MONITORING REPORT

OF

THE TECHNICAL ASSISTANCE COMMITTEE

IN THE CASE OF

BRIAN A. v. BREDESEN

September 12, 2007
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INTRODUCTION

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

(a) because they were abused or neglected; or

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

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

The Role of the Technical Assistance Committee

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

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

Under the terms of the Stipulation of Settlement of Contempt Motion (Stipulation) entered by the Federal District Court on December 29, 2003, the TAC also assumed responsibility for assisting the State in developing an implementation plan and monitoring and reporting on the State’s performance both under that plan and under the original agreement for a 26-month period beginning January 1, 2004.1 A Stipulation Extending Monitoring was entered on February 28, 2006, extending the TAC’s monitoring role and responsibilities through August 31, 2007.2 A further Stipulation

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1 The Path to Excellence, the implementation plan developed by DCS in accordance with the Stipulation, was approved by the Court on August 19, 2004.
2 In addition, pursuant to that stipulation, the TAC became a four person committee with its current membership.
Extending Monitoring was entered on May 8, 2007, extending the TAC’s monitoring role and responsibilities through September 30, 2008.

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

The Focus and Structure of this Monitoring Report

This monitoring report is specifically designed to provide information to assist the parties and the Court in determining the extent to which the Department has met or is meeting the specific provisions of the Settlement Agreement. The first section of the report is a presentation and discussion of data related to the specific outcome and performance measures of Section XVI of the Settlement Agreement and includes an update of data presented and discussed in the Section Two of the January 2006 Monitoring Report. The remainder of the report is structured to correspond to the sections of the Settlement Agreement which contain substantive process, performance, or outcome requirements: Settlement Agreement Sections II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII.

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

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

Significant Accomplishments

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

Most important are the areas in which the Department’s hard work has achieved demonstrably better results for children and families.

- Only 10% of children entering care are now placed in congregate care settings, half the rate of such placements six years ago.
- Eighty-five percent of children who came into care in 2006 as part of a sibling group were placed together, a substantially higher rate than many systems achieve.
- There are fewer children in foster care now than at any time since the entry of the Settlement Agreement and the Department has accomplished this reduction while maintaining a stable rate of reentry into foster care.
- The Department has been recognized by the U.S. Department of Health and Human Services for impressive increases in the number of children for whom it has successfully found adoptive homes.
- The Department now more routinely seeks a permanent family for every child in its care. It has added subsidized permanent guardianship as a permanency option, and it has reduced or eliminated the use of the “goals” of “long-term foster care” and “other planned permanent living arrangement.”

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

- Tennessee now has a “practice model”—a set of underlying values and an approach to working with families and children that emphasizes engagement, depends on a thorough assessment of a family’s strengths and needs, and involves

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3 The Department is providing guardianship subsidies under a federal Title IV-E waiver demonstration project approved by the U.S. Department of Health and Human Services.
families and youth in the case planning and decision-making process—and a corresponding set of policies and procedures.

• While these policies and practices are still being implemented, both the outcomes the Department is trying to achieve and the core strategies for achieving them are broadly understood by both DCS staff and the private providers that the Department contracts with, something that was not the case several years ago. The Department's initial implementation plan, the Path to Excellence, and the update of that implementation plan, the Road to Reform, appropriately focus on useful strategies and action steps to structure the Department’s work. The current emphasis on steps to improve the quality of casework practice makes sense at this stage of Tennessee’s reform process.

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

• The Department has recognized that no reform effort can succeed without a substantial investment in recruitment, training, and retention of competent, caring, and committed staff. It has collaborated with colleges and universities to develop a special Bachelor’s in Social Work (BSW) program that is designed to be a “pipeline” for hiring new employees who already have classroom training and relevant field experience in child welfare practice. By August 2007, the Department expects to implement a separate hiring register that will ensure that it is able to give a hiring preference to these graduates and others with social work and related degrees.

• The Department has addressed two critical challenges to maintaining a well qualified workforce: the historically low pay of DCS case managers relative to comparable (and often less demanding) positions in the public and private sector and the historically high caseloads that preclude workers from being able to provide the level of attention that children and families need and deserve. Tennessee has dramatically increased its starting salaries for every class of case manager position and it has dramatically decreased foster care case manager caseloads. Caseloads that prior to the entry of the Settlement Agreement routinely exceeded 40 cases are now limited to no more than 20. For the past two

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4 The term “resource parent” is used by the Department to refer to both foster parents and adoptive parents. Similarly, the term “resource home” is used by the Department to refer to both foster homes and adoptive homes.
years, over 90% of DCS case managers at any given time have had caseloads that are within the caseload limits set by the Settlement Agreement and when those caseloads exceed the limits they tend to do so by only a few cases and for only a short period of time.

- The Department has used Needs Assessment funds provided for by the Settlement Agreement to support resource creation, and the State has committed substantial additional resources to the reform effort in response to well-reasoned budget requests by DCS leadership.

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

- The Department has made progress in addressing a number of critical areas of concern that had been identified in the lawsuit: the lack of clear and effective policies and procedures governing the use of psychotropic drugs for children in DCS custody; the improper use of restraints and seclusion; and the overuse of in-house schools (schools attached to congregate placement settings) for children who could be appropriately served by the public education system.

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

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

\(^5\) Under the current central administration organizational nomenclature, an “Office” is headed by an executive director who reports to one of three deputy commissioners. Offices are made up of “Divisions,” and the Divisions are made up of “Units.” The most current Departmental organizational chart (as of July 27, 2007) is included as Appendix A.
Service Review (QSR) process as an ongoing method for gathering information on the quality of service delivery for children and families and data on both child and family outcomes and system performance.

The Challenges Ahead

The Department has much to be proud of in the work it has done and in the results it has achieved. However, the Department continues to face challenges. The improvements in the areas highlighted above are not yet matched by equal gains in other areas critical to the healthy development of the children the Department serves. For example:

- Too many children experience further disruption while in foster care, moving from one home to another, from one school to another, and, as a result, being unable to develop and maintain stable, consistent relationships with both peers and caring adults.

- Many children are not receiving the regular visits they need and want with their parents and siblings from whom they are separated while the children are in placement.

- Older children in foster care too often are not receiving the services and supports they need for successful transition to adulthood.

- Too many children “age out” of the system without the permanent family connections of successful reunification or adoption.

The Technical Assistance Committee believes that, notwithstanding the Department's significant accomplishments, the improvements in organizational infrastructure and the changes in policy and procedure set in motion by the DCS leadership are unlikely, in and of themselves, to produce progress sufficient to fully carry out the requirements of the Settlement Agreement and the goals of the Department’s leaders. Unless matched by substantial improvements in routine front-line practice—the daily interactions between caseworkers and the children and families they are trying to help—all of this good work will not consistently achieve good outcomes for many of the children in the Department’s care. Careful, in-depth reviews of the Department’s current practice show some initial improvements over the past year, but considerable work remains before that practice attains the level needed to routinely produce desired outcomes for children and families.

The principal challenge confronting the Department at this time is institutionalizing and connecting the many new initiatives on the ground so that taken together, they produce the desired results for children and families. In its current Road to Reform, the Department correctly identified as its major challenge improving the quality of casework—the critical interactions between children, families, workers, helping
professionals, and the community that are needed to make sure that children are safe, healthy, and able to develop and succeed.

The Department has already experienced many of the gains from its investment in policy and infrastructure development. In addition, while the Department’s many initiatives have been important to the progress made to date in various areas related to the overall reform effort and compliance with the specific requirements of the Settlement Agreement, the initiatives have frequently been experienced by the field as a series of separate activities, competing for their time and attention, and not necessarily clearly adding value to or making more effective their work with children and families.

For this reason, the TAC believes that the Department’s continued progress now depends on integrating and prioritizing for the field a set of activities that have the greatest potential to improve the quality of casework that case managers do on a daily basis with children and families.

There are two areas of activity that appear to have significant potential for improving outcomes for children and families.

The first is a concerted focus on the quality of the core practice elements of the Child and Family Team Process: engaging children and families; forming strong child and family teams that include not only professionals, but relatives and others who are part of the family’s informal support network; assisting those teams in assessing the strengths and needs of the family; having the team develop and track the implementation of individualized case plans that build on those strengths and address those needs; and utilizing the team and the team meeting process for problem-solving and key decision-making throughout the life of the case.

The Department has a well designed Child and Family Team model, a high quality training curriculum to support that model, and a core group of Child and Family Team Meeting facilitators who have special skills to facilitate Child and Family Team meetings and to coach and mentor others in the Child and Family Team process. However, this progress is not yet matched by equal skills on the part of front-line workers or, even more critically, by many of the team leaders (supervisors) and team coordinators (senior supervisors) who are responsible for overseeing their work. In order to bring the Child and Family Team process “to scale” and ensure that every child has a well-constituted and active Child and Family Team, the Department must focus its effort and target its resources to ensuring that these supervisory personnel have the skills and support they need to coach and mentor the case managers they supervise, and that they are held accountable for doing so.

To accomplish this, the Department will need to develop region-specific strategic plans that include an assessment of the region’s current capacity, timelines for a staged and sequenced development of each region’s team leaders and the teams they supervise (and the resources to support achievement of those timelines) and a mechanism for using the
feedback from QSR data and other indicators of Child and Family Team process-related performance not just to measure system performance, but to improve case practice.

The second area in which there appears to be significant potential for improving outcomes is recruitment and retention of resource families. Tennessee has recognized that the trauma and disruption that a child experiences when removed from his or her family can be greatly reduced, and services and supports most effectively delivered, when that child can be placed in a family setting, within the child’s home community, and whenever possible, with a family that the child already has a connection to. Well trained and actively involved resource parents play a vital role in supporting the safe reunification of children with their families when reunification is possible. And for those children who cannot safely return home, the resource families with whom they have been placed in temporary foster care often become the permanent families of those children who experience permanency through adoption.

While Tennessee has done a good job of increasing the percentage of children served in family settings, the Department does not yet have the range and number of resource homes that it needs in each region to serve the children coming into care from that region. As a result, children are too often placed far from home, increasing the trauma associated with separation from family and friends and diminishing their prospects for permanency. The recruitment of additional foster families is, of course, an important step towards solving this problem. However, two other issues are of even greater importance in Tennessee’s effort to provide a good foster care match for every child who requires placement.

The first of these is the Department’s ability to support and retain its current foster families. There is some evidence that at least some attrition (and some of the challenges to successful recruitment) is a result of a gap between the level of day-to-day involvement and support that the practice model and DCS policy envisions for its resource parents and the actual experience of a significant number of resource parents.

A concerted effort to address the issues related to communication between case managers and the resource parents working with the children served by those case managers and improved responsiveness when resource parents are encountering difficulties in getting services or supports for children in their home or with the quality or effectiveness of the services, would reasonably be expected to improve retention rates and make recruitment of new families easier. One of the most effective ways of improving responsiveness and communication with resource parents is to make sure that they are involved members of an active Child and Family Team. But there are certainly other steps that can be taken and the Department’s recent focus on getting feedback from both current and former resource parents is a good strategy for identifying additional ways to improve resource parent support.

In addition to increasing capacity by improving retention, there is considerable opportunity for Tennessee to increase its resource home capacity through child-specific recruitment focused on the child’s natural circle of support. The best match for a child is
often a person with whom the child already has a positive relationship. However, the Department has relatively few kinship resource homes compared to many other child welfare systems and while it has increased the percentage of children served in resource homes, the percentage of children in kinship resource homes has declined, from 18.0% in 2003 to 13.7% in 2006,\(^6\) the lowest percentage of kinship homes at any time since the entry of the Settlement Agreement.

There is some evidence that outreach to relatives has not been as consistent as it needs to be and that communication issues and inconsistent responsiveness to relatives has been an obstacle to increasing kinship resource homes. It will be important for the Department to do a thorough analysis of the barriers to more effective identification, training, approval, and support of kinship resource families and to make addressing those barriers a top priority.

The next 12 to 24 months are a critical period in Tennessee’s effort to build an effective, responsible, and accountable child welfare system. The Department needs to build on its significant achievements to date by measurably improving front-line practice and by attracting more relative caregivers and better supporting all resource parents. The success of these efforts is critical both for fully achieving the improvements for Tennessee's children and families that were envisioned in the Settlement Agreement and for sustaining the positive changes brought about by the current reform.

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\(^6\) The Department generally uses the term “kinship resource home” to refer to both resource homes headed by relatives (persons with whom a child has a blood relationship) and resource homes headed by fictive kin (persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member, or a family friend). However, the aggregate data currently produced from TNKids related to kinship resource homes only includes kinship resource homes headed by relatives because TNKids does not currently indicate whether a non-relative resource home is headed by “fictive kin.” The percentages referred to in the comparison set forth in the text therefore exclude fictive kin. The new SACWIS system, scheduled to be implemented during 2010, will have the capacity to identify and report on both types of kinship resource homes.
SECTION ONE: DATA AND OUTCOME MEASURES OVERVIEW

Introduction:

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

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

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

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

For a number of areas addressed by these questions, the Settlement Agreement establishes specific measures of outcomes and performance and specifies numerical standards that the Department is to achieve for the period beginning on January 1, 2007 and ending June 30, 2008 (Reporting Period III). With respect to these specific outcome and performance measures, this section reports on the Department’s present level of achievement, generally by applying the Reporting Period III standard to what is referred to as Interim Reporting Period III (January 1, 2006 through December 31, 2006). The discussion for each measure begins with the presentation of the numerical standard to be achieved for Reporting Period III (January 1, 2007 through June 30, 2008), reports on the present level of achievement, and, for comparison, provides relevant data from Reporting Period II (June 1, 2004 through November 30, 2005).

The discussion is supplemented by additional data and measures relevant to the particular area of focus.

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

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7 Section XVI of the Settlement Agreement specifies performance percentages to be achieved during each of three reporting periods. The Department’s performance for the two prior periods have been the subject of previous reports, the first report by the original monitor and the second by the TAC, issued in March of 2006. Appendix B includes individual tables for each Section XVI Outcome and Performance Measure. Each table includes: the statewide and regional levels of achievement for Interim Reporting Period III, and the achievement level the Department is expected to achieve for Reporting Period III.

8 A full discussion of Period II data is contained in the March 2006 Monitoring Report which is available online at http://www.state.tn.us/youth/dcsguide/fedinitiatives.htm.
and TAC staff). A more detailed description of each of the data sources relied on in this section is presented in Appendix C, and a brief orientation to the aggregate data explaining the three types of data presented (point in time, entry cohort, and exit cohort) is presented in Appendix D. In addition, Appendix E presents tables providing the data on which many of the figures in this section are based.

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

Before addressing the three core questions regarding system performance, it is important to have some basic information about the children coming into foster care: how many they are, where they come from, and why they are being placed. This subsection provides information related to the numbers of children in state custody, the adjudication that resulted in their placement, the placement dynamics (placement rates and discharge rates), and the age distribution.10

Key findings:

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

- The number of children in placement has been decreasing since 2004. This has resulted from a combination of an increase in discharges from state custody and a slight decrease in admissions over the course of the past two years. In 2006, there were fewer children in placement than there were during any other year since the entry of the Settlement Agreement in September 2001.

- The statewide placement rate has also decreased slightly since 2004 but remains higher than it was at the time of the entry of the Settlement Agreement.11 On the regional level, placement rates decreased considerably between 2005 and 2006 for five regions (Northeast, Upper Cumberland, Southeast, Northwest, and Hamilton) and increased considerably for two regions (Knox and Davidson).

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9 Data from the 2006-2007 Quality Service Review presented in this report is preliminary for the last region to be reviewed during the year (South Central). There may be very slight changes to the data when the South Central scores are finalized.

10 In January 2007, the TAC issued a monitoring report focused on issues of racial disparity that included a detailed analysis of race and ethnicity data. The TAC therefore has omitted discussion of that data from this report.

11 The term “placement rate” as used here refers to the number of children entering out-of-home placement for the first time per 1,000 children in the general population. It does not include children who reenter foster care. See discussion pp. 13-14.
1. Placement Population

Figure 1 below provides some basic information about the composition of the DCS custodial population in out-of-home placement during the seven-year period beginning July 1, 2000.\(^{12}\)

![Figure 1: Total Placement Population by Adjudication Jan 1, 2000 - Jan 1, 2007](image)

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

The daily population of children in DCS placement ranged from approximately 8,500 to 9,000 between 2000 and 2004. The daily population began to decrease in the second half of 2005, and in 2006 ranged from a high of approximately 8,100 mid-year, to approximately 7,700 at the end of the year. On January 1, 2007 there were 7,712 children in DCS placement—almost 800 fewer than the 8,505 children in placement on January 1, 2005.

As Figure 1 reflects, the majority of children in placement are there based on findings that they were neglected or abused. On January 1, 2007, for example, 5,892 (76%) of the children in placement were neglected or abused, 185 (2%) were unruly (were truant from school, had run away from home, or engaged in other non-criminal misbehavior) and 1,635 (21%) were delinquent (had committed a criminal offense). Over the last several years, the Department has experienced some fluctuations in its daily placement

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\(^{12}\) There are some children who are in DCS legal custody but are living in their homes, awaiting placement, on a trial home visit, or for some other reason. The custodial population on any given day will therefore be higher than the placement population (children in out-of-home placement). For example, at the time of the January 1, 2007 snapshot, there were 8,527 children in DCS custody, of whom 7,712 were in placement.
population, but there has been an overall decrease in the number of children in placement in each category of adjudication.\textsuperscript{13}

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

![Figure 2: All Admissions, Discharges, and Placement Population, Year Intervals: 2000-2006](source)

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

\section*{2. Placement Rates}

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

One of the factors that influence the number of children coming into out-of-home placement is the number of children in the general population. The larger the number of

\textsuperscript{13} Although DCS is responsible for and cares about the experiences of all children in its custody, for the purposes of this report, the data reported in the remainder of this section (unless otherwise indicated) includes only members of the Brian A. class: children who are in state custody based on findings that they are abused, neglected, or unruly.
children in the general population, the larger the number of children who may be subject to abuse or neglect, or who may have conflicts at home or at school leading to truancy and runaway behavior. It is therefore important to look at the “placement rates” of class members (number placed per 1,000 children in the general population) and not just the raw numbers of placements.  

Figure 3 shows the patterns in statewide first placement rates and in the number of first placements in Tennessee over the past several years. First placement rates in Tennessee increased between 2000 and 2004, with a jump of 22% from 2002 to 2003. However, first placement rates have slightly but steadily decreased since 2004.

Figure 4 below displays regional placement rates for 2005 and 2006, and Figure 5 compares the number of admissions by region for 2005 and 2006. In Figure 5, the regions are ordered according to their placement rates for 2006, with the region with the highest placement rate listed first and the lowest listed last.

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

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

16 In general, when child welfare systems become more effective, one would expect to see placement rates decrease, because more families get supportive services and are able to keep children at home.
East Tennessee and Mid-Cumberland regions, which had the highest number of first placements in 2005, continued to account for the highest number of first placements in 2006. However, similar to previous years, East Tennessee had the highest placement rate in 2006, while Mid-Cumberland had the fifth lowest placement rate. Placement rates dropped between 2005 and 2006 by 0.5 per 1,000 or more in five regions (Upper Cumberland, Southeast, Northwest, Northeast, and Hamilton); placement rates increased by 0.5 per 1,000 or more in Davidson and Knox regions.

As reported in previous monitoring reports, Shelby County continues to have the lowest first placement rate. The Department is continuing to analyze Shelby County practice to better understand the unique placement dynamics.

Placement rate percentage point changes of less than 0.05 are treated as within the range of what would be considered a “stable” placement rate.
While the Settlement Agreement does not require any specific reduction in the number of children in care or in the placement rate, the Department established a goal for 2006 of reducing first placements by five percent—from 4,700 in 2005 to 4,465 in 2006. Figure 6 below displays the Department’s performance in 2005, its 2006 goal (which is, for every region, a five percent reduction from 2005 performance), and its actual 2006 performance. Based on the Department’s assessment that more could be done to assist families and safely provide for children’s needs without having to place them in DCS custody, each Region was asked to examine its practices and establish strategic goals for the reduction of children in placement. These goals are meant to be planning targets and to frame the region’s work in developing proper supports and more effective interventions for at-risk children and their families. By examining their actual experience...
in relation to the regional targets, staff are encouraged to evaluate both internal and external conditions that affect the number of children in placement.¹⁹

The Department succeeded in reducing first placements in 2006 to 4,526; however, it did not reach its goal of bringing down the number of first placements to 4,465. While the statewide goal was not achieved, as reflected in Figure 6, a number of regions achieved reductions of at least five percent.²⁰ Southeast, Upper Cumberland, Northwest, and Hamilton achieved a considerable reduction in the number of first placements compared

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¹⁹ This is the approach that the Department expects regional administrators and staff to take with respect to all of the numerical targets that the Department has established to guide regional improvement efforts. Regional administrators are expected to be able to understand and explain the internal and external conditions that affect their ability to achieve the numerical targets and to provide feedback on the reasonableness of those targets based on those internal and external conditions. The Department sets these numerical targets based on a reasoned judgment of what should result if the region is successfully implementing high quality casework and providing appropriate services and supports. However, individual case decision making is to be made in accordance with high quality casework standards and the best interests of the child and family in that case, not by focusing on how that individual decision will impact the achievement of a particular numerical target.

²⁰ The Regional Outcomes data presented throughout this section of the report are organized in order of the extent to which the regions achieved their goals, with the region that had the greatest success in achieving or exceeding its goal at the far left and the region that was least successful in meeting its goal at the far right. Where applicable, the statewide performance is also included in the figure.
to their past performance, while Knox and Davidson had a considerable increase in the number of first placements.21

3. Placement by Age Group

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

Figure 7 below shows the age of children in the Brian A. class served by Tennessee’s child welfare system, using both entry cohort data organized by the age of the child when the child first entered out-of-home placement (the orange line) and point in time data showing the age distribution of those children in out-of-home placement on December 31, 2006 (the blue line). Because the age distribution of class members entering out-of-home placement over the last several years has remained relatively constant, data from cohort years 2002 to 2006 is shown together.

![Figure 7: Single Year Age Distributions: First Placements 2002-2006 by Age at Admission, and Age of Children in Care on December 31, 2006](image)

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

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21 Because historically some regions have had much smaller numbers of first placements than other regions, the fact that a region has achieved its goal does not necessarily mean that it has a smaller number of first placements than regions that did not achieve their goals. For example, although Knox was further from meeting its goal than any region other except Davidson, the actual number of first placements in Knox was lower than in Northeast, a region that achieved its goal.
The largest age group by far entering out-of-home placement is infants; the next largest age groups are the teenagers (16, 15, and 14, respectively). While infants are the largest age group in any given entry cohort, the point in time data reflect that on any given day there are more 17-year-olds in out-of-home placement than any other age group, with the next largest groups being 16-year-olds and 15-year-olds.

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

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

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

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

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

Key findings:

- Approximately 90% of children entering foster care are placed in family settings, a significant improvement compared to 2002 and a significant achievement compared to many other child welfare systems.
• Although the rate of placement in family settings has improved, the Department’s performance in placing children in kinship resource homes has declined over the past several years, with kinship resource homes decreasing from 18.0% of placements in 2003 to 13.7% in 2006.22

• The Department’s performance in avoiding the use of emergency placement settings has improved. Initial placements in emergency settings in 2006 decreased significantly, from 45% of initial congregate care placements in 2005 to 27% of initial congregate care placements in 2006.

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

• The four single-county urban regions continue to be much more successful in initially placing children within their home counties (83%) than are the eight largely rural regions (47%). In 2006, the percentage of children initially placed in their home counties increased in several rural regions—most significantly in Mid-Cumberland and Northwest. In the urban regions, the percentage for 2006 decreased in Hamilton and Shelby and increased in only Davidson County.

• Tennessee’s children continue to experience a significant number of moves, in excess of both the Brian A. requirements and the targets set by DCS.

• Children whose first placement when entering out-of-home care was with relatives continue to be significantly less likely to move than children placed in non-relative foster homes. Sixty-nine percent (69%) of the 746 children entering out-of-home placement for the first time in 2005 who were initially placed with relatives did not experience a placement move, compared to 47% of the 3,301 children entering out-of-home placement for the first time in 2005 who were initially placed in non-relative resource homes.23 Improved identification, utilization, and support of kinship resource homes is therefore a reasonable strategy for improving stability (in addition to the other benefits to children of relative placements).

22 The Department generally uses the term “kinship resource home” to refer to both resource homes headed by relatives (persons with whom a child has a blood relationship) and resource homes headed by fictive kin (persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member, or a family friend). However, the aggregate data currently produced from TNKids related to kinship resource homes only includes kinship resource homes headed by relatives because TNKids does not currently indicate whether a non-relative resource home is headed by “fictive kin.” The percentages referred to in the comparison set forth in the text therefore exclude fictive kin. The new SACWIS system, scheduled to be implemented during 2010, will have the capacity to identify and report on both types of kinship resource homes.

23 Consistent with the discussion in footnote 22, the term “non-relative foster home” as used here includes fictive kin.
• For children who do experience placement moves while in care, those moves tend to occur during the first six months in out-of-home care. A promising approach to improving placement stability might therefore be to focus on understanding and addressing the factors that contribute to placement moves in the first six months in care.

• Although there appears to have been some improvement, the Department continues to struggle to provide appropriately frequent parent-child visits for the large majority of children in care for whom the permanency goal is reunification.

• For siblings placed in foster care, the Department has experienced significant success in keeping sibling groups together. However, for those sibling groups who are separated while in care, there appears to be significant room for improving the frequency of sibling contact.

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

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

Figure 8 below shows first placements by placement type for the past five years. The family placement bars reflect both kinship resource homes (top portion of each bar) and non-kinship resource homes (bottom portion of each bar). In 2002, 80% of children entering out-of-home placement for the first time were initially placed in family settings. This percentage has increased over the past five years, nearing 90% in 2006. However, notwithstanding the increase in family-setting placements, the percentage of children whose first placement is a kinship resource home has shown a steady decrease since 2003, with kinship resource home placements decreasing from 18.0% of all initial placements in 2003 to 13.7% in 2006.

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24 “Fictive kin” are not included in this data. See footnote 22.
Figure 8: Placement Type of Children First Placed in Care, 2002-2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Kinship</th>
<th>Non-Kinship</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>14.6%</td>
<td>65.8%</td>
</tr>
<tr>
<td>2003</td>
<td>18.0%</td>
<td>67.5%</td>
</tr>
<tr>
<td>2004</td>
<td>17.6%</td>
<td>70.2%</td>
</tr>
<tr>
<td>2005</td>
<td>15.9%</td>
<td>73.3%</td>
</tr>
<tr>
<td>2006</td>
<td>13.7%</td>
<td>73.7%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Figure 9 below breaks out the different types of congregate care placements for the initial placements shown in Figure 8. It is important to keep in mind that Figure 9 represents only a fraction of total initial placements for each year (between 10% and 20%).

Figure 9: Percentage of Children Placed in Congregate Care Placement Types, Children First Placed in 2004 and 2006

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>2004</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Homes/Residential Treatment Centers</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>Detention</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Emergency Shelters and PTCs</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Hospital</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Of these initial congregate care placements, emergency placements made up the largest percentage by far in 2004, but placements in hospitals and group homes/residential treatment centers made up the largest percentages of initial non-family placements in 2006. This reflects a decrease in the use of emergency placements as initial placements from 333 in 2004 to 157 in 2006. Initial placements in group homes/residential treatment centers increased somewhat from 135 in 2004 to 170 in 2006; initial detention and
hospital placements decreased slightly, from 46 to 31 and from 219 to 186, respectively. Unspecified initial placements also decreased from 35 in 2004 to 26 in 2006.25

While the Settlement Agreement requires that children be placed in the least restrictive, most family-like setting and places specific limits on the use of non-family placements, the Settlement Agreement does not require a specific percentage of children in care to be placed in family settings. Nevertheless, the Department established as a statewide goal to increase the percentage of children whose first placement (excluding a temporary placement of up to five days) is in a family setting to 91% of children first placed in 2006. In order to achieve that goal, the Department established regional goals which vary based on the historical performance of each region. Figure 10 below displays the Department’s performance in 2005, its goal for 2006, and its actual performance in 2006.

While half of the regions fell short of their individual regional goals, enough regions exceeded their goals to allow the state to achieve its 91% target for 2006.26 For nine

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25 “Unspecified” indicates a data entry error (including failure to enter type of placement). Four “unspecified” placements for 2004 were reported in the January 2006 Monitoring Report instead of the 35 reported for 2004 in this report. The difference in the number of “unspecified” placements in 2004 between this report and the previous report is the result of changes in the way in which placement information is accessed after the implementation of the new TNKids placement module. The information is now pulled from two separate fields which must be in agreement, thus requiring greater accuracy for reporting than at the time that the data for the previous monitoring report was pulled.
regions, the goal for 2006 was to maintain their historical performance above 90%. Three of the nine regions, Mid-Cumberland, Northwest, and Northeast, succeeded in increasing initial placements in family settings above their maintenance goal. Knox and East increased their numbers of initial placements in family settings, although they did not achieve their improvement goals. Shelby had the lowest number of placements in family settings in 2005, and it was the region furthest from achieving its improvement goal for 2006.

While the focus of most of the Department’s reporting is on first placements, the Department also produces a “point in time” report that looks at the placement type for all children in custody on the last day of each month, regardless of whether they are in a “first placement” or a subsequent placement. The “Brian A. Class Clients by Placement Setting and Adjudication” report for March 31, 2007 indicates that 90.5% of the 6,586 Brian A. class members in custody on that date were placed in family settings. Thus, whether measured by first placements or current placements, the percentage of children in family settings appears to be around 90%.

2. Serving Class Members in or near Their Home Communities

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

The Settlement Agreement requires that, for Reporting Period III (January 1, 2007 through June 30, 2008) “at least 85% of children in the class shall be placed within the region from which they entered placement or within a 75 mile radius of the home from which the child entered custody” (XVI.B.7).

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

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26 The 91% figure for family placement in the Regional Outcomes reporting is somewhat higher than the percentage for family placement presented in Figure 8 above. This difference results from the slightly different measure of family placement that the Department uses for purposes of regional reporting. The Regional Outcomes Reports look at a child’s placement after five days for children who move within the first five days. For example, a child who was in a hospital when he or she came into state custody and was moved to a foster home within five days would be counted as an initial placement in a congregate care setting in Figure 8 but as an initial placement in a family setting in the Regional Outcome Report.

27 The TAC has interpreted this to mean that on any given day during the 18-month period, at least 85% of the children in the class should be placed within the 75-mile limit.
of Reporting Period II (November 30, 2005), 92% of the children were placed within the 75-mile limit.  

In addition to the requirement of the Settlement Agreement, the Department has established both statewide and regional goals for a more exacting measure: increasing the percentage of children placed within their home counties.

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

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28 The slight lowering of the compliance percentage from Reporting Period II to Interim Reporting Period III is likely the result of a change in the way DCS calculates this measure. In calculating the measure for Period II, the Department excluded any cases for which the mileage was “undetermined” because the child’s current address was incorrect or missing from the system and also excluded cases in which the child was on runaway or placed out-of-state under the Interstate Compact on the Placement of Children (ICPC). The measure thus effectively presumed that the excluded cases would break down in the same percentages as the cases with known mileages. In calculating the percentage of children whose placements are within the 75 mile limit for Interim Reporting Period III, the Department used a stricter standard, and effectively included as “non compliant” children whose placement was “undetermined,” children who were on runaway, and children who were in out-of-state (ICPC) placements.

29 While it certainly makes sense to focus on increasing in-county placements generally, the “in-county” measure is an imperfect measure of the extent to which children are being placed in or near their home communities. On the one hand, for children from large counties, a placement within the county, but in a much different neighborhood, and/or geographically distant from the neighborhood that the child lives in, shares many characteristics with “out-of-county” placements. On the other hand, for children whose home community is near a county border, an out-of-county placement may be closer to the child’s home community than an in-county placement.

In addition, a child may prefer to stay with a relative out-of-county than to live with strangers in his or her home county. The Settlement Agreement recognizes this and allows for a child to be placed outside of a 75-mile radius of the home if “the child’s needs are so exceptional that they cannot be met by a family or facility within the region, or the child needs re-placement and the child’s permanency goal is to be returned to his parents who at that time reside out of the region or the child is to be placed with a relative out of the region, under which circumstances the regional administrator or the team coordinator shall be specifically required to do so in writing, based on his or her own examination of the circumstances” (XVI.B.7.a).
Figure 11: Percent of Children First Placed within County by County Type, 2006

83% 47%

Urban Non-Urban

% Placed in Same County

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Figures 12 and 13 in combination present the performance of each of the regions with respect to in-county placement rates from 2002 through 2006.

Figure 12: Urban Regions: Percent of Children First Placed within County by Entry Year: 2002-2006

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007. Information about the 2000 and 2001 entry cohorts is not displayed because county data for those years was incomplete.
The Department established as its statewide improvement goal for 2006 increasing in-county first placement rates statewide from 58% in 2005 to 63% in 2006, and set regional goals based on the historical performance of each of the regions.

Figure 14 below displays the Department’s performance in 2005, its goal for 2006, and its actual performance in 2006.
The Department fell somewhat short of its statewide goal, but nevertheless improved in-county first placements statewide from 58% in 2005 to 61% in 2006. With respect to regional performance, Mid-Cumberlawn, Northwest, and Davidson met or exceeded their improvement goals. Performance in Hamilton, Southeast, Upper Cumberland, and Southwest fell below that achieved in 2005, and only one region, South Central, experienced a significant decline in the percentage of in-county first placements.

