lots” or “sometimes,” and 85% reported opportunities to spend time with friends at those frequencies.

I. Findings and Recommendations of the Youth Transitions Advisory Council

The Tennessee Youth Transition Advisory Council (YTAC) was established by the Tennessee Legislature to report on and make recommendations regarding the efforts to improve outcomes for youth transitioning to adulthood. The YTAC 2014 Annual Report (released in October of 2014) presents a detailed discussion of many of the independent living services and supports provided by DCS and its partners (including both private agencies and other state departments), highlights the Department’s strategies for improving its work with older youth and progress in implementing those strategies, reports on efforts made by DCS in response to previous recommendations of the YTAC, and sets forth both continuing and new recommendations. Significantly, while the YTAC has identified areas for on-going work and improvement, the issues identified by and large are not related to any significant gaps in “the range of independent living services” for older youth in care or any lack of “sufficient resources to provide independent living services to all children who qualify for them.”¹²¹

¹²¹ The YTAC 2014 Annual Report can be accessed online at <http://www.tn.gov/tccy/yt-ar-14.pdf>.

VI.G Maintaining a Central Office Child Placement and Private Provider Division

Section VI.G of the Settlement Agreement (VI.G) includes a requirement that DCS “*maintain regional placement units with sufficient staff, automated information and tracking capabilities, and other resources to ensure that all children requiring placement are placed promptly, appropriately, and in accordance with their needs.*”¹²²

As discussed in previous monitoring reports, there are regional placement specialists in each of the regions.¹²³ Under the present placement process, each region has a single placement unit with designated placement specialists for each county or group of rural counties. These specialists are expected to be knowledgeable of the DCS and private provider placements and available to share this information with the Child and Family Team in order to help the team find the best placement match for the child. The Department has also developed and deployed a training module dedicated to training regional placement staff on best practice related to appropriate placement of children.

Placement specialists rely on a variety of regularly maintained information about both the child to be placed and available placement resources when selecting a placement. They use “logs” or spreadsheets stored on regional shared drives or emailed daily (for example: lists of DCS resource homes or lists of children awaiting placement or re-placement), information sheets (for example: regularly updated information sheets about DCS resource homes or facilities, forms filled out by other staff about new custody children), information from TFACTS, and assessment information.

Regional placement staff are also supported by the Central Office Network Development Division. Within that division, the Placement and Provider Services (PPS) staff are responsible for providing technical assistance to regional Placement Services Division (PSD) staff primarily focused on, but not limited to: assisting with placement of children, especially those with intense clinical needs; being a liaison between DCS and the private provider network; disseminating information regarding providers and performance; and resolving disputes with providers.

The Director of Network Services, a doctoral level mental health clinician, is completing a program evaluation of the clinical services and processes employed by private providers, down to the facility level. While this evaluation serves a number of purposes, he has been preparing written program descriptions for the field that provides clinical information about the therapeutic approaches of each placement and the types of children that those placements are best suited to serve.

The Quality Service Review reflects the success of the Department’s current placement staff and processes in securing appropriate placements for children. In order to score “acceptable” for “Appropriateness of Placement” the QSR reviewer must find that the child is in “the least restrictive, most appropriate placement necessary to meet most of the child’s needs” and that the

¹²² See the May 2014 Monitoring Report for information on the other requirements of VI.G.

¹²³ As of November 2014, there were a total of 78 regional placement specialist positions distributed among the 12 regions and 24 supervising positions, including both team leaders and team coordinators.

placement is “a fair match for the child.”¹²⁴ For the past two annual Quality Services Reviews, the percentage of *Brian A.* cases receiving acceptable scores for the Appropriateness of Placement indicator was 91% and 97% respectively.

The QSR scores, especially when viewed in light of both the Department’s strong performance on placement stability measures and the dramatic reduction in the use of temporary and emergency placements achieved over the course of the Department’s reform efforts, support the conclusion that the regional placement units are succeeding in placing children “promptly, appropriately, and in accordance with their needs.”¹²⁵

¹²⁴ An acceptable score also requires that the child “maintains connections to his home community” and that the placement is minimally acceptable for the child’s age, ability, peer group, culture, language, and religious practice.

¹²⁵ The QSR indicator does not specifically measure whether the appropriate placement was made “promptly.” However, these scores could not be achieved if children were experiencing significant delays in securing appropriate placement.

SECTION VIII PROVISIONS: FREEING A CHILD FOR ADOPTION

VIII.D.1. Requirement of Prompt FOCUS Team Review of Each Child Entering Full Guardianship

The Settlement Agreement provides that the FOCUS Team “*will ensure that all children or youth entering full guardianship each month will be reviewed to determine whether or not these children or youth have a permanent family identified and that the needed supports and services are in place to ensure timely permanency.*”(VIII.D.1)

The FOCUS process, discussed at length in previous monitoring reports, has evolved over time; however, the core elements of the process remain. Each child who enters full guardianship is to be promptly reviewed to determine whether a permanent family has been identified for that child. If the child does have a family identified, a plan is to be developed to move that child to permanency with that family.¹²⁶ If the child does not have a family identified, special attention and support is to be given to that case, including, at a minimum, ensuring that a full, updated “archeological dig” is conducted, that a strong, well-functioning Child and Family Team is formed, and that an appropriate and up-to-date Individual Recruitment Plan is developed and implemented.

The Department contracts with Harmony Family Center (“Harmony”) to provide services related to the FOCUS process. Harmony staff with special expertise in adoptive family recruitment (referred to as Regional Case Coordinators or RCCs) are available to provide a range of supports, from assisting with a particular task in a case to assuming lead responsibility for conducting the archaeological dig, building the team, and developing the recruitment plan and ensuring that it is implemented. In addition, private providers are increasingly expected to take on the “Harmony” role for the children in their respective programs who are in full guardianship and without an identified family.

Regions are responsible for conducting “FOCUS reviews” and completing and updating each month the FOCUS spreadsheets which serve as the tracking documents for the FOCUS reviews. The regions have some flexibility about how they conduct their reviews of children in full guardianship, and that flexibility allows them to conduct the “FOCUS Reviews” (as that term is used in the Settlement Agreement) as part of other regular monthly case reviews rather than as a free-standing review. The Department believes that consolidation of what have been separate free-standing reviews makes sense because the separate reviews often involve the same cases

¹²⁶ The Department has refined its process to distinguish between a prospective adoptive family for whom all issues have been fully explored and resolved and an intent to adopt form has been signed (now designated as “permanent family identified”) and a specific family that the region is actively working toward adoption with but for whom some steps remain to be taken—“full disclosure” needs to be made, adoption subsidy issues need to be addressed—before an intent to adopt can be signed (designated as “anticipated permanent family”).

and the same participating staff members. Each region has a monthly conference call with Central Office staff to review the results of the regions' "FOCUS reviews."¹²⁷

As part of this process, Central Office permanency staff regularly review the case tracking documents in an effort to ensure that spreadsheets are complete and that key action steps are being taken, and to identify and follow up on any cases which raise concerns (whether because of lack of key information, delays in completing action steps, the length of time the child has been in FOCUS, or some other reason).¹²⁸

Finally, in an effort to ensure the quality of FOCUS related casework, the Central Office has initiated a periodic targeted case file review of cases of children in FOCUS. The first of these reviews was conducted in late 2012 and early 2014. The second review was conducted in the fall of 2014 and is discussed further in subsection VIII.D.3 below.

The FOCUS process contemplates that children who enter full guardianship during a given month should come to the attention of the FOCUS team the following month. Consistent with this design, the time from the date the child comes into full guardianship to the time of the initial FOCUS team review should not exceed 60 days.

For purposes of reporting on this provision, the TAC worked with the Department's OIT staff to produce a report (the "TAC Full Guardianship Report") from which the monitoring staff identified all children who entered full guardianship between January 1, 2014 and September 30, 2014. Monitoring staff then compared the detail generated from this report with the children appearing on the FOCUS tracking lists to determine for each child who entered full guardianship during this nine month period, the time between the child entering full guardianship and the child initially appearing on the FOCUS tracking list, and also to identify any child who entered full guardianship during this time who did not appear (or has not yet appeared) on the FOCUS tracking list.

There were 995 children who came into full guardianship during the first nine months of 2014.¹²⁹ As of the December 2014 FOCUS tracking spreadsheets, 918 (92%) appeared on the FOCUS list and 77 (8%) did not.

¹²⁷ Central Office permanency staff speak regularly with regional administrators about FOCUS and provide training for regional and private provider staff related to the FOCUS process. Central Office permanency staff also use the quarterly staff meetings of regional permanency specialists as an opportunity to discuss the way in which regional FOCUS case reviews are being conducted. The regional permanency specialists (who are required to participate in the regional FOCUS reviews) are expected to help ensure the integrity of the FOCUS process and to help other regional staff and private providers understand what is expected of review participants. The composition of the regional FOCUS review teams varies, with regional administrators participating in the reviews in some regions but not in others. The only present requirement related to team composition is that the regional permanency specialist must be on the team

¹²⁸ All cases of children who have been in custody for 15 months or more and are in full guardianship are also subject to the monthly reviews of children in care for more than 15 months held with the regions and led by the Deputy Commissioner of Child Programs and Deputy General Counsel (as described on pages 278-279 of the May 2014 Monitoring Report).

¹²⁹ The TAC Full Guardianship Report listed 1,005 children; however, appeals had been filed and were still pending for 10 of those children and therefore those cases were not yet appropriate for referral to FOCUS.

Of the 918 children who appeared on the FOCUS list, 764 (83%) appeared on the FOCUS list within 60 days of the date of full guardianship.¹³⁰ An additional 90 children (10%) appeared on the FOCUS list within 61-90 days.

Of the 77 children who entered full guardianship during the first nine months of 2014 but who did not appear on the FOCUS lists, 58 exited custody (56 to adoption,¹³¹ one to permanency with relatives,¹³² and one to a non-permanent exits¹³³), and 19 remain in custody.

Section VIII.D.3 FOCUS Process for Children without Permanent Families Identified: Required Action Steps

A. Introduction

As discussed in the May 2014 Monitoring Report, for the large majority of children who come into full guardianship, both FOCUS data and permanency outcomes reflect that the Department does a very good job of identifying adoptive families and moving those children to permanency.

While it is important to recognize the good overall performance of the Department on moving children to successful adoption, it is also important to make sure that the relatively small group of children for whom potential permanent families have not been identified are the subject of special efforts and that their cases are being diligently worked.

It is for this reason that the FOCUS process Settlement Agreement standard requires that, for children and youth without a potential permanent family identified, the following steps be taken to ensure timely permanency:

- the Child and Family Team is to ensure the development and implementation of the child or youth's Individualized Recruitment Plan, which is to include time frames, roles, and responsibilities;
- the Child and Family Team is to ensure that the child or youth is registered on AdoptUSKids to help match the child or youth with potential families; and
- the Child and Family Team is to ensure the use of archeological digs, family searches, interviews, and other options to build a team of informal and formal supports to assist in finding permanency.

In order to determine the extent to which children without a permanent family identified are

¹³⁰ Including 66 children referred to FOCUS in advance of the entry of the order of full guardianship.

¹³¹ Of the 56 children who exited to adoption, 16 exited within 30 days of entering full guardianship, 23 exited within 31-60 days of entering full guardianship, and 16 exited within 61-90 days of entering full guardianship, and one child exited 91 days after entering full guardianship.

¹³² The child exited to family 86 days after entering full guardianship.

¹³³ The child aged out of custody 63 days after entering full guardianship.

receiving the special attention and diligent case work envisioned by the Settlement Agreement, the TAC monitoring staff, working in collaboration with the Department, conducted a targeted review of children in full guardianship with no family identified.

B. The Targeted Review Process

The targeted review was conducted during the fall of 2014. The review included a combination of a review of the case files of the children and discussions with the regional and Harmony staff involved in each case.¹³⁴ Reviews were conducted on site in regional offices and at least one member of the TAC monitoring staff participated in each regional review. While each case was reviewed by a single reviewer, all cases were thoroughly debriefed by the entire team of reviewers.¹³⁵

The sample was drawn from among the 280 children in full guardianship whose status according to the March 2014 FOCUS tracking spreadsheets was “no family identified.”¹³⁶ A total of 75 cases were fully reviewed, with a minimum of four cases reviewed from each region.¹³⁷

While all 75 children had a FOCUS status of “no family identified” in March of 2014, at the time that the review was conducted, 12 no longer had that status. This included:

- five children who had adoptive “families identified” (an intent to adopt had been signed);
- four children who had approved Planned Permanent Living Arrangement (PPLA) permanency goals; and
- eight children who were with “anticipated” adoptive families (an intent to adopt had not yet been signed, but the team expected that the child would be adopted by that family).

Ten of the 75 children reviewed had reached age 18 and had “aged out” of the state’s custody by the time of the review.

The placement settings of the children at the time of the review (or, for those who had aged out, their last placement before aging out) were as follows:

Twenty-nine children were in congregate care settings:

- seven children were in Level IV residential;
- sixteen children were in Level III residential;
- four children were in Level II residential;
- one child was in a primary treatment center; and

¹³⁴ In one region, a representative from Wendy’s Wonderful Kids was also present.

¹³⁵ TAC monitoring staff reviewed 16 of the 75 cases reviewed and participated in the debriefing of all 75 cases.

¹³⁶ The remaining 466 children on the March 2014 FOCUS spreadsheet had a status of “family identified” or “anticipated family.”

¹³⁷ A stratified random sample with a confidence level of 95% and confidence interval +/- 10 was drawn. A sample of 73 would have been sufficient; however, in order to ensure that there were at least four cases per region, the sample size was expanded to 77. (One case was replaced because the child had been on runaway since she entered care years ago.) By the time of the review, two of the 77 children had been adopted. The TAC decided not to include those two children in the full review.