3. Improving Stability While in Placement

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

One of the most damaging experiences for children in foster care is the experience of moving multiple times while in foster care. Well-functioning child welfare systems find the right first placement whenever possible, and regularly ensure that a child experiences no more than one move while in care. Matching children with the right foster family and wrapping services around that child and the foster family to make that placement work for the child is the goal.

Children in foster care in Tennessee experience a significant number of moves, in excess of both the Brian A. requirements and the targets set by DCS. For this reason, improving placement stability for children in state custody is of substantial importance. Focus should be on improving the placement process so that the percentage of children experiencing “no moves” is increasing and so that those children who do change placements move no more than once.

For children in care during Reporting Period III, the Settlement Agreement establishes the following requirements related to placement stability (XVI.A.3):32

- At least 90% of children in care at any time between January 1, 2007 and June 30, 2008 shall have had two or fewer placements within the previous 12 months in

30 There were increases of ten percentage points or more in Mid-Cumberlawn (from 50% in 2005 to 63% in 2006) and Northwest (from 46% in 2005 to 56% in 2006) (See Figure 14.). This may be at least in part attributable to the implementation in these regions of the Unified Placement Process discussed in Section Six.

31 Because historically some regions have had much higher percentages of in-county first placements than other regions, the fact that a region has achieved its goal does not necessarily mean that it has a higher percentage of in-county first placements than regions that did not achieve their goals. For example, although Hamilton was one of the regions furthest from meeting its improvement goal and also fell short of its performance in 2005, it still had the second highest percentage of in-county first placements.

32 According to the Settlement Agreement, “measures in this section apply to children in care at any time during the reporting period and children still in care at the end of the reporting period. Placements made prior to September 1, 2001, shall not be counted in this measure. For children requiring emergency hospitalization who return to their immediately prior placement, that return shall not count as an additional placement.”
custody, not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 30 days; and

- At least 85% of children in care at any time between January 1, 2007 and June 30, 2008 shall have had two or fewer placements within the previous 24 months in custody, not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 30 days.33

With respect to Interim Reporting Period III (January 1-December 31, 2006), 84% of children in care at any time during that period had experienced two or fewer placements within the previous 12 months in custody, and 76% of those children had two or fewer placements within the previous 24 months in custody.34

In addition to reporting as required by the Settlement Agreement, the Department has set additional statewide and regional improvement goals related to stability, utilizing somewhat different measures to track statewide and regional performance. The Department set improvement goals for two groups of children: those who were in care on January 1, 2005 and those who were first placed during 2005. The goal for children in care on January 1, 2005, both statewide and for each region, was to increase the percentage of children experiencing two or fewer placements by ten percentage points compared to children in care on January 1, 2003 (a statewide increase to 88%). Similarly, the goal for children first placed in 2005 was to increase the percentage of children experiencing two or fewer placements by ten percentage points compared to children first placed during 2003 (a statewide increase to 81%). Figures 15 and 16 compare the regional and statewide goals against performance in 2005.

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

34 The TAC reported in the March 2006 Monitoring Report on the Department’s performance on the previous measure for the period from June 1, 2004 to November 30, 2005 (Reporting Period II). The measure for that period was somewhat different than the measure to be applied to Reporting Period III and therefore Reporting Period II results are not appropriate for comparison to Interim Reporting Period III results. The Reporting Period II measure required that at least 75% of children in care at any time between June 1, 2004 and November 30, 2005 have had two or fewer placements, not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 10 days. In addition, the measure for Reporting Period II counted any placement as far back as September 1, 2001 for children in custody during the reporting period who had experienced longer lengths of stay, whereas the Interim Reporting Period III measure counted only placements within the previous 12 months for children in custody during the reporting period (or within the previous 24 months for the second part of the measure). As reported in the March 2006 Monitoring Report, of children in care during that period, 63% had experienced two or fewer placements.
Figure 15: Regional Outcomes
Children Experiencing Two or Fewer Placements as of 12/31/06,
Children in Care on January 1, 2005

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

Figure 16: Regional Outcomes
Children Experiencing Two or Fewer Placements as of 12/31/06,
Children First Placed during 2005

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

The state failed to meet its improvement goal for either group; only one region (Hamilton) met or exceeded its goal with respect to children in care on January 1, 2005,
and only three regions (Southeast, Southwest, and Mid-Cumberland) met or exceeded their goals with respect to children first placed during 2005.35

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

First, children who are placed in kinship resource homes appear to have more stable placement than children placed in non-kinship resource homes. As of March 31, 2007, 69% of the 746 children entering out-of-home placement for the first time in 2005 who were initially placed with relatives did not experience a placement move, compared to 47% of the 3,301 children entering out-of-home placement for the first time in 2005 who were initially placed in non-relative resource homes.36 The Department recognizes that increased identification and utilization of relatives and fictive kin as resource parents for children would reasonably be expected to improve placement stability and is placing special emphasis on improving regional kinship resource home recruitment and retention efforts.

Second, for those children who experience placement moves while in care, most of the placement moves occur in the first six months in care. A reasonable approach to improving placement stability might therefore be to focus on understanding and addressing the factors that contribute to placement moves in the first six months in care.37

A more detailed presentation of this additional stability data is contained in Appendix F.38

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

The DCS Practice Model and the Settlement Agreement highlight the importance of preserving non-detrimental family relationships and attachments through meaningful

35 Because historically some regions have had greater placement stability than other regions, the fact that a region has achieved its goal does not necessarily mean that it has greater placement stability than regions that did not achieve their goals. For example, although Hamilton was the only region to exceed its improvement goal for children in care on January 1, 2005, it has a lower percentage of children experiencing two or fewer placements than all regions except Knox.
36 The term “non-relative resource home” as used here includes fictive kin. See footnote 22.
37 The 2006 Case File Review also highlighted the frequency of placement moves during the first six months in care. Eighteen percent of the children whose cases were reviewed had experienced more than two placements during their initial three to six months in custody.
38 Stability is also measured by the Quality Service Review (QSR). However, the focus of the QSR is not just on placement stability but also on stability of school settings and relationships. Generally, a case cannot receive an acceptable score for stability if the child has experienced more than two placements in the 12-month period prior to the review. However, a case in which the child had experienced two or fewer placements might nevertheless be scored unacceptable for stability if the child experienced disruption in school settings or disruption of important therapeutic or professional relationships. In the 2005-2006 QSR, reviewers found stability to be acceptable in 59% (103) of 227 Brian A. cases reviewed. In the 2006-2007 QSR, reviewers found stability to be acceptable in 61% (108) of 176 Brian A. cases reviewed.
visits between parents and children, by placing sibling groups together in the same resource home, and, when siblings are separated, by ensuring regular and frequent sibling visits.

a. Contact with Parents

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

The Settlement Agreement provides two exceptions:

- “This standard does not apply to situations in which there is a court order prohibiting visitation or limiting visitation to less frequently than once every month;” and
- “The child’s case manager may consider the wishes of a child (generally older adolescents) and document any deviation from usual visitation requirements.” (XVI.B.1)

For Reporting Period III (January 1, 2007 through June 30 2008), the Settlement Agreement states that “50% of all class members with a goal of reunification shall be visited at least twice per month. For the remaining class members with a goal of reunification who are not visited at least twice per month, at least 60% shall be visited once a month.”

The TNKids system is not presently able to identify children whose visits with their parents would be subject to either exception,39 and therefore the Department applies the standard to all class members with a goal of reunification who are placed away from their parents, excluding only a small number who have run away from care or are placed out-of-state.40

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

40 Under DCS policy, until parental rights are terminated, parents and children retain their right to visits and contact with each other. As with any other situation in which the interests of the child require a deviation from the visiting standard, if there is a reason to restrict visits prior to the ruling on a termination petition, that can be accomplished by seeking a court order to that effect. Notwithstanding DCS policy, for purposes of reporting related to the Settlement Agreement requirement, the Department now only reports on children with reunification goals.
For the month of March 2007, utilizing data that had been “cleaned” to ensure that workers had documented all parent-child visits that had occurred during that month, children and parents visited twice a month in 27% of the cases (compared to 50% required by the Settlement Agreement), and of the remaining cases, 40% visited once a month (compared to 60% required by the Settlement Agreement).41

The 2006 Case File Review included a more in-depth examination of parent-child visiting for recent entrants into foster care both to determine the extent to which a failure to visit fell within one of the permissible exceptions not presently identifiable in the aggregate reporting and to identify those cases in which visits were occurring but were not being documented in TNKids and thus not being counted in the aggregate reporting.

As shown in Figure 17, the Case File Review found a much larger percentage of children visiting with their parents regularly than was reflected in the Department’s aggregate reporting.42 Based on both documentation in TNKids and supplemental documentation provided by DCS and private providers in response to follow-up requests, reviewers identified 222 cases in which visits would have been appropriate and expected between the child and his or her primary caregiver. In 47% (106) of those cases the child and primary caregiver visited at least twice per month, in an additional 21% (46) of the cases the child and primary caregiver visited monthly, and in 26% (57) of the cases visits occurred less frequently than once a month.

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41 A total of 56% of children visited with their parents at least once during March 2007. The Settlement Agreement effectively requires that 80% visit at least once a month: 50% must visit twice per month and an additional 30% (“60% of the remaining 50%”) must visit at least once per month but less than twice. While the achievement of at least one parent-child visit for 56% of the children in out of home placement is still short of the Settlement Agreement requirements, it represents a significant improvement compared to Reporting Period II. For that period, 12% of children visited with their parents at least once every two weeks, and 21% of the remaining children visited with their parents once per month. (Some of the difference between the Period II and Interim Period III percentages may be attributable to the fact that the Department included in the calculating of the Reporting Period II measure children who had a permanency goal of adoption for whom parental rights had not been terminated. The Reporting Period II measurement therefore likely understated the Department’s performance on the Settlement Agreement requirement.)

42 Among the factors contributing to the Department’s under-reporting of parent-child visits has been the inefficient process for getting “hard copy information” from private providers regarding these visits and entering that information into TNKids. In the past, DCS staff have been responsible for entering this data from information provided by the private provider, thus increasing the possibility for miscommunication and/or incomplete or delayed receipt of the information by DCS or entry of the information into TNKids. Private providers are now required to report parent-child visits (as well as sibling visits and case manager-child visits) directly into TNKids through a recently implemented web application.
Figure 17: Frequency of Child’s Visits with Primary Caregiver
(Adjusted)
(n=222)

Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006
n excludes cases in which parental rights were terminated or the caregiver’s whereabouts were
unknown, cases in which the child was placed with the primary caregiver, and cases in which contact
with the caregiver was not in the child’s best interest.

b. Placement with Siblings

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

For Reporting Period III (January 1, 2007 through June 30, 2008), the Settlement states
that “at least 85% of all siblings who entered placement during the reporting period shall
be placed together in the same foster home or other placement.”

The TNKids system is not presently able to identify children whose placement with their
siblings would be subject to any of the exceptions, and therefore the Department applies
the standard to all first placement sibling groups who enter custody within 30 days of one
another.
During calendar year 2006 (Interim Reporting Period III), 85% of siblings groups entering together were placed together.\(^43\)

In addition to the measures set forth in the Settlement Agreement, the Department has established both statewide and regional goals for increasing the percentage of siblings placed together. The Department established as its improvement goals for 2006 increasing the percentage of sibling groups entering care for the first time who are placed together initially from 84% in 2005 to 89% in 2006. To accomplish this, the Department set regional goals based on the historical performance of each of the regions. Figure 18 below displays the Department’s performance in 2005, its goal for 2006, and its actual performance in 2006.

The Department succeeded in increasing the percentage of sibling groups initially placed together to 85% in 2006, meeting the Reporting Period III standard, but falling somewhat short of the more ambitious DCS statewide goal. Hamilton and South Central exceeded

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\(^{43}\) The Settlement Agreement states that, for Reporting Period II (June 1, 2004 through November 30, 2005), “80% of all siblings who entered placement during the reporting period shall be placed together in the same foster home or other placement.” As noted in the TAC report for Reporting Period II, the TAC was at that time unable to report on this measure because TNKids had only been able to capture this data in a reliable way since August 2005.
their improvement goals by several percentage points, while Southwest and Shelby fell short of their goals as well as their 2005 performance by several percentage points.\textsuperscript{44}

c. Contact with Siblings

For Reporting Period III (January 1, 2007 through June 30, 2008), the Settlement Agreement requires that “90\% of all children in the class in placement who have siblings with whom they are not living shall visit with those siblings at least once a month. Of the remaining children in the class in placement who have siblings with whom they are not living and with whom they did not visit at least once a month, at least 90\% shall visit at least once every two months” (XVI.B.2).\textsuperscript{45}

The Settlement Agreement allows an exception for “situations when there is a court order prohibiting visitation or limiting visitation to less frequently than once every two months.” As is the case with reporting on parent-child visits, TNKids is not able to produce a report on sibling visits that identifies and excludes children subject to this exception. The Department in its reporting applies this standard to all sibling groups who entered custody within 30 days of one another and are separated during the reporting period, irrespective of whether there is a court order limiting or prohibiting visits.\textsuperscript{46} The reporting on this performance measure therefore includes these class members as well, and thus current reporting is likely to slightly understate performance on the Settlement Agreement requirement.\textsuperscript{47}

For the months of February and March 2007, utilizing data that had been “cleaned” to ensure that workers had documented all sibling visits that had occurred during those months, the statewide percentage of separated sibling groups having face-to-face visits at least once per month during that two-month period was 49\% (compared to 90\% required by the Settlement Agreement). Of the remaining separated sibling groups, 35\% visited once during the two-month period (compared to 90\% required by the Settlement Agreement).

\textsuperscript{44} Because historically some regions have had much higher percentages of sibling groups initially placed together than other regions, the fact that a region has achieved its goal does not necessarily mean that it has a higher percentage of sibling groups initially placed together than regions that did not achieve their goals. For example, although Northwest was one of only three regions that exceeded their goals, it continues to have the second lowest percentage of sibling groups who are initially placed together.

\textsuperscript{45} The Department has been calculating these data slightly differently: for visits occurring only once every two months, the Department has been reporting the percentage of all children instead of the percentage of the remaining children who did not visit once per month with their siblings. The Department has now modified its report so that presentation of the data will conform to the manner of calculation contemplated by the Settlement Agreement.

\textsuperscript{46} As with reporting on parent-child visiting, identifying and eliminating these exceptions from the report would require a separate case file review, something that the parties agree is not an appropriate use of the monitoring resources at this time, especially because the number of children to whom this exclusion applies is likely to be small.

\textsuperscript{47} Notwithstanding the under-reporting, the Department recognizes that it is far from meeting the requirements of the Settlement Agreement in this area.
Agreement). The percentage of siblings groups not visiting during the two-month period was 33%.

For Reporting Period II, 29% of separated sibling groups visited with one another at least once per month, and 37% of the remaining siblings groups visited at least once every two months.

The 2006 Case File Review included a more in-depth examination of sibling visiting for recent entrants into foster care both to determine the extent to which sibling visits were limited or prohibited by court order (a permissible exception not presently identifiable in the aggregate reporting) and to identify those cases in which visits were occurring but were not documented in TNKids and thus not being counted in the aggregate reporting. Based on both documentation in TNKids and supplemental documentation provided by DCS and private providers in response to follow-up requests, the Case File Review found a higher percentage of monthly visits between siblings than indicated in the Department’s monthly reporting.

As reflected in Figure 19, of the 44 children who were separated from one or more of their siblings at some point during the review period, reviewers judged visits with the separated sibling(s) to be appropriate for 36 children. Of those 36 children, 72% (26) had documented visits with siblings at least one time per month. Seventeen percent (6) of the cases documented visits between the child and siblings as occurring less than monthly, and six percent (2) of the cases did not document any sibling visits. In two cases, reviewers determined that different frequencies of visits were occurring for different siblings of the same child.

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48 A total of 67% of siblings visited at least once during the two-month period; the Settlement Agreement effectively requires 99%.

49 Among the factors contributing to the Department’s under-reporting of sibling visits has been the inefficient process for getting “hard copy information” from private providers regarding these visits and entering that information into TNKids. See footnote 42.
Figure 19: Frequency of Child’s Visits with Siblings (n=36)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally weekly</td>
<td>6%</td>
</tr>
<tr>
<td>Generally bi-weekly</td>
<td>22%</td>
</tr>
<tr>
<td>Generally monthly</td>
<td>44%</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>17%</td>
</tr>
<tr>
<td>Not at all</td>
<td>6%</td>
</tr>
<tr>
<td>Different frequencies for different siblings</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006

n equals all cases in which the child had siblings in custody with whom he or she was not placed and with whom visits would have been appropriate


d. Family Connections

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

In the 2005-2006 QSR, reviewers found that family connections were maintained at an acceptable level in 41% (73) of 180 Brian A. cases in which (a) the child was placed out-of-home and (b) maintaining at least one family relationship was appropriate. In the 2006-2007 QSR, reviewers found that family connections were maintained at an acceptable level in 51% (67) of 132 applicable cases.
C. How successful is the Department in meeting the safety, health, developmental, educational, and emotional needs of children in care?

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

**Key Findings:**

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

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

- While a majority of children in foster care appear to be progressing developmentally and educationally, a significant number of children continue to face developmental and educational challenges. The Department appears generally to be taking steps to ensure that children with identified special education needs are provided with appropriate educational services.

- While a majority of children who are discharged from state custody upon reaching the age of 18 have graduated high school, completed a GED, remain in an educational program, and/or are employed in some capacity (either part-time or full-time), a significant minority of children “age out” without such achievement/ongoing involvement.

1. Ensuring the Safety of Children in Foster Care

The decision whether to take a child into state custody is, in the first instance, a decision about child safety. The Department and the Juvenile Court are charged with the responsibility of ensuring that children are not removed from their families and communities when a less drastic approach can safely address their needs and the needs of their family, but they also have the responsibility of ensuring that children are removed when their safety (or the safety of others) requires it.
The Settlement Agreement requires that the Department’s Child Protective Services (CPS) system be adequately staffed to ensure receipt, screening, and investigation of alleged abuse and neglect of children in DCS custody within the time frames and in the manner required by law, and the Settlement Agreement has specific provisions related to addressing allegations of children being abused and neglected while in care. The Department has recognized the important interrelationship between CPS work in general and the system’s ability to serve children in custody and therefore DCS has appropriately included improvements in CPS staffing and performance as part of its “Brian A.” implementation plan. The overall functioning of the CPS process prior to children’s entry into state custody is not within the scope of the Settlement Agreement. Nevertheless, Section Three of this report includes discussion of some of the efforts the Department has made to improve the CPS process generally.

Once a child is brought into state custody, the state takes on a special obligation as the legal custodian to ensure that the child is in a safe placement and protected from harm.

The Settlement Agreement has a number of provisions that address processes that the Department must have in place in order to identify and respond to reports of abuse and neglect of children in foster care. However, it does not contain particular numerical goals related to substantiated incidents of abuse or neglect. Nevertheless, there are a number of measures and sources of information that the Department utilizes for purposes of assessing and reporting on child safety for children in foster care.

a. CFSR Abuse in Care Measure

The U.S. Department of Health and Human Services has established measures for purposes of the federally required Child and Family Services Review (CFSR) for calculating the rate of abuse and neglect of children in foster care by foster parents and congregate care facility staff and has set federal standards for the states to meet. The national standard that was in effect for the period associated with the initial (2001) CFSR required that no more than 0.57% of all children in care be victims of substantiated maltreatment by a foster parent or congregate care facility staff member. Under this standard, the term “all children in care” refers to both Brian A. class members (children adjudicated dependent/neglected or unruly) and children adjudicated delinquent. For the period from June 1, 2005 through May 31, 2006, Tennessee reported that 0.63% of all children in care had been the victims of substantiated abuse or neglect by foster parents and/or congregate care facility staff.

The Department of Health and Human Services has since revised its standard to be more stringent. For fiscal year 2004, the standard requires that no more than 0.32% of all children in care be victims of substantiated maltreatment by a foster parent or congregate care facility staff member. The Department has committed to reporting, at six-month intervals, the rate of substantiated maltreatment of foster children by a foster parent or congregate care facility staff member utilizing the CFSR measure.

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50 This is the most recent reporting period for which the Department provided data to the TAC.
Beyond the CFSR data related to incidence of abuse and neglect of children while in care, there are a number of other sources of information that are relevant to evaluating the extent to which children in state custody are in safe placements and protected from harm and that examine a broader range of safety threats than those included in the CFSR measure. These sources of information include: the Quality Service Review, the 2006 Case File Review, the Special Investigations Unit (SIU) reports, and the Serious Incident Reporting (SIR) system.

b. Quality Service Review Results

The Quality Service Review assesses whether, at the time of the review, the child is safe from manageable risks of harm from self or others, as well as whether others are safe from manageable risks of harm from the child’s behaviors. The Quality Service Review for 2005-2006 found an acceptable level of safety in 91% (206) of 227 Brian A. cases reviewed, and the Quality Service Review for 2006-2007 found an acceptable level of safety in 92% (162) of 176 Brian A. cases reviewed.

c. 2006 Case File Review Findings

The 2006 Case File Review gathered information about incidents of abuse or neglect of Brian A. class members alleged to have occurred while the child was in DCS custody. Fourteen (5%) of the 268 children whose cases were reviewed were the subject of a CPS investigation during the review period for an allegation that they had been abused or neglected during the review period. The allegations of abuse or neglect were substantiated in nine investigations concerning eight of the children: abuse or neglect by a resource parent was substantiated for three children (1.12%); abuse or neglect by a person in the resource home other than the resource parent was substantiated for two children (0.75%); and abuse or neglect by a biological parent during a visit was substantiated for three children (1.12%).

d. Special Investigations Unit Reports

The “Special Investigations Unit” (SIU) is responsible for investigating all reports of abuse and neglect of children while in care. An SIU report for December 2006 indicates that there were 445 open cases at the beginning of the month. During the month, 149 new cases were opened (61 concerned Brian A. class members) and 224 investigations were closed. Of the 101 investigations closed that concerned Brian A. class members, 19 investigations (19%) were indicated. The following allegations were indicated: sexual abuse (5), substantial risk of sexual abuse (2), physical abuse (3), substantial risk of physical injury (3), abandonment (1), medical maltreatment (1), substantial risk of both sexual abuse and physical injury (1), lack of supervision and medical maltreatment (1), lack of supervision and substantial risk of physical injury (1), lack of supervision and substantial risk of sexual abuse (1).

e. Serious Incident Reports

Finally, preliminary data from the recently implemented Serious Incident Reporting automated system provide some indication of the number of reports received and investigated by the Department regarding the variety of categories of “serious incidents” involving children in custody which must be reported to the Department. Reporting is required for both serious incidents involving improper conduct, such as reports of abuse and neglect or inappropriate use of restraint or seclusion, and serious incidents involving proper conduct, such as taking a child to an emergency room for appropriate medical treatment, or appropriate use of restraint or seclusion. Serious incident reports are assigned a numbered “severity level” (1 through 4, with one being the least severe) based on the nature and circumstances of the incident. The severity level determines the intensity of review and/or follow-up required of Departmental staff.

Table 1 below displays the number of “Level 2” and “Level 3” serious incidents reported through the Automated System during June 2007 by incident type for both Brian A. class members and children with delinquent adjudications. (There were no level 4 serious incidents reported in June and level 1 reports, under the current definition, do not involve incidents related to child health or safety.)

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52 These data have not yet been cleaned or tested for reliability and are presented only as an estimate of the volume of reports received. As of June 2007, the majority of private providers (including all of the large providers) were reporting Serious Incidents using the automated system. The Department continues to receive a small number of reports through the old system of faxing hard copies. As reported in previous monitoring reports, the Department is not yet routinely reporting incidents occurring in DCS placements through the Serious Incident Reporting process.

53 At this time, a serious incident with a severity level of 4 includes an incident involving the death or near death of a child in DCS custody, both of which must be directly reported to the Executive Director for Child Safety, rather than entered into and processed through the automated SIR reporting system. The Department contemplates that incidents that do not involve death or near death, but result in serious permanent injury or disability (e.g., administration of medication that results in permanent paralysis but did not constitute a near death incident) would be processed through the automated system. The Department is still refining the definition of severity level 4, to determine what other circumstances would warrant assigning an incident a Level 4 designation. Level 1 incidents currently include only a rejection or a disruption of service (an agency not accepting a child into its program or refusing to continue providing services to a child over the Department’s objection). By definition, these are not incidents that pose a serious of harm or actual harm. While these Level 1 incidents are entered into the automated SIR reporting system, they are tracked separately and utilized for different purposes that the tracking and reporting of Level 2, 3, and 4 incidents.
<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Severity</th>
<th>Total Number of Incidents</th>
<th>Percentage of Total Incidents</th>
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<td>Abuse or neglect</td>
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</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>56</td>
<td></td>
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<tr>
<td>Arrest of child or youth</td>
<td>Level 2</td>
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<td></td>
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<td></td>
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<td>41</td>
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<td></td>
<td>Level 3</td>
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<td></td>
<td>Level 3</td>
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<td></td>
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<td></td>
<td>Level 3</td>
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<td>Runaway (off facility property and out of physical sight of staff)</td>
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<tr>
<td>Seclusion</td>
<td>Level 2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>267</strong></td>
<td><strong>549</strong></td>
</tr>
</tbody>
</table>


There were a total of 816 serious incidents reported during the month, and four incident types made up the vast majority of the reports: physical restraint (the involuntary immobilization of a child without the use of mechanical devices, including escorts where the youth is not allowed to move freely), runaway (a child or youth leaving a program without permission and his or her whereabouts are unknown or not sanctioned), assault (a willful and malicious attack by a child or youth on another person, not including horse-play), and emergency medical treatment (a child or youth suffering an injury or illness that requires emergency medical attention).

Because some of these situations would also require a referral to the Special Investigations Unit, there is some overlap in the SIU and SIR data. A referral was made to Central Intake for 15% (124) of the 816 reported serious incidents.
2. **Meeting the Health Needs of Children in Care**

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

There are a number of data sources that the Department uses to track and report on the extent to which the Department is identifying and responding to health care needs of children in its custody, including the Quality Service Review (QSR), Early Periodic Screening, Diagnosis, and Treatment (EPSDT) data reports, and the 2006 Case File Review.

*a. Quality Service Review Results*

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

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

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

To receive a minimally acceptable score for this indicator, the child’s health status must be good (unless the child has a serious chronic condition, in which case the child must be receiving at least the minimally appropriate treatment and support relative to that condition). Routine health and dental care have to have been received (even if it may not have been received on schedule). Immunizations must be current (even if they may not have been received on schedule). Acute or chronic health care must be generally adequate, although some follow-ups or required treatments may have been missed or delayed, and symptom reduction must be adequate. The child may have frequent colds, infections or non-suspicious minor injuries that respond to treatment.

Reviewers found children’s health and physical well-being to be acceptable in 95% (216) of 227 *Brian A.* cases reviewed in 2005-2006 and in 95% (167) of 176 *Brian A.* cases reviewed in 2006-2007.
b. EPSDT Assessments

The EPSDT report, produced by the Division of Analysis and Reporting at the beginning of every month, provides information regarding the completion of initial and annual health assessments as well as annual dental assessments for children in custody.54 The report for the month of March 2007 found that 86% of 340 children entering custody during the month received an EPSDT assessment within 30 days of entering custody. The report also shows that 94% of the 7,410 children in custody during the month had received an EPSDT assessment within the past year and that 87% of the 6,056 children in custody during the month who were four years or older had received a dental assessment within the past year. These percentages have remained relatively stable over the past few months.55

The report shows some regional variation in performance. For initial assessments, 100% of children in the Southeast and Southwest regions received an EPSDT assessment within 30 days of entering custody, and the percentages of children receiving initial assessments within 30 days in nine other regions ranged from 80% to 97%. The remaining region, Davidson County, was experiencing significant difficulty meeting this requirement, with only 54% of children receiving an EPSDT assessment within 30 days of entering custody. For annual assessments, eleven regions exceeded 90% (ranging from 92% to 99%). In Davidson County, 89% of the children had received the required annual EPSDT assessments.

c. 2006 Case File Review Findings

The 2006 Case File Review findings regarding initial medical assessments are consistent with the QSR results and EPSDT reports. Based on the combination of case file and supplemental documentation, reviewers concluded that 86% (231) of the 268 children in the review sample received an assessment within 30 days of entering custody.

The 2006 Case File Review also assessed whether or not the child received needed medical treatment for identified health problems during the review period. In 182 (85%) of the 214 case files indicating that health care services were needed, reviewers concluded (based on the combination of case file and supplemental documentation) that the child received needed services for all identified health problems, irrespective of whether the provision of those services was documented in the case file at the time of the review and irrespective of whether the services were provided during or after the review period. Reviewers concluded that the child did not receive needed services for all identified health needs in 25 cases (12%). For seven cases (3%), reviewers were unable to determine whether the child needed and/or received services because the supplemental documentation was not clear or detailed enough to determine whether the reviewers’

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54 This report may include some children with delinquent adjudications; in addition, youth running away from DCS custody and youth in custody for fewer than 30 days are excluded from this report.
55 Changes were made to increase the accuracy of this report during the spring and summer of 2006, and the new reports were not available until the end of 2006.
concerns were valid and/or to provide assurance that the identified concerns had been fully addressed.

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

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

Both the Quality Service Reviews and the 2006 Case File Review provide information about the extent to which the Department is identifying and meeting the mental health needs of children in its care.56

a. Quality Service Review Results

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

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

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

Reviewers found children’s emotional and behavioral well-being to be acceptable in 74% (167) of 227 cases of Brian A. children reviewed in 2005-2006. Reviewers found children’s emotional and behavioral well-being to be acceptable in 73% (119) of 163 cases of Brian A. children age two or older reviewed in 2006-2007.

56 An additional data source relevant to assessing both the level of mental health treatment need of the Brian A. class members and at least one component of the system’s response to that need is the Blue Cross Blue Shield pharmacy data that the Department uses as part of its tracking and monitoring of the administration of psychotropic medications. On average, 1,385 class members were receiving one or more psychotropic medications each month during 2006, ranging from a low of 1,230 to a high of 1,485. A total of 2,986 (35%) of the 8,499 class members who were in DCS custody at any time during 2006 received one or more psychotropic medications at some point during that time in care. This data is consistent with the findings of the 2006 Case File Review. (See January 2007 Monitoring Report, pp. 84-85.) An analysis of the Blue Cross Blue Shield pharmacy data for 2006 is attached as Appendix G.
b. Case File Review Findings

The 2006 Case File Review looked at cases in which mental health needs had been identified. The reviewers identified 171 cases in which a need for mental health services was indicated. In 164 (96%) of those cases, reviewers concluded (based on the combination of case file and supplemental documentation) that the child had received, or was receiving, mental health services.57

Based on these findings, it appears that the Department is providing at least some mental health services for the large majority of children identified as needing them.

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

The primary source of information on the extent to which educational and developmental needs of children are being met while they are in foster care is the Quality Service Review. The 2006 Case File Review provides additional information related to meeting special education needs of children in foster care.

a. Quality Service Review Results

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

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

57 Reviewers were not able to make judgments as to the quality of the services, the appropriateness of the intensity or duration of the services, the extent to which the services met the identified needs, or whether there was a failure to identify mental health needs.
Reviewers found that children’s learning and development status was acceptable in 67% (153) of 227 Brian A. cases reviewed in 2005-2006 and in 74% (130) of 176 Brian A. cases reviewed in 2006-2007.

b. 2006 Case File Review Findings

The 2006 Case File Review assessed whether children needing special education services were receiving those services. Seventy-two children were identified during the Case File Review as being in need of special education services. Based on the supplemental documentation provided for those 72 children, reviewers concluded that 50 (69%) were receiving necessary services and that all but one of those children had a current IEP. With respect to the remaining 22 (31%) children who were not receiving necessary special education services, reviewers were satisfied, based upon additional documentation provided by the Department, that the Department had taken or was taking steps to address these issues for all 22 children for whom follow-up was requested.58

5. Preparing Older Youth for Adulthood

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

The Settlement Agreement states that, for Reporting Period III (January 1, 2007 to June 30, 2008) “at least 90% of the children who are discharged from foster care during the reporting period because they reached the age of 18 shall have at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time” (XVI.A.7).59

Of those children discharged from foster care at age 18 during 2006 (Interim Reporting Period III), 84% met one or more of those educational or vocational achievement categories.60 The majority (58%) were enrolled in school (either completing high school or attending college or an alternative educational program), 25% had received a high school diploma or GED, 0.2% were employed part- or full-time, and 0.4% were receiving post-custody services. This is an improvement over the performance for Reporting

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58 In some of these cases, the Department was providing these services but had not fully documented them; in other cases, the Department took appropriate steps to follow-up on individual cases after being informed of the Case File Review findings.
59 “This measure shall exclude children on runaway status at the time they reach the age of 18.” (XVI.A.7)
60 Some youth may have achieved two or more of these measures upon discharge. In those cases only one achievement was selected for this outcome. Achievements were selected in the following order: GED/High School Diploma, enrolled in school, employed (full-time) at discharge. By agreement of the parties, the Department will be reporting employment, without distinguishing between full-time and part-time employment.
Period II of 63% of children discharged between June 1, 2004 and November 30, 2005 meeting one or more of the educational or vocational achievement categories.

Because of concerns that data on educational and vocational achievement of children discharged from foster care was not being entered into TNKids, the Department conducted follow-up on the children who did not meet any of the achievement categories. The Department found that 73% of the children appearing in the report as not having met any of the achievement categories had actually met at least one category, but the data had not been entered into TNKids.

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

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

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

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

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

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

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61 The Department used a report from an earlier month for this follow-up in order to complete the follow-up in time for inclusion in this report.

62 The TAC has not conducted its own review to verify the Department’s finding.
The Department has developed additional data that it uses internally to understand the system dynamics with respect to permanency. Based on this data, the Department has set additional statewide and regional goals for increasing permanent exits, reducing reentry and decreasing lengths of time in placement.

**Key findings:**

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

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

- The median length of stay decreased in 2004 and 2005 but appears to have increased for 2006.

- There continues to be a significant variation in median length of stay among the regions. In 2005, the median length of stay ranged from 1.9 months for Davidson to 9.6 months for Knox. In 2006, the median length of stay ranged from 3.1 months for Davidson to 8.7 months for Hamilton.

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

1. **Time to Permanency through Reunification and Adoption**

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

a. **Time to Reunification**

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

Of the children reunified with their parents or caretakers during calendar year 2006 (Interim Reporting Period III), 72% were reunified within 12 months. Of the remaining children, 73% were reunified within 24 months. This is similar to performance for Reporting Period II. Of the children reunified with their parents during that period (June 1, 2004 and November 30, 2005), 74% were reunified within 12 months, and 76% of the remaining children were reunified within 24 months.

b. Adoption Finalization

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

For purposes of Interim Reporting Period III, the Department provided data on all children for whom parental rights were terminated or surrendered between January 1, 2005 and June 30, 2006. Of the children for whom parental rights were terminated or surrendered during that period, 74% had their adoption finalized or permanent guardianship transferred within 12 months of entering full guardianship.

2. Length of Time in Placement

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

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63 The reunification data regularly reported on by DCS and used by the TAC in this report includes both exits to “Reunification with Parents/Caretakers” and exits to “Live with Other Relatives.” The Settlement Agreement limits this measure to exits to “Reunification with Parent/Caretakers.” The parties’ acceptance of the TAC’s decision to deviate from the letter of the Settlement Agreement in this Interim Reporting Period III report does not preclude either party from insisting that the data reported for Reporting Period III be limited to exits to “Reunification with Parents/Caretakers.”

64 This provision has been amended by agreement of the parties. It replaces language under the original Settlement Agreement that provided, for Reporting Period III, “at least 85% of adoptions that become final within the reporting period shall have become final within 6 months of the adoptive placement.” The Reporting Period II report found 85% of the adoptions that had become final within the reporting period had become final within six months of the adoptive placement.
The Settlement Agreement states that, for Reporting Period III, “at least 75% of the children in placement shall have been in placement for two years or less” (XVI.A.4).65 For Interim Reporting Period III, 77% of children in custody during calendar year 2006 had been in custody for two years or less. The finding for Reporting Period II was the same: 77% of children in custody between June 1, 2004 and November 30, 2005 had been in custody for two years or less.

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

Finally, the Settlement Agreement states that “no more than 5% of the children in placement shall have been placed for more than 3 years” (XVI.A.4). For Interim Reporting Period III, ten percent of children had been in custody for more than three years;66 for Reporting Period II, 11% of children had been in custody for more than three years.

In addition to reporting on length of stay as required by the Settlement Agreement, the Department tracks length of time in placement in a number of other ways, focusing on entry cohorts (all children entering during a specific year).67

Figure 20 shows length of stay by duration in months for six entry cohorts, 2001-2006.68 Each line shows how many children were still in placement after each monthly interval of time. For example, for the 2001 entry cohort, the figure shows that after 60 months, all

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65 According to the Settlement Agreement, “this measure shall include all children who entered care after October 1, 1998 and either left care at any time during the reporting period or are still in care at the end of the reporting period. Measurement shall exclude children still in care at the end of the reporting period who are in a long term relative placement for whom a long term placement agreement has been signed, and shall exclude children in permanent foster care.” (XVI.A.4)

66 In June 2007, the Department reviewed the cases of almost all of the 1,230 children who, as of December 31, 2006 (the last day of Interim Reporting Period III), had been in placement for more than three years to better understand the circumstances of those children. (Because of a minor adjustment in the way in which the report was generated, the review omitted 17 children.) Based on this review, the Department concluded that 712 had since that time exited custody. Of the remaining 501 children, the Department determined that 57% were making progress toward permanency, 17% had some identified barrier to permanency that was understandably impeding progress (e.g., severely disabled child, child on runaway, pursuing placement through the Interstate Compact on Placement of Children, and “legal barriers”), and 26% either did not have an identified placement or continued to reject adoption or subsidized permanent guardianship. These cases are among those subject to the review process discussed in Section Eight, including the ongoing review, overseen by the Commissioner, of children who have been in care for more than 15 months and the “FOCUS team” process identifying families for children for whom no permanent family has yet been identified.

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

68 The technical term for this statistic is the survival curve.
but about three percent of children had been discharged from foster care. The pattern of those discharges can be seen by following the path back in time.\textsuperscript{69}

The data in Figure 20 show that the timing of exit from foster care in Tennessee has not changed very much over the last six years. The paths traced by each entry cohort are similar. The figure suggests that children first placed in 2002 and 2003 exited care somewhat more slowly than those first placed in 2001. However, the curves for 2004 and 2005 show exits in a pattern that indicates children exited care somewhat faster than children placed in 2004, at least for the first couple of years. The curve for 2006 seems to have followed the pattern of the 2001 curve for the first nine months, but the rate of exit seems to have slowed somewhat by the 12\textsuperscript{th} month.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{length_of_stay_pathways}
\caption{Length of Stay Pathways By Year of Entry and Duration (in months), Children First Placed 2001-2006}
\end{figure}

The Department periodically tracks and reports on median lengths of stay (or median durations). Median durations provide information about the 50\textsuperscript{th} percentile in Figure 20 above (the “median line”)—that is, the number of months that have passed at the point at which 50\% of the children entering care in a given cohort year have exited care. While median durations provide less detail than the data in Figure 20, they provide a useful summary statistic that can be compared over time and across subgroups in the population.

\textsuperscript{69} This figure is useful for providing a general sense of the speed at which children from each cohort leave placement—regardless of their exit destination. Length of stay depicted in this way is useful because we can begin to see the shape of the paths or curves—and therefore the speed at which children exit—before all the children have exited from each entry cohort. Steeper curves, which can be observed within the first six months, indicate faster movement out of care. Shallower curves indicate slower exits from foster care.
Table 2 shows median durations for cohort years 2001 to 2006, statewide and by region.\textsuperscript{70} Statewide, 50% of children entering care in 2001 spent 6.8 months in out-of-home placement; that number of months increased to 8.6 by 2003, decreased to 6.3 by 2005, and then increased again to 7.2 for 2006. The regional medians affirm the statewide trends, but indicate that the magnitude of the change differs significantly around the state.

<table>
<thead>
<tr>
<th>Region</th>
<th>Median Duration in Months by Entry Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2001</td>
</tr>
<tr>
<td>Statewide</td>
<td>6.8</td>
</tr>
<tr>
<td>Davidson</td>
<td>8.4</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>5.0</td>
</tr>
<tr>
<td>Hamilton</td>
<td>6.3</td>
</tr>
<tr>
<td>Knox</td>
<td>13.8</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>6.2</td>
</tr>
<tr>
<td>Northeast</td>
<td>6.9</td>
</tr>
<tr>
<td>Northwest</td>
<td>9.1</td>
</tr>
<tr>
<td>Shelby</td>
<td>7.4</td>
</tr>
<tr>
<td>South Central</td>
<td>5.1</td>
</tr>
<tr>
<td>Southeast</td>
<td>6.1</td>
</tr>
<tr>
<td>Southwest</td>
<td>6.1</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007. Blank cells indicate that too few children have exited to calculate a duration for that median.

Finally, the Department has used historical data to establish a baseline against which to measure statewide and regional efforts to reduce the length of stay of children in foster care.\textsuperscript{71} The goal is to reduce the average number of days a child spends in care during a given two-year window by five percent over historical performance. The Department set statewide and regional improvement goals for three separate groups of children: those who were in care on January 1, 2005 (a statewide reduction to 414 care days used within the two-year window), those who entered care for the first time in 2005 (a statewide reduction to 282 care days used within the two-year window), and those who entered care for the first time in 2006 (a statewide reduction to 120 care days used within the two-year window). Statewide and regional performance in meeting these goals is displayed in Figures 21 to 23 below.

\textsuperscript{70} Median durations presented for 2006 should be considered preliminary.

\textsuperscript{71} The measure includes both total “care days” (arrived at by adding the total number of days that each child in the group spent in care during the two-year window) and “care days per child” (arrived at by dividing the total number of care days during the two-year window by the total number of children).
Figure 21: Regional Outcomes
Average Care Days per Child as of 12/31/06,
Children in Care on January 1, 2005

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

Figure 22: Regional Outcomes
Average Care Days per Child as of 12/31/06,
Children First Placed during 2005

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
The Department achieved the goals it set for the first two groups (children in care on January 1, 2005 and children first placed during 2005) but did not achieve its goal for the third group (children first placed during 2006). Overall, more regions met or exceeded their goals for the first two groups than for the third group. None of the regions met their goals for all three groups.\textsuperscript{72}

3. Improving Exits to Permanency

While the Department tracks and reports on the two separate measures for timely exit to permanency set forth in the Settlement Agreement (time to reunification for those children who exit to reunification and time to adoption for those who exit to adoption), the Department also utilizes a different set of measures that focus generally on permanent exits of all types and that provide benchmarks for improving exits to permanency (irrespective of type of exit.) (See Appendix H.) In addition, the Department tracks and reports the number of finalized adoptions by fiscal year.

\textsuperscript{72} Because historically some regions have had a much lower average number of care days per child than other regions, the fact that a region has achieved its goal does not necessarily mean that it has a lower average number of care days than regions that did not achieve their goals. For example, although Southeast did not exceed its goal for children in care on January 1, 2005 by as much as several other regions, it has the fifth lowest average number of care days for that group.
a. Rate of Exit to Permanency

The Department has used historical data to establish baseline rates of exit to permanency and has established regional and statewide goals for increasing the percentage of children exiting to permanency. The goal is to increase permanent exits by ten percentage points over the historical rate. Figures 24 through 26 reflect statewide and regional progress with respect to three separate groups: those who were in care on January 1, 2005 (for which the goal was an increase to 62% statewide), those who entered care for the first time in 2005 (for which the goal was an increase to 65% statewide), and those who entered care for the first time in 2006 (for which the goal was an increase to 41% statewide).

Figure 24: Percentage of Permanent Exits as of 12/31/06, Children in Care on January 1, 2005

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
The Department was able to achieve the goals it set for the first two groups (children in care on January 1, 2005 and children first placed during 2005) but fell short of its goal for the third group (children first placed during 2006). Overall, more regions met or exceeded their goals for the first two groups than for the third group. Knox and Hamilton
exceeded their goals for all three groups, whereas Upper Cumberland fell short of its goals for all three groups.73

b. Annual Adoption Finalization

The Department has been recognized by the US Department of Health and Human Services for impressive increases in the number of children for whom it has successfully found adoptive homes. Figure 27 below displays the number of finalized adoptions over the past six federal fiscal years (October 1 through September 30). After an increase of almost 300 adoptions between federal fiscal years 00-01 and 01-02, there was another substantial increase in the number of adoptions in federal fiscal year 04-05. There were somewhat fewer adoptions in federal fiscal years 05-06 and 06-07, but the number of adoptions each year continues to remain substantially above the levels achieved in the years preceding the Settlement Agreement.

![Figure 27: Number of Finalized Adoptions, Federal Fiscal Years 00-01 through 06-07](image)

Source: AFCARS Adoptions Reports as of September 1, 2006.
*Data for federal fiscal year 06-07 is through August 5, 2007.

4. Reducing Reentry into Care and Disrupted Adoptive Placements

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

73 Because historically some regions have had much higher percentages of permanent exits than other regions, the fact that a region has achieved its goal does not necessarily mean that it has a higher percentage of permanent exits than regions that did not achieve their goals. For example, although Hamilton exceeded its goal for all three groups, it continues to have a lower percentage of permanent exits than several other regions, at least for the first two groups.
permanency (through reunification, adoption, or some other permanent exit) are in fact permanent.74

The Department analyzes and reports reentry rates using a variety of measures.

The Settlement Agreement establishes a maximum reentry rate which the Department is to achieve by June 30, 2008 as well as an interim rate to be achieved and reported on in this report. (XVI.A.5) The Settlement Agreement measures are as follows:

- **No more than 8% of the children who were discharged from foster care at any time during calendar year 2005 shall reenter custody within 12 months of discharge from the prior custody episode** (Interim Reporting Period III measure); and

- **No more than 5% of children who are discharged from foster care at any time during fiscal year 2007 shall reenter custody within 12 months after the discharge date from the prior custody episode** (Reporting Period III measure).75

The statewide reentry rate for children discharged from foster care during 2005 was seven percent.

In addition to the measure established by the Settlement Agreement, the Department has developed a reentry measure for its own management purposes that focuses on a 24-month rather than a 12-month period and is tracking regional and statewide reentry rates using this measure.

Based on historical reentry rates, the Department has established for each region a baseline range (a range with an upper and lower boundary within which reentry rates are considered to be stable) against which to measure regional efforts to reduce reentry.76

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74 The Department is not presently able to provide aggregate reporting on children who reenter care after adoption finalization. The new SACWIS system will have the ability to track reentry of children following adoption and thus provide aggregate data on the extent to which adoptions are, in fact, viable permanent placements.

75 The original Settlement Agreement language specified that “measures in this section apply to children who are discharged from foster care at any time up to the end of the reporting period. For each child, reentry shall be determined from the date of discharge for a period of 12 months. The overall performance percentage of compliance on this measure shall be calculated 12 months after the end of the reporting period. This measure shall only be calculated for Periods I and II.” As noted in the March 2006 Monitoring Report, the TAC was at that time unable to report on this Reporting Period II measure because Reporting Period II did not end until November 30, 2005, and the manner of measurement would not allow reporting until after November 30, 2006. The parties have agreed that this Interim Reporting Period III report of reentry data serves as the Reporting Period II report on reentry and that a similar report of reentry data should be included at the end of Reporting Period III.
Figure 28 below displays statewide and regional reentry performance over the two-year period from January 1, 2005 through December 31, 2006 compared against the lower and upper boundaries of the baseline range for children in care on January 1, 2005. The blue line represents actual performance, the pink line represents the lower boundary of the baseline range, and the yellow line represents the upper boundary of the baseline range. (The regions are listed in order of their success in reducing reentry compared to their historical baseline, beginning with the most successful).

As reflected in Figure 28, the statewide reentry rate for this period has remained at 15% for the “in care” population, within the historical range of 14% to 16%. However, regional performance varied greatly, with Hamilton, East, and Northeast achieving significant reduction in reentry rates compared to their past performance, while South Central, Northwest, and Davidson had higher reentry rates than their historical baseline.77

76 The “in care” reentry measure is calculated by looking at all children in out-of-home care on January 1st of a given year (regardless of when they originally entered care), looking at those in that group who have since exited, and then determining what percentage of those children who exited care to reunification with parents or relatives reentered care within a two-year window. The Department also produces regional data using an “entry cohort” measure. This measure is calculated by looking at the children who entered out-of-home placement in a given year, looking at those in that group who have since exited custody, and then determining what percentage of those children who exited care to reunification with parents or relatives reentered care within a two-year window. This “entry cohort” measure does not at present add appreciably to the understanding of reentry and is therefore not included in this monitoring report.

77 Because historically some regions have had much lower reentry rates than others, the fact that a region has shown the greatest reduction in its reentry rates does not necessarily mean that it is performing better than other regions. For example, the four regions that showed the greatest improvement in reentry over their historical rates (Hamilton, East, Northeast, and Mid-Cumberland) each have higher reentry rates than fifth-place Shelby County.
The Settlement Agreement also establishes a measure focused on adoptive placement disruption as a way of tracking the extent to which a pre-adoptive placement ultimately results in a finalized adoptive placement.

For Reporting Period III, the Settlement Agreement states that “no more than 5% of the adoptive placements that occurred in the reporting period shall have disrupted.” (XVI.A.6)

Reporting on this measure for Interim Reporting Period III is not presently available. The TAC will issue a supplemental report once the information is available. As the TAC has previously reported, three percent of the adoptive placements made during Reporting Period II (June 1, 2004 through May 30, 2005) disrupted.

5. The Termination and Adoptive Placement Process: Timeliness of Filing of Petitions to Terminate Parental Rights (TPR) and Timeliness of Placement in Adoptive Homes

Two Settlement Agreement outcome and performance measures focus on timelines for key steps in the process by which children are freed for adoption and placed in adoptive homes.
a. Timeliness of TPR Filing

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

For purposes of Interim Reporting Period III, the Department provided data on children with sole goals of adoption established during 2005. Of children with a sole goal of adoption for at least three months during 2005, 78% had TPR petitions filed within three months of the date that adoption became the sole goal. For the remaining children who did not have TPR petitions filed within three months, the Department looked at those children who had a sole adoption goal for at least six months during 2005 (excluding the children who had a TPR petition filed within three months). Forty percent of these children had TPR petitions filed within six months.

b. Timeliness of Adoptive Placement

The Settlement Agreement (XVI.B.5), as amended, provides that once there has been a termination of parental rights or surrender (i.e., full guardianship) for a child in the plaintiff class, an adoptive home shall be identified and an “intent to adopt” agreement signed as soon as possible.

For Reporting Period III, the Settlement Agreement requires that “at least 65% of children freed for adoption during the reporting period (for whom termination of parental rights was obtained) shall have an adoptive home identified and an ‘intent to adopt’ agreement signed within 6 months of full guardianship.

Of the remaining children in the class who have been freed for adoption during the reporting period (for whom termination of parental rights was obtained) who have not had an adoptive home identified and an adoption contract signed within 6 months, at

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78 This includes seven children with delinquent adjudications.
79 For purposes of this report, if two separate TPR petitions are filed in a particular case, the calculation of time to TPR filing is based on the filing of the first petition.
80 Reporting on this measure for calendar year 2006 cannot begin until after July 1, 2007 (since at least six months must have passed for any child whose sole goal became adoption in December 2006). The TAC will therefore issue a supplemental report on the timeliness of TPR filing for children with sole goals of adoption for three and six months during 2006 once complete information is available.
81 Prior to January 1, 2005, the Department did not record this data in TNKids and the prior data system used by DCS to track adoption related performance did not provide the information necessary to produce the data for Reporting Period II. As a result, the TAC was not able to report on this practice performance measure for Reporting Period II.
least 85% shall have an adoptive home identified and an “intent to adopt” agreement signed within 12 months of full guardianship.”

Reporting on this measure for Interim Reporting Period III is not presently available. The TAC will issue a supplemental report once the information is available.

6. Limiting Planned Permanent Living Arrangement as a Permanency Goal

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

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

As of December 31, 2006 (the last day of Interim Reporting Period III), 0.9% of the children in the plaintiff class have a goal of PPLA, with no region exceeding 3.1%. As of November 30, 2005 (the last day of Reporting Period II), the statewide rate for PPLA was 0.5%, with no region exceeding three percent.
SECTION TWO: STRUCTURE OF THE AGENCY

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

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

While there continues to be variation among regions in the extent to which the Department’s “practice model” has been effectively implemented, the Department’s policy, practice standards, training, and evaluation process send the consistent and clear message that the expectations for quality practice with families and children are the same irrespective of which of the 95 counties a child and family happen to live in.
SECTION THREE: REPORTING OF CHILD ABUSE AND NEGLECT

A. Child Protective Services Process

The Settlement Agreement requires that the Department’s “system for receiving, screening, and investigating reports of child abuse or neglect for foster children in state custody” be adequately staffed to ensure that all reports are investigated within the time frames and in the manner required by law (III.A). Allegations of abuse and neglect of children while in foster care were previously investigated by a Special Investigations Unit (SIU) separate and apart from Child Protective Services (CPS). The SIU is now a unit within CPS and subject to all of the protocols and processes applicable to CPS cases in general. In addition, although the Settlement Agreement applies only to the abuse or neglect of children in state custody rather than in the general population, the Department has recognized the important interrelationship between CPS work in general and the system's ability to serve children in custody, and therefore the Department appropriately included improvements in CPS staffing and performance as part of the Path To Excellence. This section therefore includes a discussion of efforts to improve both the CPS process in general and its efforts under the Settlement Agreement to improve SIU functions in particular.

During the course of its reform effort, the Department has taken a number of actions to improve the overall operation of its CPS system. Actions have included:

- implementing a centralized intake system for receiving and screening reports of abuse and neglect and assigning those cases for investigation;
- adopting a Structured Decision Making (SDM) tool as the safety and risk assessment tool for use in CPS investigations;
- conducting a workload analysis to determine staffing needs for its CPS process and, based on that analysis, creating additional CPS positions;
- implementing a Multiple Response System (MRS);\(^{82}\)
- utilizing data related to caseloads and response times in an effort to ensure adequate staffing of CPS and attention to timely completion of investigations;\(^{83}\)

\(^{82}\) Once fully implemented, MRS will distinguish cases based on level of risk, and serve some families through an “assessment track.” The goal is to ensure prompt assessment of family strengths and needs and the provision of preventive community-based services to those families with lower risk levels, while prioritizing cases with safety concerns or higher risk levels for more formal investigation, prosecution (in juvenile court and, in the most serious cases, also in criminal court), and removal resulting in DCS custody.
• requiring Initial Child and Family Team Meetings to be convened prior to a child coming into custody (or promptly after coming into custody in emergency situations) to both explore alternatives to state custody and improve the initial placement decision making process for those children who must come into care.

1. **Timeliness of CPS Process**

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

Table 3 below provides data for the three-month period between April 2007 and June 2007 on the timeliness and the responsiveness of Central Intake.

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83 The Department is committed to using data not only to track caseloads and response times, but to improve the quality of decision making. The SDM and MRS models include a data gathering, analysis and evaluation/feedback component that the Department has as yet not implemented. Each model includes an evaluation of the extent to which children who were judged appropriate to remain in their homes are subject of subsequent substantiated reports of abuse or neglect and uses that information to further refine the assessment tools as well as identify training needs for CPS in the appropriate use of the tools in assessing safety and risk. The Department is also working with Chapin Hall to analyze CPS data to better understand variations in regional commitment rates, including variations in racial disparity.

84 The automated tracking and reporting system has been in operation since September 2006.
As seen in the table, the percentage of calls abandoned in the three-month period declined from 5.54% in April to 3.24% in June 2007. The average time to answer a call varied during the three months from a high of one minute and 18 seconds in May to 17 seconds in June. Central Intake workers spent an average of nine to ten minutes gathering information from each call. The Director of the Central Intake system monitors this data daily and uses it to review individual worker and team performance.

The second key DCS indicator of the timeliness of the CPS process is the time to completion of the CPS investigation. The Department regularly produces CPS Overdue Case Reports. These reports utilize TNKids data to measure the time from the receipt by DCS of the report of abuse and neglect to the completion of the CPS investigation. Figure 29 below shows the number of overdue CPS investigations (investigations that take longer than 60 days to complete) during each month from January 2006 through June 2007.
Figure 29: Open CPS Investigations by Case Age
End of Month Totals

Source: CPS--Open Investigations Summary Report, January 2006 through June 2007
In January 2004, the number of overdue investigations statewide was about 22,000 and staff in every region worked diligently to reduce the unacceptably high backlog. Management has set and maintained a goal that no more than 20% of open investigations remain open beyond the 60-day time frame. As is seen in Figure 29, DCS met that goal for much of 2006 and until April 2007. Since April 2007, the percentage of investigations open more than 60 days has grown to reach 28% of open investigations in June 2007. While the increase does not come anywhere near the level of overdue investigations in 2004 and 2005, this pattern bears close watching by DCS. As of June 2007, there were 2,978 investigations open more than 60 days, representing 28% percent of the total open investigations.

2. Adequacy of CPS Staffing

While the response times at Central Intake and investigation completion times provide some indication of adequacy of staffing, the Department also tracks staffing at Central Intake and the number of open investigations on the caseload of each CPS worker as part of ensuring sufficient staffing of basic CPS functions. As of June 30, 2007, there were 69 positions allocated to Central Intake and of those, 60 were filled.

With respect to staffing of CPS investigations, as reported in the January 2006 Monitoring Report, the Department conducted a workload analysis of CPS and based on that analysis increased the number of CPS positions. As of April 30, 2007, there are 877 CPS case manager (including SIU) positions statewide. Of those positions, 37 were vacant as of April 2007. Regional turnover rates for CPS positions range from 0.9% to 1.9% monthly with the statewide annualized turnover rate for CPS at 13.4% for fiscal year 2007.

The Brian A. Settlement Agreement does not contain a caseload standard for CPS investigative workers; however, the Department has adopted as its caseload guideline the Child Welfare League of America (CWLA) standard that a CPS worker receive no more than 12 new CPS cases for investigation each month. Given that investigations are expected to be completed within 60 days, at any given time a CPS case manager should have no more than 24 open cases. CPS supervisors are expected to supervise no more than five case managers. Figure 30 below shows the distribution of CPS case manager caseloads as of April 30, 2007, both statewide and by region. It is clear from the data that a significant number of CPS case managers around the state have caseloads in excess of 24 open cases. During April 2007, 31% of case managers statewide had caseloads of more than 24.85

85 These data include a small number of CPS team leaders who were carrying caseloads during April 2007.
B. Specific Requirements for Responding to Allegations of Children Being Subject to Abuse and Neglect While in Foster Care Placement

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

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

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

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

- determining appropriate corrective action plans;
- ensuring implementation of those plans;
- providing additional monitoring;
- ensuring closure/termination of contract when appropriate;
- completing review of complaints of abuse and neglect within 90 days; and
- providing reports of the investigations to the Brian A. Monitor (III.B).
1. Changes in Organizational Structure Related to Allegations of Abuse and Neglect While in Foster Care

Allegations that a child has been abused or neglected while in foster care are assigned to the Special Investigations Unit (SIU) for investigation. Until recently, the SIU functioned as part of the DCS Office of the Inspector General rather than the Office of Child Safety (which has responsibility for all other aspects of the CPS function). Under that organizational structure, the DCS “QA Unit” (now referred to as the Office of Performance and Quality Improvement) was not given the authority and responsibility contemplated by the Settlement Agreement.

As the result of a recent restructuring, the SIU is now a unit of the Office of Child Safety. Reports of abuse of a child while in foster care (SIU reports) are still investigated by members of this special unit but are now processed through the Central Intake System and response times tracked as part of the CPS process.86

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

2. Timeliness of SIU Investigations

The Special Investigations Unit (SIU) manually produces a monthly report on the volume of new investigations and closed investigations during the month, as well as the number of investigations not completed within the 60 days required by law (or “overdue” investigations). Table 4 below displays the data from these reports for the months of January and February 2007.87 As shown in the table, the number of overdue SIU investigations for Brian A. class members each month was less than ten percent of the number of SIU investigations closed each month.

86 The responsibilities of the SIU extend not only to investigating allegations of abuse and neglect of children while in foster care, but also allegations of abuse and neglect of children in daycares and schools.
87 Data from the January and February 2007 reports are presented here because the March and April reports did not break the data into these categories. The Department suspended the manual production of these reports in May 2007 while developing a database to produce these reports electronically. The database has been developed and a report for June 2007 will be produced soon.
Table 4: SIU Investigations, January and February 2007

<table>
<thead>
<tr>
<th></th>
<th>January 2007</th>
<th>February 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Investigations</td>
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<td>237</td>
</tr>
<tr>
<td>New <em>Brian A.</em> Investigations</td>
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<td>90</td>
</tr>
<tr>
<td>Closed Cases</td>
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<td>175</td>
</tr>
<tr>
<td>Overdue Cases</td>
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<td>8</td>
</tr>
<tr>
<td><em>Brian A.</em> Overdue Cases</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Open Cases at End of Month</td>
<td>331</td>
<td>400</td>
</tr>
</tbody>
</table>

Source: Special Investigations Unit Monthly Reports for January and February 2007

The Department also produces a monthly report from TNKids (called the “*Brian A. Class Open Investigations Over 60 Days Old Report*”) of the number and percentage of overdue SIU investigations for *Brian A.* class members. According to the report, as of July 17, 2007, there were 133 open SIU investigations. Of those, 17 investigations (13%) had been open for more than 60 days and would be classified as “overdue,” ranging from two to 58 days over the 60-day requirement. In many of the overdue cases, SIU or regional staff were waiting for law enforcement to complete interviews related to the allegations.

3. Adequacy of SIU Staffing

As reported in the January 2006 Monitoring Report, the Department conducted a workload analysis of the SIU and made adjustments in staffing. There are 33 SIU positions statewide, including 25 investigator positions, four team leader positions, three team coordinator positions (one of which conducts due process case file reviews and completes the monthly reports), and one director. As of April 30, 2007, 28 of these positions were filled. Turnover within the SIU had been problematic in the past. Currently there is one vacant team leader position in the Shelby Region and one vacant case manager 3 position in the Middle Tennessee Region.

In accordance with CWLA standards, SIU investigators should have no more than 12 new cases each month and no more than 24 open cases at any one time. As of the end of April 2007, one of 32 identified SIU investigators had a caseload over 24 cases; this SIU investigator had 35 cases. The remainder of the investigators all had caseloads below 21 cases.

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88 For purposes of this report, the TAC presents data from the July 17, 2007 “*Brian A. Class Open Investigations Over 60 Days Old Report*” because the Department conducted follow up on the investigations appearing on this report to determine the reasons for the overdues.

89 Five (5) of the overdue cases were investigated by SIU staff and 12 of the overdue cases were investigated by regional CPS staff.
cases. Three SIU team leaders were also carrying cases (one TL had seven cases, one TL had two cases, and one TL had one case).  

4. Review of SIU Reports by the Quality Assurance Unit

The Office of Performance Quality Improvement (PQI), the Department’s “Quality Assurance Unit,” has only recently assumed responsibility for reviewing of the SIU process and ensuring that information regarding the reports and results of those investigations is analyzed and shared and that appropriate corrective action is taken.

The PQI Office is developing a process for reviewing and analyzing SIU reports, including, as required by the Settlement Agreement, identifying and reviewing (a) children who have been the subject of multiple reports of maltreatment while in care and (b) resource parents or congregate care facilities that have been the subject of multiple reports of maltreatment (XI.E.5).

As discussed in Section Twelve of this report, both the DCS Licensing Unit and the Program Accountability Review Unit are now part of the PQI Office.

In June 2007, the PQI Office issued a report on the quality of the SIU investigation process based on a review of 40 cases. (The review was not limited to Brian A. investigations and included two non-DCS allegations involving daycare settings.) The cases selected were received between January and April 2007, included a range of priority levels, and were drawn from regions across the state. One of the conclusions of the review was that the lack of clear and concise documentation by the majority of SIU investigators made it difficult to adequately evaluate the quality of the work. With the caveats concerning the lack of documentation, the report expressed concern about decision making by SIU investigators including the lack of a formal tool for assessing safety and risk for SIU referrals, failure to adhere to priority response times in approximately 30 percent of the cases, and failure to interview some key contacts during the course of the investigations. The report makes a number of recommendations to the Department to improve the quality of investigative practice.

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

As part of its work to enhance the front-end provision of services to families in need of services and at risk for child maltreatment, the Department has begun to implement a

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90 Under present Department policy, team leaders will carry cases only when extenuating circumstances exist.
91 SIU Management staff are taking steps designed to resolve these identified issues and improve the overall quality of investigations. Team coordinators are now responsible for reviewing ten percent of all SIU cases and following up with staff regarding issues identified during the course of the review. SIU staff are also in the process of identifying an appropriate risk assessment tool. In addition, a workgroup that includes SIU staff, Permanency staff, CPS staff, and Foster Parent Advocates has been convened to focus on issues related to abuse in care. The Department anticipates that this group will meet monthly.
Multiple Response System (MRS) which will allow the Department to assess and serve families with differential risks for child maltreatment within a strengths-based assessment and community-based services model. The Department began this work with pilot initiatives in several regions and counties within those regions. As a result of the pilot work, DCS is in the process of developing policy and procedures for statewide implementation. Under the MRS system, families at low risk for child abuse and neglect but in need of support will be served by a DCS worker for a period of up to 120 days with the goal of linking the family to community-based services and supports. Also part of the MRS process is the formation of Community Advisory Boards through which DCS seeks to expand the breadth and depth of community partnerships and resources to serve children and families without having to label families as abusive or neglectful and without having to remove children to DCS custody to ensure child safety. Implementation of MRS is still in the early stages and the Department anticipates further development of policy, procedures, and technical support for this work. Part of implementing MRS must include an evaluation of the quality of casework in cases where children and families are referred for support, and to ensure the safety of children not removed from the home.
SECTION FOUR: REGIONAL SERVICES

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

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

The Department has identified a list of service providers in each region of the state who offer services that fall within each of these categories.

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

For those agencies that do not provide contract placements, the Department generally does not have sufficient data to understand the quality or effectiveness of the services provided.

In addition, while the TAC is able to document that some level of these services exists in each region, the Department is not able to say that the services are of the type and in the amount that children and families need, or that they are actually consistently accessible to families in a timely manner.

For this reason, the Department has chosen to make the adequacy of these services the focus of the next Needs Assessment, expected to be complete by March 1, 2008.
SECTION FIVE: STAFF QUALIFICATIONS, TRAINING, CASELOAD, AND SUPERVISION

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

Section V of the Settlement Agreement is focused on the recruitment, training and retention of a well-qualified workforce. It includes a range of provisions related to qualifications for hiring and promotion, pre-service and in-service training, salary ranges, caseload limits, and supervision of case managers and others working directly with children and families.92

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

The Settlement Agreement (V.F.4) requires a “criminal records check and a child abuse registry screening” (criminal records and DCS background check) for all persons applying for all DCS and contract agency positions which involve any contact with children.93

Tennessee law requires that all persons working with children supply fingerprint samples and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.94 Department policy requires criminal records and DCS background checks for all persons applying for all DCS and private provider agency positions involving direct contact with children.95

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

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

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

95 There are certain criminal offense histories which disqualify a person from holding such a position and there is a process for case by case exceptions to disqualification (V.F.4).
1. Criminal Records and DCS Background Checks on DCS Employees

The Department has had in place for a number of years procedures for ensuring criminal records and DCS background checks for new DCS employees. There are, however, two groups of employees who, as a result of the special circumstances under which they became DCS employees, were not subject to the Department’s internal process applied to “new hires.”