- one child was in detention based on a delinquency charge.

Forty-five children were in family settings:

- twenty-one children were in a Level III resource home;
- eighteen children were in a Level II resource home;
- five children were in a Level I resource home; and
- one child was on a trial home visit with a friend of the family who had petitioned the court for custody of the child.

One child was on runaway status (and aged out while on that status).

Many of these children had significant intellectual, emotional or behavioral challenges. They included children with autism, Down syndrome, intellectual disabilities, developmental delays, and traumatic brain injury; children with significant mental health or substance abuse issues; and children with behaviors that posed a threat to themselves or others.

Fifteen of the 75 children had experienced failed adoptions and 28 children maintained that they did not want to be adopted.¹³⁸

C. Findings of the Targeted Review With Respect to Specific Adoption Related Activities

The overall finding of the review is that children in full guardianship with no family identified are routinely receiving the special attention and diligent casework that the FOCUS process was intended to ensure. These children are not “falling through the cracks.”

The relevant DCS permanency specialists and the Harmony staff exhibited an impressive level of understanding of the background and current status of the cases; and in each case the permanency specialists or Harmony staff had been actively involved with the Child and Family Team, helping ensure that appropriate individual recruitment efforts were being carried out, that efforts were being made to identify family, fictive kin and other informal supports, and that, when appropriate, the child was registered not only with AdoptUSKids, but on other adoption recruitment sites.

While, as discussed below, reviewers identified some opportunities for improvement, particularly with respect to documentation, and while there was some variation in the quality of the written individualized recruitment plans, in all but a handful of cases, the review team determined that the case met the relevant requirements of VIII.D.3; in that handful of cases that did not, the failure to meet a particular requirement was understandable.

¹³⁸ In some of those cases, notwithstanding the resistance of the child to adoption, the child’s team was still working to do some adoption recruitment; in other cases, the children were so adamant that their team did not feel comfortable pursuing any adoption recruitment activities.

1. Development and Implementation of IRPs and Registering Children on AdoptUSKids

Because these requirements of Section VIII.D.3—development of an individual recruitment plan (IRP) and registering a child on AdoptUSKids (AUK)—are activities that depend in large part on the child’s willingness to consider adoption as a permanency option, the Department’s performance in those two areas is measured based on the 47 children in the sample who were open to considering adoption and for whom these requirements were therefore “relevant.”

Of the 47 children open to adoption, 45 had individual recruitment plans (five of which were “working plans”).¹³⁹

There were two children who were open to adoption, but did not have IRPs. One child had been on runaway status for 18 months at the time of the review. The second child, one of a sibling group of three, had originally been placed in a pre-adoptive home that was considering adopting her, but her siblings were not in the home with her and the Department was exploring a kinship home that was willing and able to adopt all the children together. At the time of the review, the child had been moved from the pre-adoptive home to the kinship home.

In most cases, the reviewers noted strengths in the children’s recruitment plans: the team met regularly; the plan was regularly reassessed; the team tracked and adjusted as things changed in the child’s life; the plan was detailed; the plan clearly outlined action steps; there were detailed logs of activities conducted; the action steps identified were specific and measureable; the team was implementing diversified recruitment efforts, ideas, and strategies; there were frequent team meetings and plan reviews; the plans were youth-guided; in cases when adoption was not likely or not the shared plan, the team was still using the IRP to plan for other individualized outcomes (independent living, return to birth family), and clear roles and responsibilities for each team member were identified and outlined.

In some cases, reviewers found that teams needed to meet and update the IRPs more frequently, create more organized, detailed, and clear plans that reflect the youths’ needs and desires, and

¹³⁹ A “working plan” is a term developed in the context of the Quality Service Review that makes it particularly helpful for discussing situations in which the written plan is different from the plan being actively worked by the team. While the child should have a written plan that reflects what the team is doing with respect to individual recruitment, reviewers focus on what the team is actually doing. If the activities, assessments, case recordings, and planning documents reflect a departure from or go beyond what is in the written plan, but reflect a shared vision of the Child and Family Team around which specific efforts are organized and carried out, focused by a shared long term view, the reviewers considered that, rather than the written plan, as the IRP.

Typical of the five cases reviewed was that of a 15-year-old whose working IRP was reflected in the permanency specialist’s notes capturing the monthly planning meetings of the Child and Family Team. The notes detailed the team’s review of the youth’s genogram to identify family members, the archaeological digging, the recruitment efforts registering the child on various search sites (REACT, Parentachild, and Forever Families), and presenting him at different events (PATH training and an adoption-related conference). The notes also describe the family inquiries that the child received, and the team’s thoughtful discussions about the appropriateness of each inquiring family, in light of the child’s specific strengths and needs.

clarify everybody's roles and responsibilities.¹⁴⁰

Of the 47 children who were open to being adopted, one objected to having his profile registered on AUK. Of the 46 children who were open to having their profiles registered on AUK, 40 had their profiles registered at the time of the review. Of the six who did not:

- three were placed with families that the team anticipated would be their permanent families;
- one was in the process of creating a profile;
- one had been presented on Wendy's Wonderful Kids and Parentachild, and had an AUK profile created but not registered; since entering full guardianship he had been in a pre-adoptive home that had disrupted. He was often in crisis and not open to adoption, so the profile that had been created for AUK was not registered;¹⁴¹ and
- one child was on runaway status off and on for 18 months and was placed at a primary treatment center at the time of the review to assess his treatment needs; the regional permanency team was planning to meet with him to create a profile.

Along with AUK, teams were recruiting potential adoptive parents for children at PATH trainings, on other family search sites (Parentachild, Finding Forever Families, In My Own Words), at conferences, in fliers, on Monday's Child (a television profile), through Wendy's Wonderful Kids, and at other recruitment events (in one case, a child's artwork was exhibited and profile shared at an art show).

Teams were following up on family inquiries for all of the children whose profiles received inquiries (36 out of the 40 profiled on AUK). If a child's profile was not receiving any or many inquiries, teams were able to use the AUK family search feature¹⁴² to attempt to find a prospective family who may be a good match for the child.

2. Building Strong Child and Family Teams

Building a Child and Family Team that includes both formal and informal supports is as important for those children who are refusing to be adopted as it is for those who are open to adoption. For this reason, the Department's performance on the third requirement, which includes using archaeological digs, family searches, and interviews to build a strong child and family team, is measured based on all 75 children who were subject of the review.

¹⁴⁰ Because the protocol permitted, but did not require, the reviewer to identify strengths and opportunities for improvement, and captured these in narrative notes not intended to be quantified, these strengths and opportunities are simply examples of some of those narrative notes. Reviewers noted strengths in 40 of the 47 cases; reviewers noted opportunities for improvement in 29 of the 47 cases.

¹⁴¹ This young person has a strong connection to someone who used to be his counselor and with whom he has consistently maintained contact. At the time of the review, this young person had just returned from spending a year in Job Corps and was receiving Extension of Foster Care (EFC) services. His former counselor was continuing to play an active role in his life.

¹⁴² The family search feature enables a team, after thinking very specifically about what a child needs and wants in a family, to reach out and send information about that child to families registered with AUK who seem to be a good match for that child.

Archaeological digs and diligent searches had been conducted in 70 of the 75 cases (93%) reviewed. The circumstances of the five children for whom archaeological digs had not been conducted are as follows:

- two were in residential treatment centers and their teams were waiting for them to become more stable to begin recruitment activities, including archaeological digs and diligent searches;
- one child had been adopted in 2009 at age 10; he came back into custody in 2012 and his adoptive parents surrendered their rights less than a month later; the team identified examination of the original adoption file as an important action step for the archaeological dig, but initial attempts to locate the sealed adoption file have been unsuccessful; there were also family that the child had identified that needed to be followed up on;
- another child had also been previously adopted, and his adoptive family failed to share any information about themselves and their extended family with the Department. His known birth family has been explored and found to be inappropriate. The team is planning to request his sealed records from the previous adoption;
- one child was in a pre-adoptive home, so the team did not search for anyone else.

In order to inform the archaeological dig and family search processes and learn more about the child and his/her strengths and needs, team members are to talk with the children about what they hope for their future and what they want in a family, if they are open to adoption. Of the 75 children who were reviewed, interviews were conducted with 70 children (93%). Three of the children were not interviewed because they are low functioning and unable to have that kind of discussion. The other two children who were not interviewed were three-year-old and eight-year-old siblings who were in a pre-adoptive home together.

VIII.D.4 Requirement of Individual Tracking and Monitoring and Outcome Data Analysis and Reporting

Section VIII.D.4 of the Settlement Agreement requires that the FOCUS Team:

- monitor case progress;
- provide tracking and outcome data to measure the effectiveness of the FOCUS process in moving children and youth toward permanency; and
- use aggregate and qualitative data to report on trends that promote and prevent timely permanency for children, including reporting and analysis on those children and youth disrupting from placements while in full guardianship.

A. Utilizing FOCUS Spreadsheets

As discussed in Subsection VIII.D.1 above, the individual tracking data in the spreadsheets allow regional and Central Office staff to monitor case progress. Those spreadsheets not only ensure that each case “in FOCUS” is being regularly monitored for progress, but they also provide a source of tracking and outcome data to measure the effectiveness of the FOCUS process in moving children and youth toward permanency and in identifying factors that both promote permanency and impede permanency.

As discussed in subsection VIII.D.1 above, a combination of the spreadsheets and the TFACTS Full Guardianship report provides the Department with the ability to ensure that children entering full guardianship are being promptly referred to and reviewed by the FOCUS Team.

The data compiled from the FOCUS spreadsheets allows the Department to track the outcomes of children who entered FOCUS with a “family identified” or an “anticipated family identified” to ensure that those cases are moving quickly to permanency, and to learn from those cases that have not, including those which are subsequently reclassified as “no family identified.” As discussed in great detail in the May 2014 Monitoring Report, the data reflect that children who enter FOCUS with families identified or anticipated families identified are generally moving to permanency within a reasonable amount of time, and those children who experience obstacles or disruptions appear to be receiving appropriate attention by the FOCUS process.

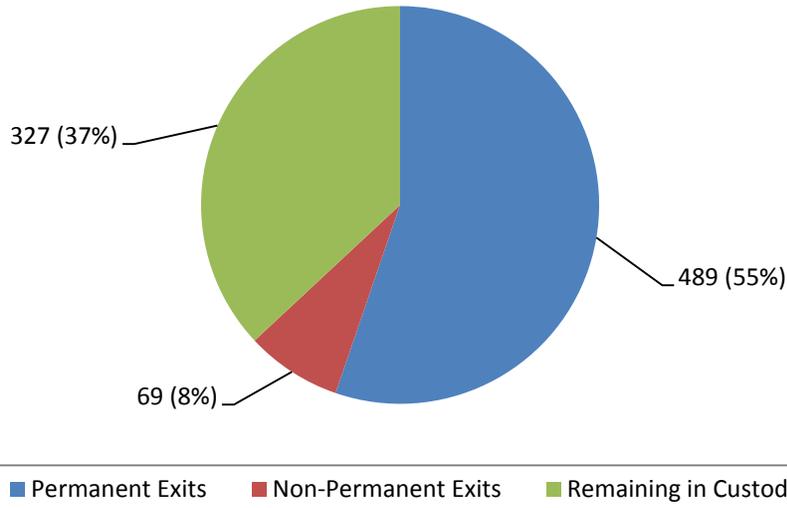
B. Utilizing Annual Case Reviews

The Department also utilizes annual, on-site reviews of a sample of FOCUS cases to both evaluate the effectiveness of the FOCUS process and to identify systemic obstacles to permanency and strategies for overcoming those obstacles. Through periodic targeted case file reviews, the most recent of which is described in subsection VIII.D.3 above, the Department is able to ensure that the activities required by the Settlement Agreement are occurring, monitor the effectiveness of those activities, and to the extent that those activities have not yet resulted in permanency, identify the obstacles to permanency. The Department has also used these reviews to examine cases in which there may be a family identified or an anticipated family identified, but considerable time has passed since the child came into full guardianship and the child has not yet achieved permanency.

C. Utilizing Other Sources of Data

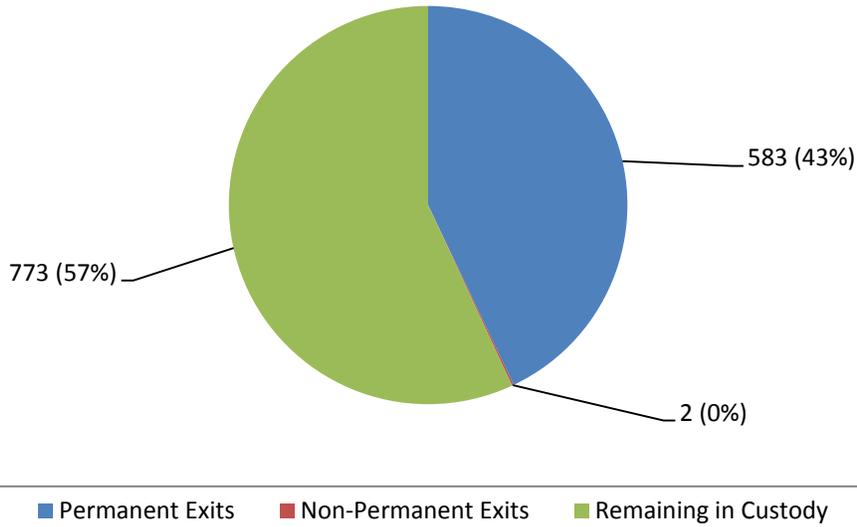
In addition to using data generated by the FOCUS process and the periodic targeted case file reviews to measure the effectiveness of the FOCUS process, the Department also uses aggregate permanency data that is regularly reported to the U.S. Department of Health and Human Services. The data in Figure 8.1 below reflect outcomes as of September 30, 2014 for the 885 children who were in full-guardianship on October 1, 2013 (the beginning of Federal Fiscal Year (FFY) 2014), and Figure 8.2 reflects outcomes as of September 30, 2014 for the 1,358 children who entered full guardianship between October 2, 2013 and September 30, 2014.