The first group is those employees who transferred into the newly created Department of Children’s Services in 1996 when a number of divisions of several state departments serving children in state custody were consolidated to form a single custodial department.96

The second group is those employees who transferred to DCS from the Community Services Agencies as part of the shift of custodial caseload responsibilities from the CSAs to DCS.97

As part of the Council on Accreditation (COA) accreditation process,98 the Department is conducting an audit of 100% of its personnel files for required documentation, including documentation of criminal records and DCS background checks.99 The Department anticipates that this audit will be completed by September 1, 2007. A complete list of current employees needing criminal records and background checks will be generated by September 1, 2007 and criminal records and background checks will be completed on those employees by October 15, 2007.100

96 According to the Department, there are a total of 999 DCS employees who were hired before July 1, 1996. This number includes employees who were not involved in the initial formation of DCS, but who have transferred into the Department from other agencies in state government. Approximately half have not had criminal records checks because they are in positions that do not require contact with children.

97 When the non-custodial caseload carrying Community Service Agency (CSA) employees were absorbed by DCS in 2006, the Department required that criminal records and DCS background checks be completed on each CSA staff member who was joining the Department. However, there were some caseload carrying CSA employees who were transferred to DCS in 2001 and 2002 as a result of the Settlement Agreement prohibition against CSA staff handling custodial caseloads. It is unclear whether those employees were subject to the criminal records and DCS background checks at that time; however, the Department is in the process of verifying that all background check information is in the official personnel file for those employees.

98 The Council on Accreditation (COA) is an international, independent, not-for-profit, child and family service, and behavioral healthcare accrediting organization. COA partners with human service organizations to improve service delivery outcomes by developing, applying, and promoting accreditation standards. The accreditation process includes an evaluation of an organizations level of compliance with best practice standards.

99 Such documentation is required by COA standards.

100 In the event that an employee in either the “grandfathered” group (those who transferred into the newly formed Department in 1996) or the CSA transfer group were to be entitled to continued employment, but failed to successfully complete a background check, such an employee would not be allowed to be engaged in work activities that involved direct access to children. The Department is also in the process of revising Policy 4.12 to provide for termination of any employee who is the subject of a criminal conviction or becomes the subject in any substantiated or indicated case of child abuse or neglect during his/her employment.
After completion of this initial audit, files will be audited annually pursuant to a random sample audit process that the Department is developing.  

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

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

The Department’s contract and licensing oversight processes include monitoring of documentation of criminal records and DCS background checks of private provider staff. Based on a review of inspection reports by the DCS Licensing Unit and the Department’s Program Accountability Review (PAR) team, TAC staff identified instances of private provider employees having direct contact with children after the private provider submitted its background check request to DCS but prior to the receipt of the results of that background check; however, there were no instances cited of private provider agencies hiring staff who failed background checks.

3. **Criminal Records and DCS Background Checks on Resource Parents**

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

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101 COA requires such an annual audit process as a condition of certification.

102 The Department has established a process by which DCS processes background check requests for private provider employees. The Department conducts the DCS background checks internally and acts as a conduit to law enforcement agencies for obtaining criminal records checks with respect to those private provider employees.

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

104 Criminal records and DCS background checks of prospective resource parents are required as part of the standards for approval that DCS maintains as required by Section IX.B of the Settlement Agreement, not by the requirements related to “employees” in Section V.F.4, the last sentence of which reads as follows: “This provision shall not apply to foster and adoptive parents.” Nevertheless, it appeared appropriate to include this discussion here rather than in Section IX.
a. DCS Resource Homes

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

b. Private Provider Resource Homes

The Department’s contract and licensing oversight processes include monitoring to ensure that criminal records and DCS background checks have been completed on private provider resource parents. Annual PAR and licensing reviews include an inspection of a sample of the files of the private provider agency’s resource parents, with special focus on new resource parents, to verify that there is appropriate documentation in the resource parent file, including documentation of required criminal record and DCS background checks.

The Department is now implementing the Resource Home Eligibility Team (RHET), designed to enable the Department to maintain internally all documents relating to the Title IV-E eligibility of private provider resource homes. RHET will focus strictly on the Title IV-E eligibility requirements (which include fingerprints, criminal records and DCS background checks, and PATH training) of private provider resource homes. RHET will be responsible for reviewing and maintaining IV-E eligibility documents of each private provider resource home both initially (new homes) and annually through the re-evaluation process. It will review the home studies (which include criminal records and DCS background checks) that are submitted as part of both the initial eligibility determination and the requirements for ongoing eligibility (“re-approval”) as well. The RHET will be fully implemented by July 1, 2008.

B. Education and Experience Requirements for Hiring and Promotion of Case Managers; Education Requirements for Child Care Workers

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

105 While the Department will maintain these eligibility documents, private providers remain responsible for assuring the eligibility of all their resource homes and the eligibility of their staff in residential facilities.
1. Child Care Workers

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

Child care workers employed by the Department at DCS operated facilities must meet this requirement as a condition of employment. The audit of personnel files being conducted in connection with the COA accreditation process includes an examination of the files for documentation that the employee meets the educational/experience requirements of the position held.

Child care workers employed by private providers must also meet this requirement. Annual PAR and licensing reviews of each private provider include an examination of employee files for such documentation. Based on the TAC staff review of both PAR and DCS Licensing Unit inspection reports, compliance with this particular requirement does not appear to be a problem.

2. Case Managers

a. Minimum Educational Requirements

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

- for entry level case managers (CM1), a bachelor’s degree (BA), with preference for a bachelor’s degree (BA) in social work or related behavioral science; and
- for higher level case manager positions (CM2-4), a bachelor’s degree (BA), with preference for a bachelor’s degree (BA) in social work or related behavioral science, and additional experience.

A Master’s degree in social work or a related behavioral science is not required for higher level case manager positions; however, additional years of work experience are required.

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

107 Occasionally, an agency is cited for absence of documentation in the personnel file. In most of those cases, the agency has provided subsequent documentation that the worker meets the educational requirements. For educational or experience requirements that the Department has imposed beyond those specifically required by the Settlement Agreement, a waiver can be granted by the Director of the Child Placement and Private Providers (CPPP) Division. Absent such a waiver, an employee who does not meet all of the requirements set forth in the Private Provider Policy Manual must be removed from the position.
for those without a Master’s degree who seek supervisory case manager positions (CM3, CM4).

The Department of Personnel job specifications for each of the case manager positions reflect all of the education and experience requirements set forth in the Settlement Agreement.

The job specifications do not presently state that a preference is given for those with degrees in social work or a related behavioral science. Although there is no preference established in the job specification, applicants for case manager positions who have a degree in social work or a related field receive four additional points for this degree when their applications are scored for purposes of establishing their positions on the register from which case managers are hired.

The Department is currently working with the Department of Personnel to create a new 900 series register for “Graduate Assistants” which, once it is established, will be the primary register from which entry level case manager positions are filled. In order to qualify for that register, applicants will be required to have a degree in social work (or related human services degree).108

This new register will simplify the process for hiring graduates of the Bachelor of Social Work (BSW) child welfare certification program (both stipend program participants and other graduates who have completed both the course work and DCS field placement) and avoid the delays and complications, discussed in the January 2006 Monitoring Report, that have impeded hiring of those with these special qualifications from the existing general case manager register. The Department anticipates that this register will be established by September 2007.

b. Training and Competency/Performance Evaluation Requirements

The Settlement Agreement includes pre-service and in-service training requirements (discussed at greater length in sub-sections D.2 and D.3 below) and also requires case managers to pass competency and performance evaluations for both retention and promotion.

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

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108 These applicants will also be required to complete the DCS pre-service case manager training (certification) and related course work to obtain their degree, and complete a 400 hour practicum with DCS. These applicants will first be hired as Graduate Assistants and will advance to case manager 1 after serving an initial 6-month probation. The probationary period for Graduate Assistant will count towards the case manager 1 probation, with the employee advancing to case manager 2 after an additional 6-month probation period as a case manager 1.
To be promoted/retained, a case manager must satisfactorily complete performance evaluation (within one year for CM1; within six months for CM2) (V.B.1, V.B.2).

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

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

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

- determine DCS workers in need of retraining as indicated by workers failure to meet requirements of the Settlement Agreement, DCS policy, and/or reasonable professional standards; and

- ensure additional training is provided to those workers, who do not improve as a result of training, to be eligible for reassignment or termination.

The Department has not implemented the performance evaluation process contemplated by the Settlement Agreement. It is developing both the performance evaluation and the process for ensuring that it is used as contemplated in the Settlement Agreement.
i. Competency Evaluation of New Case Managers Prior to Assuming Caseload

The Department requires that new case managers complete pre-service training and receive a competency evaluation that includes both a knowledge exam and a skills assessment prior to assuming regular caseload responsibilities. The new case managers must demonstrate basic competencies in “critical skill” areas including: developing a professional helping relationship with the child(ren) and family; conducting family-centered assessments; developing and implementing family-centered planning; and completing accurate documentation that reflects the values of strengths-based, family-centered, culturally-competent casework.109

According to information provided by the DCS Training Division, 708 of the 759 new case managers enrolled in the new case manager certification program between July 1, 2005 and December 31, 2006 remained in the training and were subject to the knowledge exam and competency assessment. Of those 708:

- 690 passed the knowledge exam (635 in the first attempt, and an additional 55 on the second or third attempt);
- 565 passed both the knowledge exam and the competency assessment;
- 118 are pending competency assessments; and
- 49 are no longer employed with the Department.110

109The competency evaluation has been developed by the Training Consortium in collaboration with the Department and in consultation with the TAC. The knowledge exam is in four sections: Building Trusting Relationships, Conducting Family-Centered Assessments, Family-Centered Planning, and Specialty Area (Child Protective Services or Permanence). Each section of the exam contains 30 questions. Pending further refinement, including further work in “validating” an appropriate “cut score,” a passing score requires at least 15 items (50%) correct in each section. The passing score for the skills assessment is 75% and includes observations and assessments made by OJT coaches based on activities during OJT weeks as well as observations and assessments by trainers during the classroom training.

All final competency assessments for new case managers are submitted to the Training Consortium subcontractor UT SWORPS to rate and track the assessments. UT SWORPS informs the Division of Professional Development and Training (via letters) and the regional staff on the certification status (whether they passed or not) of new case managers and generates reports of how many new case managers are completing the certification process.

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

110 New hires have up to 30 days to complete the final skills demonstration assessment (Course 9) and the final knowledge exam that encompasses the certification program. If a person fails the exam and/or the assessment on the first attempt, they are given the opportunity to retake the test and/or final skills demonstration assessment at least two more times. If after the third attempt, the new case manager has not passed both components of the required competency evaluation, a Case Manager Team Meeting (CMTM) is held to determine the source of the difficulties that the case manager is having and develop a plan of action. This may include repeating some of the OJT activities with additional coaching and mentoring, repeating some of the classroom course work, or discussion of termination (the new hire is assessed as not being able to perform the necessary job duties). Regions have the option of reassigning new staff to other areas of the Department. A CMTM is held to discuss the next course of action.
Of the 49 who are no longer employed with the Department:
- ten did not pass the knowledge exam and did not retest;
- 28 passed the knowledge assessment, but did not complete the skills assessment;
- seven terminated employment after completing certification;
- two did not pass the skills assessment and did not reassess; and
- for the remaining two, the requested information was not available.

ii. Performance Evaluation of Experienced Case Managers

While the Department has developed and implemented a competency evaluation for new case managers, the Department has not yet finalized the performance evaluation tool nor implemented the kind of performance evaluation process for promotion and retention of experienced case managers contemplated by the Settlement Agreement. A draft of the evaluation tool has been reviewed by members of the TAC. The Department expects to revise and finalize the tool by November 1, 2007 and implement a performance evaluation for experienced case managers based upon that revised tool by January 1, 2008.

In addition, while the Department has developed an approach for providing further coaching and mentoring to new case managers who are experiencing difficulty in passing the knowledge exam and or competency assessment, neither the Training Unit nor another unit of the Department has been identifying workers in need of retraining.

The Department is in the process of developing the performance evaluation (content and format) and establishing a process for ensuring that the evaluation is used as contemplated in the Settlement Agreement. That process will include the identification of workers in need of retraining and a mechanism for ensuring that they receive that training.

The Department expects to have this process implemented by January, 2008.

The Settlement Agreement contemplates that promotion of staff to supervisory positions of team leader and team coordinator is to be based on a performance evaluation that ensures that candidates for those positions have the ability to coach and mentor those who they supervise in the core competencies of practice, which would include those related to the Child and Family Team process. It is not clear, however, that the criteria for creation of the register from which supervisory positions must be filled will actually allow the Department to either require those competencies of supervisor position applicants or even allow the Department to hire those applicants who demonstrate those competencies ahead of those who do not.

It will be important for the Department to address this issue in order to be able to fully implement this particular requirement of the Settlement Agreement with respect to its case manager supervisor positions.
C. Training Infrastructure

The Settlement Agreement (V.E.1) requires the Department to:

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

As discussed at length in previous monitoring reports, one of the most significant improvements implemented by the Department has been the expansion and enhancement of the Department’s training capacity through a partnership with the Tennessee Social Work Education Consortium (Training Consortium). The Training Consortium is now composed of 14 public and private universities that presently offer accredited undergraduate degrees in social work. While DCS maintains a full time training unit within the Department and works closely with the Training Consortium, the bulk of the training is provided by the Training Consortium staff and not the DCS training unit.

The combined budget for both the Training Unit and the Training Consortium is substantial ($18,443,650.00 in FY06-07). It appears that the resources allocated to the training function have been sufficient to support curriculum development, delivery of pre-service training, and up-dated training for existing staff.

1. Pre-Service Training

Currently, eleven of the fourteen Consortium universities participate in the delivery of pre-service training. The Training Consortium staff have developed a pre-service training calendar that is designed around the hiring patterns and practices of the Department. The training plan for fiscal year 2007-08 calls for a total of 42 pre-service groups. Staff from the Training division and the Tennessee Center for Child Welfare

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111 The Training Consortium's major responsibility is to develop, deliver, and evaluate professional training programs for the DCS staff. Of the 14 Consortium universities, 11 offer pre-service (University of Memphis, University of Tennessee-Martin, Union University, Freed-Hardeman University, Austin Peay State University, Middle Tennessee State University, Tennessee State University, Belmont University, Southern Adventist University, University of Tennessee-Knoxville and East Tennessee State University) training. The BSW stipend program is offered by these 11 colleges and universities and also by two other Consortium members, University of Tennessee-Chattanooga (as of July 1, 2007) and Lincoln-Memorial University. David Lipscomb University is the only university included in the Training Consortium that does not have a subcontract to deliver any services to the Department.

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

113 One pre-service training group is scheduled to begin every month in each grand region at the beginning of the month. Every other month a second group is scheduled to start in the Middle Grand Region after the
(TCCW)\textsuperscript{114} met with the Department’s Office of Human Resource Development staff, as well as the Regional Training Coordinators, to develop a process to ensure that newly hired case managers are able to begin Course 1 orientation as close to the date that they are hired to avoid any significant lapse in the time they begin the certification program. Personnel staff agreed to work with their Training Coordinator to hire staff around the pre-service schedule that is made available online at the Training division's website, www.tntraining.us.\textsuperscript{115} While the Department is not tracking the length of time from the date of hire to the completion date of orientation, since October 2006 when this scheduling process was put into place, the Training Division has not received any reports of problems or delays in getting new staff into pre-service training.

2. OJT Coaches

There are currently 16 On-the-Job (OJT) Coaches across the state. Each region has at least one OJT coach. Shelby, Davidson, Mid-Cumberland, and East, the regions that typically experience the highest ‘turnover’ and the greatest number of new hires, each have two coaches.

The Program Manager for the OJT program receives weekly reports from each OJT coach which include information regarding the number of new hires they are working with, any obstacles and/or successes they have encountered during that OJT week, and the plans they have for the new hires in the upcoming OJT week.

Table 5 below shows the range of new case managers that OJT coaches worked with in each region between October 2006 and April 2007. Because new workers begin pre-service training when they are hired, at any given time the OJT coaches will be working with some new workers who are in the first weeks of training and others who are nearing the completion of their training. The numbers will fluctuate as some complete the training and as additional new hires begin the training. OJT coaches work with new case managers for 2½ to 3½ months, depending on the time it takes to successfully complete the training cases and the competency evaluation.

\textsuperscript{114} The Tennessee Center for Child Welfare, located at Middle Tennessee State University, is the base of operations for the Training Consortium.
\textsuperscript{115} These documents are Pre-service Grand Regional Meeting Summary Report May 07 and Planned Groups 07-08.
As reflected in this chart, OJT coaches are routinely responsible for working with a larger number of trainees than they can reasonably be expected to effectively coach and mentor. The Department recognizes the need to ensure that new trainees are receiving the level of OJT coaching and mentoring contemplated by the pre service curriculum.\footnote{In an effort to supplement the coaching and mentoring provided to new case managers, the OJT coaches have enlisted more experienced case managers to do some mentoring and coaching. While shadowing experienced case managers can be a valuable experience, it is not clear that the persons assigned to be mentors are always assigned based on a sound determination that they are able to model and coach the new workers effectively.}

### Table 5: Range of Case Managers per OJT Coach by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Least</th>
<th>Most</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Northeast</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>South Central</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>East</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Northwest</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Shelby</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Davidson</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Knox</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Southeast</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Southwest</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>12</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: OJT weekly reports from October 2006 through April 2007 as reported by the OJT coaches.

D. Training Requirements for DCS and Private Provider Case Managers

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

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

- 160 hours pre-service, including instructional training and supervised field training;
- 40 hours in-service annually;
- curriculum to be reviewed and developed in consultation with TAC; and
- training to ensure case managers are meeting Settlement Agreement requirements.
For DCS Case Managers with Supervisory Responsibility, the Settlement Agreement (V.E.3) requires:

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

Private provider case managers with comparable responsibilities to DCS case managers (which would also include private provider case managers with supervisory responsibility) are required to complete the same number of pre-service and in-service hours as their DCS counterparts and the Department is required to ensure that the training curriculum for these case managers corresponds with the DCS pre-service and in-service training (V.E.4).117

1. Pre-service Training for New Case Managers

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

To complete the pre-service training successfully, all new workers must attend four weeks of class sessions, participate in four weeks of OJT activities, pass a knowledge-based written exam, and be observed in settings in which they demonstrate basic competencies.

2. In-service Training for DCS Case Managers

While the Department has developed its pre-service training and its tracking process to ensure that every new worker receives the required 160 hours of training, the Department has not yet developed a system for ensuring that DCS case managers are receiving the 40 hours of annual in-service training required by the Settlement Agreement.118

The Department has, however, made a concerted effort to ensure that all case managers who were hired prior to the implementation of the new pre-service training curriculum received an “in-service” version of that new pre-service curriculum designed for delivery to this group of experienced case managers. A total of 2250 experienced current case managers and case manager supervisors who were hired prior to the implementation of the new pre-service training have received this “in-service” version of the pre-service curriculum. All current case managers who are either carrying a caseload that includes Brian A. class members or are supervising case managers who have such a caseload

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

118 The Department believes that most, if not all, of its case managers have been receiving at least 40 hours of in service training annually for the past several years, because of all of the required training that has been associated with the implementation of new policies, procedures, processes and practices. However, the Department’s training unit has not been tracking and reporting in service training.
(including all team leaders and all team coordinators) who were hired prior to the implementation of the new pre-service curriculum have received the “in-service” version of that training.119

3. DCS Supervisor Training

With respect to the 40 hours of supervisor training required by the Settlement Agreement, the Department has developed and piloted an appropriate 5-day supervisor training and is presently in the process of delivering that training to case manager supervisors (case manager 3s, case manager 4s, and team leaders). The Department expects to have trained all such supervisory staff by December 31, 2007.

With respect to the 24 hours of annual in-service training for supervisors who have already completed the 40 hour required supervisor training, the Department is working with the Training Consortium to develop a course catalog of training relevant to supervisors. However, at the present time, the Department does not have a system for tracking and ensuring that supervisors are receiving the required 24 hours of in-service training.

4. Private Provider Agency Case Manager Training

The Department has worked with the private provider community, including the Tennessee Association for Child Care (TACC), to identify those areas of the Department's pre-service training that need to be covered by Private Provider training and to offer trainings that deliver the relevant curricular content.120

The Training Consortium has recently established and filled a full time staff position and created three additional positions (which have not yet been filled) specifically to focus on tracking and monitoring private provider personnel training to ensure that private provider staff are receiving the training required by the Settlement Agreement. At this point, the Department is working to identify an appropriate system for tracking and monitoring ongoing training of private provider staff.

The Department is not presently able to ensure that all private provider agency case managers with comparable responsibilities to DCS case managers are receiving/have received the required 160 hours (80 classroom and 80 supervised field practice) of pre-service training or the in-service training required. The Department expects to have in place by January, 2008 a system of tracking and monitoring private provider training.

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119 The final group of those experienced case managers completed their training in August of 2007. While all of the experienced case managers have now received the pre-service training, they have not all received a “skills assessment” comparable to the competency evaluation that new workers receive as part of the “pre-service training.” The Department has worked with the Training Consortium to develop two versions of a “professional skills assessment,” one for case managers without supervisory responsibility and the other for supervisors. These assessments have been piloted in one region.

120 The contracts with private agencies include requirements that the agency staff receive the training contemplated by the Settlement Agreement. The protocol for the Performance Accountability Reviews includes some examination of personnel files for documentation of training and orientation.
(including both the curricular content and the number of pre-service and in-service training hours) to be able to ensure that private provider staff are receiving the training required by the Settlement Agreement.

E. Additional Requirements for Improving Workforce Quality

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

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

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

1. Stipend Programs

The Department’s stipend programs allow qualified BSW and MSW/MSSW students to receive tuition assistance and a financial stipend while pursuing specialized certification in the child welfare field.\(^{121}\)

Since the time the program began through May 2007, there have been 80 BSW graduates from the stipend program. Forty-three of the 80 BSW students graduated before May 2007 and the remaining 37 graduated in May 2007. Of the 43 pre-May 2007 graduates, 37 are currently employed by the Department. Of the six not currently employed by the Department, two chose not to come to work for DCS, two quit after accepting positions, and two were terminated. Of the 37 BSW students who graduated in May 2007, 33 are now employed by the Department.\(^{122}\) There will be 118-130 students in the BSW stipend program at the beginning of the 2007-2008 academic year.

\(^{121}\) The students receive in-state tuition for full-time status as well as a stipend of up to $2,398 each semester that may be used for textbooks, living expenses, and travel expenses. For BSW students, there are five slots per year available at each of the 14 Consortium universities for a total of 130 slots when fully implemented. The Department’s priority with respect to providing MSW stipends is to move existing supervisors into master’s degree training. Some slots will be used for BSW stipend students who are moving into advanced standing MSW programs. Students use their fee waiver to pay for their first course and then DCS pays for all other courses taken that semester. In addition, students will receive a book and travel allowance of $1200 per semester for full-time students and $600 for part-time students.

\(^{122}\) Information on the remaining four recent graduates was not made available to the TAC as of the time of this report.
There have been 12 DCS employees who have participated in the MSW/MSSW stipend program and who received an MSW/MSSW degree since the program began. These employees are currently working for the Department. There will be 90-95 employees participating in the MSW/MSSW program at the start of the 2007-2008 academic year.

2. Salary Adjustments

The three year salary adjustment process that the Department initiated in 2003 in response to the findings of the salary comparability study is now complete. Table 6 compares the case manager salary ranges in 2003 with the salary ranges in 2006.

<table>
<thead>
<tr>
<th>Class Title</th>
<th>2003</th>
<th>2006</th>
<th>Percentage Increase in Entry Level Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager 1</td>
<td>$22,500 –35,412</td>
<td>$29,376 – 40,968</td>
<td>31%</td>
</tr>
<tr>
<td>Case Manager 2</td>
<td>$25,476 – 40,884</td>
<td>$33,312 – 46,452</td>
<td>31%</td>
</tr>
<tr>
<td>Case Manager 3</td>
<td>$26,580 – 45,576</td>
<td>$34,656 – 48,348</td>
<td>30%</td>
</tr>
<tr>
<td>Case Manager 4</td>
<td>$28,860 – 46,128</td>
<td>$37,740 – 52,644</td>
<td>31%</td>
</tr>
<tr>
<td>Team Coordinator</td>
<td>$34,584 – 54,264</td>
<td>$44,772 – 62,460</td>
<td>29%</td>
</tr>
</tbody>
</table>

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

F. Provisions Related To Caseloads and Case Coverage

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

1. Caseload Limits

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

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

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

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

The Settlement Agreement also provides that “for those workers carrying a mixed caseload,” those workers shall carry no more than the “weighted equivalent, as those weights have been determined in consultation with the technical assistance committee.” The Department is currently developing proposed standards for weighted caseloads in connection with the implementation of its Multiple Response System (MRS).

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

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

Nevertheless, in some regions where there have been large percentages of vacancies, as a result of turnover or case managers being out on medical or maternity leave, the permanency specialists who were formerly adoption workers have been assigned cases. All Brian A. cases, regardless of the case manager carrying the case, are counted when the caseload cap report is run. Permanency specialists still carry the adoption worker position number; they would therefore be reported as being in or out of compliance based on whether they were within the 12 child caseload limit established by the Settlement Agreement for the “adoption unit case managers.”

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

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

124 As a result of the implementation of the Multiple Response System (MRS), some case managers now have mixed caseloads of custodial and non-custodial cases. Because this is a relatively recent development the Department has not yet developed a standard for such mixed caseloads. The Department is engaged in a workload analysis to determine appropriate caseload standards and staffing levels for appropriate handling of investigations, assessments, and blended caseloads of in-home and custodial cases. The Department anticipates submitting to the TAC by November 2007 a draft proposal related to mixed caseload standards for those case managers who carry a combination of custodial and non custodial cases as a result of implementation of MRS.
a. DCS Case Manager Caseloads

As was noted in the January 2006 Monitoring Report, one of the most significant accomplishments of the Department’s reform effort has been the reduction of caseloads to manageable limits. The Department in the early years of the reform dramatically increased the number of front-line case manager and supervisor positions. Over the past several years, the Department has been tracking and reporting regional caseloads on a monthly basis to identify regions experiencing the greatest difficulty keeping caseloads within limits and has allocated additional positions to those regions.125

While caseload numbers have been greatly reduced in comparison to the caseloads that existed at the time of the Settlement Agreement (which often exceeded 40 cases), the percent of case workers with caseloads in excess of the caseload limits has increased somewhat since the TAC last reported on caseloads in January 2006.

Table 7 below provides a point in time comparison of the most recent TNKids monthly caseload report (July 1, 2007) with the point in time data cited in the two previous TAC reports that addressed caseload limits. The table shows the numbers of case managers statewide and by region whose caseloads, pursuant to the Settlement Agreement standards for manageable caseloads, are considered small enough to allow effective work with families and children.

As is reflected in the table, 713 out of 780 (91%) case managers had manageable caseloads as of July 1, 2007—a somewhat lower percentage than the 95% achieved in September 2005 (the month for which information was presented in the January 2006 Monitoring Report discussion of caseloads) but still substantially higher than the 84% achieved in December 2004 (the month for which information was presented in the April 2005 Monitoring Report discussion of caseloads).

The table also reflects the regional variation. As of July 1, 2007, ten regions had caseload compliance rates above the statewide average, while two (Upper Cumberland and East) had caseload compliance levels significantly below the statewide average.

There are case managers who carry a mix of juvenile justice (non-Brian A.) and child welfare (Brian A.) cases. Under present Department policy, if a case manager has at least one Brian A. class member on his or her caseload, the entire caseload is subject to the caseload limits that would apply to a caseload that consisted entirely of Brian A. cases.125

The Department has set up a work group to strengthen this process and to have the ability monitor it. The Department is trying to make sure that the Office of Human Resource Development (HR) and the Department of Finance and Administration (FA) are communicating when there is a resignation or other changes in an employee’s status, and they are tracking the information with supervisors on caseload reassignment (FA tracks information through TNKids).

Case manager caseloads are within standards if:
- a case manager 2 and a case manager 3 with no supervisory responsibilities had a caseload of 20 children or fewer;
- a case manager 3 who supervises one to two case managers had a caseload of no more than 10 cases;
- a case manager 3 who supervises three to four case managers had no cases;
- a case manager 4 had no cases.
Table 7: Achievement of Brian A. Caseload Standards

<table>
<thead>
<tr>
<th>REGION</th>
<th>DECEMBER 2004</th>
<th>SEPTEMBER 2005</th>
<th>JULY 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievement Ratio (Case Managers)</td>
<td>Achievement (%)</td>
<td>Achievement Ratio (Case Managers)</td>
</tr>
<tr>
<td>Davidson</td>
<td>81/85</td>
<td>95.3%</td>
<td>67/67</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>56/84</td>
<td>66.7%</td>
<td>71/87</td>
</tr>
<tr>
<td>Hamilton</td>
<td>41/51</td>
<td>80.4%</td>
<td>43/43</td>
</tr>
<tr>
<td>Knox</td>
<td>34/46</td>
<td>73.9%</td>
<td>51/51</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>83/101</td>
<td>82.2%</td>
<td>72/86</td>
</tr>
<tr>
<td>Northeast</td>
<td>75/82</td>
<td>91.5%</td>
<td>61/61</td>
</tr>
<tr>
<td>Northwest</td>
<td>31/34</td>
<td>91.2%</td>
<td>32/33</td>
</tr>
<tr>
<td>Shelby</td>
<td>123/141</td>
<td>87.2%</td>
<td>138/139</td>
</tr>
<tr>
<td>South Central</td>
<td>46/52</td>
<td>88.5%</td>
<td>50/51</td>
</tr>
<tr>
<td>Southeast</td>
<td>43/51</td>
<td>84.3%</td>
<td>47/48</td>
</tr>
<tr>
<td>Southwest</td>
<td>47/49</td>
<td>96.0%</td>
<td>44/44</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>40/58</td>
<td>69.0%</td>
<td>56/58</td>
</tr>
<tr>
<td>Statewide</td>
<td>700/834</td>
<td>83.9%</td>
<td>732/768</td>
</tr>
</tbody>
</table>


As is reflected in Table 8 below, of the 67 case managers whose caseloads as of July 1, 2007 exceeded the applicable caseload limit, 30 of those workers exceeded those limit by just one to two cases. There were 21 workers with caseloads that were three to five cases over the limit, 14 workers who were six to ten cases over the limit, and two workers who were 11-20 cases over the limit. Of those sixteen case managers whose caseloads exceeded the limits by six of more cases, six were from the East Region, five from Mid-Cumberland, three from Davidson, and one each from Shelby and Upper Cumberland.127

127 The regions that have had the greatest difficulty keeping caseloads within the Brian A. caseload limits have been regions which have consistently experienced high turnover/vacancy rates. As discussed further in subsection 2 below, the Department is now allowing regions with high turnover/vacancy rates to “over hire” by a number of staff equivalent to half the average number of vacancies over the past six months. Davidson, Mid-Cumberland, East, and Upper Cumberland are each now able to “over-hire” case managers according to that formula.
The following table presents the extent to which statewide and regional case manager caseloads over the past three months were within the caseload limits established by the Settlement Agreement.

### Table 8: Caseloads Exceeding *Brian A.* Standards by Position as of July 1, 2007

<table>
<thead>
<tr>
<th>Job Class/Position</th>
<th>1-2 Cases Over Limit</th>
<th>3-5 Cases Over Limit</th>
<th>6-10 Cases Over Limit</th>
<th>11-20 Cases Over Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager 1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Case Manager 2</td>
<td>19</td>
<td>18</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Case Manager 3 (Non-Supervisor)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Case Manager 3 (Supervisor 1-2)</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Case Manager 3 (Supervisor 3-4)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Case Manager 3 (Supervisor 5+)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Case Manager 4</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Case Manager 4 (Filling Vacancy)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>30</strong></td>
<td><strong>21</strong></td>
<td><strong>14</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>


### Table 9: Caseload Limit Compliance Rates for May, June, and July 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ratio</td>
<td>Percent</td>
<td>Ratio</td>
</tr>
<tr>
<td>Davidson</td>
<td>76/81</td>
<td>93.8%</td>
<td>75/78</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>81/110</td>
<td>73.6%</td>
<td>76/107</td>
</tr>
<tr>
<td>Hamilton</td>
<td>42/42</td>
<td>100.0%</td>
<td>42/42</td>
</tr>
<tr>
<td>Knox</td>
<td>47/48</td>
<td>97.9%</td>
<td>48/48</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>83/88</td>
<td>94.3%</td>
<td>85/93</td>
</tr>
<tr>
<td>Northeast</td>
<td>53/64</td>
<td>82.8%</td>
<td>58/63</td>
</tr>
<tr>
<td>Northwest</td>
<td>35/37</td>
<td>94.6%</td>
<td>35/37</td>
</tr>
<tr>
<td>Shelby</td>
<td>120/128</td>
<td>93.8%</td>
<td>123/128</td>
</tr>
<tr>
<td>South Central</td>
<td>50/50</td>
<td>100.0%</td>
<td>51/51</td>
</tr>
<tr>
<td>Southeast</td>
<td>43/43</td>
<td>100.0%</td>
<td>42/42</td>
</tr>
<tr>
<td>Southwest</td>
<td>46/46</td>
<td>100.0%</td>
<td>41/42</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>47/58</td>
<td>81.0%</td>
<td>45/59</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>723/795</strong></td>
<td><strong>90.9%</strong></td>
<td><strong>721/790</strong></td>
</tr>
</tbody>
</table>

b. DCS Supervisor Caseloads

Table 10 below provides a point in time comparison of the most recent TNKids monthly supervisory caseload report (July 1, 2007) with for September 2005, the comparable point in time data presented in the January 2006 Monitoring Report. As of July 2007, 91.84% of all supervisors were within the supervisor/supervisory standards established by the Settlement Agreement, a decrease from the 97.3% compliance rate achieved in September 2005. While many regions maintained the level of achievement of supervisory caseload standards, some regions experienced marked decreases between September 2005 and July 2007. Supervisor caseload compliance was only 57% in Northwest and 54% in South Central as of July 1, 2007, however, as of August 1, Northwest was back up to 85% caseload compliance and South Central had improved to 61%.