Figure 8.1: Outcomes as of September 30, 2014 for Children Who were in Full Guardianship on October 1, 2013 at the beginning of Federal Fiscal Year 2014, n=885



Source: Full Guardianship Status Report, FFY 2014.

Figure 8.2: Outcomes as of September 30, 2014 for Children Who Entered Full Guardianship Between October 2, 2013 and September 30, 2014, n=1358



Source: Full Guardianship Status Report, FFY 2014.

As reflected in the figures above, of the 2,243 children in full guardianship at some point during FFY 2014, 1,143 had exited custody on or before September 30, 2014. Of those 1,143 children, 1,072 (94%) achieved a permanent exit, and 71 (4%) did not achieve a permanent exit. Of the

1,072 children who achieved a permanent exit, 892 (83%) exited custody to the families with whom they had been living at the time they entered full guardianship.

D. Identifying Barriers to Permanency and Factors Contributing to Placement Disruption

Information obtained through the monthly FOCUS reviews with each region serves not only to aid in achieving permanency for individual children, but also to allow the Department to identify practices and circumstances that present significant barriers to achieving permanency and to learn from cases in which those barriers have been overcome and permanency achieved. The monthly reviews also provide insight into the factors that contribute to placement disruption.

Children who remain in the FOCUS process for extended periods of time generally present some of the most significant challenges to placing children for adoption. Some of these children have complex medical needs requiring specialized and/or long-term care; some have behavioral or mental health issues that require on-going or periodic mental health treatment and monitoring. The higher level of care required to maintain safe, stable placement of these children makes recruiting adoptive families more challenging. Additionally, the child's immediate treatment needs may supersede regular recruitment activities like creating introductory videos or visiting with families for a weekend.

While this category of young people poses unique challenges, the Department has developed strategies to address barriers slowing or impeding permanency. For example, because preparation for a move from higher levels of care, especially institutional settings, can be traumatic or difficult for young people, the Department has encouraged fully approved resource parents, who are unsure whether they would be willing and able to foster a particular child as a potential pre-adoptive placement, to serve as a "mentor family" for that child while that child is in residential placement. As a "mentor family," the resource parent commits to visiting with the child, getting to know the child, and, when appropriate, allowing the child to visit in the resource home. The resource parents can then better evaluate their ability to serve as a resource home for the child, based on the relationship that they have developed with the child while serving as a "mentor family."

Often the challenges to finding permanency for young people with exceptional needs require a unique combination of efforts. For example, one young man with a severe autism diagnosis was placed in a specialized facility. He is mostly non-verbal, and any type of transition—from one activity to another or from one place to another—triggers a negative response from him in the form of physical violence (punching, kicking, biting, etc.). Through significant collaborative efforts of field and Central Office permanency staff, the young man was placed for adoption with the head nurse at the facility in which he had been placed. Because of the young man's difficulty with transitional visits, the Department was able to work with the facility to allow for a direct transition into the adoptive home without requiring the trauma of transitioning the young man back and forth prior to his final move.

Behavioral and emotional needs also present barriers to permanency for young people. One 11-year-old presented with significant behavioral issues requiring placement in a Level III

residential treatment center. Because of the volatility of her behaviors, an anticipated adoptive placement determined that they were unable to be this child's forever family. As the child continued her treatment, a family in Missouri saw the child on AUK and expressed interest in adopting her. The family visited her weekly for almost a year before she was placed in their home in Missouri. She is now enrolled in a school specializing in behavioral and emotional disorders, and she is happy and well cared for by her new family.

Many of the children who are in FOCUS with "no family identified" are older youth and recruiting adoptive homes for older youth is much more challenging than recruiting homes for younger children. Older youth are often resistant to being adopted and often refuse recruitment activities for at least some period of time in guardianship.

There are a number of steps that the Department takes to try to overcome this barrier to permanency. When an older youth insists that he or she does not wish to be adopted, the Department assesses the individual circumstances to determine whether adoption counseling, grief and loss counseling, or other services may be appropriate to ensure that the young person is equipped to make the best decision or whether an alternative to adoption provides a healthy, appropriate permanency option for the young person. Even if the young person does not want to have his picture and story made available to potential adoptive families, the young person may be encouraged to actively review information about potential adoptive families, as a way of opening up to the possibility of adoption.

Notwithstanding the Department's on-going efforts to encourage older youth to be open to adoption, independent living staff are consulted to ensure that the young person receives appropriate skill development and exposure to resources in case he or she remains opposed to adoption or another long-term permanency option. Staff also re-visit the archeological dig with the young person to identify potential resources for long term support and connection.

Many of the circumstances that constitute obstacles to permanency for children in full guardianship also contribute significantly to disruption of pre-adoptive placements. This was reflected in the case review of children with no family identified discussed in subsection VIII.D.3 above and in a recent spot check conducted by the Department.

While both the targeted review and the spot check identified these common challenges, there were also examples of effective casework despite multiple moves and as yet unsuccessful attempts to find an adoptive family. For example, one young person whose case was reviewed originally agreed to pursue an adoptive placement and was placed through a selection process that identified a number of interested families. She disrupted each of the two pre-adoptive homes that she had been placed with, and those disruptions were followed by five other foster home placements, and a short stay in detention. She ultimately refused to be adopted. Though she is still not open to being adopted, this young person is currently placed with a family who is committed to her. She will graduate high school in May and enter Extension of Foster Care with the current resource family that is committed to continuing to support her. Adoption and mental health counseling identified attachment issues that prevent this young person from committing to an adoptive family, but her FOCUS team worked diligently to ensure that she has a positive,

alternative option that offers connection to caring adults and a stable living situation when she turns 18.

E. Conclusion

As discussed in the May 2014 Monitoring Report, the data on exits to adoption and the timeliness of those exits confirms the overall effectiveness of the Department's processes, including the FOCUS process, in moving children and youth toward permanency. And for those children facing significant obstacles to permanency, as the recently completed case review discussed in Section VIII.D.3 above reflects, the FOCUS process is ensuring that a concerted effort is being made to overcome those obstacles and that these challenging cases are each receiving the special attention envisioned by the FOCUS process, supported by a committed core of DCS permanency specialists and private provider adoption specialists.

From both the FOCUS reviews themselves and the various sources of aggregate data, as well as the periodic case file reviews led by Central Office staff, the Department has developed a good understanding of the barriers to achieving permanency and of approaches that can help overcome these barriers; and the Department similarly has used these resources to understand the factors that contribute to placement disruptions for those children who experience placement moves after coming into full guardianship.

SECTION IX PROVISIONS: RESOURCE PARENT RECRUITMENT, RETENTION, AND APPROVAL

Section IX.B.3 Exit Interview Requirement

The Settlement Agreement requires a process by which identified staff persons conduct exit interviews with all resource families who voluntarily resign as resource parents and that DCS issue annual reports on why resource families leave DCS and what steps are necessary to ensure their retention.

Over the years the Department had tried a range of approaches to conducting exit interviews, from efforts at in person or telephone interviews to online exit surveys. The Department's experience with these approaches, whether undertaken by DCS Central Office staff, or pursuant to a contract with a private agency, or conducted by the TAC monitoring staff in collaboration with the Department, were disappointing in terms of the response rate.

As discussed in the May 2014 Monitoring Report, beginning in January 2014, the Department adopted a new strategy for reaching out to exiting resource parents to get them to respond to exit interview survey questions and also created opportunities (and incentives) for resource parents to provide periodic feedback to the Department throughout their tenure as resource parents, rather than just when they exit.¹⁴³

Under the current exit survey process, staff members in the regions are expected to complete, or attempt to complete, phone interviews with resource parents who have voluntarily closed their homes, with those interviews being conducted during the month following the closure.¹⁴⁴ Under the current protocol, the resource parent also has the option to request to speak with someone outside of the region; in which case, a Central Office staff person will contact the family. The person administering the survey is responsible for entering the results into an online survey tool from which data can be aggregated and reports generated.

The interview protocol was designed and implemented in consultation with the TAC and the inaugural annual report presenting an analysis of the data generated by the current exit survey process was issued by the Department on December 5, 2014.¹⁴⁵ A copy of that report is attached as Appendix IX.B.3.

¹⁴³ The Department recognizes and the TAC agrees that having resource parents participate in periodic online surveys and/or telephone surveys while they are serving as resource parents would allow the Department to understand and respond to concerns of current resource parents at a time when a response may help retain them. As discussed in the May 2014 Monitoring Report, the Department has developed a short survey that resource parents can complete as part of the online verification process that two-thirds of the resource parents currently access. The Department also regularly surveys and provides other opportunities for feedback to attendees at the annual resource parent conference and at other resource parent trainings.

¹⁴⁴ Each region selected specific staff members to complete the interviews.

¹⁴⁵ The TAC encouraged the Department to release its first annual report in December, presenting the results of the interviews conducted during the first three quarters of 2014, rather than wait until interviews for the last quarter were completed. The Department acceded to the TAC's suggestion for this first annual report, but intends to include a full year's worth of exit interview data in subsequent annual reports.

As reflected in the Annual Report, through the first three quarters of 2014, DCS staff persons attempted to contact by phone the 763 resource parents who exited during the period covered by those interviews and succeeded in interviewing 559 (73%) of them. This response rate of close to three-quarters of exiting parents far exceeds the response rates achieved by any of the previous survey approaches.¹⁴⁶

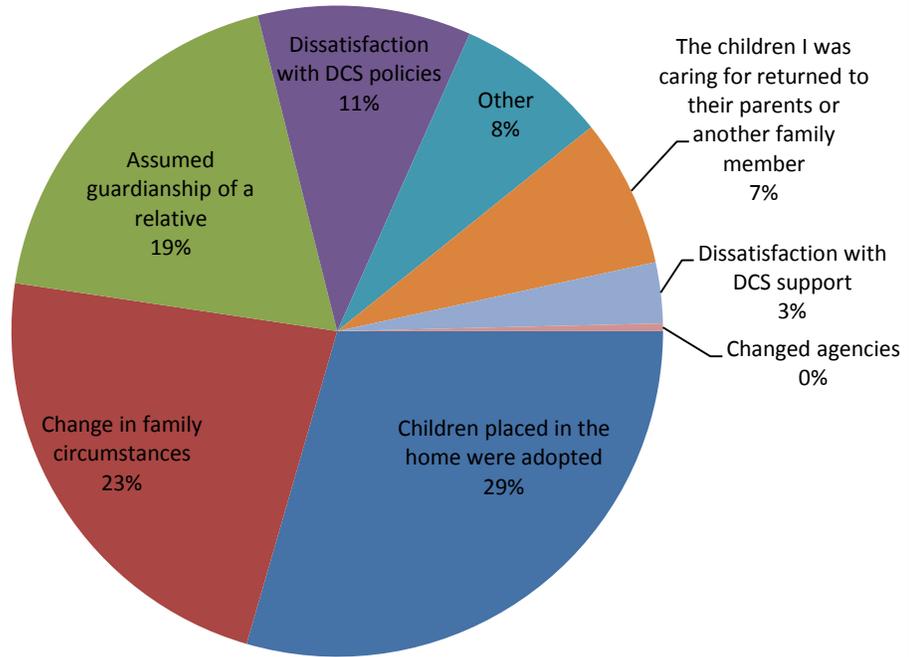
As reflected in the figures and tables below, the large majority of resource parents stop serving as foster caregivers either for reasons related to the child in their care achieving permanency through adoption, guardianship, or the return of the child to the biological family (56%) or because of changes of circumstances of the resource family (23%).¹⁴⁷ Very few resource parents (3%) cited dissatisfaction with the Department's support as the primary reason for their decision to stop serving as a foster parent. A small number (11%) cited dissatisfaction with DCS policies as the primary reason for their exit.¹⁴⁸

¹⁴⁶ For example, for the six-month resource parent exit period (January 1 through June 30, 2011) for which the TAC monitoring staff took responsibility for contacting closed resources homes and attempting to personally interview them by telephone, the response rate was lower than 30%.

¹⁴⁷ The category "change in family circumstance" includes such circumstances as divorce, death of a spouse/resource parent, and moving. The category "other" includes such responses as "wanted a break" and "waiting to adopt an infant."

¹⁴⁸ Comments provided by resource parents reflected that much of the dissatisfaction with Department policy or practice stemmed from disagreement with the focus (of state and federal law and policy) on reunifying families. Many find it hard when children they have fostered are returned home to families with whom they previously experienced neglect and abuse.

Figure 9.1: Primary Reason for Voluntary Home Closure



Source: 2014 Foster Parent Exit Survey Annual Report

Primary Reason for Home Closure	Total
Children placed in the home were adopted	156
Change in family circumstances	121
Assumed guardianship of a relative	99
Dissatisfaction with DCS policies	56
Other	40
The children I was caring for returned to their parents or another family member	39
Dissatisfaction with DCS support	16
Changed agencies	2
Grand Total	529

Source: 2014 Foster Parent Exit Survey Annual Report

SECTION X PROVISIONS: STATEWIDE INFORMATION SYSTEM

X. Requirement of a Statewide Computerized Information System

Settlement Agreement sections X.A and X.B require that the Department to establish and maintain a statewide computerized information system for all children in DCS custody that:

- is accessible in all regional offices;
- ensures user accountability;
- uniformly presents data, including the Adoption and Foster Care Analysis and Reporting System (AFCARS) elements;
- provides an immediately visible audit trail to the database administrators of all information entered, added, deleted or modified; and
- has necessary security to protect data integrity.¹⁴⁹

TFACTS now satisfies all of these requirements. As discussed in the May 2014 Monitoring Report, TFACTS (1) is accessible in all regional offices across the state; (2) ensures user accountability (by providing each end user with a unique access code that they must use to log in to TFACTS), allowing access to the database to be limited to appropriate personnel and enabling DCS to identify who has accessed the database; (3) uniformly presents data, including the AFCARS elements; and (4) provides an immediately visible audit trail to the database administrators of all information entered, added, deleted or modified.

With respect to the fifth requirement, the Department has now developed and implemented a comprehensive data security plan that ensures the security necessary to protect data integrity. Because security threats are constantly evolving and changing, with new cyberattacks and viruses unleashed daily, the Department cannot merely identify and remediate the security risks that exist at a particular point in time and then shift their attention elsewhere. Instead, as the Department recognizes, it must develop the ability to continuously monitor for and respond to attempted intrusion and security risks both new and old.

In order to manage this risk, the Department's security plan includes the range of industry-standard internal security measures, including maintaining and updating security software, regular monitoring for signs of attempted intrusion, and responding to externally generated security alerts. In addition to these internal measures, the security plan includes the annual engagement of a third party vendor to perform penetration testing on DCS systems. The vendor evaluates the Department's data security to identify and assess the risks presented by any potential gaps through which intruders could access DCS systems. The Department then consults with the State Chief Information Security Officer (CISO) to determine which issues

¹⁴⁹ Section X.B also requires that "this system shall be capable of providing system wide reports." The December 13, 2014 TFACTS Release included the case assignment redesign. The TAC anticipates providing, in advance of the "maintenance" discussions, supplemental information on the impact of that release on the caseload reporting capacity of TFACTS.

identified by the evaluation require remediation,¹⁵⁰ prioritize remediation based on the relative ease by which an intruder could find and exploit the vulnerability and the relative risk of data loss should a security breach occur, and identify any for which the State Office of Information Resources, rather than the DCS Office of Information Technology, will assume responsibility because they pertain to network or other infrastructure that is the responsibility of OIR.

The most recent evaluation by a third party vendor was completed in August 2014. The Department has since met with the vendor and the CISO to identify all issues requiring remediation and to prioritize that work. The Department has committed that remediation of the higher priority vulnerabilities will be completed by the end of December 2014, and the remaining vulnerabilities that warrant action will be addressed by the end of March 2015.¹⁵¹

Section X.C of the Settlement Agreement provides that *“an intensive data clean-up process shall ensure the accuracy of all data, including but not limited to data on all individual children in the plaintiff class, in the statewide computer system.”*

The TAC understands “an intensive data clean-up process” to be just one element of an overall approach to data quality. The term “intensive” suggests the kinds of clean-up efforts typically associated with conversion of major data sets, from clean up that is as complex and comprehensive as was required in order to successfully transition from TNKids to TFACTS to those data clean-up efforts associated with more limited but nonetheless significant changes to TFACTS such as the case assignment redesign. The Department has demonstrated its capacity to competently design and carry out that kind of intensive clean-up and has the capacity to do so for future changes that can be expected to occur in the normal course of operations.

The Department also routinely runs “Data Quality Monitoring Reports” that are designed to continuously ensure data accuracy by identifying blank data fields,¹⁵² inconsistent data entry,¹⁵³ or unusual data entry that warrants follow up to make sure it is accurate.¹⁵⁴ The Data Quality Monitoring reports are reviewed on a routine basis by program staff to identify potential data quality issues and decide if action needs to be taken to improve the data quality. The action might be providing additional staff training, identifying and addressing barriers to entering the data (such as when data entry requires a cumbersome number of steps), clarifying departmental policies, or requesting TFACTS modifications (“guardrails”) to restrict how the data is entered in TFACTS.

¹⁵⁰ In theory, some potential vulnerabilities may be so difficult for intruders to find or exploit or may pose little or no danger of loss of data that they may not warrant remediation. However, the Department has represented that all results are carefully considered by OIT and Department leadership and all material findings are addressed.

¹⁵¹ As previously discussed, in a well-run IT system, there will always be new vulnerabilities identified and time needed to address those vulnerabilities.

¹⁵² For example, the Custody Clients Missing Education Information (identifies children ages five and older without school information entered) report and the Custody Client Missing Race report.

¹⁵³ For example, the Age Out report (identifying JJ youth age 19 and above and *Brian A.* youth age 18 and above, to prompt case closure) and Undocumented Client with Social Security Number report.

¹⁵⁴ For example, the *Brian A.* in YDC/Detention report and the Congregate Care Under Age 6 report.

Field staff not only respond to specific Data Quality Monitoring Reports generated by OIT for the purpose of data clean-up, but also, in the normal course of their work, identify data anomalies and data quality concerns and bring those issues and concerns to the attention of OIT. In order to formalize the process for collecting and addressing issues identified by staff, OIT has implemented a “Reports SWAT Team” that meets regularly to solicit issues and concerns from staff throughout the agency and to provide education about existing reports and updates on any corrective action taken by the team.

Based on this work, the TAC is confident that the processes in place reasonably ensure the accuracy of the information in TFACTS, including the accuracy of the information in the individual case files—a conclusion that is buttressed by the depth and breadth of the TFACTS data validated by the TAC and presented in the TAC’s monitoring reports.

SECTION XI PROVISIONS: QUALITY ASSURANCE

XI.E.7 and XI.E.8: Quality Assurance Oversight Related to Overdue Permanency Plans

The Settlement Agreement requires that the Quality Assurance Division, utilizing aggregate data and case reviews as appropriate, shall be responsible for tracking, reporting and assuring that appropriate action is taken with respect to several categories of children, including “*children more than 60 days in custody who do not have a permanency plan*” (E.7) and “*children for whom the permanency goal has not been updated for more than 12 months.*” (E.8)

A. The CQI Process for Overdue Permanency Plans

The Department, under TNKids and now TFACTS, has been utilizing a cleanup process for identifying and responding to overdue initial permanency plans and annual goal updates, and has, at times, relied on a CQI follow-up process to better understand and respond to delays in the development of permanency plans. At the time that the TAC issued the May 2014 Monitoring Report, the Department was working to refine and strengthen its approach to ensuring that appropriate action was being taken with respect to overdue permanency plans. The Department has recently begun implementation of that refined and strengthened approach to the process.

Under this approach, the Department uses the Mega Report to generate the “*Clients in Custody Over 60 Days with no Current Perm Plan*” report. This monthly report uses validated Mega Report fields to identify both children with an overdue initial permanency plan and children with a plan that is overdue for an annual goal update.¹⁵⁵

This report is provided to each region, with information presented in an easy to use spreadsheet, identifying any child from that region who has been in custody for more than 60 days who does not have an initial plan and any child who has been in custody for more than a year and has not had an annual permanency goal update for more than 365 days.

The monthly spreadsheets are also sent to the regional CQI staff who are responsible for working with the regional administrators to ensure that case managers with overdue permanency plans are notified and take appropriate action. Regional CQI staff compare each month’s spreadsheet with that of the previous month to identify any cases that remain on the overdue list for more than a month. Those on the report for two months are highlighted yellow, and any on this list more than two months are highlighted red. Under the approach being implemented, for any cases on the list more than two months, the responsible case manager is expected to provide CQI staff with an explanation for the delay, and that explanation is to be added to the monthly report.

Regional CQI staff are expected to use these spreadsheets to detail the performance of their respective regions and to provide that information to the regional administrators, Central Office

¹⁵⁵ The issues discussed in the May 2014 Monitoring Report have been resolved, and the regional administrators and regional field staff, who had complained about the shortcomings of the earlier versions of this report, find the current version to be both accurate and useful.

Quality Control (QC) staff, the Deputy Commissioner for Child Programs, and the Assistant to the Commissioner for Child Welfare Reform.

The regional administrators are then responsible for ensuring that appropriate action is taken on individual cases. Central Office reviewers will evaluate all regional reports to determine whether there are any indications that a particular region, or cluster, or team, or set of workers is struggling to complete and update permanency plans in a timely manner.

B. Results of Recent Aggregate Data Analysis and Targeted Review

To determine the extent to which there are delays in completing and updating permanency plans and to determine whether the process for identifying and responding to overdue plans is adequate, the QC Division, in collaboration with TAC monitoring staff, conducted a targeted review of the overdue cases identified in the October 2014 spreadsheets. The review looked at cases of children who had been in custody for more than 75 days without an initial permanency plan completed in TFACTS¹⁵⁶ and children who had been in custody for more than a year and for whom the most recent permanency goal date was more than 365 days old.

At the time the October 2014 report was run, there were 6,734 class members in DCS custody.¹⁵⁷

The October report identified 98 children who had been in custody for more than 75 days for whom an initial permanency plan had not been completed. The cases of all 98 children were reviewed. One of those children had been on runaway status for the entire custody episode and therefore did not yet have a permanency plan. For each of the remaining 97 children, a permanency plan had in fact been developed: the planning CFTM took place; a permanency goal was established; strengths and needs were assessed; case members in attendance were aware of their respective responsibilities; and the team established actions to be taken to address needs and make progress toward permanency. Functionally, a plan existed, but the steps required to fully finalize and approve the plan in TFACTS had not yet been completed. In 86 of those cases (89%), the plan had been developed within 60 days of the child entering DCS custody.¹⁵⁸

The October report identified 230 children who had been in care for more than a year and for whom the permanency goal had not been updated for more than 365 days. As part of the targeted review, TAC monitoring staff conducted a spot check of the TFACTS files of 25 of those children (at least one file from each region) and found that in each of those cases, a CFTM had in fact taken place within 365 days of the most recent permanency goal date and the Team reviewed and updated the goal; however, the goal had not been updated in TFACTS.

¹⁵⁶ The TAC considered it appropriate to provide a 15-day grace period before considering an initial permanency plan to be sufficiently overdue to warrant concerns. This resulted in the TAC eliminating 36 cases from the review which were between one and 15 days overdue as of the run date of the October 2014 report.

¹⁵⁷ According to the October 13, 2014 Mega Report.

¹⁵⁸ The plans of three children were developed before they entered care, the plans of 71 children were developed within 30 days of entering care and the plans of an additional 15 children were developed within 60 days of entering care.

There did not appear from the review of the October report to be any particular systemic problems that needed to be addressed. The vast majority of overdue cases involved situations in which the work had been done, but the documentation necessary to “complete” the permanency plan had not been fully accomplished. For these cases, the process serves a valuable “data clean-up” function, helping field staff to make sure that the documentation in TFACTS is complete and up to date. For those few cases for which the planning process itself has been delayed, the follow-up conducted by the regional CQI staff will ensure that appropriate actions are taken with respect to those individual cases and that any significant case practice or systemic issues that resulted in the delay are identified and addressed.

SECTION XVI PROVISIONS: OUTCOME AND PERFORMANCE MEASURES

Section XVI.A.5 Reentry into Foster Care

Reentry rates—a measure of the extent to which children who had previously spent time in foster care, return to foster care based on a subsequent finding of dependency, neglect, or abuse—are an important indicator of the success or failure of child welfare interventions.

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

The statewide reentry rate for children discharged from foster care between July 1, 2012 and July 1, 2013 was 5.1%—that is, of the 5,285 children who exited care between July 1, 2012 and July 1, 2013,¹⁵⁹ 272 reentered care within 12 months of their discharge date.¹⁶⁰ As reported in the May 2014 Monitoring Report, the statewide reentry rate for children discharged from foster care between January 1, 2012 and January 1, 2013 was 5.5%.

XVI.B.1 Parent-Child Visits

Section XVI.B.1 of the Settlement Agreement provides that *“for children in the plaintiff class with a goal of reunification, parent-child visiting shall mean a face-to-face visit with one or both parents and the child which shall take place for no less than one hour each time (unless the visit is shortened to protect the safety or well-being of the child as documented in the child’s case record). The visit shall take place in the child’s home if possible or in as homelike a setting as possible, or for longer as otherwise required by the child’s permanency plan and reasonable professional standards.”*

The Settlement Agreement provides two exceptions:

- *“This standard does not apply to situations in which there is a court order prohibiting visitation or limiting visitation to less frequently than once every month;”* and
- *“The child’s case manager may consider the wishes of a child (generally older adolescents) and document in the case file any deviation from usual visitation requirements.”*

¹⁵⁹ This measure observes reentry for children who exited custody during the reporting period to all permanent or non-permanent exits.

¹⁶⁰ 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 5,285 children who exited during the reporting period, 432 aged out of custody. If these 432 youth were excluded from the analysis, the reentry rate would be 5.6%.

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

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

In order to assess the Department’s performance related to this provision, TAC monitoring staff, in collaboration with staff from the Department’s Continuous Quality Improvement (CQI) Division, conducted a targeted case review of 95 *Brian A* children¹⁶¹ selected from the 3,949 *Brian A.* children appearing on the March 2014 TFACTS Parent-Child Visits Report.¹⁶² For each child, the reviewers examined TFACTS documentation of parent-child visits during the first quarter of 2014. After reviewing the TFACTS documentation, reviewers interviewed the team leader and/or Family Service Worker (FSW) responsible for the case to confirm the information documented in the TFACTS file and to collect any additional information about parent-child visits that had not been documented in the TFACTS file (such as additional visits that occurred or more detailed explanation of failure to visit).