<table>
<thead>
<tr>
<th>Region</th>
<th>SEPTEMBER 2005</th>
<th>JULY 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievement Ratio (Supervisors)</td>
<td>Achievement %</td>
</tr>
<tr>
<td>Davidson</td>
<td>15/15</td>
<td>100.0%</td>
</tr>
<tr>
<td>East</td>
<td>18/18</td>
<td>100.0%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>13/13</td>
<td>100.0%</td>
</tr>
<tr>
<td>Knox</td>
<td>13/13</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>18/19</td>
<td>94.7%</td>
</tr>
<tr>
<td>Northeast</td>
<td>13/13</td>
<td>100.0%</td>
</tr>
<tr>
<td>Northwest</td>
<td>7/7</td>
<td>100.0%</td>
</tr>
<tr>
<td>Shelby</td>
<td>29/30</td>
<td>96.7%</td>
</tr>
<tr>
<td>South Central</td>
<td>14/15</td>
<td>93.3%</td>
</tr>
<tr>
<td>Southeast</td>
<td>15/16</td>
<td>93.8%</td>
</tr>
<tr>
<td>Southwest</td>
<td>14/14</td>
<td>100.0%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>13/14</td>
<td>92.3%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>182/187</strong></td>
<td><strong>97.3%</strong></td>
</tr>
</tbody>
</table>

Sources: TNKids Caseload Compliance report for September 1, 2005 and July 1, 2007.

As is reflected in Table 11 below, as of July 1, 2007, of the 16 supervisors whose workload exceed the supervisor/supervisee standard, 14 of those case manager 4s exceeded the standards by two supervisees over the supervisory limit and two case manager 4s supervised three to five case managers over the supervisory limits.

---

128 According to the Settlement Agreement, a case manager 3 shall not supervise more than four lower level case managers and a case manager 4 is to supervise no more than five lower level case managers.
Table 11: Supervisory Caseloads Exceeding Brian A. Standards by Position as of July 1, 2007

<table>
<thead>
<tr>
<th>Job Class/Position</th>
<th>Supervising 1-2 Employees Over Limit</th>
<th>Supervising 3-5 Employees Over Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager 3 (Supervisor 5+)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Case Manager 4</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Case Manager 4 (Filling Vacancy)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>14</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>


Of the 16 supervisors who were over the supervisory limit, nine supervisors were one over the limit, five supervisors were two over the limit, one supervisor (from Northwest Region) was three over the limit, and one supervisor (from South Central) was four over the limit.

Table 12 below presents the supervisory ratios/caseload compliance data for the most recent three months.

Table 12: Supervision Limit Compliance Rate for May, June, and July 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ratio</td>
<td>Percent</td>
<td>Ratio</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>16/16</td>
<td>100.0%</td>
<td>16/17</td>
</tr>
<tr>
<td>Davidson</td>
<td>10/17</td>
<td>58.8%</td>
<td>12/16</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>20/24</td>
<td>83.3%</td>
<td>17/24</td>
</tr>
<tr>
<td>Hamilton</td>
<td>11/11</td>
<td>100.0%</td>
<td>11/11</td>
</tr>
<tr>
<td>Knox</td>
<td>14/14</td>
<td>100.0%</td>
<td>13/13</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>20/20</td>
<td>100.0%</td>
<td>19/21</td>
</tr>
<tr>
<td>Northeast</td>
<td>17/18</td>
<td>94.4%</td>
<td>15/16</td>
</tr>
<tr>
<td>Northwest</td>
<td>5/7</td>
<td>71.4%</td>
<td>5/7</td>
</tr>
<tr>
<td>Shelby</td>
<td>29/32</td>
<td>90.6%</td>
<td>32/32</td>
</tr>
<tr>
<td>South Central</td>
<td>12/14</td>
<td>85.7%</td>
<td>12/14</td>
</tr>
<tr>
<td>Southeast</td>
<td>9/12</td>
<td>75.0%</td>
<td>8/11</td>
</tr>
<tr>
<td>Southwest</td>
<td>13/13</td>
<td>100.0%</td>
<td>10/11</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>176/198</strong></td>
<td><strong>88.9%</strong></td>
<td><strong>170/193</strong></td>
</tr>
</tbody>
</table>

c. Private Provider Caseloads

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

Private provider caseloads are monitored as part of the annual reviews conducted by the Program Accountability Review (PAR) Unit. Based on a review of PAR reports, it does not appear that private provider caseloads have been found to exceed the required limits.129

2. Special Requirements for Regions with High Staff Turnover

Staff turnover has always been a significant problem for the Department. In order to ensure that there are sufficient staff to maintain required caseloads in each region, the Settlement Agreement requires "over-hiring" for any region in which turnover rate exceeds 10% and where reassigned cases are transferred to workers already at caseload limits.

The table below presents the turnover rates as calculated by the Department’s Division of Human Resource Development for fiscal year 2006-2007.

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129 Children served by private provider case managers generally also have a DCS case manager assigned to each of their cases and those cases are also counted as part of the DCS case manager caseloads. The Department has a unique, Davidson County specific, contract with a private provider for case management services. Under the contract, the private provider provides Davidson County with a team coordinator, and two teams, each headed by a team leader, with each team leader supervising five case managers. The caseloads of those private provider supervisors and case managers covered by this contract are tracked and reported in the Davidson County DCS caseload reports as if they were part of the regional DCS office. The Department reports that the caseloads handled by these private provider teams are generally smaller than the DCS case manager caseloads and have not exceeded the caseload limits.
### Table 13: Annualized Case Manager Turnover by Region for Fiscal Year 2006-2007

<table>
<thead>
<tr>
<th>REGION</th>
<th>Case Manager 1 Turnover %</th>
<th>Case Manager 2 Turnover %</th>
<th>Case Manager 3 Turnover %</th>
<th>Case Manager 4 Turnover %</th>
<th>Team Coordinator Turnover %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>5.1%</td>
<td>13.0%</td>
<td>0.0%</td>
<td>4.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>East</td>
<td>5.1%</td>
<td>20.8%</td>
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<tr>
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<td>3.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>Turnover Percent</strong></td>
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<td><strong>15.9%</strong></td>
<td><strong>5.9%</strong></td>
<td><strong>5.7%</strong></td>
<td><strong>4.7%</strong></td>
</tr>
</tbody>
</table>

Source: Office of Human Resource Development

While there appears to be some improvement in turnover rate compared to the data presented in the January 2006 Monitoring Report, high turnover continues to be a significant challenge, particularly with respect to the case manager 2 positions, which are the most numerous and which involve the most direct contact with children and families.

The Turnover Data Report also includes information about whether the turnover was the result of resignation, retirement, transfer, promotion, demotion, death, or termination. Figure 5 below reflects the fact that 83% of the case manager 2 turnover was a result of resignation. Reason for resignation includes personal reasons, job change, health reasons, to remain at home, moved from area, and return to school. Other reasons for case manager 2 turnover included terminations, retirement, and a death.

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\[130\] Some of the differences between the turnover data presented in this report and the turnover data presented in the January 2006 Monitoring Report may be attributable to Department’s modification of its reporting method.
The Department is still developing the process for tracking, reporting, and responding to regional turnover. While turnover rates in excess of 10% are common across the state, the Department has not yet developed a pool of case managers (“over-hiring”) that can be deployed to regions experiencing high turnover. The Department is working with the Training Consortium to develop such a pool. The Department is also committed to developing and implementing strategies to reduce turnover in regions with high turnover rates.

The Tennessee Department of Human Resource Development (formerly Department of Personnel) has approved the use of overlap positions (or over hires) for regions that have an annual turnover rate over 10%. The Department is working to determine the number of overlap positions needed for each region. The Department will initially allocate overlap positions to each region equivalent to one half the average number of vacancies in that region for the last six months. The plan is to maintain that number of overlaps and to monitor this process quarterly to see if the formula for overlaps needs to be adjusted up or down. The Department is currently in the process of interviewing and hiring for the overlap positions and expects to have these positions filled by November 30, 2007.

The Department’s primary strategy for reducing turnover is the stipend program discussed in Subsection E above. The Department projects that in 2007 approximately 25% of all entry level case managers will be graduates with BSW degrees from one of the schools in the Training Consortium. That percentage should continue to rise until at least 80-90 percent of the Department’s entry level hires have a BSW or related degrees. The expectation is that these employees will stay longer because they want to work in public child welfare and have had two years of preparation, including relevant field placement experience, before joining the Department. Because the certification courses are included in the undergraduate curriculum, these graduates do not have to complete pre-service training and come to the Department ready to carry a caseload. The Department is also working aggressively to enroll more employees in graduate level social work or related
degree programs. This should translate into employees who are better prepared to assume higher levels of responsibility.

In the meantime, the Department is pursuing other strategies for ensuring that prospective employees are better informed during the application and interview process.\(^{131}\)

The Department is also taking actions to better understand regional turnover rates and to identify factors that contribute to turnover so that actions can be designed to address those factors.\(^{132}\)

### 3. Requirements for Case Reassignment

The Settlement Agreement (V.F.5) establishes requirements related to the process for reassigning cases from one worker to another. These requirements include:

- no cases are to be uncovered at any time;
- cases of any worker leaving the agency are to be reassigned within one business day of the worker’s departure;
- there is to be a face to face meeting between the departing worker and the receiving worker for each case, unless there is a “documented emergency” or the case manager leaves without notice;
- every effort is to be made to have the departing worker introduce the receiving case manager to the child and family.

The Department has promulgated policies and standards in accordance with these provisions of the Settlement Agreement. However, as reflected both in the Case File Reviews and in the Department's own self-assessment of its performance in this area, the Department is not presently meeting these standards for case reassignment.

The 2006 Case File Review found documentation that a case transfer meeting occurred between the departing case managers and receiving case managers for all case transfers in only 18% of the 49 applicable cases in the review sample.\(^{133}\)

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\(^{131}\) The Department is working with the Training Consortium to develop a Real Life Preview video to share with applicants. The video will present potential applicants with a ‘day in the life’ of a case manager. This will allow the applicant to gain a perspective on the position before proceeding with the application process. It is expected to have the video completed by September 30, 2007. The Department is also developing a standard interviewing process and standard interview questions (including behavioral interviewing questions and techniques) to help address better hiring selection issues. The interviewing process will include affording all candidates the opportunity to talk to current employees.

\(^{132}\) The Department is making an effort to improve data gathering and analysis related to turnover, including gathering and analyzing exit information obtained from exit interviews with employees who leave the agency voluntarily. DCS intends to convene a special task force for each region that has a turnover rate of over 10% and to develop a specific plan for that region to reduce turnover. The goal of each regional task force is to determine the specific factors leading to turnover and to address those factors on a more region-specific basis.

\(^{133}\) See January 2006 Monitoring Report, p. 86.
The Department is in the process of developing the capacity to use its TNKids system to track and report on case reassignment to ensure that it is able to flag cases in which a case has not been reassigned within one business day. This will allow the Department to better identify and understand the circumstances of those case managers or teams that are having difficulty meeting these requirements and develop strategies for achieving reassignment within this time frame.

With respect to the requirements of face to face meetings between the departing worker and receiving worker, the Department is not presently documenting the circumstances to allow an assessment of whether the "documented emergency" or "leave without notice" exception applies.

While, as documented in the Case File Review, there are cases in which the departing worker does introduce the receiving case manager to the child and family, the Department does not contend that "every effort" is being made to do this. The 2006 Case File Review found documentation that the departing case manager introduced the receiving case manager to the child and parent(s) for case transfers in only 16% of the 49 applicable cases.

4. Requirements for File Maintenance and Documentation

One of the basic requirements for a well-functioning child welfare system is that case files be kept up-to-date and that there are no significant gaps in documents. Therefore, the Settlement Agreement (V.G) establishes a number of requirements for case file maintenance and documentation. The Department’s policies require that all child case files be kept in an organized manner, and contain all pertinent information required to effectively manage the case.

As reflected in the Case File Reviews, and as reflected in the Department's own self assessment, the Department's performance in this area is not yet meeting the requirements of the Settlement Agreement.

In the 2006 Case File Review, reviewers found significant gaps in documentation in over one-third (38%) of the cases reviewed, and delays in the updating of documentation of contacts and developments in two thirds (65%) of the cases. Case recordings were updated within the required 30-day time period in most (85%) of the cases, but in the remaining 15%, case recordings had not been updated within the 30 day time frame.

A major focus of the COA accreditation process is on files being complete and up-to-date. The Department expects to see improvements in this area as they move forward.

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134 According to the Department, “every effort” should be interpreted as “reasonable efforts.”
136 According to the Department, the revision of the Policy 31.5 occurred to bring it more in line with current practice and COA standards.
with the COA accreditation process and implement strategies to meet the file maintenance related requirements of COA and the Settlement Agreement.
SECTION SIX: PLACEMENT AND SUPERVISION OF CHILDREN

A. Needs Assessment

The Settlement Agreement (VI.A) requires that the Department conduct a Needs Assessment with annual updates (collectively referred to as the Annual Needs Assessments) during the original five-year period contemplated by the Settlement Agreement. The Settlement Agreement specifies that the recommendations of the Annual Needs Assessments be implemented by the Department, and establishes an additional financial commitment of $4-$6 million dollars each year to fund Needs Assessment recommendations.

As a result of stipulations of the parties that extended the original timelines of the Settlement Agreement (and as a result of the circumstances that gave rise to those stipulations), the Needs Assessment has been a biannual, rather than an annual, activity. The Department has completed the first three of the five Annual Needs Assessments contemplated by the Settlement Agreement. The Department, in consultation with the TAC, is in the process of designing the fourth Annual Needs Assessment.

1. Implementation of Needs Assessment Recommendations

a. Needs Assessment I

The primary recommendation of first Needs Assessment was that the Department develop and implement a clearly articulated “practice model” to guide the Department and all of its partners toward the achievement of agreed-upon outcomes related to safety, well-being and permanency for children. The Needs Assessment called for investment in the technical assistance and training needed to convey the model and associated practice skills to both DCS staff and key partners (foster parents, private providers, community stakeholders, and advocates).

The Department developed its practice model and a plan for implementation that included substantial investments in training. It has worked closely with the private provider agencies to ensure that their work is aligned with the practice model. While there remains considerable variation in the quality of front-line and supervisory practice, both within the Department and among the private providers, the Department has clearly articulated its practice model, successfully communicated both internally and to its partners the core principles, values, practice skills and intended outcomes of the practice model, and has overhauled its training and evaluation processes to better align with and reinforce the practice model.

The Needs Assessment also recommended creation of two “pools” of additional funding: a “venture capital” pool to assist private providers in modifying existing services and capacities to provide more individualized services to children and families, particularly
services that are home or community based; and a “flexible funds” pool to allow the regions to make readily accessible to front-line workers key supports to individualized case planning and service provision. The Department experienced some difficulty in “operationalizing” flex funding and venture capital recommendations at the local level during the early years of its reform effort. Some regions have been better able to utilize flex funds and develop additional services and supports than others. As previously reported, the early use of and accounting for funds expended for Needs Assessment I was problematic. The Department agreed to increase future needs assessment funding in an amount equal to the unexpended Need Assessment I allocation.

b. Needs Assessment II

The second Needs Assessment focused primarily on placement, services and support issues related to the recruitment and retention of qualified resource homes (foster and adoptive; kinship and non-kinship); it included an initial assessment of the provision of independent living services and transitional assistance to older youth.

The Needs Assessment identified as priority areas for utilizing Needs Assessment funding: supporting the development of regional recruitment plans; increasing transportation services; expanding availability of placement support and stabilization services; addressing unnecessary delays in the resource home approval process; and ensuring accurate and easily accessible information about available resource homes.

The Department has invested resources and engaged in activities consistent with these recommendations.

c. Needs Assessment III

The third Needs Assessment, which has just recently been completed, focused on the Department’s efforts to meet the needs of adolescent foster youth. The Needs Assessment identified three broad strategies for improving outcomes for this group of young people. The Needs Assessment recommends that the Department:

- strengthen youth engagement and build a youth voice infrastructure;
- redefine the work of the Independent Living Division by integrating preparation for adulthood and relational permanency\textsuperscript{138} efforts; and
- collaborate with other state agencies and external partners to build a system supporting successful youth transition to adulthood.

The Needs Assessment found considerable variation in the extent to which older youth are accessing services and supports for which they were or should have been eligible. In some situations those services have not been readily available, in others there have been bureaucratic obstacles to accessing the services (including policies that restricted

\textsuperscript{138} The term “relational permanency” refers to the establishment of enduring connections to supportive, caring adults without the formal family relationship that is denoted by the “legal permanency” options such as reunification, adoption, or subsidized permanent guardianship.
eligibility beyond what was required by state and federal law). A major impediment to older youth receiving independent living services has been a lack of knowledge among case managers and supervisors, resource parents and private provider staff, and among the youth themselves in the field about available services and the means for accessing them. Whatever the reasons, the Needs Assessment findings reflect that there are a significant number of eligible children who are not getting all of the services to which they are entitled and/or are not receiving those services in a timely manner.

The Department recognizes that it has further work to do in implementing the recommendations of NAIII and that significant improvements must be made in providing services for older youth. The Department is in the process of developing a comprehensive plan for implementing the recommendations of Needs Assessment III and expects to have this plan completed by Spring 2008. Nevertheless, the Department has already taken a number of actions in response to the findings of the Needs Assessment, including:

- hiring a new Director of Interdependent Living;\(^{139}\)
- revising policies to expand eligibility for “independent living services” (the new policies are effective as of August 15, 2007);
- contracting with two private providers for two innovative programs, one designed to work intensively with 300 youth transitioning to adulthood, and one focused on helping youth who have “aged out” or will “age out” of foster care achieve relational permanency;\(^{140}\)
- allocating additional resources to the FOCUS Team and ASAP contracts to increase the capacity of each to support efforts to achieve permanency for older youth.

2. Total Expenditures of Needs Assessment Dollars for Implementation of Recommendations

The Department has thus far spent $27,514,191 of the designated Needs Assessment dollars to support implementation of the recommendations of the first three Needs Assessments. This amount includes $2,940,141 in fiscal year 2003, $6,919,456 in fiscal year 2004, $6,164,899 in fiscal year 2005; $5,401,105 in fiscal year 2006, and $6,088,590 in fiscal year 2007.

\(^{139}\) The Department renamed what had formerly been the Director of Independent Living, because the term “interdependent living” was considered more consistent with the Department’s vision for older youth transitioning to adulthood.

\(^{140}\) The term “age out” refers to the type of exit from foster care for a child who leaves foster care at age 18 without having been reunified with family (parents or relatives) or adopted.
B. Placement Standards, Limits and Exceptions

1. General Standard for Appropriate Placement of Children

The Settlement Agreement establishes as the general standard for placement that children be placed in accordance with their needs, as close to home and community as possible, and in the least restrictive, most home-like setting, with siblings (VI.C.5).

Some of the TNKids aggregate data reports shed light on the Department’s performance with respect to this general standard. For example, as discussed earlier in this report, approximately 90% of the children in care are served in resource family, rather than congregate care, settings, an indication of considerable success in finding “home-like” placements for most children. On the other hand, as also discussed in this report, many children experience multiple placements, suggesting that a significant number of children are placed in foster homes or congregate care settings that prove unable to meet their needs.

The Quality Service Reviews (QSRs) also provide some data relevant to this general standard. The QSR indicator for Appropriateness of Placement requires the reviewer to consider whether the child, at the time of the review, is in the “most appropriate placement” consistent with the child’s needs, age, ability, and peer group; the child’s language and culture, and the child’s goals for development or independence (as appropriate to life stage). A reviewer cannot give an acceptable score for this indicator if:

- the placement is inconsistent with the child’s age, ability, peer group, culture, language, and or religious practice;
- the level of care is lower than necessary to meet the needs of the child;
- the degree of restriction is higher than necessary for the child;
- the child, because of the nature or location of the placement, lacks or has lost most connections to his/her home community or intended home community; or
- the placement is in some other respect not a good match for the child.141

Of 210 relevant142 Brian A. cases reviewed in the 2005-06 QSR, 87% (183) received acceptable scores for appropriateness of placement; in the 2006-07 QSR, 90% (158) of 176 Brian A. cases reviewed received acceptable scores for appropriateness of placement.

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141 Among the examples from the QSR review of cases that were scored unacceptable on this indicator was the case of a Hispanic child who spoke very little English placed in a home with resource parents who did not speak Spanish.

142 Seventeen of the 227 Brian A. cases in the 2005-2006 QSR sample were not included in the calculation because of those children’s living circumstances at the time of the review: ten of the children were on trial
2. **Specific Placement Limitations**

Consistent with and in furtherance of the general standard for appropriate placement, the Settlement Agreement creates a set of specific limitations on settings and circumstances of the placement of class members and identifies circumstances under which departure from those limitations is acceptable. The Settlement Agreement also requires that the Department establish a process of high level supervisory review, acknowledgement, and approval of placements that depart from those limitations. The purpose of that process is to document those instances of departure from the placement limitations, explain the circumstances that resulted in the departure, and determine whether the departure falls within one or more of the permissible exceptions to the placement limitation (compliant exception) or does not fall within one of those exceptions and thus constitutes a violation of the Settlement Agreement (non-compliant exception).143

There are two primary sources of information on which the Department relies in tracking and reporting on its progress in ensuring placements that comply with the placement limitations. First, there are a number of aggregate data reports that the Department produces from the TNKids database that provide relevant information on many of the placement limitations. These reports help identify those children whose placement falls outside of the general placement limitations, but do not provide information on the extent to which those identified children fall within one of the permissible exceptions to the specific limitation.

Second, there is a regular monthly administrative review process conducted by the Division of Child Placement and Private Providers (CPPP), referred to as the Exceptions Desk Review. Division staff review and analyze documentation of the exceptions to both understand the extent to which those exceptions are or are not appropriate and to ensure that the required regional supervisory review and approval/acknowledgement process is being complied with.144

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143 The distinction between a compliant and a non-compliant exception is not necessarily the same as the distinction between a reasonable placement decision and an unreasonable placement decision. For example, an exception to allow a large sibling group reentering care to live with the foster parent they had lived with before, even if there is now one other foster child in that home, would be both reasonable and “compliant” if the regional administrator concludes this is the best placement for the children involved and the amount of risk created by having one additional child in the home is manageable. By contrast, an exception to allow a group of siblings to be placed further than 75 miles from their home because there is no closer home that can accept a sibling group may be reasonable in the sense that this is an appropriate decision given the alternatives available today, but “non-compliant” in the sense that it reflects a larger systemic problem (the failure to recruit enough foster homes that can take large sibling groups closer to the children’s home).

144 The Department, some time ago, developed a Placement Exception Request form that was approved by the TAC (a copy of which is attached as Appendix I). Each region must file a Placement Exception Request form for any of the following placement circumstances: Placement not within the region or 75 miles; more than three (3) children in a foster home under age three (3); more than three (3) foster children in the home; more than six (6) children total in the foster home; siblings placed apart; child under age six (6) placed in a congregate group home; child placed in a residential treatment center or group care setting.
The CPPP Division issues a monthly Exceptions Desk Review Report, setting forth both regional and statewide data. The monthly reports include information on the number of exception requests received, the number of requests that reflect permissible exceptions (compliant) and the number that reflect violations (non-compliant). A review of recent Exception Desk Review Reports for the first four months of 2007 reflects that from January through April, 2007, 903 exception requests were filed involving 686 children. The CPPP Division staff designated slightly under half of those exceptions (445) as compliant and slightly more than half (458) as non-compliant.\footnote{145}

At this point, there is no direct way to compare or relate the aggregate data reports for a particular month to the exception desk review reports for that month. The aggregate data reports include all children who as of the day of the report are in placements that fall outside of the general placement limits, irrespective of whether they were placed that month or have been in that placement for a number of months. The exception desk review reports include only those children who were actually placed that month, since the exception request must be filed at the time the child is initially placed in the placement that is outside the general placement limit. For this reason, the aggregate database cannot presently be used to determine whether an exception request has been filed for every child who is placed outside the general placement limitations.\footnote{146}

with capacity in excess of eight (8) children; or more than two (2) therapeutic children in a foster home (DCS Policy).

Exception Request forms must be submitted irrespective of whether the placement falls within a permissible exception or constitutes a violation. The exception request must be submitted with respect to each child: e.g., for a six person sibling group, three of whom are placed in one foster home and three in another, there must be six separate requests filed (one for each child); if a single child is placed in a home with a number of other foster children that brought the numbers above the standard, an exception form would have to be filed on each foster child in the home. The regional administrator must sign each form and then the form is sent on to the Director of Child Placement and Private Providers.

The exceptions are broken down in two categories; compliant with \textit{Brian A.} and non-compliant with \textit{Brian A.}. For example, a child not placed within region or 75 miles would be described as a “compliant exception” if the child’s needs are so exceptional that they cannot be met by a family or facility in the region. If the placement of a child outside of the region and more than 75 miles from home was made simply because there are insufficient numbers of resource families in the region, that exception would be described as “non-compliant.”\footnote{145}

The reports also include results of a more in depth review of a percentage of the exceptions received from each region, to evaluate the quality of the reasoning of the region in approving the exception and the documentation of the decision, in terms of both the facts included in support of the exception and the completeness of the form. These reviews reveal a wide regional variation in both the extent of the documentation and the quality of reasoning supporting the exception.\footnote{146}

While the Department believes that this process is providing sufficiently accurate data for purposes of present reporting on the extent to which placement exceptions are compliant and non-compliant with \textit{Brian A.}, there is considerable variation in how the exception reports are filled out, and there are discrepancies in the reporting as would be expected of a reporting process that relies entirely on hand-counting from hard copy forms. Because there is no present way to link the exception reporting process with the TNKids reporting on placement limitations, there is no way to assure that such exception requests have been filed on every child for whom one is required. The Department, in fact, does not believe that all regions fully understand all of the circumstances for which an exception request is supposed to be filed and is certain that the CPPPP Division is not receiving all of the exception requests that it should be receiving.

In addition, the Department is not satisfied that the process, or the information presently generated by the process, is being utilized as much as it might be to improve the quality of individual planning, service
For those cases for which exception requests are filed, lack of specific “in region” resources (resource homes that can accommodate large sibling groups, therapeutic resource homes, resource homes for medically fragile children, residential treatment programs especially in rural regions) appears to be the major reason for filing exception requests.

The following subsections identify the placement limitations and present relevant data and findings related to each limitation.147

a. **Limits on placement of children out of their home region unless the out-of-region placement is within 75 miles of their home (C.1)**

The Settlement Agreement requires that children be placed within their own region or within 75 miles of the home from which they entered custody. An exception to this requirement is permitted if the child’s needs cannot be met by a family or facility within the region, if the child is being moved closer to parents who are no longer living in the home region, or if the child is being placed with relatives outside of the home region. Any such exception must be certified in writing by the regional administrator or team coordinator based on his or her own examination of the circumstances.

As reported in Section One of this report, roughly 90% of children in placement are at any given time in placements that are within 75 miles of their home. Based on an examination of the Exception Desk Reviews for the period from January through April 2007, a total of 130 placement exception requests were filed for children outside the 75-mile limit, of which 51 were designated by CPPP Division staff as compliant and 89 were designated as non-compliant.

b. **Limits on placement of children in emergency and temporary facilities in excess of 30 days or more than once within a 12-month period (C.2)**

The Settlement Agreement limits the placement of children in emergency or temporary facilities to one placement within a 12-month period not to exceed 30 days. Two exceptions to this limit are allowed. For children who are either returning from runaway or who require immediate removal from their current placement because they face a direct threat to their safety or pose a threat to the safety of others, an additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of five days. An additional placement in an emergency or temporary facility within a 12-month period is allowed for a maximum of 15 days for children whose behavior has changed so significantly that placement for the purposes of assessment is provision, and placement decisions in the kinds of cases that tend to be the subject of exception requests or to inform regional and statewide resource development efforts. In light of this, it may be appropriate to reexamine this process and consider revisions or alternative approaches to internal monitoring of the exception request process.

147 For purposes of calculating the various measures of these placement limits, a child is considered to enter foster care custody on the day the child enters legal custody or the day the child enters DCS physical custody, whichever comes first (VI.B).
critical for the determination of an appropriate placement; in such a case, the regional administrator must certify in writing that the assessment is essential for determining an appropriate placement.

According to the “Brian A. Class 12-Month Report of Children in Emergency/Temporary Facilities” for the period from January 1 through December 31, 2006 (produced by the Division of Reporting and Analysis), there were 379 placements in emergency or temporary facilities during 2006. Of the 379 placements during 2006, 71% lasted fewer than 30 days, 26% lasted between 30 and 60 days, and 3% lasted more than 60 days. Forty-eight (48) children experienced more than one placement in an emergency or temporary facility during that period.

The Division of Reporting and Analysis also produced a breakdown of these figures by month for 2006. As reflected in Figures 32 and 33, there was a markedly lower use of emergency/temporary facility placement in the latter half of 2006 than in the first half of that year, with both the number of children experiencing those placements and the total number of placement days declining.

![Figure 32: Number of Placements in Emergency/Temporary Facilities by Month](image)

Source: DCS Reporting and Analysis Division Report “Brian A. Number of Placements in Emergency or Temporary Facilities, 12 1-Month Periods from 1/1/06-12/31/06,” created January 3, 2007

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148 This report slightly overstates cases in excess of the limit because it includes placements lasting 30 days with the placements exceeding 30 days.

149 According to the Placement Exception Desk Review reports for the first four months of 2007, there were no exception requests filed for either children placed in excess of 30 days in an emergency or temporary facility or children placed more than once in an emergency or temporary facility in a 12-month period. However, according to the Department’s aggregate reporting, 14 children were in emergency placements for more than 30 days and five children were in their second or third placement in 12 months during the first quarter of 2007. This may reflect a misunderstanding in the field regarding the necessity of filing an exception request for such cases.
c. Prohibition against placement of children in jail, correction facility, or detention center (C.3)

The Settlement Agreement prohibits the placement of a Brian A. class member, by DCS or with knowledge of DCS, in a jail, correctional, or detention facility unless the child is charged with a delinquent act or is otherwise placed in such a facility by court order. The Settlement Agreement also requires that DCS notify law enforcement and judicial officials across Tennessee of this policy.

The Division of Reporting and Analysis produces a semi-monthly report titled the “Brian A. Placement Report,” which provides data regarding the placement of every Brian A. class member as of the date on which the report is produced. As part of its data cleaning process, the Division sends a list of the children indicated on the Placement Report as being in a jail, correctional, or detention facility to regional staff for verification that the placement information is accurate. If the jail, correctional, or detention facility placement is a data entry mistake, the Division requires the region to correct the placement information. If the jail, correctional, or detention facility placement is entered correctly into TNKids, the Division requires the region to provide an explanation for the placement.

150 Because this is a point in time report, this report would not identify a child who came into detention but was released during the period between reports.

151 It is not clear that there is a process for “closing the feedback loop”—ensuring corrective action both with respect to the specific child involved and with respect to preventing similar cases in the future. The TAC, as the result of a complaint that it received about a specific child’s case, identified a class member who had been improperly held in detention for more than four months. When the TAC notified the Central office of this child’s situation, the child was promptly moved from detention to a more appropriate placement. However, it is not clear to the TAC what conclusion the Department reached about how the child had been placed in detention in the first place and why the child remained there for such a long period of time. It is also not clear what if any corrective action was taken to prevent similar situations from arising in the future.
The Detention Placement Report for December 31, 2006 lists 16 Brian A. class members as being placed in a jail, correctional, or detention facility. The number of children appearing on this report for the 21 bi-monthly reporting periods that the TAC reviewed for 2006 has fluctuated from a low of nine to a high of 27.\(^{152}\)

According to the Director of the Division of Reporting and Analysis, reviews of those placements have generally found that the majority of the cases were simply data entry errors and the children had not in fact been in jail, correctional or detention facility; and that with relatively few exceptions, the remainder of the cases fall within the permissible exceptions (e.g., child charged with delinquent conduct and held on that basis; child arrested and held briefly, with DCS picking the child up promptly upon being notified by the court or detention center; etc).

In those cases involving children in detention that have come to the attention of the TAC as the result of its case file reviews, it appears that these placements are generally the result of children being taken into custody by law enforcement and held pursuant to juvenile court orders and that the Department does respond relatively quickly when it has notice of a class member being placed in detention.\(^{153}\)

d. Limits on sibling separation (C.6)

The Settlement Agreement generally requires that siblings who enter placement at or near the same time be placed together. The Settlement Agreement allows siblings to be separated: (1) if placing the siblings together would be harmful to one or more of the siblings; (2) if one of the siblings has such exceptional needs that those needs can only be met in a specialized program or facility; or (3) if the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together. If a sibling group is not placed together initially, the case manager is required to make immediate efforts to locate or recruit a family in whose home the siblings can be reunited.

Keeping siblings together is a relative strength of DCS practice.