Figure 16.1 below presents the frequency of visits for applicable cases during each month of the review period.¹⁶³ The figure accounts for those cases in which the failure to visit was attributable to a specific exception to required parent-child visiting listed in the Settlement Agreement.¹⁶⁴ In addition, the figure includes a category, “Other Good Reason Not to Visit,” indicating an explanation for a visit not occurring that, while not one of the specific Settlement Agreement exceptions, appeared to the TAC to be reasonable. The circumstances of these cases included:

- parents who were either missing or avoiding DCS and there was evidence that the Department was trying to locate or engage the parent;
- children who were placed on ICPC (Interstate Compact on the Placement of Children);
- children for whom visits with an incarcerated parent at the jail were not in the child’s best interest;

¹⁶¹ The 95 children constituted a randomized statistically significant sample with a 95% confidence level and a confidence interval of plus/minus 10.

¹⁶² The TFACTS *Brian A.* Parent-Child Visits Reports include children who meet the following criteria: *Brian A.* class members who have a sole or concurrent reunification goal, are placed in Tennessee, are not in full guardianship, and are in out-of-home placement as of the last day of the reporting period (in this instance, as of March 31, 2014). A total of 13 children in the original sample were replaced during the review: 11 were in out-of-home placement for less than one month during the review period and two were siblings of children already in the sample (in both of these cases, the sibling who was replaced in the sample had the same parent-child visit experience during the review period as the sibling who was included in the review).

¹⁶³ The sample included some children who were not in out-of-home placement (they were either not yet in custody or were on trial home visits) during January and February. Those children are subtracted from the denominator for the percentages for January and February.

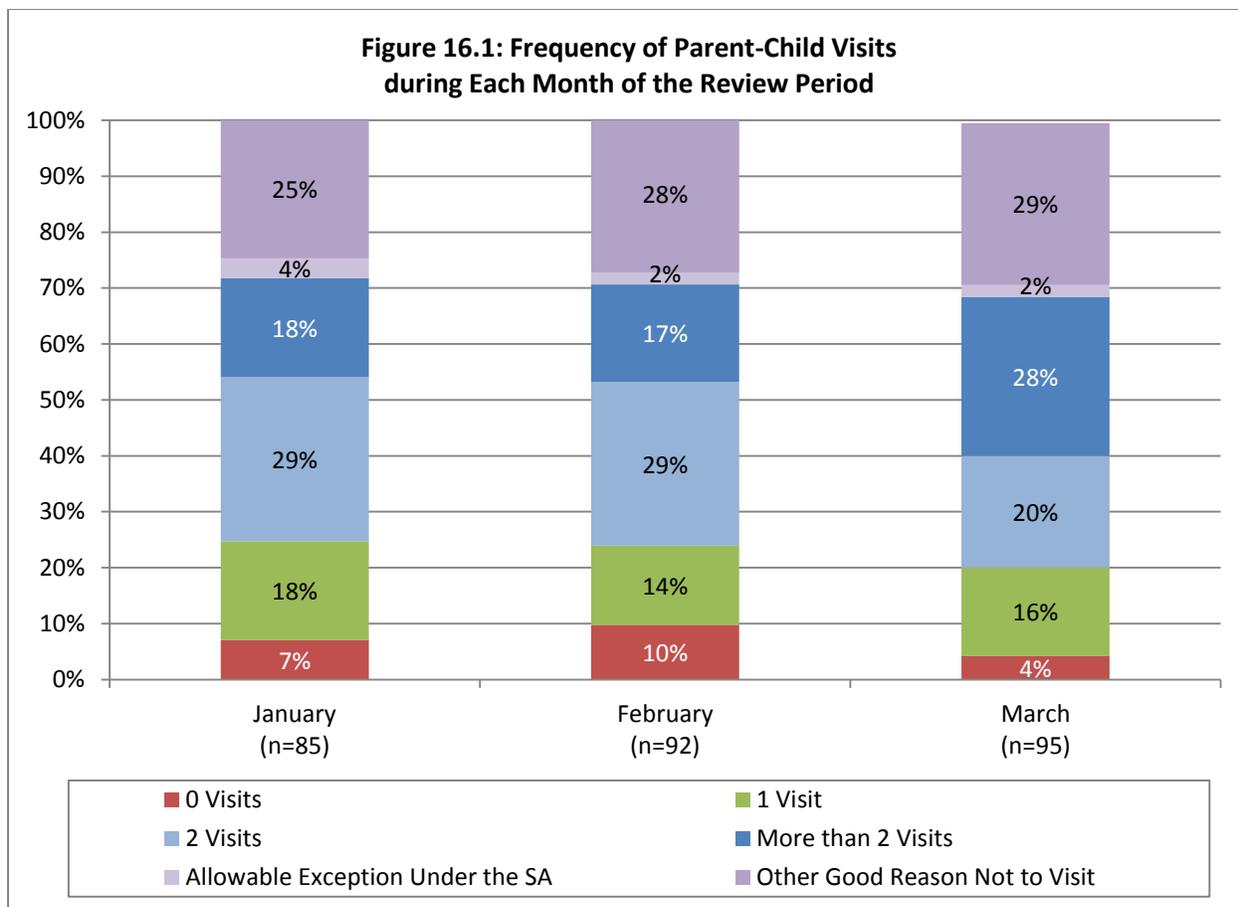
¹⁶⁴ Appendix XVI.B.1 contains slightly modified versions of the figures in this section that exclude from the analysis the small number of cases with an exclusion allowed by the Settlement Agreement.

- children whose therapist had recommended that visits not occur;
- children whose TPR order was being appealed;
- children who no longer had a reunification goal;
- parents living out of state (excluding those cases in which parents were living just across the Tennessee border);
- cases in which the court order specified that the parents pass two consecutive clean drug screens before visits could occur.¹⁶⁵

As shown in the figure, in each month, the vast majority of children had at least one visit or an acceptable reason not to visit, including exceptions allowed by the Settlement Agreement (93% in January, 90% in February, and 96% in March), and a significant percentage of children had at least two visits or an acceptable reason not to visit, including exceptions allowed by the Settlement Agreement (75% in January, 76% in February, 80% in March).¹⁶⁶

¹⁶⁵ It is clearly appropriate to prohibit parents from visiting with their children if they come to visits inebriated or otherwise impaired by drugs or alcohol. It is not clear that a court rule or policy that conditions visits on passing drug screens necessarily serves the best interests of children. However, the Department is bound to comply with court orders, and because these orders are not technically speaking “no contact” orders—they simply add preconditions to the visits—these cases are included in the “other good reason” category rather than in the existing court order exception. See Appendix XVI.B.1 for a count of cases falling into each of the “other good reason” categories.

¹⁶⁶ Reviewers considered the location and duration of each parent-child contact when determining whether or not it should be counted as a parent-child visit for purposes of this review. Contacts that occurred at court or during a Child and Family Team Meeting without documentation of a quality visit outside that setting, and contacts that were documented as lasting less than one hour, were counted separately as “additional contacts.” A version of this figure that includes such “additional contacts” in the visit count is included in Appendix XVI.B.1. In addition, visits with alleged fathers are included in the data, impacting three cases. Excluding visits with alleged fathers from the analysis would impact three cases in the “Other Good Reason” category: two would move to the “Allowable Exception under the Settlement Agreement” category, and the third would become “not applicable” because the mother surrendered her rights to the child.



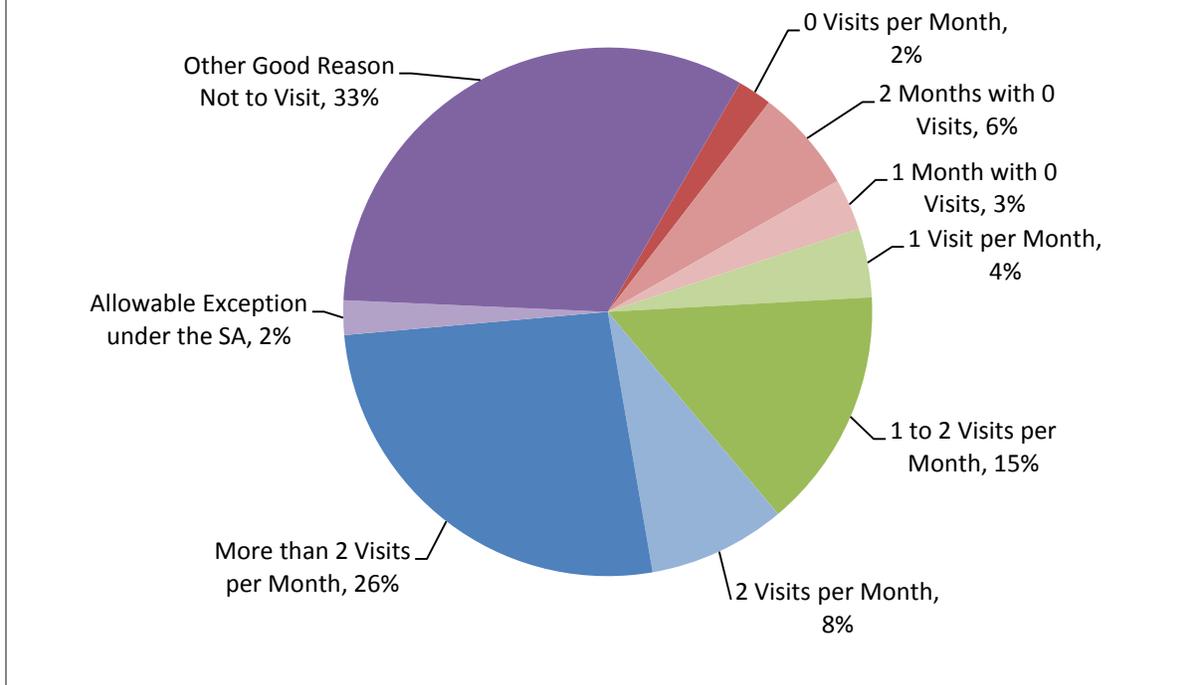
Source: 2014 Parent-Child Visits Review.

In Figure 16.2 below, the data in the previous figure have been rolled up to show the child’s parent-child visit experience across the three-month review period. The findings are similar to those presented above: 89% of children had at least one visit or an acceptable reason not to visit (including exceptions allowed by the Settlement Agreement) during each month of the review period, and 69% of children had at least two visits or a good reason not to visit (including exceptions allowed by the Settlement Agreement) during each month of the review period.¹⁶⁷

There were 11 children (11%) who, during one or more months of the review period, failed to visit with their parent, without any acceptable reason for not visiting being documented in TFACTS. The team leader for these cases was neither able to provide supplemental documentation showing that a visit occurred during the month (or months) nor provide a reasonable explanation for the failure to visit.

¹⁶⁷ The category in the figure labeled “1 to 2 visits per month” is made up of cases in which the child had one parent-child visit in some months of the review period and two parent-child visits in other months of the review period—for example, one visit in January, one visit in February and two visits in March.

Figure 16.2: Children's Parent-Child Visits Experience across the 3-Month Review Period



Source: 2014 Parent-Child Visits Review.

As reflected in the data above, there were many cases in which visits were happening frequently. Therapeutic visitation was often used to help address issues between the child and parent. In several cases, relatives or non-relative resource parents worked to maintain frequent visits (in some cases multiple times per week) in a natural setting.

Discussions are ongoing between the TAC and the Department about the four cases in which the Department required the parent to pass a drug screen prior to each visit with the child. Notwithstanding these requirements, visits occurred at least once per month in two of these cases.

APPENDICES

APPENDIX VI.F

I. Responses of Resource Parents to the September 2014 Survey

I taught the youth I fostered the following Home Care life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Shopping for food	75	6	1	82
Cooking meals	71	4	9	84
Cleaning (sweep/ mop/remove trash)	71	2	10	83
Washing dishes	68	2	13	83
Washing and drying clothes	62	10	10	82
Dealing with minor injuries	56	16	10	82
Health care/oral care	69	3	10	82
Mowing a lawn	43	34	3	80
			<i>answered question</i>	85
			<i>skipped question</i>	0

I rate my comfort level teaching the following Home Care related life skills:				
Answer Options	High	Some-what	Low	Response Count
Shopping for food	70	11	1	82
Cooking meals	70	12	2	84
Cleaning (sweep/ mop/remove trash)	69	11	1	81
Washing dishes	72	9	2	83
Washing and drying clothes	72	7	3	82
Dealing with minor injuries	61	16	3	80
Health care/oral care	66	13	3	82
Mowing a lawn	52	12	17	81
			<i>answered question</i>	84
			<i>skipped question</i>	1

I taught the youth I fostered the following Finance life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Making a budget	50	24	5	79
Using a debit card	37	36	4	77
Using a bank/ saving/credit accounts	41	34	3	78
Saving money	71	8	2	81
Avoiding debt	55	20	2	77
Learning credit score	21	54	1	76
Filing taxes	13	59	3	75
			<i>answered question</i>	83
			<i>skipped question</i>	2

I rate my comfort level teaching the following Finance related life skills:				
Answer Options	High	Some-what	Low	Response Count
Making a budget	53	20	7	80
Using a debit card	58	13	9	80
Using a bank/ saving/credit accounts	60	13	6	79
Saving money	64	15	3	82
Avoiding debt	60	12	7	79
Learning credit score	42	19	13	74
Filing taxes	40	17	17	74
Health care/oral care	61	12	3	76
			<i>answered question</i>	83
			<i>skipped question</i>	2

I taught the youth I fostered the following Transportation life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Driving a car	26	48	5	79
Getting a driver's license	29	47	3	79
Purchasing a car	16	59	0	75
Getting gas for a car	46	27	4	77
Changing a tire	25	50	1	76
Getting an oil change	29	47	1	77
Using public transportation	20	48	7	75
			<i>answered question</i>	80
			<i>skipped question</i>	5

I rate my comfort level teaching the following Transportation related life skills:				
Answer Options	High	Some-what	Low	Response Count
Driving a car	38	22	12	72
Getting a driver's license	45	17	10	72
Purchasing a car	40	20	12	72
Getting gas for a car	52	11	9	72
Changing a tire	33	19	18	70
Getting an oil change	48	13	12	73
Using public transportation	37	17	16	70
			<i>answered question</i>	75
			<i>skipped question</i>	10

I taught the youth I fostered the following Relationships life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Getting along with others	71	1	6	78
Practicing safe sex	48	22	8	78
			<i>answered question</i>	79
			<i>skipped question</i>	6

I rate my comfort level teaching the following Relationships related life skills:				
Answer Options	High	Some-what	Low	Response Count
Getting along with others	71	9	0	80
Practicing safe sex	55	19	5	79
			<i>answered question</i>	81
			<i>skipped question</i>	4

I taught the youth I fostered the following Housing life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Finding a house/apt/ other place to live	23	50	3	76
Applying for a lease	19	54	3	76
			<i>answered question</i>	76
			<i>skipped question</i>	9

I rate my comfort level teaching the following Housing related life skills:				
Answer Options	High	Some-what	Low	Response Count
Finding a house/apt/ other place to live	51	14	9	74
Applying for a lease	49	13	11	73
			<i>answered question</i>	74
			<i>skipped question</i>	11

I taught the youth I fostered the following Employment life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Finding a job	52	26	2	80
Interviewing for a job	46	29	3	78
Writing a resume	34	39	3	76
Having a job	48	28	3	79
			<i>answered question</i>	80
			<i>skipped question</i>	5

I rate my comfort level teaching the following Employment related life skills:				
Answer Options	High	Some-what	Low	Response Count
Finding a job	63	10	5	78
Interviewing for a job	61	9	6	76
Writing a resume	54	14	6	74
Having a job	64	10	5	79
			<i>answered question</i>	80
			<i>skipped question</i>	5

I taught the youth I fostered the following Post-Secondary Education life skills while they were living in my home:				
Answer Options	Yes	No	Youth already knew this skill when they entered my home	Response Count
Finding a college to attend	44	31	3	78
Applying to college or training program	37	38	3	78
Applying for financial aid	35	39	3	77
<i>answered question</i>				78
<i>skipped question</i>				7

I rate my comfort level teaching the following Post-Secondary Education related life skills:				
Answer Options	High	Some-what	Low	Response Count
Finding a college to attend	56	14	5	75
Applying to college or training program	54	17	6	77
Applying for financial aid	56	15	6	77
<i>answered question</i>				77
<i>skipped question</i>				8

While the youth was in your home, do they or did they do any of the following?					
Answer Options	Often	Sometimes	Rarely	Never	Response Count
Participated in after school activities (extracurricular clubs, activities, teams)	44	24	4	7	79
Participated in Youth 4 Youth boards	14	9	10	45	78
Attended Life Skills classes	22	17	11	26	76
<i>answered question</i>					79
<i>skipped question</i>					6

II. Analysis of Feedback from 16-Year-Old Youth Responding to DCS Older Youth In Care Survey

a. Home Care

Youth Experience and Confidence with Home Care Skills				
	Shopping for food	Cooking meals	Cleaning (sweep/mop/remove trash)	Washing dishes/clothes
	n=152	n=154	n=152	n=148
A lot	84 (55%)	91 (59%)	132 (87%)	132 (89%)
1, 2, or a few times	58 (38%)	48 (31%)	20 (13%)	13 (9%)
Never	10 (7%)	15 (10%)	0 (0%)	3 (2%)
	n=141	n=139	n=139	n=136
I've got this	107 (76%)	102 (73%)	132 (95%)	129 (95%)
Some idea	30 (21%)	27 (20%)	6 (4%)	5 (4%)
Clueless	4 (3%)	10 (7%)	1 (1%)	2 (1%)

Source: Youth Life Skills Survey 2014.

The significant majority of 16-year-olds in care reflected that they had at least some experience completing regular household care tasks, and almost all reflected a high level of confidence in their ability to perform these kinds of chores.

b. Finance

Youth Experience and Confidence with Finance Skills			
	Making a budget	Having a debit, savings, or checking account	Getting my credit score
	n=152	n=153	n=152
A lot	19 (13%)	15 (10%)	3 (2%)
1, 2, or a few times	66 (43%)	33 (21%)	7 (5%)
Never	67 (44%)	105 (69%)	142 (93%)
	n=139	n=140	n=138
I've got this	30 (21%)	23 (17%)	11 (8%)
Some idea	65 (47%)	62 (44%)	31 (22%)
Clueless	44 (32%)	55 (39%)	96 (70%)

Source: Youth Life Skills Survey 2014.

Over half of this group reported some experience making a budget, and over two-thirds had some confidence in their ability to do so. Less than one-third reported having a bank account, but about 60% had at least some confidence in their competence to manage an account. Most had no experience or confidence about the process of obtaining their credit scores.

c. Transportation (Getting Around)

Youth Experience and Confidence with Transportation Skills				
	Learning to drive a car	Getting a driver's license	Doing basic car maintenance (checking/changing oil, checking tire pressure/ changing a tire, and getting gas)	Using public transportation
	n=152	n=150	n=152	n=152
A lot	55 (36%)	12 (8%)	43 (28%)	39 (26%)
1, 2, or a few times	54 (36%)	11 (7%)	47 (31%)	46 (30%)
Never	43 (28%)	127 (85%)	62 (41%)	67 (44%)
	n=138	n=136	n=136	n=138
I've got this	70 (51%)	56 (41%)	57 (41%)	61 (44%)
Some idea	43 (32%)	43 (32%)	46 (33%)	43 (31%)
Clueless	23 (17%)	37 (27%)	35 (26%)	34 (25%)

Source: Youth Life Skills Survey 2014.

Over two-thirds of the 16-year-olds surveyed reported some experience driving a car, and over 80% had at least some idea about driving. A small percentage of young people reported experience with actually obtaining a license; however, almost 75% reflected having at least some idea about the process for doing so. Over half of this group reflected having some experience with car maintenance, and a larger percentage felt they had at least some idea about this. The same is true for responses about using public transportation.

d. Housing

Youth Experience and Confidence with Housing Skills		
	Finding a house/apartment/other place to live	Filling out an application for housing
	n=153	n=153
A lot	17 (11%)	10 (7%)
1, 2, or a few times	22 (14%)	10 (7%)
Never	114 (75%)	133 (86%)
	n=139	n=139
I've got this	29 (21%)	21 (15%)
Some idea	62 (45%)	55 (40%)
Clueless	48 (34%)	63 (45%)

Source: Youth Life Skills Survey 2014.

Sixteen-year-olds surveyed generally reported little experience with finding and applying for housing. Nevertheless, over half reflected indicated they had at least some idea about how to navigate these processes.

e. Jobs

Youth Experience and Confidence with Job Skills			
	Finding a job and Filling out a job application	Interviewing for a job	Writing a resume
	n=154	n=153	n=150
A lot	47 (31%)	25 (16%)	17 (12%)
1, 2, or a few times	52 (34%)	36 (24%)	38 (25%)
Never	55 (36%)	92 (60%)	95 (63%)
	n=138	n=137	n=131
I've got this	70 (51%)	53 (39%)	31 (24%)
Some idea	47 (34%)	54 (39%)	46 (35%)
Clueless	21 (15%)	30 (22%)	54 (41%)

Source: Youth Life Skills Survey 2014.

About two-thirds of the 16-year-olds surveyed reported at least some experience applying for a job. Closer to one-third had experience interviewing for jobs and writing a resume. Most young people had at least some confidence about their ability to find and apply for jobs. Over 75% reported at least some confidence about interviewing, and over half felt that way about writing a resume.

f. Post-Secondary Education

Youth Experience and Confidence with Education Skills		
	Finding/applying to a college/vocational school or training program	Applying for financial aid (FAFSA)
	n=153	n=149
A lot	12 (8%)	3 (2%)
1, 2, or a few times	27 (18%)	17 (11%)
Never	114 (74%)	129 (87%)
	n=136	n=136
I've got this	23 (17%)	13 (10%)
Some idea	53 (39%)	37 (27%)
Clueless	60 (44%)	86 (63%)

Source: Youth Life Skills Survey 2014.

Few 16-year-olds reported any experience with finding and applying for post-secondary educational programs or financial aid. A higher percentage reported having at least some idea how to do so.

g. After School Activities, Opportunities to Socialize, Develop Hobbies and Pursue Interests

Youth Participation in Activities While in DCS Custody				
	Participate in after school activities (extracurricular clubs, activities, teams)	Attend Life Skills classes	Build friendships or hang out with my friends	Develop/pursue a hobby or special interest (singing, playing an instrument, dancing, drawing, painting, etc.)
	n=155	n=155	n=155	n=154
Lots	49 (32%)	53 (34%)	86 (55%)	77 (50%)
Sometimes	45 (29%)	34 (22%)	44 (28%)	44 (29%)
Not a Lot	12 (7%)	16 (10%)	18 (12%)	11 (7%)
Never	49 (32%)	52 (34%)	7 (5%)	22 (14%)

Source: Youth Life Skills Survey 2014.

Most 16-year-olds reported having opportunities to participate in normalizing social and extracurricular activities. About 80% were able to pursue hobbies and spend time with friends. About two-thirds participate in extracurricular activities, and over half attend life skills classes.

III. Analysis of Feedback from 14- to 15-Year-Old Youth Responding to DCS Older Youth In Care Survey

a. Home Care

Youth Experience and Confidence with Home Care Skills				
	Shopping for food	Cooking meals	Cleaning (sweep/mop/remove trash)	Washing dishes/clothes
	n=251	n=253	n=255	n=252
A lot	98 (39%)	107 (42%)	214 (84%)	191 (76%)
1, 2, or a few times	117 (47%)	122 (48%)	39 (15%)	59 (21%)
Never	36 (14%)	24 (10%)	2 (1%)	7 (3%)
	n=236	n=236	n=236	n=237
I've got this	149 (63%)	136 (58%)	216 (91%)	202 (85%)
Some idea	76 (32%)	88 (37%)	18 (8%)	26 (11%)
Clueless	11 (5%)	12 (5%)	2 (1%)	9 (4%)

Source: Youth Life Skills Survey 2014.

The youngest teens surveyed generally reported lower levels of experience and confidence in most areas. Most did report some experience with regular home care tasks and at least some confidence in completing those chores.

b. Finance

Youth Experience and Confidence with Finance Skills			
	Making a budget	Having a debit, savings, or checking account	Getting my credit score
	n=255	n=256	n=249
A lot	30 (12%)	17 (7%)	4 (2%)
1, 2, or a few times	79 (31%)	26 (10%)	7 (3%)
Never	146 (57%)	213 (83%)	238 (95%)
	n=226	n=233	n=228
I've got this	41 (18%)	23 (10%)	13 (6%)
Some idea	93 (41%)	80 (34%)	30 (13%)
Clueless	92 (41%)	130 (56%)	185 (81%)

Source: Youth Life Skills Survey 2014.

Less than half of the 14- and 15-year-olds surveyed had experience making a budget, and over half reported some confidence in this area. A small percentage had experience managing bank accounts, and just under half had at least some idea what managing checking and savings accounts entails. As would be expected for young people of this age, very few reported experience or confidence in obtaining a credit score.

c. Transportation (Getting Around)

Youth Experience and Confidence with Transportation Skills				
	Learning to drive a car	Getting a driver's license	Doing basic car maintenance (checking/changing oil, checking tire pressure/ changing a tire, and getting gas)	Using public transportation
	n=254	n=252	n=256	n=252
A lot	49 (19%)	7 (3%)	47 (18%)	33 (13%)
1, 2, or a few times	87 (34%)	8 (3%)	73 (29%)	59 (23%)
Never	118 (47%)	237 (94%)	136 (53%)	160 (64%)
	n=234	n=230	n=234	n=233
I've got this	82 (35%)	49 (21%)	60 (26%)	70 (30%)
Some idea	89 (38%)	87 (38%)	77 (33%)	60 (26%)
Clueless	63 (27%)	94 (41%)	97 (41%)	103 (44%)

Source: Youth Life Skills Survey 2014.

Over half of the young people in this category had at least some experience driving a car, and about 75% had at least some idea about this skill. Very few reported experience getting a license, but over half had at least some idea about how to navigate that process. About half had experience with basic car maintenance, and over half had some idea how to go about maintaining a vehicle. About one-third had experience using public transportation, and over half had some idea about getting around this way.

d. Housing

Youth Experience and Confidence with Housing Skills		
	Finding a house/apartment/other place to live	Filling out an application for housing
	n=248	n=249
A lot	8 (3%)	8 (3%)
1, 2, or a few times	22 (9%)	10 (4%)
Never	218 (88%)	231 (93%)
	n=229	n=231
I've got this	30 (13%)	24 (11%)
Some idea	81 (35%)	63 (27%)
Clueless	118 (52%)	144 (62%)

Source: Youth Life Skills Survey 2014.

Unsurprisingly, a very small number of 14- and 15-year-olds had experience finding and applying for housing. A larger number reflected that they did, however, have at least some idea about how to go about finding and obtaining a place to live.

e. Jobs

Youth Experience and Confidence with Job Skills			
	Finding a job and Filling out a job application	Interviewing for a job	Writing a resume
	n=252	n=250	n=247
A lot	18 (7%)	10 (4%)	7 (3%)
1, 2, or a few times	56 (22%)	34 (14%)	29 (12%)
Never	178 (71%)	206 (82%)	211 (85%)
	n=235	n=230	n=231
I've got this	53 (23%)	41 (18%)	25 (11%)
Some idea	99 (42%)	86 (37%)	50 (22%)
Clueless	83 (35%)	103 (45%)	156 (67%)

Source: Youth Life Skills Survey 2014.