The Division of Reporting and Analysis produces a monthly report (“Active Brian A. Class Sibling Groups Not Placed Together Visitation Summary Report”), which provides the percentage of sibling groups entering during a two-month period who were separated from each other as well as data regarding visits for those sibling groups who were separated.\(^{154}\) As reported in Section One, 85% of Brian A. sibling groups entering custody during 2006 were placed together. The most recent report for April and May

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\(^{152}\) The TAC was not furnished the report for three dates: June 15, 2006, June 30, 2006, and July 31, 2006.

\(^{153}\) The 2006 Case File Review found that six children in the review sample were placed in a detention center at some point during the review period. Two children came into detention after a runaway episode (one child spent one day in detention and the other spent ten days in detention while awaiting a court date). One child disrupted her trial home visit and was brought to detention (where she spent two hours before being released). Two children were charged with misdemeanor offenses (both spent one day in detention) and one child spent four hours in detention after getting into a fight in school.

\(^{154}\) This report includes sibling groups in which the siblings entered custody within 30 days of one another.
2007 shows that 81% of sibling groups entering together during those months were placed together.

The aggregate report does not presently distinguish between separation that falls within one of the permissible exceptions and those which constitute Brian A. violations. However, the 2006 Case File Review examination of sibling separation included follow-up in cases in which siblings were separated at any point during the review period to determine whether such separation fell within one of the permissible exceptions.

As shown in Figure 34 below, a total of 85% (104) of the 122 cases of children who had a sibling(s) also in custody were placed with some or all of their siblings as of the end of the review period (71% with all and an additional 14% with some). A total of 36% were separated from some or all of their siblings at some point during the review period.

For cases in which children were separated from some or all of their siblings at some point during the review period, reviewers looked for information in the case files about whether the case manager or the Child and Family Team had decided that the separation was in the best interest of the siblings, and, in some cases, requested and received supplemental documentation from the Department.

Based on both information in the case files and the supplemental documentation provided by the Department, reviewers concluded that all sibling separations fell into one or more of the exceptions of the Settlement Agreement permitting sibling separation.155

Based on an examination of the Placement Exceptions Desk Reviews for January through April 2007, a total of 185 exceptions were filed for children separated from siblings. Of

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the 185 exceptions, 117 were designated by CPPP staff as compliant with *Brian A.* and 66 were designated non-compliant.

e. Foster home capacity limits (C.7)

The Settlement Agreement limits the placement of a child into a foster home if that placement will result in: (1) more than three foster children in that foster home; (2) more than a total of six children, including the foster family’s natural and/or adopted children; or (3) more than three children under the age of three residing in a foster home. The Settlement Agreement allows the “Regional Assistant Commissioner”\(^{156}\) to make an exception to these limits on an individual basis in the best interests of the child, but such exceptions are not to exceed more than 10% of all placements made annually in each region, must include detailed reasons justifying the exception, and must be reported to the TAC annually. The only other exception permitted is when the placement of a sibling group in a foster home with no other children in the home would exceed these limits.

TNKids produces a report at the beginning of each month called the “*Brian A. Resource Homes Compliance Summary Report.*” The report provides the number and percentage of resource homes that exceed these limits on the date of the production of the report. However, the report excludes any resource home in which a sibling group is placed, irrespective of whether there are other foster children in the home who are not part of the sibling group. For this reason, the report cannot be relied on at all to determine the number of homes that exceed capacity.\(^{157}\)

The exception request process is therefore the best source of information on the extent to which the Department is complying with the Settlement limits on the number of children placed in a resource home. Regions are required to submit exception requests any time placement of a child results in a resource home exceeding capacity, and exception requests must be filed for each child in the home, not just the child or sibling group whose placement resulted in the home exceeding capacity.

The Exception Request Desk Review results for foster home capacity underscore the critical importance of resource parent recruitment and retention. As set forth in Table 14 below, for the first four months of 2007, a significant number of children were placed in resource homes that exceeded the capacity limits and did not fall within any of the permissible exceptions. For example, of the 346 exceptions submitted for foster homes with more than three foster children in the home, 213 were determined non-compliant.

\(^{156}\) As a result of a restructuring of the Department, the position of Regional Assistant Commissioner was eliminated. Under the current structure, authority for this particular responsibility is exercised by the regional administrator or his/her designee.

\(^{157}\) The Department produces a related report, called the “*Brian A. Class Children with Resource Homes Compliance Exception Summary Report,*” which provides information about the number of children placed in resource homes exceeding the limits as of the report date, whereas the report described above provides information about the number of resource homes exceeding the limits as of the report date. The report regarding the number children in resource homes exceeding the limits also excludes all children in a home in which a sibling group is placed and therefore also significantly understates the number of children in resource homes exceeding the limits.
### Table 14: Exception Request Desk Review Results for Foster Home Capacity, January - April 2007

<table>
<thead>
<tr>
<th>Foster Home Capacity Category</th>
<th>Total Number of Exceptions Submitted</th>
<th>Number of Exceptions Compliant with Brian A.</th>
<th>Number of Exceptions Non-Compliant with Brian A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 3 foster children under the age of 3</td>
<td>20</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>More than 3 foster children in a home</td>
<td>346</td>
<td>133</td>
<td>213</td>
</tr>
<tr>
<td>More than 6 foster children in a foster home</td>
<td>80</td>
<td>25</td>
<td>55</td>
</tr>
</tbody>
</table>

Source: Exception Request Desk Reviews, January – April 2007

#### f. Limits on placement of children under age six in group care (C.8)

The Settlement Agreement generally prohibits placement of a child under six years of age in a congregate care setting. The only exception permitted is for children with exceptional needs which cannot be met in any other type of placement. Such placement requires the express written approval by the regional administrator, which must be based on his or her personal determination that the child’s needs can only be met in that specific facility. The written approval must include a description of the services available in the facility to address the individual child’s needs.

At the beginning of each month, the Division of Reporting and Analysis produces a report called the “Brian A. Class Report on the Number of Children Under the Age of Six in a Group Care Setting.” The report provides the number of children under age six who are placed in a congregate care setting on the date of the report, as well as the ages of any such children. None of the 12 point in time reports produced in 2006 identified any children under the age of six who were placed in a congregate care setting on the report dates.  

#### g. Limits on placements of children in group care with excess of 8 beds (C.9)

The Settlement Agreement prohibits placement of children in a residential treatment center or any other group care setting with a capacity in excess of eight children without express written approval by the regional administrator. The regional administrator’s approval must be based on his or her certification and specific findings that the child’s needs can be met in that specific facility and that the facility is the least restrictive

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158 According to the Exception Desk Reviews for January through April 2007, there were four exception requests filed for this type of exception. However, when TAC monitoring staff followed up to determine the circumstances of the placement, they were only able to identify three children who were coded for this exception and when the cases were reviewed it turned out that all of the children were teenagers. In doing the hand-counting and tabulating necessary to produce the reports, the CPPP reviewer had checked the wrong box in each case.

159 The capacity of a multi-unit or multi-building congregate care facility is not determined by the capacity of a particular unit or building, but rather by the total number of beds on the campus. It is not clear whether the Settlement Agreement contemplates that an exception request would have to be filed for a child in a resource home who required short term hospitalization for an appendectomy or a short term psychiatric hospitalization to stabilize the child in crisis and return her to the resource home.
placement that could meet the child’s needs. The written approval must include a
description of the services available in the facility to address the individual child’s needs.

At this point, the Department does not have an exception report that provides reliable
data on this exception.\textsuperscript{160}

Based on an examination of the Exceptions Desk Reviews for January through April of
2007, there were 137 exception requests related to placements in congregate care
facilities with capacities of more than eight, of which the CPPP staff designated 71 as
compliant and 66 as non-compliant.\textsuperscript{161}

\textit{h. Prohibition of placing child assessed at high risk for perpetrating violence or sexual
assault with foster children not so determined. (C.4)}

The Settlement Agreement requires that no child determined by a DCS assessment to be
at high risk for perpetrating violence or sexual assault be placed in any foster care
placement with foster children not so determined.

The Department’s placement policies are consistent with this requirement. The Child
and Adolescent Needs and Strengths (CANS) assessment includes specific inquiry into
“Child Risk Behaviors” and includes such prompts as: “danger to others; sexually
reactive behavior, sexual aggression.” When a child is placed in a foster home, a form
containing known information about the child is filled out by DCS and provided to the
resource parents. This standard form includes a checklist of behaviors including sexual
acting out, sexual aggression, physical aggression and assault.

The Department presently does not have the capacity to identify in an aggregate data
report children who present a high risk of perpetrating violence or sexual assault and then
running a report to establish whether any of those children are placed in foster homes
with other children. At some point, the CANS may provide the opportunity for the
Department to produce such a report.

On the assumption that resource parents would be likely to complain if they were placed
in positions in which children who were physically or sexually aggressive were placed in
their homes with other children, the Monitoring staff reviewed information from the
various sources of feedback from resource parents—Quality Service Reviews, resource
parent surveys, exit interviews with resource parents, phone call complaints to the All
Families Matter hotline, focus group and planning conversations at the recent Resource
Parent Forum, and complaints to the Monitor’s Office. Information from those sources
does not suggest that the Department is departing from its placement policy with respect

\textsuperscript{160} The Department has been producing an exception report regarding placement in congregate care
facilities with a capacity of more than eight; however the Department believes that the methodology for
generating that report is seriously flawed. The TAC will be working with the Department to ensure that
there is reliable aggregate data on this particular exception.

\textsuperscript{161} The Department does not believe that the regions uniformly understand all of the circumstances related
to congregate care placements over 8 beds for which exception requests should be submitted.
to children who, based on behaviors known to the Department, pose a threat to other children.

In order to get some indication of the extent to which the Department’s actual placement practice effectively implements this provision of the Settlement Agreement, the TAC examined QSR cases in which the case failed for safety.

The QSR protocol requires reviewers, in scoring the case for safety, to specifically consider whether the child’s behavior “poses a risk to self (suicidal, chronic runaway) and/or to other children (aggression/perpetration).” The protocol also requires that the reviewer consider whether “caregivers or other persons living in the child’s present home present a safety risk to the child.” A case cannot receive an acceptable score for safety if a child under review was placed in a resource home with another child whose history of aggression and or sexual perpetration threatened the child’s safety, or if the child under review himself or herself had such a history and was placed in a resource home with children for whom that behavior would constitute a threat to their safety.

The Monitoring staff reviewed each of the 34 QSR cases involving *Brian A.* class members in which the case failed for safety. Of those cases, three failed because reviewers concluded based on reported behaviors that a child (either the child reviewed or a child in the home of the child reviewed) constituted a threat of aggression or sexual perpetration.

The TAC also looked at abuse and neglect investigations conducted by the SIU and closed during December 2006 to determine whether any of those allegations involved harm or risk of harm posed by or to a child by or to another child. Of the 93 investigations reviewed, 13 involved allegations that a foster child was in a placement in which he or she either posed a risk of harm to or was at risk of harm by another child in the placement. The allegations were substantiated in five of the 13 cases, three of which involved allegations of a family member putting another family member at risk of harm (e.g., siblings placed together or teenage parents placed with their young children).

3. Additional provisions regarding placement

The Settlement Agreement contains additional provisions regarding placement including:

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162 In seven of these investigations, the documentation of the investigation clearly indicates that the other child in the home was also a foster child.

163 Three additional investigations involved allegations of harm or risk of harm posed by or to a foster child by or to another child, but the other child was not placed with the foster child (i.e., the allegations concerned incidents that occurred while the foster child was visiting birth family or while relatives of the foster family were visiting the foster home). Monitoring staff were unable to locate one additional investigation closed during December 2006 in which the alleged perpetrator may have been a foster child because the investigation number was documented incorrectly.
• That children with the goal of adoption should be placed in a foster home in which adoption is a possibility, whenever possible (VI.C.10); and

• That the race, ethnicity, or religion of a child should not be a basis for delay or denial of placement of a child with foster, adoptive, or group care placement (VI.C.11).

Department policy is consistent with both of these requirements. Among other provisions of DCS policy, the Department has created a single approval process for resource parents so that all resource parents, once approved, are potential adoptive parents and, according to the Department, the large majority of adoptions are adoptions by resource parents who have fostered the child that they are adopting. For example, according to a recent analysis conducted by the Department of the 527 adoptions finalized between January 1 and July 25, 2007, 87% were adoptions by the resource parents with whom the child had been placed prior to being freed for adoption.

With respect to the prohibition of delaying or denying placement based on race, ethnicity or religion, the TAC has not designed a specific review to examine this issue. However, in the variety of reviews that the TAC staff have conducted, participated in, and/or examined, including the case file reviews and the Quality Service Reviews, and in the complaints and referrals that the TAC has received and reviewed, the TAC has not identified any instances in which race, ethnicity, or religion appeared to be considered as a basis for delay or denial of a placement.

The Settlement Agreement also contains provisions governing the contracting for placements for children including:

• A prohibition against contracting with any program or agency that gives preference in placement by race, ethnicity, or religion (VI.C.11)\(^{164}\); and

• A requirement that DCS only contract for placements or services with licensed contractors or subcontractors (VI.C. 12).

The Department has both policy and contract provisions that articulate these requirements.\(^{165}\) In the early stages of the implementation of the Settlement Agreement, the original monitor reviewed the Department’s implementation of these provisions and found two facilities that were “licensed only to serve Juvenile Justice children” but were not licensed to serve Brian A. children.\(^{166}\)

\(^{164}\) The Settlement Agreement does provide that race, ethnicity, or religion can be used as consideration for matching a child with a placement, as part of evaluating the best interest of the child.

\(^{165}\) The Private Provider Manual states that private providers must assure that “no person shall be excluded from participation, denied benefits, or otherwise subjected to discrimination in the performance of the services or in employment practices on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law” (1.I.N).

The DCS Licensing Unit verifies monthly that all private provider agencies contracted or subcontracted for the placement of children have a current license to operate.167

C. Assessment Process to Support Case Planning/Service Provision (VI.D)

The Settlement Agreement requires that the Department implement a standardized assessment protocol that:168

- Includes a medical evaluation;
- Includes, if indicated, a psychological evaluation; and
- Is conducted prior to custody or within 30 days after the child comes into custody.

The Settlement Agreement requires that any initial placement made in advance of this assessment be reviewed in light of the assessment to ensure that the placement meets child’s needs.

The Department has developed and is implementing a functional assessment process to support planning, service provision and placement decisions. The process draws upon a variety of assessment tools and activities including:

- Structured Decision Making (SDM) to assess safety and risk when investigating and responding to reports of abuse and neglect;
- A Child and Adolescent Needs and Strengths (CANS) assessment that designates three areas for specific assessment including:
  - Safety: Child risk behaviors and caregiver safety concerns.
  - Well Being: Life domain functioning, Child strengths (individual assets), Child behavioral/emotional needs and Caregiver strengths and needs.
  - Permanence: Life domain functioning, Acculturation, Child strengths (social assets) and Caregiver strengths and needs.
- Early Periodic Screening, Diagnosis, and Treatment (EPSD&T) screening for all children coming into state custody, to identify medical and behavioral health needs; and169
- A Functional Assessment template that is used to synthesize the information and is to be updated on a regular basis.

The design of the Department’s placement process and placement policies are consistent with the requirements of this section of the Settlement Agreement. As discussed in subsection H below and in Section Seven of this report, the Child and Family Team has

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167 See discussion pp. 196-197.
168 The Settlement Agreement required the TAC to review the assessment protocol and ensure that it is a complete assessment of child’s individual needs; and if not, to make recommendations which DCS shall implement to ensure that the protocol does ensure a complete assessment of the child’s individual needs.
169 See Section One for further discussion of EPSD&T assessments for children entering state custody.
the ultimate responsibility for integrating assessment information into the case planning and decision making process. The initial placement is intended to be made at the direction of the Child and Family Team based on the assessment made by the team, drawing from information generated by the range of assessment activities and from strengths and needs identified by the team in its planning and placement decision making process. When an emergency placement is made in advance of a Child and Family Team Meeting (CFTM), the Team is to examine the appropriateness of that placement based on assessment information available at its initial meeting. The functional assessment is intended to be an ongoing process and the team is responsible for tracking progress and adjusting the plan and revisiting the placement decision if further assessment information suggests that the placement is not meeting the child’s needs.

The Department presently uses the Quality Service Review as the primary measure of the Department’s progress in implementing the functional assessment. In order for a case to receive an acceptable rating for “Ongoing Functional Assessment,” the reviewer must find that the child and family’s strengths and needs have been identified by the child and family team and are used by the team to make decisions, including decisions regarding the provision of appropriate supports for the child and family. The functional assessment draws from “formal assessments” such as psychological and medical evaluations, and from formal assessment tools such as the forms filled out as part of the CANS and SDM processes. The functional assessment also draws heavily from the insights and perspectives of the team members, including family, based on their own observations, interactions and experiences with the child and family. QSR Reviewers found that ongoing functional assessment was acceptable in 30% (68) of the 227 Brian A. cases reviewed in 2005-2006 and in 36% (64) of the 176 Brian A. cases reviewed in 2006-2007.

The Department has been utilizing the SDM Safety and Risk Assessment Tool as part of its CPS process; however, the Department has not yet implemented the automated reporting component of SDM. That automated reporting component is designed to ensure that the tool is being used properly, to track the quality of decision making, and to refine the tool.

The Department is in the early stages of implementation of its CANS assessment tool. The CANS also includes an automated reporting process that allows both monitoring of the process and refinement of the tool.

The Department leadership envisions an integrated ongoing assessment process that utilizes information from the variety of assessment protocols. However, it is not clear that the Department has succeeded in communicating to the field how these components are to be integrated in practice. These are indications that some staff may be experiencing and implementing these components as separate initiatives. The Department is aware of these issues and is pursuing plans to promote the integration of these processes in the field.
D. Education Services (VI.E)

The Settlement Agreement requires the Department to ensure that children in foster care receive timely access to reasonable and appropriate education (including special education).

In order to provide specialized advocacy for children to ensure that individual children have access to a reasonable and appropriate education, the Settlement Agreement requires the Department to establish full time educational specialists in each region and to create positions for 12 additional lawyers with responsibility for educational advocacy.

Finally, the Settlement Agreement requires that the Department conduct an evaluation of the in-house schools that serve children in DCS custody.

1. Hiring of Educational Specialists and Educational Attorneys

Shortly after the entry of the Settlement Agreement, the Department established and filled full time educational specialist positions in each region and hired 12 additional lawyers, then referred to as “education attorneys.”

The Department presently has 15 education specialist positions, with every region having at least one specialist and three regions, East, Shelby and Mid-Cumberland, having two specialists each. There are also four Education Consultants who function much like team coordinators, serving as advisors to the education specialists and working in partnership with the Department of Education, the Department’s own school system170 and the in-house schools operated by private providers. Based on discussions with staff during regional site visits, it appears that, in at least a number of regions, case managers have found the education specialists to be extremely valuable resources in ensuring that the children’s educational issues and needs are addressed.

The education attorney positions were originally conceived of by the Department as focused primarily on providing advocacy and advice around educational issues. However, while the Department has maintained the additional 12 staff attorney positions and continues to designate 12 attorneys as being responsible for educational advocacy, those attorneys presently handle regular caseloads and devote the bulk of their time to general staff attorney duties. They remain available as a resource and support to the educational specialists, should the education specialist determine that attorney advocacy is needed. The Department also reports maintaining a good working relationship with the Special Education Attorneys for the Department of Education, who serve as an additional resource for consultation and guidance.

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170 The Department is the Local Education Agency for five Youth Development Center (YDC) schools and seven group home in-house schools. See TCA 37-5-119.
2. *Indicators of Timely and Appropriate Education Services*

As discussed in Section One, both the QSR results related to learning and development and the 2006 Case File Reviews suggest that a large majority of the children in foster care are receiving appropriate educational services. The vast majority of school aged children are attending public schools. With respect to those children in the 2006 Case File Review sample who appeared to be in need of special education services, reviewers concluded that 69% of those children were receiving such services, and for the remaining 31%, the Department either had taken or was in the process of taking appropriate action to make sure that educational concerns were being met.\(^ {171}\)

The major concern identified in the 2006 Case File Review was instability in school placement. A large percentage of school aged children (61%) experienced changes in school as a result of coming into foster care. In addition, of those school age children who had a placement change while in foster care (116 children), more than half (64; 55%) changed schools as a result of that placement change.

As noted in the January 2007 Monitoring Report, the 2006 Case File Review did identify concerns about the high percentage (38%) of school age children who appeared to have more than five unexcused absences from school; however, as discussed in that report, appropriate documentation of the excuses for those absences may very well have been in the school files.

3. *Completion of In-House Schools Evaluation*

As reported in previous TAC monitoring reports, the Department conducted a review of children attending in-house schools and determined that a large percentage of children who were attending in-house schools were more appropriately educated in public schools. The Department established policies and procedures to ensure that in all but exceptional circumstances requiring a more restrictive educational setting, children in foster care would be educated in the more normalized settings of their local public schools. The 2006 Case File Review found that just 7% of the 188 school age children in the review sample were attending in-house schools. This represents a considerable change from pre-Settlement Agreement practice.

The Department completed an initial evaluation of the in-house schools a number of years ago and committed to completing the “in-house schools” evaluation called for by the Settlement Agreement once it had completed its review of the children attending those schools and transitioned all those who were appropriate for public school into public school.

\(^ {171}\) In some of these cases, the Department was providing these services but had not fully documented them, and in other cases, the Department took appropriate steps to follow-up on individual cases after being informed of the Case File Review findings.
For a variety of reasons, the Department has only recently been able to engage a person with appropriate expertise to complete the final phase of the in-house school evaluation. The TAC has approved the proposed methodology for the evaluation. The Department anticipates that the evaluation will be completed and a report of the results delivered to the Department in sufficient time to be reviewed and reported on by the TAC in the monitoring report to be published at the end of 2008.

E. “Independent Living” Services For Older Children (VI.I)

The Settlement Agreement (VI. I) requires the Department to provide a full range of Independent Living (IL) services and to ensure that there are sufficient resources to provide such services to all children in the class who qualify for them.

As discussed in subsection A above, the recently completed third Needs Assessment, focused on the needs of older children in foster care. The findings reflect that, while there is a wide range of services available and some children are receiving all of the services for which they are eligible, there are a significant number of eligible children who are not getting all of the services to which they are entitled and/or are not receiving those services in a timely manner.

Based on those findings, the Department is re-examining the processes by which children who are eligible for IL services are identified, by which their IL needs are assessed, and by which they and their teams are informed of the various services for which they are eligible. Because of concerns about both the lack of “IL plans” in a great number of cases and the deficiencies in the plans in others, the Department recognizes the need to pay special attention to child and family team planning for older youth to ensure that the supports these youth need are identified and provided in a timely manner.

The Department is also examining and revising its own policies and eligibility requirements and reassessing those areas in which it has imposed eligibility requirements for IL services that are more restrictive than the eligibility requirements of the federal funding provisions. Finally, the Department is looking to identify gaps in services and supports for older youth and youth transitioning to adulthood and seeking to expand the range of services and supports to fill those gaps.

F. Use of Psychotropic Medication, Physical Restraint, and Seclusion (VI.F, VI.G.)

The Settlement Agreement requires the Department to:

- review and revise policies and procedures regarding the administration of psychotropic medications to children in foster care;
- review and revise policies and procedures related to use of physical restraint, seclusion and isolation of children in foster care;
• ensure that medication is administered only with appropriate informed consent, with a preference for parental consent, with a health unit nurse to be available to provide consent when parental consent cannot be obtained; and

• hire a Medical Director, reporting directly to the Commissioner, to oversee implementation, monitoring, and corrective action with respect to the administration of psychotropic medications and the use of physical restraint and seclusion.

The Settlement Agreement establishes two specific reporting and review requirements with respect to the use of psychotropic medications, restraints and seclusion:

• all health unit nurses must maintain logs of approvals of medication administration and those logs, as well as copies of logs maintained by contract agencies, are to be submitted to the Medical Director for review on ongoing basis; and

• all incidents of the use of restraint and seclusion must be reported to the central office “resource management unit” and made available to the DCS Licensing Unit and Medical Director for appropriate action.

As discussed in more detail below, the Department has revised its policies and made considerable progress in implementing those policies. It has also hired qualified staff to oversee the implementation and provide the review and monitoring required to ensure that practice is consistent with the policies. It has developed and is delivering required training for DCS and private provider staff and for resource parents. The Department has made significant progress in building its data capacity related to psychotropic medications and serious incident reporting. That increased data capacity should result in improved tracking and monitoring, and help ensure that informed consent is obtained and documented for all children receiving medications.

1. Appointment of a Medical Director and Other Staffing

The Department has hired a Director of Medical and Behavioral Services (Medical Director) whose responsibilities include those set forth in the Settlement Agreement and who functions as part of the team headed by the Executive Director for Well-Being. As a technical matter, under the present organizational chart, the Medical Director reports to the Executive Director for Well-Being rather than directly to the Commissioner; however, the Medical Director has regularly scheduled meetings with the Commissioner.

The Department established an additional position, DCS Consulting Psychiatrist (Consulting Psychiatrist), and has hired a board certified child psychiatrist for that position, to provide additional expertise, consultation, review and oversight, particularly with respect to administration of psychotropic medications. A support staff person has just been reassigned to assist the Consulting Psychiatrist.
In addition to the Medical Director and the Consulting Psychiatrist, the Department has 17 health unit nurse positions (all of which are presently filled) and 12 psychologist positions (11 of which are presently filled, with the remaining position currently being advertised and recruited).

2. Review and Revision of Policies and Procedures

As has been reported in previous TAC reports, the Department, in consultation with the TAC, developed and promulgated a set of policies and procedures with respect to the administration of psychotropic medications and the use of restraints and seclusion that are well reasoned, appropriately conservative, and consistent with relevant professional standards.

3. Implementation of Policies and Procedures

In the January 2006 Monitoring Report, the TAC discussed the Department’s plan for implementing the new policies and procedures. The implementation plan included:

- development and delivery of training relevant to psychotropic medication, restraints and seclusion to DCS and private provider staff and resource parents;
- development and distribution of clear and detailed medication guidelines for those who prescribe psychotropic medications for children in state custody;
- development and implementation of additional “site visit” protocols to be used by those conducting announced and unannounced licensing and program accountability reviews;
- creation of an automated system for tracking, reporting, and analyzing use of medications, restraints, and seclusion; and
- implementation of a review process to ensure that policies and procedures are being complied with and that problematic practices and incidents of non-compliance are identified and addressed appropriately.

The Department has made significant progress over the past 18 months in each of these areas.

a. Training

The Department has developed four separate training modules:

- Psychotropic Medication Policy Training;
- Fostering Positive Behavior (behavior management training that includes information on use of restraints and seclusion);
- Medication Administration for Resource Parents; and
- Assisting in the Self-Administration of Medication Training for Unlicensed Personnel (designed for staff in congregate care facilities).
A significant number of DCS staff have received both the Medication Policy Training and the Fostering Positive Behavior Training and a large number of DCS resource parents have received the Medication Administration training.172

With respect to the training of private provider staff, representatives of the private providers have received training in each of these three curricula designed to build their capacity to deliver training to private provider staff and resource parents. The Department requires each private provider to develop and implement a training plan to ensure that all staff and resource parents receive the appropriate training.173

The Department expects to complete the development and delivery of the curriculum module for Assisting in the Self-Administration of Medication Training for Unlicensed Personnel in congregate care facilities and begin training within the next several months. Development and delivery of these trainings has been delayed because of a perceived need to enact authorizing legislation delineating the limited circumstances in which non-licensed DCS and private provider agency personnel are authorized to assist children in state custody with the “self administration” of medications. This legislation was passed with an effective date of July 1, 2007.

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172 According to the DCS Training division as of May 31, 2007: 1178 DCS staff members (case managers and other field staff) had received the Psychotropic Medication Policy Training, and all new hires are now required to receive this training during one of the OJT weeks of the pre-service training; 1773 DCS case managers have received the Fostering Positive Behavior and newly hired case managers are required to complete this training as an in-service within 90 days of completion of their pre-service training; 511 DCS resource parents have received the Medication Administration training, new resource parents will be required to receive this training prior to a child being placed in their home, and all resource parents will be required to receive this training at least once every two years in order to remain an approved resource home.

The Training Consortium has worked with DCS to formulate a version of the “Fostering Positive Behavior” curriculum that is specific to resource parents. The Training Consortium began delivering this version of the training to resource parents in July 2007.

173 According to the Training Division as of May 31, 2007, 111 private agency staff representing approximately 75 provider agencies have attended “Training for Trainer” sessions on the Psychotropic Medication Policy curriculum and also received the Medication Administration for Resource Parents curriculum; and 195 private agency staff representing 85 agencies attended “train the trainer” sessions on the Fostering Positive Behavior curriculum.

The Training Consortium in cooperation with the Tennessee Association for Child Care (TACC) has delivered five “Training for Trainer” sessions for the Fostering Positive Behavior training across the state to give private providers this curriculum and assist them in their plans for delivering it within their agencies. The Training Division reports that provider agencies are now required to begin implementing this training with their staff and to have an overall training plan setting forth the steps they are taking/will be taking to ensure that all staff get trained using this curriculum.

Additionally, contract agencies that provide foster care services to DCS will receive an additional copy of the “Fostering Positive Behavior” curriculum that is specific to resource parents. They will be responsible for delivering this in-service training to their contracted resource parents also.
b. Publication and Distribution of Guidelines

The Department has recently published a document entitled *Psychotropic Medication Utilization Parameters for Children in State Custody*, (Medication Parameters).\(^{174}\) Copies of the Medication Parameters have been distributed to all of the private agencies with whom the Department contracts for resource homes and congregate care placements and have also been sent to the Tennessee Chapter of the American Academy of Pediatrics (TNAAP), the Tennessee Academy of Family Physicians (TNAFP), and the Tennessee Association of Mental Health Organizations (TAMHO). (A copy of this document is attached as Appendix J).

c. Congregate Care Facility Monitoring and Oversight

As discussed in more detail in Section Twelve, the Department is in the process of integrating the variety of oversight and monitoring activities related to licensing, performance accountability reviews, serious incident reports, and SIU investigations. While that integration is still incomplete, there are protocols related to psychotropic medications, restraints and seclusion, that DCS staff are expected to utilize during the site visits they conduct (both announced and unannounced) as part of the monitoring, auditing, and other contract oversight of congregate care facilities.

The Department has formed a Provider Quality Team (PQT), consisting of representatives from the variety of units with responsibility for some aspect of oversight of child placements, which meets at least twice per month, to share information and concerns that have arisen in the course of their separate activities. Concerns about administration of medications, use of restraint and/or seclusion have been among the concerns that have brought a particular private provider agency to the attention of the PQT. PAR reviewers review a sample of client files when they visit private provider agencies and look at medication issues and incident reporting. These findings are included in the PAR reports and considered by the PQT in reviewing a specific private provider agency and deciding how to proceed.\(^{175}\)

d. Improving Data Capacity related to use of medication, restraints and seclusion

One of the major obstacles to successful implementation of the policies and procedures related to medication, restraints and seclusion has been the limited capacity of the Department’s information system to capture and report relevant data.

The Department has made some significant improvements in recent months.

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\(^{174}\) This document, which was adapted from a publication of the Texas Department of State Health Services, replaced a less detailed preliminary guidelines document that the Department had been using.

\(^{175}\) As discussed further in Section Twelve, PAR reviewers monitor private provider agencies for compliance with contract provisions. Corrective actions plans related to PAR’s finding were previously submitted to CPPP but PAR will be taking that responsibility as part of the restructuring related to the formation of PQI.
First, with respect to psychotropic medications, the Department has been able to utilize the Blue Cross-Blue Shield pharmacy claims database to provide a detailed and comprehensive picture of the number of children receiving psychotropic medications during the course of any given month. The data can be sorted in a variety of ways including by demographic characteristics of the children, by specific medication or number of medications, by specific prescriber and/or provider.176

The Department plans to use this Blue Cross Blue Shield data report to help identify those children who are receiving medications but for whom the informed consent required by DCS policy is not documented in the child’s file. This function will be put into place after the Department updates its health module of the TNKids system, which is scheduled for August of 2007.

The 2005 and 2006 Case File Reviews found that in a significant percentage of cases of children who had received psychotropic medications during the review period, there was no documentation of the informed consent required by DCS policy. Based on follow-up conducted by the Department, it was determined that the regional nurses had not been notified that the children were receiving medications, notwithstanding the policy requiring that health unit nurses be notified of any child in state custody who is receiving psychotropic medications. Reviewers determined, based on their review of both documentation in the case files and supplemental information obtained as a result of follow-up with the regional nurses, that, of the 57 children in the review sample who received medications at some point during the review period, informed consent had been obtained and documented for only 40 (70%) of those children.177

At the present time, the Psychotropic Medication Application Database (PMAD) maintained by the regional nurses is the database that has the most accurate information related to informed consent; however, the next TNKids build, scheduled for completion in August 2007, includes enhanced capacity to capture and report more detailed health related data, including informed consent.178 The Department anticipates being able to run the TNKids informed consent data against the Blue Cross Blue Shield data to identify those children who are receiving medications but for whom there is no documentation that informed consent has been obtained.179

176 The process of obtaining the data from Blue Cross Blue Shield and running that data against the TNKids custody data to create the report of all children in state custody receiving psychotropic medications takes approximately six weeks. The Consulting Psychiatrist is now reviewing this data on a monthly basis and is developing an approach to using the data to flag particular children, classes of children, particular providers or classes of providers for further scrutiny. Included in Appendix G of this report is data generated by the Department regarding the administration of psychotropic medications during 2006.
177 See January 2007 Monitoring Report, pp. 86-87. While it is true that physicians who prescribe medications are, by law and medical practice standards, required to obtain informed consent, the Department policies are designed specifically to address the unique circumstances of children in state custody and the additional responsibilities that the Department to oversee the provision of medical care to children in its custody.
178 As reported previously, this database, created in February 2005 and linked to TNKids in May 2005, proved to be of limited functionality.
179 Notwithstanding the limitations of the current tracking and reporting capacity, the Department has been able to identify, through existing monitoring mechanisms, situations in which informed consent policies are
The other area in which progress has been made in increasing the Department’s data capacity is that of the Serious Incident Report (SIR) process. As reported in previous TAC reports (and as discussed further in Sections One and Twelve of this report), the Department has been struggling to develop a system for the receipt and investigation of serious incident reports, (which include reports related to all uses of restraint or seclusion as well as reports of medication errors or improper use of medications) that ensures that SIR reports come to the attention of all persons with responsibilities related to the substance of the report, that any necessary investigations are conducted and the results of those investigations are shared, and that any appropriate follow-up including any required corrective action occurs.

The Department has just recently completed the transition from a hard copy SIR reporting process to a web application that requires reports to be made electronically into a web-based, free-standing SIR database. The database is used not only to capture information, but to send automatic electronic notifications to those staff with responsibility for acting on the information received, to track the responses of those persons, share the results of investigations, and track and report on follow-up. The intensity of review and/or follow-up required of Departmental staff is determined by the severity level assigned to the incident.180

The regional psychologists (presently supervised by the Consulting Psychiatrist) are responsible for the initial review and investigation of incidents involving the use of restraints and/or seclusion. The Medical Director and Consulting Psychiatrist also receive notice of these SIRs at the time they are filed and are responsible for reviewing the results of the initial review and investigation conducted by the regional psychologists. Reports of medication errors or improper use of medication are initially directed to the regional nurses for follow-up, again with notice provided to the Medical Director and Consulting Psychiatrist.

The automated SIR reporting process has only recently been implemented statewide. According to preliminary data from the new system for the month of June 2007, 256 (31%) of the 816 serious incidents reported during the month were related to medications (all medications, not just psychotropic medications), seclusion, or restraint. See page 43

not being followed and respond to those situations. For example, the Department has in the course of its private agency oversight identified a particular private agency nurse practitioner who had been authorizing administration of medication without obtaining informed consent. It is anticipated that with the next TNKids build, such situations will be more easily and more quickly identified.

180 The automated system requires the reporting of any incident with a severity level of 1, 2, or 3 and requires reporting of severity Level 4 incidents other than incidents involving death or near death of a child in DCS custody. As previously discussed in footnote 53, reporting of a Level 4 incident involving death or near death must be made directly to the Executive Director for Child Safety and is not entered into and processed through the automated reporting system. Data regarding Level 1 incidents are not currently being reported, and, by definition, do not involve incidents that pose a serious risk of harm or actual harm. Level 1 incidents currently include only a rejection or a disruption of service (an agency not accepting a child into its program or refusing to continue providing services to a child over the Department’s objection).
for a table displaying the type and severity of the serious incidents reported through the automated system in June 2007.

**e. Implementation of Review Processes**

The Consulting Psychiatrist has been actively working with the regional nurses and reviewing cases brought to her attention either because such review and/or approval is required by the new DCS medication policies or because the case has been flagged for other reasons.181

Among the “triggers” requiring review and/or approval by the Consulting Psychiatrist of administration of psychotropic drugs to children in state custody are the following:

- any medication of a child under the age of six;
- any medication of a child between the ages of six and ten (although the regional nurse may approve such medication prior to review by the Consulting Psychiatrist);
- any case of a child receiving four or more medications;
- any dosages in excess of those set forth in the guidelines;
- any combinations of drugs specifically designated in the guidelines;
- any “red alert” medications—medications that the Consulting Psychiatrist has identified as sufficiently unusual or of such limited appropriate application that all instances of use of that drug should be reviewed (28 of the 111 available psychotropic medications have been designated “red alert”);
- any situation in which psychotropic medications have been prescribed PRN; and
- any instance of emergency administration of psychotropic medication.

The Consulting Psychiatrist reports that it is typical to review between 20 and 30 cases each month as a result of these “triggers.”182

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181 The Consulting Psychiatrist has been hampered in her ability to capture data and report on the results of the reviews by the lack of support staff. This staffing deficiency has recently been addressed.

182 The Consulting Psychiatrist review begins with the Regional Nurses, who contact/consult with the Consulting Psychiatrist regarding children who either meet medication monitoring guidelines requiring consultation or review by the Consulting Psychiatrist or about whose situation the regional nurse may have other concerns (e.g. abrupt discontinuation of medications with change in placement; provider with concern being about potential decompensation; regression leading to acute hospitalization or transfer to increased level of care). The Regional Nurse presents information regarding: age of child, placement, diagnoses and current target symptoms, current medication request, prescribing provider. The appropriateness of medication and dosage for the age of the child and the diagnosis and target symptoms are reviewed in each case. Other areas that are reviewed on specific cases as indicated by the situation include: social history, medical history, previous psychiatric history including previous psychotropic medications, previous psychiatric hospitalizations, medications that the child is prescribed at the time of the initial evaluation by current provider, other modalities of treatment that the child currently is involved (e.g., behavioral therapy, psychotherapy), current level of functioning, current placement stability/longevity. The updated TNKids system will allow the Consulting Psychiatrist to document her reviews directly into the database for enhanced communication.
The Consulting Psychiatrist reports that the vast majority of cases reviewed thus far indicate thoughtful decision making processes on part of the prescribing provider, with the goal of stabilization of the child in current level of care (in-home placement) or to enable the child/youth to step down to less restrictive levels of care (from residential to in-home). Occasional cases have resulted in a recommendation to transfer care from a primary care provider to a specialist (psychiatrist) because of the complexity of the case. In a very small number of cases, the review has identified concerns about the quality of care and, because of those concerns, resulted in a recommendation to transfer care to another prescribing provider.

Regional nurses continue to maintain medication logs, and those logs are reviewed periodically by the Medical Director and/or the Consulting Psychiatrist.\textsuperscript{183}

Regional nurses consult regularly with the Consulting Psychiatrist regarding medication issues, including concerns that nurses have raised regarding specific prescribers. There have been instances in which, based on the review of the situation by the Consulting Psychiatrist, the child was assigned to a different mental health provider.

**f. Additional Anticipated Developments**

The Department is in the process of developing and implementing the use of a new Well-Being Information and History form for capturing information at the beginning of a case related to a variety of areas of well-being, including the early identification of any conditions for which the child is receiving or has received medication and/or other treatment.

The Department is also implementing a “Health Services Confirmation and Follow-Up Form” to be submitted by the provider and the case manager following any medical appointment indicating actions to be taken (including prescription of medication). The Department anticipates that these steps will contribute to a quicker identification of and response to any questions or concerns related to psychotropic medication and will result in a higher level of documentation of informed consent.

\textsuperscript{183} Medication Logs are currently maintained by Regional Nurses through hard copies or PMAD. The current process of contract providers submitting medication logs has been found to be an inefficient and ineffectual oversight process of treatment of children/youth in custody with psychotropic medications. Self-report data from private providers has been found to be inconsistent with data that the regional nurses have. There is a considerable time lag inherent in the medication log submission process. In addition, the notification of medication guideline triggers allows neither for aggregate data analysis regarding potential trends in care nor for cross referencing of private provider medication logs with regional nurse logs. Contract providers only serve a subset of children in state custody with regard to psychiatric treatment, and therefore, contract provider logs are an insufficient report of children in state custody being treated psychiatrically. The Department anticipates that the new Health Services Icon in TNKids will be fully operational this fall. If the implementation is successful, all medications that children are prescribed will be entered in the Health Services Icon of TNKids and the combination of this TNKids data and the Blue Cross Blue Shield Data will produce a much more efficient and effective oversight process than the maintenance and review of medication logs required by the Settlement Agreement. The parties should therefore determine whether the maintenance and review of the database information should be viewed as satisfying the “medication log and medication log review” required by the Settlement Agreement.
As reported in the January 2006 Monitoring Report, the Department has established a Pharmacy and Therapeutics Committee (P&T), chaired by the Consulting Psychiatrist, whose membership includes psychiatrists and pharmacists with special expertise related to Child and Adolescent psychiatry and who have agreed to meet on a regular basis to serve as an advisory group on issues related to mental health treatment. It is anticipated that the P&T Committee will be reviewing situations in which the prescribing practices of a particular provider have raised some concerns, facilitating discussions with the prescriber to determine the extent to which the concerns are valid, and where there are valid concerns, working with the prescriber to help ensure that those concerns are addressed or, in cases in which those concerns persist, advising the Department on appropriate actions.

The Department anticipates improved recording, reporting and tracking information related to psychotropic medications and other health related services, will be available no later than January 2008, as the result of next TNKids build.

G. Case Manager Contact with Children (VI.K)

The Settlement Agreement (VI.K) requires that a case manager have contact with each child on his or her caseload as necessary to ensure the child’s adjustment to the placement, to ensure the child is receiving appropriate treatment and services, and to determine that the child’s needs are being met and service goals are being implemented. The Settlement Agreement also sets a minimum number of case manager visits for each child:

- six visits in the first two months of any new placement (at least three of which must take place at the placement);
- two visits per month thereafter; and
- three visits per month during first month of trial home visit; two visits per month for remainder of trial home visit.

The Settlement Agreement also requires that during every required visit the case manager spend some private time speaking with each child (with the exception of infants).

In private provider agency case managed cases, the Settlement Agreement requires the private provider case manager visit with the same frequency and in the same manner as a DCS case manager in a DCS case managed case and also requires:

- monthly visits by the DCS case manager;
- at the child’s placement, including private time with the child; and
- at least one visit every three months being a joint visit with the private provider agency case manager.

The Department has the capacity to produce aggregate reports on case manager contacts with children. The Department produces monthly from TNKids the “Client/Case...
Manager Face-To-Face Contacts Report." Table 15 shows the number and percentage of DCS case manager face-to-face contacts for children in the plaintiff class for May 2007.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Clients</th>
<th>0 Face to Face</th>
<th>1 Face-to-Face Contact</th>
<th>2 Face-to-Face Contact</th>
<th>3-4 Face-to-Face Contact</th>
<th>5+ Face-to-Face Contact</th>
<th>2 or More Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>635</td>
<td>4</td>
<td>0.6%</td>
<td>114</td>
<td>18.0%</td>
<td>287</td>
<td>45.2%</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>1,141</td>
<td>25</td>
<td>2.2%</td>
<td>434</td>
<td>38.0%</td>
<td>434</td>
<td>38.0%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>224</td>
<td>3</td>
<td>1.3%</td>
<td>58</td>
<td>25.9%</td>
<td>101</td>
<td>45.1%</td>
</tr>
<tr>
<td>Knox</td>
<td>421</td>
<td>7</td>
<td>1.7%</td>
<td>54</td>
<td>12.8%</td>
<td>239</td>
<td>56.8%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>822</td>
<td>4</td>
<td>0.5%</td>
<td>216</td>
<td>26.3%</td>
<td>343</td>
<td>41.7%</td>
</tr>
<tr>
<td>Northeast</td>
<td>570</td>
<td>19</td>
<td>3.3%</td>
<td>127</td>
<td>22.3%</td>
<td>239</td>
<td>41.9%</td>
</tr>
<tr>
<td>Northwest</td>
<td>158</td>
<td>1</td>
<td>0.6%</td>
<td>23</td>
<td>14.6%</td>
<td>51</td>
<td>32.3%</td>
</tr>
<tr>
<td>Shelby</td>
<td>801</td>
<td>16</td>
<td>2.0%</td>
<td>146</td>
<td>18.2%</td>
<td>419</td>
<td>52.3%</td>
</tr>
<tr>
<td>South Central</td>
<td>360</td>
<td>0</td>
<td>0.0%</td>
<td>61</td>
<td>16.9%</td>
<td>159</td>
<td>44.2%</td>
</tr>
<tr>
<td>Southeast</td>
<td>279</td>
<td>4</td>
<td>1.4%</td>
<td>7</td>
<td>2.5%</td>
<td>137</td>
<td>49.1%</td>
</tr>
<tr>
<td>Southwest</td>
<td>238</td>
<td>1</td>
<td>0.4%</td>
<td>16</td>
<td>6.7%</td>
<td>118</td>
<td>49.6%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>439</td>
<td>5</td>
<td>1.1%</td>
<td>123</td>
<td>28.0%</td>
<td>174</td>
<td>39.6%</td>
</tr>
<tr>
<td>Statewide Total</td>
<td>6,088</td>
<td>89</td>
<td>1.5%</td>
<td>1,379</td>
<td>22.7%</td>
<td>2,701</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

Source: TNKids Client/Case Manager Face-to-Face Contacts Report for May 2007, Generated July 2, 2007

As reflected in this table, over 75% of children received two or more face-to-face visits from their case manager in May 2007 compared with 57% in August 2005 and 65% in August 2006. While this falls short of the requirements of the Settlement Agreement, it reflects a steady and significant improvement in case manager contact over the past two years.

The 2006 Case File Review focused considerable attention on case manager visits both to provide some of the detail not available from TNKids and to get some sense of the extent to which problems with documentation of visits, particularly with respect to private provider agency cases, has resulted in an underreporting of visits.

Based on both documentation in TNKids and supplemental documentation provided by both DCS and private providers in response to follow-up requests from the Monitoring

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184 This report provides relevant information on case manager contacts, but is limited in its capacity to report on the specific measures set forth in the Settlement Agreement. First, the report does not identify children who are in their first two months in a new placement, and who therefore are required to be visited six times within those first two months. Second, the Department has also not had the capacity to produce accurate aggregate data reporting regarding private provider case manager visits with children. Prior to 2007, private providers sent written summaries to DCS staff regarding the children in their care, which included information about face to face contacts. The Department’s Office of Information Systems (OIS) developed a way for providers to submit these face to face contacts directly into TNKids utilizing an application that interfaces with TNKids, with an expected implementation date of July 2007. In April and May of 2007, five private provider agencies piloted the new Face to Face (F2F) Web Application. Shortly after, trainings were facilitated statewide for all providers. Some obstacles have been discovered and are scheduled to be addressed in the next TNKids build scheduled for August 2007. Once these obstacles are overcome, private provider case managers will have both the ability and the responsibility to document their visits in TNKids.
staff reviewers, the 2006 Case File Review made the following key findings relevant to the specific case manager visit requirements of the Settlement Agreement:

- with respect to the requirement then in effect that case managers visit with the child at least six times in the first eight weeks of any new placement, all of the required visits took place in 53% of the cases in the sample to which that requirement applied, and in 91% of the cases the child was visited at least three times in the first eight weeks;\(^{185}\)

- with respect to the requirement that three of the six visits be at the placement location, that requirement was met in 39% of the applicable cases, in an additional 34% of the cases, there was at least one documented visit at the placement;\(^{186}\)

- with respect to the second eight weeks in placement, 76% of the children were visited by their case manager four or more times, another 22% received two or three visits during that period, and only one percent (one child) received no visits during that period;\(^{187}\)

- in 87% of the cases reviewed, the case file documented that at least some of the visits in each of those cases involved some private time with children two years of age and older;\(^{188}\)

- in 89% of the private provider managed cases in the review sample, the DCS case manager visited at least one time per month. In 82% of those cases, there was at least one visit with the child at the placement location. Joint quarterly visits involving the DCS case manager and the private provider agency case manager was documented in 54% of the cases of children who were in a private provider placement for at least three months during the review period; and\(^{189}\)

- for the 22 children in the sample who were on a trial home visit for at least 30 days during the review period, 14 were visited three times during the first 30 days, and the remainder were visited two times. Of the seven children who were on a trial home visit for at least 90 days during the review period, six were visited two times per month after the initial 30 days.\(^{190}\)

Although the Department is not presently meeting the Settlement Agreement standards for case manager-child visits in all cases, the Department has made considerable progress since the entry of the Settlement Agreement in increasing worker-child contact.

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\(^{185}\) See January 2007 Monitoring Report, pp. 52-53.
\(^{186}\) See January 2007 Monitoring Report, pp. 54-55.
H. Miscellaneous Structural Requirements

1. Staffing to Support Placement Process

The Settlement Agreement requires the Department to establish and maintain a Resource Management Unit within the Central Office that is responsible for training regional staff on placement issues (VI.J). Under the terms of the Settlement Agreement, regional placement resource management units are “responsible to ensure a careful and appropriate matching of a child’s individual needs with the child’s resource family or placement facility.” Regional resource units are required to have “sufficient staff and other resources” to ensure that all children requiring placement are placed promptly and appropriately, and in accordance with their needs.

The Child Placement and Private Providers Division (CPPP) is the Central Office resource management unit and there are regional placement specialists in each of the regions. However, the central office and regional resource units no longer make placement decisions. Instead, under the Unified Placement Process (UPP) that the Department is implementing statewide, the regional resource units act as a support for the Child and Family Team in identifying and securing placements based on the team’s decisions. The Central Office Unit provides support and technical assistance to the regional placement specialists and assists the regions when regions are having a difficult time finding an appropriate placement for a child or when the region is experiencing problems with a particular private provider.

There are five key components of the Unified Placement Process that are relevant to Section VI.J of the Settlement Agreement:

- consolidation of previously separate placement units;
- implementation of an assessment process that provides the information necessary to ensure that the child is matched with the best placement;
- use of Child and Family Teams to make critical decisions regarding child removal, initial placement and placement transition;
- development of locally-accessible resources that match the needs of children and their families; and
- use of data to measure progress in making the right placements for children.191

Historically, each region of the Department has maintained separate placement units, one with responsibility for knowing and accessing private provider placements and the other with responsibility for knowing and accessing DCS operated placements. Workers in

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191 The sixth key component of the UPP is engagement of each child in the process, paying special attention to concrete steps that can be taken to help reduce the trauma of the removal experience and ease the transition into a new placement UPP places special emphasis on developing and implementing a menu of practices and approaches that can help reduce the trauma of the placement process. This includes creating more comfortable settings for children to wait in while efforts to find a placement are being made, sharing information (including through pictures) about the particular families that are possible placements for the child, and developing routines for introducing children to their resource families in ways that help ease the transition.
these units did not know all the placement resources available in the region and placements were determined first by which unit was responsible for placement and then by what “slots” were “open” at the time the case was referred to that unit. The persons in the unit responsible for finding a placement in most cases had never met the children they were responsible for placing.

Under the UPP, each region is creating a consolidated placement unit with designated placement specialists for each county or group of rural counties. These specialists are expected to be knowledgeable of the DCS and private provider placements and available to share this information with the Child and Family Team in order to help the team find the best placement match for the child.

Matching children with the placement that will best meet their needs requires not just a thorough knowledge of the strengths of the resource homes and congregate care programs available to the region, but also a good understanding of the strengths and needs of the child and family. A critical element of the UPP is the implementation of an assessment process that provides the Child and Family Team with sufficient understanding of the child and family to be able to identify supportive services for the child and family to avoid the need for placement, or, if the child cannot safely remain in the home, to match that child with the right placement. Implementing the Family Functional Assessment (FFA) process and effectively utilizing the Child and Adolescent Strengths and Needs (CANS) instruments are therefore considered essential elements of implementing UPP.

Implementation of UPP also requires ensuring that the right mix of services and placements are available in the region to meet the needs of the children and families in that region. Placement specialists are expected to keep track of resources not only so that the best matches can be made from the available placements but also so that resource needs and resource gaps can be identified and filled. The regions are expected to develop local resources to meet the needs of local children and families.

The UPP also requires utilization of data. First, in order for placement specialists to have the information they need to help inform the placement process, basic information especially about resource homes must be readily available. The UPP depends on the region having available an accurate and up-to-date resource home database. Such a database is necessary for the tracking and managing of the variety of resource homes (private and public) and also provides data to help identify gaps in the types/numbers of resource homes available. The region is also expected to use data to measure the extent to which the UPP process is being followed (e.g., that CFTMs are being held to make placement decisions) and to measure outcomes (e.g., that placement stability is improving, that more children are being placed in-county).

The UPP is a well-conceived, thoughtfully developed and designed approach to placement. The materials that the Department has developed to guide regions in implementation are impressive.192

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192 Both the design and the materials benefited considerably from the piloting of UPP in Rutherford County beginning in December 2005. The Department included as part of the pilot project a comprehensive
The Department recognizes that a prerequisite to successful implementation of UPP in the regions is the provision by the Central Office of core support called for by the UPP design. Among the core support functions that the regions must count on the Central Office to provide are:

- regular and timely production of region-specific and county-specific outcome data, both baseline data and tracking data;

- maintenance of a resource home database that allows regional staff ready access to up-to-date and accurate data on every DCS and private provider resource home, to track available resource homes and match children with those homes;

- development of an assessment protocol (and training of regional staff in the use of that protocol) that integrates the variety of assessment tools (SDM, CANS, the Functional Assessment) into a clearly understood, uniform process for gathering and analyzing the information that the Child and Family Team needs to make good case planning and placement decisions; and

- funding allocations and resource development support to ensure both a sufficient range and capacity of services and placement resources within the region to meet the needs of the children in that region, including services necessary to avert placement or support a family-based placement, and readily accessible “flex funds” to allow the Child and Family Team the ability to respond quickly to case specific needs.

The Department expects that by January, 1 2008 all regions will have implemented the core components of the UPP and by this time the central office will have completed a statewide evaluation of the implementation of the components.

With this restructuring of the placement process, the Child and Family Team, not a resource management unit, is responsible for placement decisions and for assessing and reassessing to ensure that children are in placements that meet their needs. The consolidation of the placement units has already significantly improved the placement process and resulted in more broadly informed and involved placement specialists.

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evaluation process to determine the effectiveness of Rutherford County’s use of this model and to garner “lessons learned” to assist in implementation in other regions of the state. The Department recently issued a report entitled An Evaluation of the Unified Placement Process Rutherford County, Mid-Cumberland Region which candidly assesses the accomplishments and challenges of implementation of UPP in Rutherford County. Notwithstanding some of the challenges reflected in the report, Rutherford County experienced significant success in increasing the percent of children placed within the county compared to its out-of-county placement rate prior to the implementation of the UPP.
2. Data to Support the Placement Process

The Settlement Agreement also requires that the Department maintain a computer system that allows the central and regional offices to track for each placement, whether that placement is provided directly by DCS or through contract with a private provider:

- current license and accreditation status;
- reports of abuse or neglect that have been filed and/or substantiated against the facility or agency within the past three years;
- facility or agency vacancies;
- the ages and genders of children whom the facility or agency is licensed to accept;
- the age and gender of all children in the facility or agency;
- the level of care that facility or agency can provide;
- specialized services available through the facility, agency or by the foster parents; and
- the total number of children who may reside in the facility or with the agency at one time pursuant to the agencies license (VI.J).\(^{193}\)

a. Data related to congregate care placements

The TNKids system presently provides central office and regional staff with ready access to up-to-date data on the following areas related to private providers and their congregate care facilities: the level of care that a private provider can provide; the total number of children who may reside in the facility or with the private provider at one time pursuant to the agency’s license.

TNKids has the capacity to record the current license and accreditation status\(^ {194}\) and specialized services available through the private provider or foster parents. However the information may not be presently entered or current in the system for all private providers and therefore DCS staff cannot and do not rely on TNKids for this information.

Regarding the ability to track the age and gender of all children in a facility or served by a private provider, TNKids is only able to provide this information regarding DCS children. Department staff can log on to TNKids and readily generate at any given time, a list of all of the DCS children placed in a private provider placement. However, TNKids can not provide any information on whether there are any other children in these facilities who are not in DCS custody (e.g., children “privately placed” by their parents, children placed by other states.) Ages and gender of children can also be easily determined in TNKids. This issue also affects the ability to track vacancies. TNKids can be used to determine whether a private provider has fewer DCS children than its licensed capacity would allow, but could not indicate whether there are any vacancies, since the

\(^{193}\) Although the general language of the Settlement Agreement appears to be intended to include information related to both congregate care and resource family placements, all but one of the specific (bulleted) data required related to placement called for by Section VI.J of the Settlement Agreement relate to “facilities” and “agencies,” but not to resource parents.

\(^{194}\) See Section Twelve pp. 196-197 for an explanation of current status.
non-DCS custody children might bring the facility to its licensed capacity. Data on the number of bed days available to DCS, under the contract can be accessed through TNKids Financials.

Tennessee’s licensing process does not include licensing for specific genders and only some licenses specify age limits. For those licenses that do include age limits, this information is recorded in TNKids.

TNKids does not presently provide staff with reporting on the number of reports of abuse or neglect that have been filed and/or substantiated against a facility or private provider within the last three years. That reporting will be available from the new SACWIS system tentatively scheduled to be implemented during 2010.

b. Data related to resource homes placements

As required by the Settlement Agreement, TNKids provides information on both the level of care that can be provided by a particular foster home as well as specific behaviors that the resource family feels equipped to deal with.

Although not specifically required by the Settlement Agreement, additional information regarding resource homes (including licensed capacity, present level of utilization, and approval status) is readily accessible through the TNKids resource home database.

This information is valuable to staff in the field when they are trying to identify an appropriate family for children entering foster care. It is, however, less than definitive. At any given time a foster family may not want to take as many children as it is licensed to receive, for any number of reasons. Information about capacity provided by TNKids can therefore be used to identify potential, but not certain, matches.

3. Requirement that Private Providers Accept Children for Placement

The Settlement Agreement requires that any agency or program contracting with DCS be prohibited from refusing to accept a child referred by DCS as appropriate for the particular placement or program. The Department has incorporated this requirement into its policies related to contract agencies and there are provisions in the private provider contract that prohibit private providers contracting with DCS from refusing to accept a child referred by DCS as appropriate for the particular placement or program.195

195 The Department does not have a formal structure for identifying situations in which a private provider refuses to accept a child who DCS deems is appropriate and determining whether the refusal is contrary to the policy and contract requirement. There may be instances in which private providers, rather than engaging in a discussion about whether a child is appropriate, simply indicate that they do not have a bed available. In general, the Department enjoys a good working relationship with the private providers with whom it contracts for placements. The Department anticipates that as the CANS assessment is implemented, there will be greater confidence in the Department’s determinations of the appropriateness of a child for particular placements and disputes over the appropriateness of a child for a particular program will be more easily resolved. In addition, the Department’s work on performance based contracting and the “balanced scorecard,” discussed further in Section Twelve, is designed to identify those agencies who are...
4. Avoiding Conflict of Interest in Placement Process

The Settlement Agreement has two provisions intended to address potential conflicts of interest in the placement process.

- The Department is prohibited from contracting with any agency for whom a board member, owner, holds any other position that may influence placements provided to children in plaintiff class (including, judges, referees and other court officers).

- The Department is required to notify all agencies of this prohibition and is required to obtain written confirmation from any agency with which it contracts that no such conflict of interest exists (VI.H).

Department policy is consistent with these provisions and each contract signed by a private provider includes language confirming the private provider’s compliance with these provisions.

5. Continuum Contract Review

The Settlement Agreement requires that the TAC review the continuum contracts and make recommendations to the Department with regard to the continuum contracts (VI.L). The Department is required to implement those recommendations.

In 2003 the TAC conducted a study of the existing continuum contracts and issued a report with recommendations focused on four areas:

- better defining what a continuum is and ensuring that only programs that meet this definition are treated as continuums;

- setting meaningful standards for the range of services to be provided by continuums;

- clarifying the roles and responsibilities of DCS and continuum providers; and

- better evaluating the performance of individual continuums, and using the results to influence contracting decisions.

As reported in the January 2006 Monitoring Report, the Department has carried out the large majority of the TAC’s recommendations and continues to implement those recommendations. As a result of this activity, the Department has increased expectations for continuum providers to meet the needs of most children—even those with challenging behavioral issues—in family-based settings. The Department has also worked with

best able to meet the needs of children in foster care. Private providers that appear to be reluctant to accept children that DCS has deemed as appropriate for placement with that provider or who are frequently unavailable when the Department is looking for an appropriate placement for a child are likely to be identified and those issues addressed as part of the implementation of performance based contracting.
individual providers to help them move toward these goals, in some instances changing contracts as a result.

The Department has supplied data showing that more than 90% of Level II classified children in out-of-home care are served in family settings and approximately 50% of Level III classified children are served in family settings. Much work has been done to ensure that continuums provide a full array of services and a full range of service settings, from congregate care to family settings, to meet the individualized needs of the children and families they serve. A number of agencies that were unable to comply with the new standards have either elected to discontinue their continuum contract or have increased their ratio of family settings to congregate care settings to comply with the mix required in order to be considered a continuum. The Department continues to work with several agencies who have continuum contracts but who still do not have the range of placements and/or services that the continuum contracts contemplate.

The Department has fully addressed the TAC’s recommendations regarding standards for continuum providers and clarifications of responsibilities were fully addressed at the time of the 2006 TAC report. The Department has begun implementing “Performance Based Contracting” (PBC) with eleven private providers and expects that all continuums will have performance-based contracts by 2009.196

Over the course of the last three years, the Department, through an intensive evaluation process, has discontinued contracting with a significant number of private providers that have fallen short of meeting the Department’s expectations for provision of services to children and families. Other providers with identified performance concerns have made effective use of targeted technical assistance to improve their performance. Currently, DCS reported that it is reviewing every Level III program, including conducting onsite evaluations.

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196 For further discussion of Performance Based Contracting, see Section Twelve, pp.198-199.
SECTION SEVEN: PLANNING FOR CHILDREN

The Settlement Agreement (VII.A.) requires the Department to maintain and update policies and procedures that establish a planning process:

- that initially seeks to work intensively with the family to allow the child to remain safely at home;
- that when removal is necessary, works intensively with the family to allow safe reunification quickly; and
- that when reunification with the family of origin is not appropriate or cannot be accomplished safely within a reasonable period of time, assures the child an alternative, appropriate placement as quickly as possible.

The Departments’ practice standards, policies and procedures articulate a planning process that is in accordance with this requirement and the Quality Service Review Protocol reflects, reinforces, and assesses the case planning process consistent with these requirements.

At the core of the planning process is the Child and Family Team (CFT) and the Child and Family Team Meeting (CFTM).

A. Child and Family Team Meeting Participants (VII.B)

1. The Composition of the Child and Family Team

The Settlement Agreement provides that the Child and Family Team include:

- the child;
- the immediate family;
- the case manager;
- formal support persons (resource parents, guardian ad litem (GALs), court appointed special advocates (CASAs), contract agency workers); and
- informal support persons (including relatives and fictive kin).197

2. Required Participants in Child and Family Team Meetings (VII.B, C)

a. Children

Children 12 years of age or older are to participate in their CFTMs unless extraordinary circumstances exist and are documented in the case record explaining why the child’s

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197 Fictive kin is defined as persons who are not related by blood to a child but with whom the child has a significant pre-existing relationship, such as a teacher, a church member or a family friend.
participation in the particular CFTM would be contrary to the child’s best interest (VII.B).198

While the Settlement Agreement does not require the child’s GAL and CASA to participate in the CFTM, the Department is required to provide reasonable advance notice of CFTMs to both the GAL and CASA for the child (VII.B).199

b. Parents

Parents are expected to participate in CFTMs. If it is “impossible to meet with the parents,” the CFTM planning process is to begin within the time frames for the initial CFTM and initial permanency planning CFTM, notwithstanding the parents’ absence. The Department is required to make efforts to ensure the parents’ participation by, for example, providing transportation and/or child care, or by briefly rescheduling a CFTM. These efforts are to be documented in file (VII.C).

In the event that parents cannot be located or refuse to meet with the worker, the case manager must document all efforts made to locate the parents and to ensure that the meeting takes place.

c. Case Managers

The child’s case manager is to attend all CFTMs involving children on his or her caseload (VII.B).

d. Case Manager Supervisors

The DCS supervisor assigned to the case is to participate in:

- The initial CFTM;
- The initial Permanency Planning CFTM;
- The Discharge Planning CFTM;
- Any CFTM if case manager has less than one year experience;
- At least one CFTM every six months for children who have been in custody for twelve months or more; and
- Other CFTMs as supervisor deems appropriate based on the complexity of the case, the availability of other supports in the meeting such as a full-time or skilled facilitator, and the experience of case manager (VII.B).

198 It is recognized that although a child may not yet be twelve years old, he/she may be able and willing to participate in his/her case planning and decision making, and should be encouraged and empowered to do so. See Standard 10-101, p 146, of the Standards of Professional Practice for Serving Children and Families: A Model of Practice.
199 Tennessee Supreme Court Rule 40, however, identifies attending such meetings as one of the responsibilities required of an attorney accepting an appointment as a Guardian ad litem.
The Department is required to develop a process for supervisors to review, monitor and validate the results of CFTMs that they do not attend to ensure supervisors remain engaged and responsible for quality casework (VII.F).

e. Full-time Facilitator (or “Back-Up” Facilitator)

A full-time facilitator or specially trained “back-up” facilitator is to participate in:

- every initial CFTM; and
- every Placement Stability CFTM for potential disruptions (VII.B).

3. Findings Related to Team Composition and Participation in Team Meetings:

As reflected by the QSR results, limited available aggregate data, and the findings of the Case File Reviews, the Department is not yet at a point at which it is routinely forming fully functional child and family teams, actively involving team members at team meetings, and ensuring the presence of facilitators at those team meetings requiring a full-time facilitator.

Case managers typically identify children, parents, and the case manager as members of the Child and Family Team. There is some inclusion of formal support persons as active participants in the Child and Family Team process, with resource parents and private provider case managers more likely to be identified as part of the Child and Family Team, but teachers or school representatives less likely to be included. Teams that include and actively involve members of a child and/or family’s informal support network are as yet not typical.