Almost 30% of young people in this age group has at least some experience finding and applying for a job, and a smaller number had experience interviewing for a job or writing a resume. Most reported having at least some idea about how to find, apply for, and interview for a job. About one-third felt some confidence about preparing a resume.

f. Post-Secondary Education

Youth Experience and Confidence with Education Skills		
	Finding/applying to a college/vocational school or training program	Applying for financial aid (FAFSA)
	n=251	n=251
A lot	9 (4%)	3 (1%)
1, 2, or a few times	28 (11%)	6 (2%)
Never	214 (85%)	242 (97%)
	n=235	n=232
I've got this	29 (12%)	18 (8%)
Some idea	61 (26%)	31 (13%)
Clueless	145 (62%)	183 (79%)

Source: Youth Life Skills Survey 2014.

A small number of these young people had experience with finding and applying for post-secondary programs and financial aid. Most expressed feeling clueless about these processes at the time they were surveyed.

g. After School Activities, Opportunities to Socialize, Develop Hobbies and Pursue Interests

Youth Participation in Activities While in DCS Custody				
	Participate in after school activities (extracurricular clubs, activities, teams)	Attend Life Skills classes	Build friendships or hang out with my friends	Develop/pursue a hobby or special interest (singing, playing an instrument, dancing, drawing, painting, etc.)
	n=257	n=257	n=257	n=256
Lots	82 (32%)	54 (21%)	124 (48%)	123 (48%)
Sometimes	70 (27%)	47 (18%)	77 (30%)	56 (22%)
Not a Lot	25 (10%)	39 (15%)	26 (10%)	31 (12%)
Never	80 (31%)	117 (46%)	30 (12%)	46 (18%)

Source: Youth Life Skills Survey 2014.

The majority of 14- and 15-year-olds surveyed reported having at least some opportunity to participate in normalizing social activities. A smaller number of these youth participated in formal life skills classes, which is not surprising since many of those offerings are more appropriate for older youth or are offered in settings more commonly populated by older youth.

APPENDIX IX.B.3

2014 Foster Parent Exit Survey Annual Report

2014 Foster Parent Exit Survey Annual Report

I. Introduction

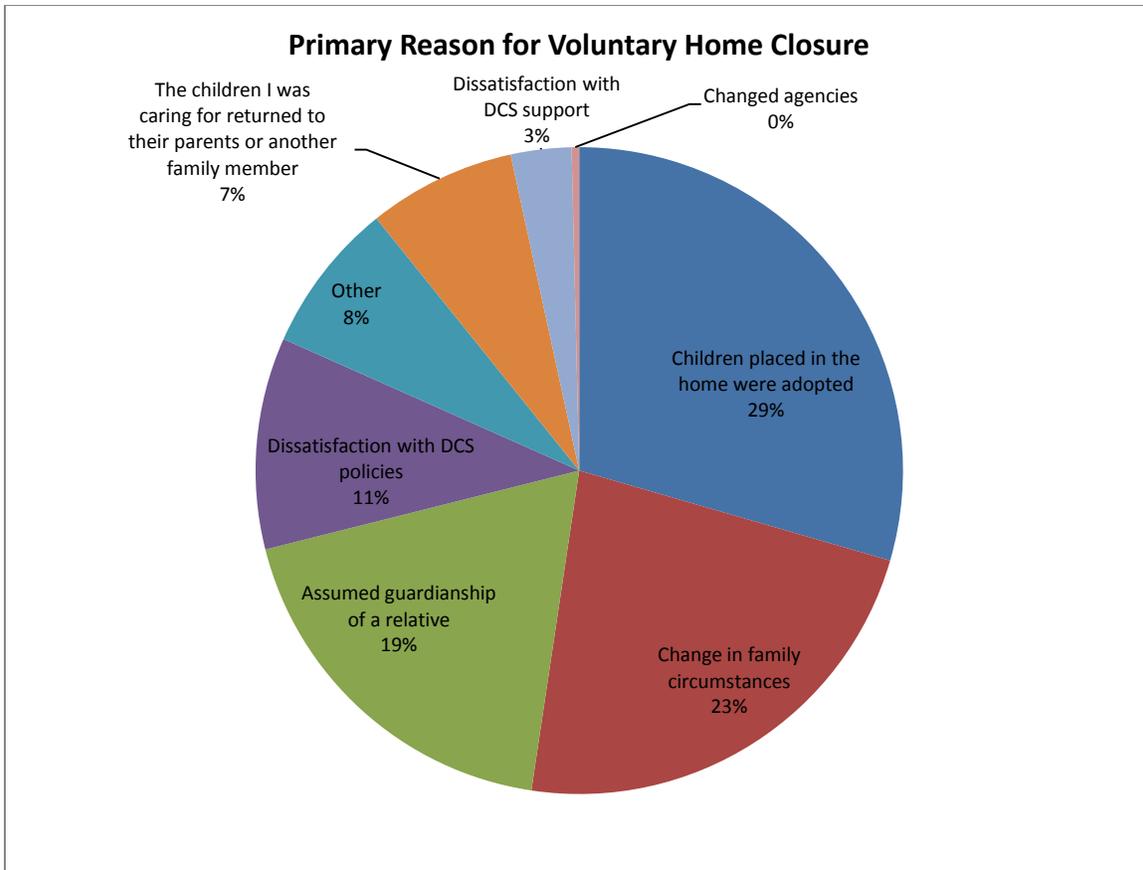
Because resource parents play a fundamental role in the child welfare system, recruiting and retaining appropriate resource families remains a priority for the Department of Children's Services. In an effort to ensure retention of resource parents, DCS conducts exit interviews of resource families that have voluntarily closed their homes. These interviews seek to identify why those families decided to stop serving as resource parents and pinpoint opportunities for improvement, if any. In 2014, the Department developed and implemented an enhanced survey and delivery protocol in order to engage a higher percentage of exiting families and to collect the information most valuable for identifying opportunities for improvement of policy and practice.

Through the first three quarters of 2014, DCS staff persons interviewed 559 exiting resource parents. During this time period, 763 resources families voluntarily closed their homes indicating that 73% of exiting families completed the survey. These families were asked a range of questions, including the reason for closure of their home, overall satisfaction with DCS, adequacy of training, and availability of supervisors. Surveys were conducted by phone, by regional staff with no direct case management responsibility for the families contacted. Responses were anonymous, and staff did not record any identifying information about the families contacted unless follow-up contact from a Central Office staff person was required.

The findings from these interviews indicate that homes primarily closed for desirable reasons, such as offering permanency for children, or for normal changes in family circumstances. While the results of these interviews do not indicate dissatisfaction with DCS as a significant cause for the decision of resource parents to exit from the system, feedback from this vital stakeholder group about any potential issues warrants attention. Given that only exiting resource parents participated in the interviews, some level of dissatisfaction is expected. However, the Department can leverage concerns raised by exiting resource families to better serve current resource families.

II. Why Homes Voluntarily Close

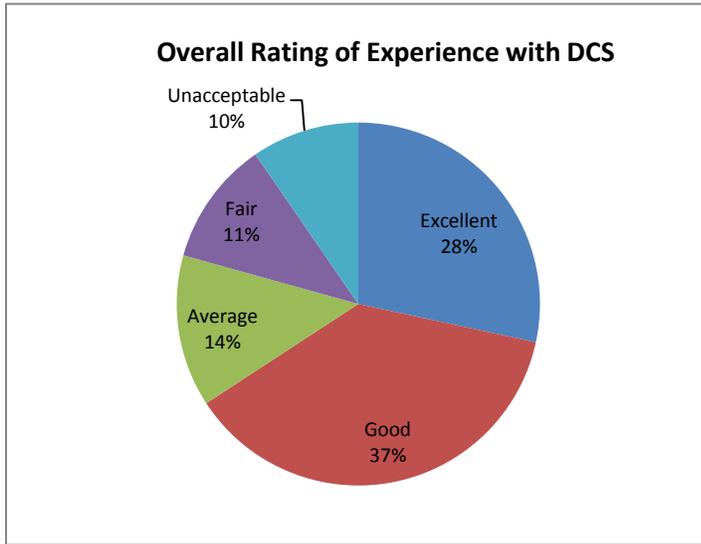
Exiting resource parents were asked for the primary reason they decided to stop serving as a foster parent. The most common responses were changes in the status of the child related to achieving permanency (such as adoption, guardianship, or return of the child to the biological family) or changes in the circumstances of the resource family. These responses accounted for 56% and 23% of responses, respectively. Of the 529 responses, 14% of resources parents reported some type of dissatisfaction with DCS as the primary reason for the closure of their home.



Primary Reason for Home Closure	Total	%
Children placed in the home were adopted	156	29%
Change in family circumstances	121	23%
Assumed guardianship of a relative	99	19%
Dissatisfaction with DCS policies	56	11%
Other	40	8%
The children I was caring for returned to their parents or another family member	39	7%
Dissatisfaction with DCS support	16	3%
Changed agencies	2	0%
Grand Total	529	100%

Participants were also given an opportunity to identify other circumstances resulting in closure and/or provide comments on their response. Many comments articulated by exiting resource parents highlighted the inherent difficulties in the foster care system, such as the stressful nature of the role, the strain on biological or adopted children, and the special needs of foster children. Comments provided also reflected that when parents indicated dissatisfaction with Department policy or practice, it mostly stemmed from disagreement with DCS' appropriate focus on reunifying families when possible. Understandably, many families struggle with sending children home to families with whom they previously experienced neglect and abuse.

III. Overall Satisfaction with DCS

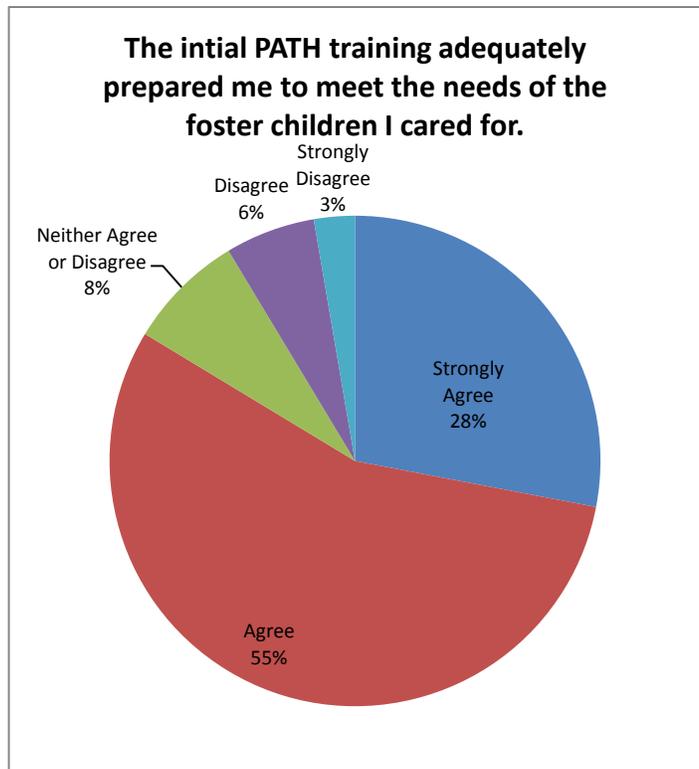


Interview participants were also asked to rate their experience with DCS. 65% of resource parents rated the experience as excellent (28%) or good (37%). Only 10% of resource families exiting the foster care system reported that their experience with DCS was unacceptable.

Overall Rating of Experience with DCS	Total
Excellent	151
Good	199
Average	72
Fair	59
Unacceptable	51
Total	532

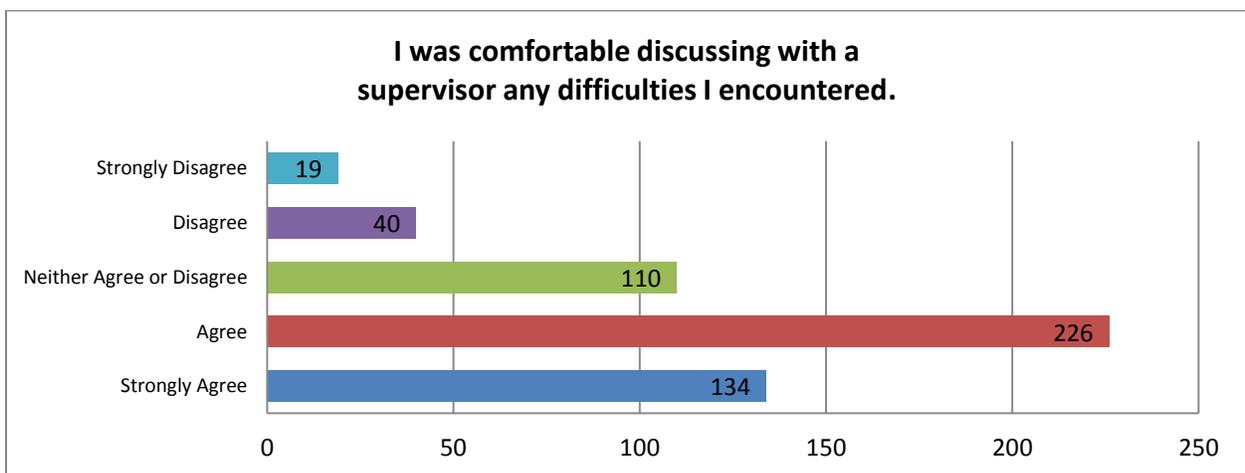
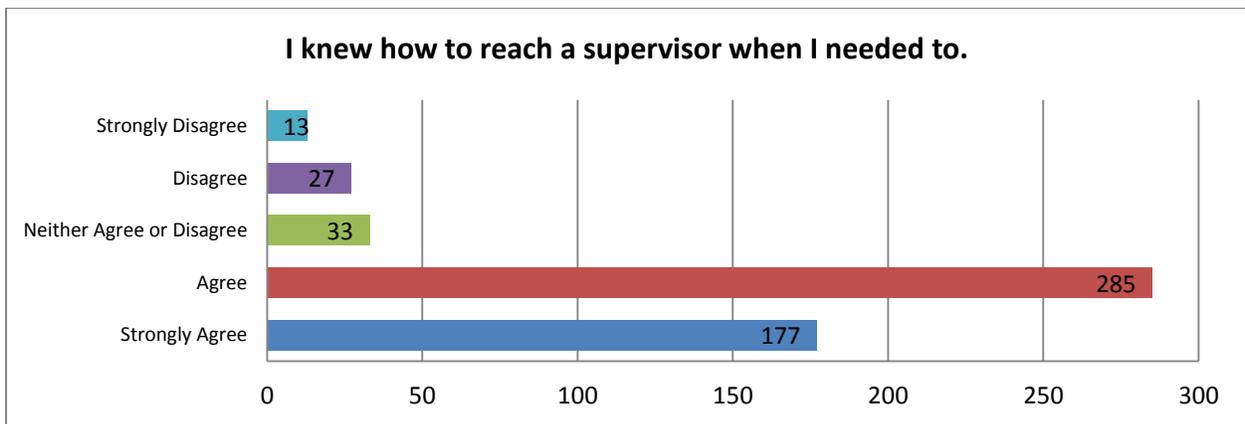
IV. Adequacy of Training

Because training plays a critical role in preparing resource parents to care for children in custody and to cope with the unique challenges associated with doing so, exiting families were asked whether the initial PATH training had adequately prepared them to meet the needs of the children in their care. 83% of respondents either agreed or strongly agreed that the training was adequate. Less than 10% of those surveyed felt that the training did not prepare them for the children placed in their home. The most common issue highlighted in survey comments was a desire for more information about dealing with the special needs of the children placed in their care.



V. Contact with Supervisors

Several of the interview questions addressed accessibility of supervisors to address questions and concerns of resource families. Exiting resource parents were asked whether they knew how to reach a supervisor when necessary and whether they felt comfortable discussing difficulties with that supervisor. Over 85% of exiting resource families agreed or strongly agreed that they knew how to reach a supervisor when needed. Less than 1% of families disagreed or strongly disagreed that they knew how to reach supervisors. Among this small number reporting an inability to contact supervisors, the most frequent comments received reflected frustration with the delay in receiving a call back from supervisors. As to discussing difficulties with supervisors, 68% agreed or strongly agreed that they felt comfortable doing so, while 11% disagreed or strongly disagreed. Some comments reflected that parents felt that supervisors failed to return calls or dismissed their concerns.



VI. Department's Response

In order to ensure that feedback received from resource parents results in meaningful improvements to practice whenever possible, the Department has developed and implemented continuous quality improvement (CQI) activities to explore improvements to the survey process and appropriate responses to information gathered from exiting resource parents.

First, Central Office leadership and field staff administering the surveys met to evaluate the efficacy of the process, challenges identified, and opportunities for enhancement. The survey questions, wording, and delivery method were discussed, and the team developed strategies to refine the process. Clarifications were provided about the timeline for completing surveys, and the terminology was simplified to prevent confusion. The team confirmed that the script provided to guide introduction of the survey was helpful and discussed any additional information that might be helpful to include. Generally, the survey itself and the process for its administration were determined to be effective and reasonable.

The Department then engaged in CQI discussions about the data gathered from the surveys. Survey results were shared with the Regional Administrators; RPS staff at their quarterly, statewide staff meeting; and a statewide Policy and Practice meeting, which includes staff at all levels from different practice areas. Initial discussions focused primarily on recurring themes discovered in comments throughout the survey. It was determined that childcare during training sessions and other activities required for maintenance of DCS resource parent licensure was a challenge for some resource parents. One region has implemented a pilot program engaging local partners to assist with childcare during PATH training. The Department is looking at the utilization of this program as well as the availability of similar partnerships in other regions to expand this type of service to other areas of the state.

While most exiting families reported having accessible supervisors, some had difficulty in reaching workers or supervisors and concern about delays in receiving return phone calls. As a result, leadership sought and received approval from the Commissioner to engage the Customer Relations division to respond to inquiries from resource parents when they are unable to reach a worker or supervisor. This system ensures that concerns are routed through an office with the authority and access to both regional and Central Office leadership necessary to appropriately address concerns.

Surveys completed later in the review cycle reflected that some resource parents may not have fully understood the cause for the closure of their home, even though DCS records reflected that the home closed voluntarily. While these occurrences were very rare, they did highlight a communication issue that the Department wanted to address. The survey protocol was amended to include instructions for the surveyor to contact Central Office staff any time a family's response seems to indicate that they may not fully understand or agree with the decision to close their home. Central Office staff will follow-up with these families to address any concerns or

confusion. This provision of the protocol supplemented the existing instruction to alert Central Office staff to any family requesting follow-up communication from DCS.

VII. Conclusion

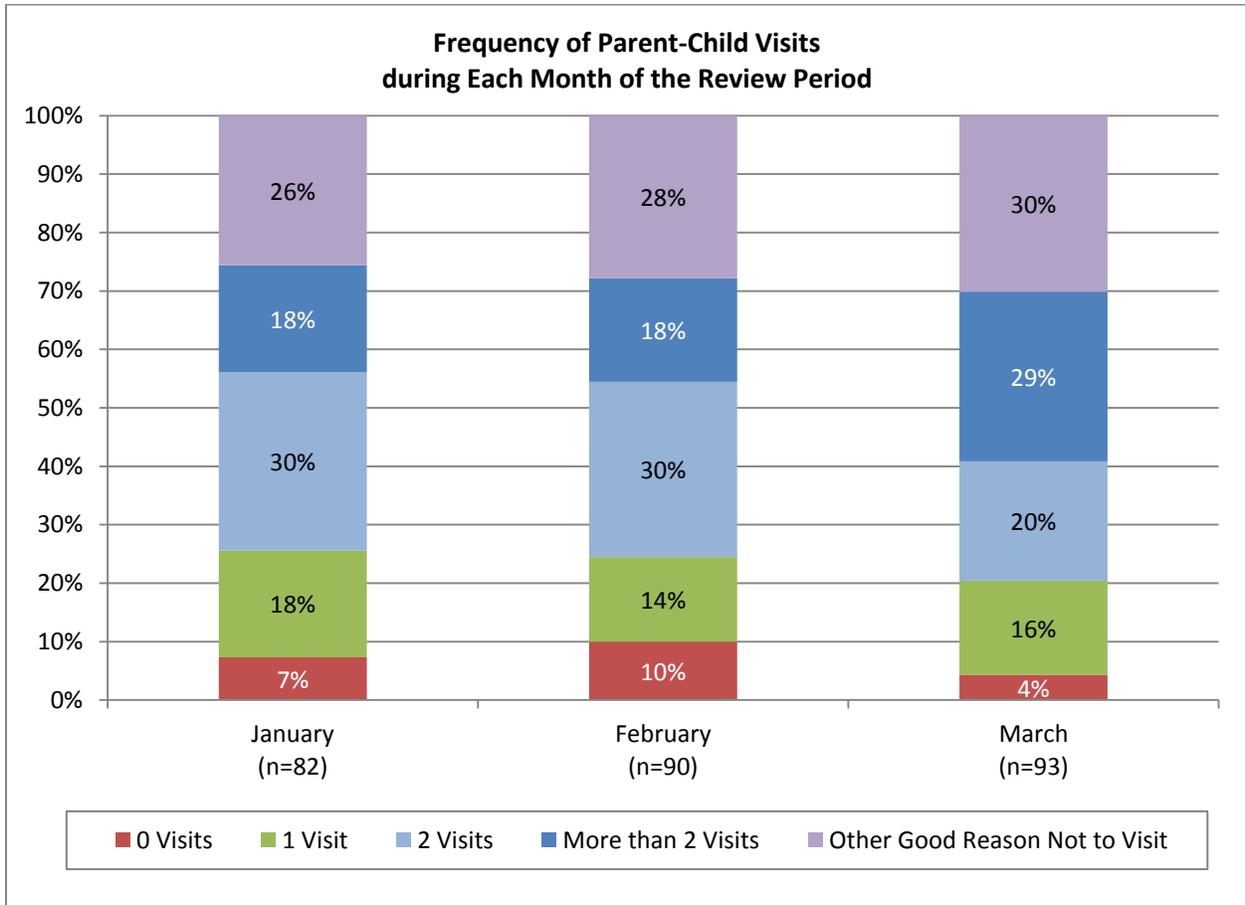
The Department has made significant advances in its practice of surveying resource families that voluntarily close their homes. As a result, the data gathered in 2014 provides rich information about the experiences of DCS resource parents. The responses collected confirm the Department's general sense about why families stop fostering—that most close their homes as a result of offering permanency to children for whom they were caring. However, the surveys also highlighted a few areas in which the Department had opportunities to better serve the individuals who serve Tennessee's children and families, and the Department identified some strategies for responding to these areas.

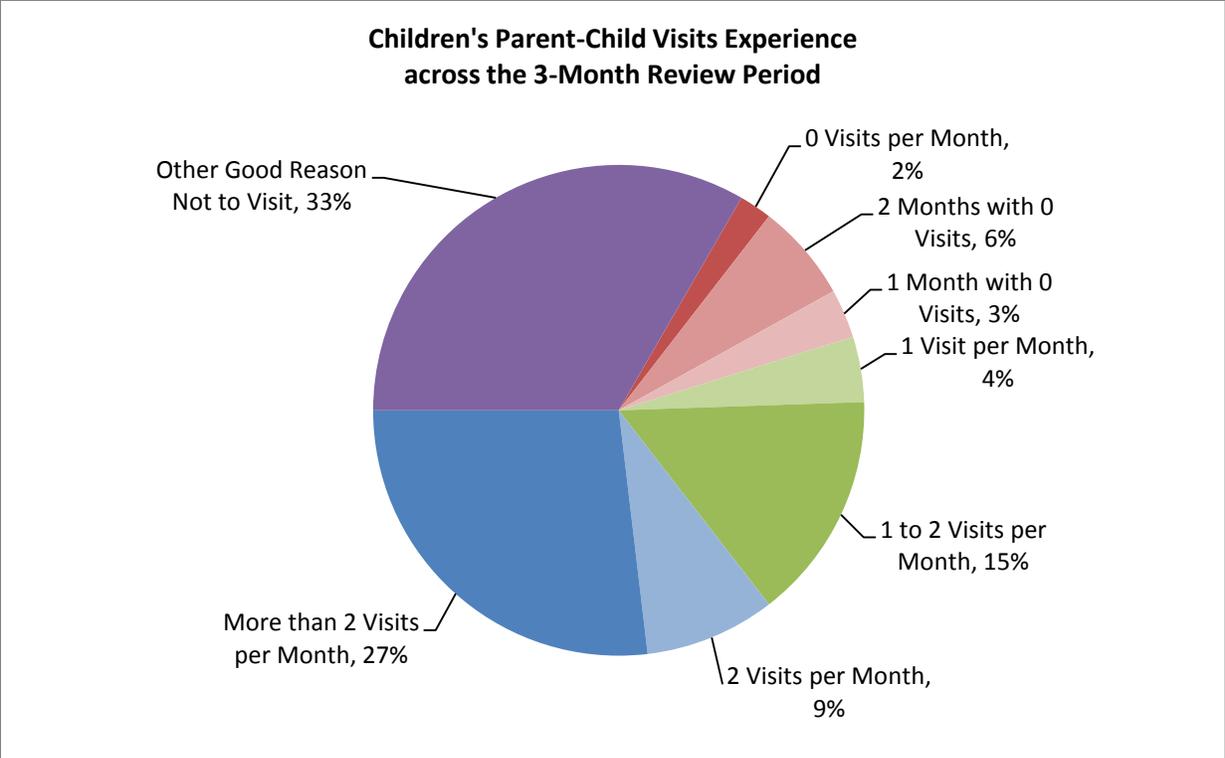
Overall, resource parents reflect a positive experience working with DCS, including appropriate training and support to care for the children placed with them. The Department is committed to continuing to employ best practice methods regarding resource parent selection, preparation, and support and to continuously refine those methods through gathering and responding to feedback from departing resource parents.

APPENDIX XVI.B.1

SUPPLEMENTAL DATA FROM 2014 PARENT-CHILD VISITS REVIEW

The following figures present an analysis of the 2014 Parent-Child Visits Review data that excludes the small number of cases falling into one of the exceptions allowed by the Settlement Agreement from the “n.”





The following table presents a breakdown of cases falling into each of the categories included under the “Other Good Reason Not to Visit” category:

Breakdown of "Other Good Reasons" for Missing Visits			
	January	February	March
Parents who were either missing or avoiding DCS and there was evidence that the Department was trying to locate or engage the parent	11	14	16
Children who were placed on ICPC	1	1	1
Children for whom visits with an incarcerated parent at the jail were not in the child's best interest	1	1	1
Children whose therapist had recommended that visits not occur	0	1	0
Children whose TPR order was being appealed	1	1	1
Children who no longer had a reunification goal	0	0	1
Parents living out of state (excluding those cases in which parents were living just across the Tennessee border)	6	6	7
Cases in which the court order specified that the parents pass two consecutive clean drug screens before visits could occur	1	1	1
TOTAL "OTHER GOOD REASON"	21	25	28

The following figure presents an analysis of the data that counts all contacts, not just those determined by reviewers to have occurred at a location and for a duration (at least one hour) that would support a quality visit.

As the figure reflects, the result of including all contacts, regardless of location or duration, would be a slight increase in the percentage of children reported as receiving at least two visits (the blue-shaded segments in each bar) from 47% to 50% in January, from 46% to 47% in February, and from 48% to 50% in March, and a slight decrease in the percentage of children reported as receiving no visits in February from 10% to 8%.