The Department presently has very limited aggregate data reporting related to CFTMs. As is discussed further below, the Department, as part of its recently completed (August 2007) TNKids build, will be expanding its ability to provide aggregate data reporting on CFTMs, including the ability to track and report on CFTMs held and the presence of key CFTM participants. The most complete aggregate data presently produced by the Department is the data collected and reported from the Family to Family “Pilot” Sites (Shelby, Davidson, and Mid-Cumberland). Tables 16 and 17 below reflect the attendance at the initial CFTMs and change of placement CFTMs in the three pilot sites during the first quarter of 2007.
Available data suggests that the Department has made progress in ensuring the attendance of older children at child and family team meetings. The last two Case File Reviews conducted by the TAC included a focus on the extent to which older children were attending their initial CFTM and initial Permanency Planning CFTM and, when not in attendance, whether the reason for non-attendance was documented and/or appropriate, as required by the Settlement Agreement.

Reviewers found that of the children age 12 and older for whom an initial CFTM was held, 82% of the 2006 sample attended the meeting, compared to 65% in 2005. For those for whom an initial Permanency Planning CFTM was held, 86% of the 2006 sample attended these meetings, compared to 84% in 2005. For the 28 children 12 years or older
in the 2006 sample who did not attend either or both of the CFTMs, the Department provided reasonable explanations for non-attendance of most of those children.200

The QSR results reflect the considerable variation in the extent to which the Department is successful in convening effective Child and Family Teams.

The Department utilizes two QSR indicators, Engagement of Child and Family and Teamwork and Coordination, as the primary measures of both the extent to which teams are being formed with the right membership and the extent to which those members are actively involved in the child and family team process, including participation in CFTMs. In the 2005-2006 QSR, 41% (94) of the 227 Brian A. cases reviewed received acceptable scores for Engagement of the Child and Family and 25% (57) received acceptable scores for Teamwork and Coordination. In 2006-2007, those results were 47% (82) and 39% (68) of the 176 Brian A. cases reviewed respectively.

Based on the Quality Service Reviews, feedback from DCS regional and central office staff, and observations by consultants and TAC staff of child and family team meetings in a number of regions, the Department has recognized that for progress to be made in this area, team leaders and case managers must pay considerably more attention to preparing family members in advance of the initial child and family team meetings, helping family members identify and invite members of their informal support network to the meetings, and scheduling meetings at times and places (and providing such supports as transportation and child care) to make it possible for family members and others to attend meetings.

4. Presence of Full Time or Back Up Facilitators at CFTMs

The Department is still expanding its cadre of skilled facilitators in order to have the capacity to ensure the presence of full time or back up trained facilitators for all initial CFTMs and all placement stabilization/placement disruption CFTMs, while at the same time allowing facilitators time to meet their additional responsibilities to coach and mentor case managers in the development of their facilitation skills.

The Department has a core of 74 full time facilitators and more than 60 back up facilitators, with 45 additional back up facilitators being trained in the next three months. Regions continue to request training for additional back ups, and the Department hopes to train approximately 80 more by January 2008. The present number of facilitators is not large enough to ensure trained facilitators in all of the circumstances in which the Settlement Agreement calls for trained facilitators.201

The Department believes that the Family to Family Pilot sites (Shelby, Davidson and Mid-Cumberland) are presently making conscientious efforts both to have facilitators at all initial CFTMs and all placement change CFTMs and to document those efforts (using

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200 January 2007 Monitoring Report, pp. 73-75.
201 The Department is not presently able to generate reports from TNKids to provide aggregate data on the extent to which it is providing trained facilitators for those meetings that call for trained facilitators.
the free standing Family to Family database). The Department reported the following data regarding the presence of trained facilitators at initial CFTMs and placement change CFTMs in the pilot sites for the last quarter of 2006:202

<table>
<thead>
<tr>
<th>Region</th>
<th>Initial CFTM</th>
<th>Change of Placement CFTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelby</td>
<td>69.7%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Davidson</td>
<td>51.1%</td>
<td>19.9%</td>
</tr>
<tr>
<td>MidCumberland</td>
<td>47.6%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Table 18: Presence of Trained Facilitators at CFTMs in Family to Family Sites

Source: Family to Family October 1 – December 31, 2006 Site Summary

Notwithstanding the significant accomplishment of creating a sizeable group of capable facilitators, the Department is currently far from having the capacity to provide full time or back up facilitators for all the CFTMs that require them, let alone devote significant time to coaching and mentoring. The Department has recognized that it is unrealistic to expect that the facilitators alone can provide the level of coaching and mentoring that case managers need to ensure that they know both how to prepare for meetings, and that they know how to facilitate those meetings at which facilitation by the case manager is appropriate. The Department is therefore now focusing its efforts on developing the child and family team process skills, including meeting facilitation skills, of the team leaders and team coordinators.

5. Future Reporting on Participants in CFTMs

The recently completed TNKids build includes modifications that will identify key planning and decision making points that require CFTMs, will require documentation of whether the meeting was held, and will require recording/identifying of key participants in the meetings, including an indication of the presence or absence of a trained facilitator. The Department anticipates being able to provide aggregate reporting data that includes these process measures by January 1, 2008.

The TNKids build will also allow the tracking and reporting of supervisor participation in CFTMs. At this point, data on supervisor participation has not been gathered and reported. The parties modified the original Settlement Agreement requirements related to supervisory participation in CFTMs and, as part of that modification, required the Department to develop a mechanism for tracking supervisor presence at meetings and tracking and reporting supervisor review of the results of meetings that the supervisor does not attend. The Department anticipates, as a result of the recent TNKids build, being able to track and report supervisor presence at CFTMs, beginning January 1, 2008. However, the TNKids build will not allow reporting on the required review and sign off by a supervisor when they do not attend a CFTM. The CFTM Summary Form will include a place for the required supervisory sign off and the Department plans to monitor

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202 Data regarding the presence of trained facilitators at CFTMs for the first quarter (January – March) 2007 is unavailable.
supervisor compliance with this requirement through a hard copy case review process. The new SACWIS system will include the capacity to track and report the supervisor sign off.

The TNKids build will also allow for aggregate reporting on presence of children at CFTMs as well as presence of other categories of participants.

TNKids does not allow aggregate reporting on the extent to which GALs and CASAs are notified of the time and setting of CFTMs and there is no plan at present for such reporting capacity after the next TNKids build. There have been some preliminary discussions about the potential for at least some level of automated notification from a list serve of team members.203

B. Initial CFTM (VII.C)

The Settlement Agreement specifies that the process of building a team, assessing, and convening a formal CFTM is to begin prior to a child entering DCS custody, except when emergency removal is required. The initial CFTM is to occur either:

- prior to child coming into custody; or,
- in emergency removal cases, within seven days of child coming into custody.204

At the initial CFTM, the team is to:

- discuss the strengths of the family and the issues that necessitated removal;
- explore alternatives to custody that would ensure the safety of the child;
- identify the family’s basic needs that must be addressed immediately;
- identify changes by parents that may be necessary to allow the child to safely return home;
- determine the appropriateness of the child’s placement;
- arrange for a visiting schedule between the child and the child’s parents;
- ensure that all reasonable efforts are made to enable visiting to take place;

203The Department believes that a more important scheduling matter to address at this point is not the attempt or failure to notify GALs, CASAs, as well as others (parents attorneys, other members of the family’s informal and formal support network) of the scheduling of the CFTMs but rather the fact that many CFTMs are scheduled without consideration of the schedules of team members other than DCS staff. Team meetings are often set at times that are more likely to make it difficult for people to attend (during the work day, during times that court is in session, etc). If that is correct, focusing the case manager's attention on making sure that a written notice is sent to the GAL advising them of a CFTM that is scheduled for a time that conflicts with the GALs schedule may technically comply with the Settlement Agreement but not accomplish the goal of increasing the level of GAL and CASA participation. The Department therefore believes that the primary focus should be on scheduling in such a way that the time and place selected will maximize the ability to get the key team members there, either in person or by phone, and then address issues of ensuring effective notification.

204TNKids is not presently able to run a report that would indicate whether an initial CFTM was held either before a child came into custody or within 7 days after coming into custody. The Department anticipates that by January 1, 2008 such reporting should be available.
• arrange an immediate schedule of expected contacts between the parents and the case manager; and
• begin developing the Permanency Plan.  

The Department has modified its policies and training content to reflect the areas of focus listed above.

The 2006 Case File Review found that the Department held initial CFTMs in 93% of the cases, 78% within seven working days of the child’s entry into custody, and an additional 15% later than seven working days after entry into custody. In 7%, there was no documentation that the required meeting occurred.

There is no aggregate data report that provides information about the quality of the initial CFTM. While it appears that facilitators structure the meeting to address the areas that the initial CFTM are intended to cover, the quality of the initial CFTM depends to a great extent on the right people being present for the meeting and prepared to participate.  

The Department has concluded based upon information from qualitative reviews, feedback from staff, and observations of CFTMs by consultants and TAC staff, that case managers are not doing the pre-meeting preparation necessary to engaging families and preparing them to participate fully in the team meetings and to ensuring the presence of important team members.

Future monitoring will benefit from the additional aggregate data on CFTMs that will be available as a result of the new TNKids build and from information that the Department intends to capture in a “meeting summary form” that case managers and/or facilitators will be required to fill out for each child and family team meeting.  

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205 As discussed earlier, in all instances in which it is impossible to meet with the parents, the planning process is to begin within the required time frames, notwithstanding the parents’ absence. The Department is required to make efforts to ensure the parents’ participation, including providing transportation, child care and/or a brief rescheduling, and is to document those efforts in the child’s case file.

206 The TAC arranged for a monitoring office intern to observe initial CFTMs in Davidson County and, based on the meetings that she observed, it appears that the facilitators are consistent in structuring the meetings to cover the areas named by the Settlement Agreement as initial CFTM team responsibilities.

207 The “meeting summary form” calls for the facilitator to record meeting participants, content, and decisions made. The form includes such questions as: Is the child/youth in the least restrictive setting that can meet his/her needs? What are we doing to find a safe, consistent parenting situation for this child/youth? How are we helping this child/youth maintain meaningful relationships with others, such as extended family, community members, and former friends/mentors, while in custody? Are there new strengths, resources, issues or needs that have arisen since the last CFTM? Is there anyone else we can add to this team to help this child and family? The form also elicits information about the situation that prompted the meeting (including risks and safety issues), progress and barriers in achieving permanency for the child, and an immediate visitation plan (including parents and siblings, for the three months following the meeting). Finally, the form includes a meeting summary and a section on decisions made at the meeting, with questions about participant agreement and concerns with those decisions.
C. Initial Permanency Planning CFTM (VII.D)

The Settlement Agreement provides that an Initial Permanency Planning CFTM occur within 30 days of a child entering custody.

The purposes of the Initial Permanency Planning CFTM are to:

- further collaborate with the family on the development of a plan to address problems that necessitated removal;
- specify changes or action to be taken by the parents necessary to allow the child to return home safely;
- identify the services that need to be provided to the parents and child to ensure a successful reunification; and
- determine the appropriateness of the placement.

The Department has modified its policies and training content to reflect the areas of focus listed above.

The 2006 Case File Review gathered data on the Initial Permanency Planning CFTM (although it applied the 15 day time line required under the original Settlement Agreement language to that review, rather than the 30 day time limit now in effect as a result of the recent modification of the Settlement Agreement.) The reviewers found that the Department held initial Permanency Plan CFTMs in every case, with meetings occurring within the 15 day period in 75% of the cases reviewed and meetings occurring, but later than 15 days, in the remainder of the cases.

The Department has also been generating aggregate reporting on the extent to which the permanency plan CFTM has been held within the 15 day period required under the original Settlement Agreement. According to these aggregate data reports, for those class members who entered custody during both 2005 and 2006, initial Permanency Planning CFTMs occurred within 15 days in 80% of the cases.

The aggregate data reporting simply provides information on whether a Permanency Planning CFTM was held within the applicable time period. The quality of the Permanency Planning CFTM, and whether and how well the purposes of the meeting were achieved, should be reflected in the content and quality of the permanency plan.

D. Permanency Plan Content (VII.D)

The Settlement Agreement provides that the Permanency Plan is to:

- be built upon family strengths;
- address the family’s and child’s needs;
- designate time frames for completion of actions to achieve permanency and stability;
- specify the permanency goal and how the goal will be achieved;
• identify what services are necessary to make accomplishment of that goal likely;
• specify who is responsible for provision of those services;
• specify when those services will be provided; and
• specify the date by which permanency goal is likely to be achieved (with the time based on the child’s situation rather than on preset time periods for required reviews).

Parents are to be presented with a copy of the plan at the conclusion of the Initial Permanency Planning CFTM for their signature.

Both policy and training establish expectations for permanency plan content that includes the requirements of the Settlement Agreement. However, the Department has recognized that there is a significant gap between the expectations set forth in policy and the Department’s present performance in this regard.

The Department determines its own level of performance on this requirement based on the QSR results for Permanency Planning. Because the quality of the case plan is a major focus of the QSR scoring, the Department expects “acceptable” ratings to correlate with plans that generally meet the requirements of the Settlement Agreement and “unacceptable” ratings to correlate with plans that generally do not meet the requirements of the Settlement Agreement.

The QSR indicator for Child and Family Permanency Planning Process requires the reviewer to examine the content of the permanency plan to determine whether the plan:
- is based on a “big picture” assessment that includes clinical, functional, educational, and informal assessments; and specifies the goals, roles, strategies, resources and schedules for coordinated provision of assistance, support supervision, and services for the child and family.

In order to receive a minimally acceptable score on the QSR, the permanency plan must include basic formal and informal supports and services, assembled into a sensible service process, with a workable fit between the child and family’s situation and the service mix. In addition, the permanency plan must be reviewed and revised to reflect any major changes in the circumstances of the child and/or family.

If only some of the basic supports are included in the plan, the fit between the service plan and the service mix is poor or services are insufficient, the case cannot receive an acceptable score for this indicator. Similarly, if the plan does not reflect changes in circumstances, the case cannot receive an acceptable score.

In the 2005-2006 QSR, reviewers rated 24% (55) of the 227 Brian A. cases acceptable for Child and Family Planning and in 2006-2007, rated 40% (71) of the 176 Brian A. cases acceptable.208

208 In order to corroborate the Department’s assumptions regarding the correlation between these QSR results and the quality of the case plan, the monitoring staff reviewed the case plans of 24 cases from the 2006-2007 Quality Service Reviews. For each region, the reviewers selected one case which scored
The Department has identified a range of deficiencies in the contents of the permanency plans. The Department is revising its permanency planning policies and with the introduction of these policies, the Department expects to be training on “quality plan development” over the coming months. The Department is in the process of developing a new template for the permanency plan. The template is intended to better match the content and structure of the functional assessment and thus be more user-friendly to staff and families.

The Department also recognizes that it is important for the initial permanency planning CFTM to be facilitated by someone who understands the strength based team driven planning process that is envisioned by the Department’s CFT model. Because permanency plan CFTMs are not among the meetings for which presence of a trained full-time facilitator is required, the success of the permanency planning CFTM will depend in large part on the understanding and skills of the case managers and team leaders.

Obtaining parent signatures has long been part of DCS policy and DCS does not believe that this has been a problem. According to the 2006 Case File Review, the child’s permanency plan was signed by at least one parent within 30 days of entry into custody in 67% (176) of 262 cases. As Monitoring staff reviewed the content of case plans of QSR cases, they also looked for parent signatures, and found the majority of plans to be signed by one or both parents.209

acceptable for both child and family planning and plan implementation and one case which scored “unacceptable” on either or both of the plan related indicators.

In the cases that were scored “unacceptable” for the permanency plan related indicators, the reviewers found that the case plans failed to meet most, if not all, of the content requirements set forth in the Settlement Agreement. In most of the cases that were scored “acceptable,” the reviewers found that the case plans met many of the content requirements set forth in the Settlement Agreement.

The monitoring staff found that the plans that scored “unacceptable” were often general/generic and did not seem to reflect the individual needs of the child and family. Many of the plans seemed “boilerplate” rather than individualized, included similar language, and similar desired outcomes and actions to achieve them. The plans frequently listed the same dates for achieving all desired outcomes.

209 There may be a problem, however, resulting at least in part from an emphasis on getting parent signatures on the plan at the CFTM. There have been complaints that too much meeting time is spent on “wordsmithing” and physically producing the plan in a final form before the end of the meeting so that the parent actually signs a written plan that is word for word what will be submitted to the Court. While it is critical that the plan that is “signed off on” at the meeting reflect everyone’s understanding of the substantive content and be sufficiently clearly written to serve that purpose, the Department should consider allowing some flexibility in the approval by the parties of the final document that is presented to the Court that allows for a better allocation of CFTM time, with concentration on the substantive planning and decision making. The modified Settlement Agreement (VII.D) allows biological parents to sign a handwritten plan at the conclusion of the Initial Permanency Planning CFTM.
E. Permanency Plan Implementation and Tracking (VII.D, K)

The Settlement Agreement provides that all services documented in the record as necessary for the achievement of the permanency goal will be provided within the time period in which they are needed.

The child’s DCS case manager and his/her supervisor have ongoing responsibility to assure:

- that the child’s permanency goal is appropriate, or to change it if it is not;
- that the child’s services and placement are appropriate and meeting the child’s specific needs;
- that the parents and other appropriate family members are receiving the specific services mandated by the permanency plan;
- that they are progressing toward the specific objectives identified in the plan; and
- that any private service providers identified in the plan or with whom the child is in placement are delivering appropriate services.

The Department measures the extent to which its performance in this area meets the requirements of the Settlement Agreement primarily based on the QSR results for Plan/Service Implementation and Tracking and Adjustment.

The indicator for Permanency Plan/Service Implementation requires that the reviewer examine how well the services/actions, timelines and resources planned for each of the change strategies are being implemented to help the parent/family meet conditions necessary for safety, permanency and independence and the child/youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions. The reviewer is to examine the degree to which implementation of the plan is timely, competent, and adequate in intensity and continuity.

In order to achieve a minimally acceptable score, the reviewer must find that the strategies, formal and informal supports, and services set forth in the plans are being implemented in a timely, competent and consistent manner and that services of fair quality are being provided at levels of intensity and continuity necessary to meet at least some priority needs, manage key risks, and meet short term intervention goals.

If the plan implementation is limited or inconsistent, if services are not being provided in a timely manner, if the services are of limited quality, or being provided at levels of intensity and continuity insufficient to meet priority needs, manage key risks, or meet short term intervention goals, the case cannot receive an acceptable score.

In the 2005-2006 QSR, reviewers rated the cases acceptable for Plan Implementation in 37% (83) of the 227 Brian A. cases and in 2006-2007, rated 40% (65) of the 176 Brian A. cases acceptable.\(^{210}\)

\(^{210}\) There is an apparent inconsistency in the 2005-2006 data between the planning scores and the plan implementation scores. As the TAC understands the QSR process, plan implementation can generally only
The indicator for Tracking and Adjustment requires the reviewer to determine whether services are routinely monitored and modified by the team to respond to the changing needs of the child and family. There is an expectation that the permanency plan be modified when objectives are met, strategies determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise.

In order to receive an acceptable score, the reviewer must find at a minimum that periodic monitoring, tracking and communication of child status and service results is occurring and that strategies, supports, and services being provided to the child are responsive to changing conditions.

If monitoring and communication is only occasional or if strategies, supports and services being provided are only partially responsive to changing conditions, the case cannot receive an acceptable score for this indicator.

In the 2005-2006 QSR, reviewers rated the cases acceptable for Tracking and Adjustment in 31% (70) of the 227 Brian A. cases and in 2006-2007 rated 40% (71) of the 176 Brian A. cases acceptable.211

F. Placement Stability CFTM (VII.E)

The Settlement Agreement provides that a placement stability CFTM be convened prior to the potential disruption of any child’s placement while in state custody, or, in the event of an emergency change of placement, as soon as team members can be convened, but in no event later than fifteen days before or after the placement change.212

As was discussed in Section Six, Appropriateness of Placement was rated acceptable in 87% (183) of the 210 relevant 2005-2006 Brian A. cases (17 of the 227 cases were not included because of those children’s living circumstances at the time of the review: ten of the children were on trial home visit, four were placed in-home, three were out of custody and one was an older youth participating in independent living programming) and 90% (158) of the 176 Brian A. cases in the 2006-2007 QSR.

The indicator for Resource Availability and Use asks the reviewer to determine if there is an adequate array of supports, services, special expertise, and other resources (both formal and informal) available and used to support implementation of the child and family’s service plan. The reviewer must determine if those resources are used in a timely manner, adapted to fit the situation, right in intensity and duration, and convenient for family use (times and locations), if the system is able to develop new or newly adapted resources if current ones are not appropriate as well as identify unavailable resources, and for children who cannot remain in their home, if there is an adequate array of family placements. Resource Availability was rated acceptable in 55% (124) of the 226 out of 227 (one review did not include a score for this indicator) Brian A. cases in the 2005-2006 QSR and 56% (99) of the 176 Brian A. cases in the 2006-2007 QSR.

Disruption is defined as: “unplanned interruption of placement in a resource home or group care setting that is the result of any number of factors including, but not limited to: Medical or physical condition
The goal of the placement stability CFTM is:

- to review the progress in the current placement and determine if the current placement is still appropriate to meet the child’s needs;
- to determine whether or not the current placement can be maintained and develop a plan to support the child’s needs and stabilize the current placement;
- if the current placement is not appropriate and/or cannot be maintained, to develop a plan for the transition to an alternative placement in the least traumatic manner possible; and
- if a change of placement has already taken place, to explore ways to help strengthen that present placement and prevent any future disruptions (VII.E).  

Department policy and training regarding the CFT process establishes expectations for placement stability CFTMs that meet the requirements of the Settlement Agreement.

The Department does not presently have the ability to produce reliable statewide data on the extent to which placement stability CFTMs are occurring. To assess its own level of performance in this area, the Department has examined the Family to Family data for the Davidson, Shelby, and Mid-Cumberland Regions. That data reflects that Placement Stability CFTMs are not being held in a significant number of cases, even in the three regions that are most likely to have implemented them.

According to the January –March 2007 CFTM Quarterly Reports for the Family to Family sites, there were 128 change of placement CFTMs for the 200 children who experienced a placement change in Shelby County, 145 change of placement CFTMs for the 380 children who experienced a change of placement in Davidson County and 145 change of placement CFTMs for the 436 children who experienced a placement change in the Mid-Cumberland region.

> beyond the monitoring or treatment capacity of the caregiver; the behavior of the child; or changing circumstances of resource family affecting their willingness or ability to provide for the needs of the child.” These are distinct from changes that facilitate permanency such as reunification with the family; placement to pre-adoptive home; exit to the custody of a relative; or placement into a relative’s home providing kinship care.

The Placement Stability CFTM is to be convened as soon as there are indications that the current placement is at risk with the hope that the placement can be stabilized, if it is still appropriate for the child. If the placement cannot or should not be preserved, the team is to identify the best placement for the child and plan how to minimize the trauma that may result from changing placements.

When a child or youth must be moved before a Placement Stability CFTM can be arranged, the child and family team is to convene as soon as possible after the move to assess how to stabilize the new placement and support the child, family and caregiver through the adjustment period.

Because there has been a greater effort in these three Family to Family pilot sites to implement the Placement Stability CFTMs and document their frequency than in the rest of the state, the Department asserts that placement stability CFTMs would be occurring no more frequently statewide than they are occurring in the pilot regions and probably less frequently. Based on information gathered by DCS staff in the course of discussions with the regions about implementation of placement stability CFTMs, the Department has concluded that such meetings are not generally occurring regularly in advance of a placement move. In addition, the Department is concerned that even when placement stability meetings are occurring prior to a placement move, in a significant
The Department expects to be able to provide tracking and reporting of aggregate data on this requirement of the Settlement Agreement by January 1, 2008. The Department is revising the “Staffing Summary Form” to better capture the focus and content of the CFTM discussions.215

G. CFTM to Review/Revise Permanency Goal (VII.L)

The Settlement Agreement provides that whenever a Permanency Plan goal needs to be revised, a CFTM shall be convened.

The team should discuss the reasons for the proposed goal change and consider alternative options for permanency such as guardianship, adoption or the addition of a concurrent goal.

The child’s permanency plan shall be reviewed at CFTMs at least every three months.216

(VII.L)

Department policy and training regarding the CFT process establish expectations for CFTMs to review and/or revise the permanency plan that meet the requirements of the Settlement Agreement.

As discussed above, the Department is in the process of building the capacity of TNKids to provide tracking and reporting that will provide accurate aggregate data on the extent to which CFTMs are occurring at times that are required.

The Department does not presently have the ability to produce reliable data on the extent to which CFTMs to review/revise the permanency plan are occurring.

H. Discharge Planning CFTM (VII.M, VII.N)

The Settlement Agreement requires that:

- a Discharge Planning CFTM be convened within thirty days of a child returning home on trial home visit, exiting to custody to a newly created permanent family, or aging out of the system;

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215 In addition, the Department expects that the successful implementation of placement stability CFTMs would be reflected in improved stability data, both in TNKids data reporting placement moves and the QSR data regarding stability.

216 These meetings must be separate and distinct from any court hearings, foster care review board meetings or other judicial or administrative reviews of the child’s permanency plan. The permanency plan shall be reviewed and updated if necessary at each of these CFTMs.
• participants identify all services necessary to ensure that the conditions leading to
the child’s placement have been addressed, and safety will be assured and will
identify necessary services to support the child;

• DCS provide or facilitate access to all services necessary to support the trial home
visit; and

• if exiting custody is determined inappropriate, DCS make the appropriate
application to extend the child’s placement in DCS custody before expiration of
the trial home visit (VII.N).

Department policy and revised training regarding the CFT process establish expectations
for a discharge planning CFTM that meets these recently amended requirements of the
Settlement Agreement.

As discussed above, the Department is in the process of building the capacity of TNKids
to provide tracking and reporting that will provide accurate aggregate data on the extent
to which CFTMs are occurring at times that are required, including data on Discharge
Planning CFTMs.

The Department has been tracking and reporting aggregate data on the extent to which
Discharge Planning CFTMs have been occurring within 45 days of the child exiting care.
Although this is a somewhat different measure (based as it is on the previous language of
the Settlement Agreement rather than the recently amended language), the Department
believes that it is reflective of needed improvement in this area. For example, for the
4405 children in the 2006 exit cohort with stays of 90 days in care or more, 35.9% (1582)
of those children had a discharge planning meeting within 45 days of exiting custody.

1. Requirement of Trial Home Visit prior to Discharge

The Settlement Agreement includes the following specific requirements regarding Trial
Home Visits (THV):217

• DCS shall recommend to the Juvenile Court a 90 day trial home visit for all
children for whom a decision is made to return home or to be placed in the
custody of a relative, before the child or youth is projected to exit state custody;

• shorter trial home visits of between 30 and 90 days shall be allowed based on
specific findings and the signed certification of the case manager, supervisor and
regional administrator for the child that a shorter trial home visit is appropriate to
ensure the specific safety and well being issues involved in the child’s case; and

217 The process and time lines related to trial home visits are governed by the Juvenile Court Act as well as
by DCS policy. In implementing the requirements of the Settlement Agreement, the Department must also
comply with the statutory requirements of TCA 37-1-130 (generally requiring a 90 day trial home visit for
dependent and neglected children that DCS is returning home) and 37-1-132 (generally requiring a 30 day
trial home visit for unruly children that DCS is returning home).
all cases involving trial home visits of less than 90 days shall be forwarded to the TAC for review (VII.M).

Consistent with the Settlement Agreement, it has been the policy of the Department to recommend 90 day home visits for all children for whom a decision has been made to return them to the custody of parents or relatives.

The Department is in the process of creating a report that will identify for the TAC those cases involving trial home visits of less than 90 days and anticipates that it will begin that reporting in August, 2007.

2. Case manager responsibility during Trial Home Visit

During the THV, the case manager is required to:

- visit the child in person at least three times in the first month and two times a month thereafter, with each of these visits occurring outside the parent or other caretakers presence;\textsuperscript{218}

- contact service providers;

- visit school of all school age children at least one time per month during the THV, interview the child’s teacher; and

- ascertain child’s progress in school and whether school placement is appropriate (VII.N).

Policy and training is being revised in accordance with the recently amended Settlement Agreement language addressing trial home visits and the responsibilities and expectations for case managers during the course of those trial home visits.

The 2006 Case File Review included 22 children who were on a trial home visit for at least 30 days during the review period. Seven of those children were on a trial home visit for at least 90 days. Of the 22 children on a trial home visit for at least 30 days during the review period, 14 were visited three times during the first 30 days of the trial home visit and eight were not. All eight of the children who were not visited at least three times were visited two times. Of the seven children on a trial home visit for at least 90 days during the review period, six were visited two times per month after the initial 30 days and one received three visits in that two month period.\textsuperscript{219}

\textsuperscript{218} This does not preclude the case manager from spending some additional time, either immediately before or immediately after the private visit with the child, observing the child with the caretaker and/or having conversations with the caretaker and others in the household.

As is mentioned in Section VI.G., in general, case managers have documented spending private time with children in at least some of their visits.220

I. Special Provisions Regarding Children in Care for More Than 12 Months (VII.J)

The Settlement Agreement includes the following special requirements with respect to children who have been in care for more than 12 months.

- For any child who has a permanency goal of return home for more than 12 months, the case manager, with written approval from his or her supervisor, shall include in the record a written explanation justifying the continuation of the goal and identifying the additional services necessary or circumstances which must occur in order to accomplish the goal.

- No child shall have a permanency goal for more than 15 months unless there are documented in the record and approved by the supervisor compelling circumstances and reason to believe that the child can be returned home within a specified and reasonable time period.

Department policy is consistent with these Settlement Agreement requirements.

As discussed further in Section Eight, the Department, as part of ensuring that the case manager and supervisor are meeting these requirements, has instituted a process that includes special administrative reviews of children who have been in care for nine to 12 months and of children who have been in care for more than 15 months. However, the Department does not currently provide aggregate reporting on the extent to which case managers and supervisors are meeting this requirement of the Settlement Agreement.

J. Special Provisions related to Goal of Planned Permanent Living Arrangement (VII.G)

The Settlement Agreement, as recently amended, prohibits the use of “permanent foster care” or “long term foster care” as permanency goals, and recognizes that these goals have been replaced by “other planned permanent living arrangement” (PPLA).221

The Settlement Agreement as recently amended requires the TAC to issue recommendations on the use of the goal of Planned Permanent Living Arrangement and also on the use of subsidized guardianship on or before October 31, 2007. The Department is required by the Settlement Agreement to implement those recommendations.

220 The 2006 Case File Review did not specifically review private time between case managers and children during Trial Home Visits separate and apart from visits of children in DCS or private provider placements. However, the Case File Review found that in 87% (178 of 205) of the cases reviewed, the case file documented that at least some of the visits in each of those cases involved some private time with children two years of age and older. See 2007 Monitoring Report, pp. 57-58.

221 The Settlement Agreement acknowledges that the Department has already eliminated these from the list of permanency options.
Under present policy and practice, goals of PPLA must be specifically approved after a careful review by the Executive Director for Permanency and her staff, who serve as the Commissioner’s designee for this process. Reporting on children with PPLA goals has consistently reflected a very small percentage of children who have this goal.

As of August 31, 2007 there are 35 children with a sole goal of PPLA, 32 of whom are over the age of 15. The records of each request and approval are maintained in the Central Office, Division of Permanency.

K. Concurrent goals (VII.I)

Children with an initial goal of return home may also have another concurrently planned permanency goal. Record keeping and tracking for any child with more than one goal shall be consistent with a goal of return home until such time that return home is no longer an option.

This provision of the Settlement Agreement appears not to have substantive import but simply to be a clarification of how cases with concurrent goals, one of which is return home, are to be counted for purposes of the aggregate reporting that is “goal specific.” When the Department produces a report on the extent to which it is meeting performance or outcome measures for children with a goal of return to parent, the Department has the ability to include in that report (and has included in applicable Brian A. reports) children who have concurrent goals, one of which is return to parent.

L. Independent Living No Longer a Permissible Permanency Option (VII.H)

The Settlement Agreement states that Independent Living shall not be used as a permanency goal, and that the term, as now used by the Department, refers to a service array intended to enable older youth to transition into adult life and live independently.

Department policy and practice is consistent with this provision of the Settlement Agreement.
SECTION EIGHT: FREEING A CHILD FOR ADOPTION

As is the case in most child welfare systems, the large majority of children who come into foster care in Tennessee achieve permanency through reunification with their parents or relatives. However, for children who cannot be safely returned to the custody of their families or extended families within a reasonable period of time, both federal law and the Settlement Agreement require that the Department act promptly to terminate parental rights and place the child with an adoptive family, unless there are exceptional circumstances that would make adoption contrary to the best interests of the child.

The Settlement Agreement (VIII.A) requires that the process for freeing a child for adoption begin:

• as soon as a child’s permanency goal becomes adoption;
• in no event later than required by federal law; and
• immediately for a child for whom a diligent search has failed to locate the whereabouts of a parent and for whom no appropriate family member is available to assume custody.

These requirements reflect present DCS policy. The change of a child’s permanency goal to the sole goal of adoption by definition constitutes the beginning of the adoption process.222

The Department has initiated a series of administrative reviews, discussed below, in an effort to ensure that practice related to the initiation of the adoption process is consistent with the requirements of the Settlement Agreement.

A. Requirement of Diligent Searches (VIII.C.1, 3, 4)

The Settlement Agreement requires that diligent searches for parents and relatives be conducted:

• by the case manager;
• prior to the child entering custody or no later than 30 days after the child enters custody;
• updated within three months of child entering custody;
• updated when a child has been in custody for six months; and
• documented in the case record (VIII.C.1, VIII.C.3).

If a previously absent parent is located, reasonable efforts and engagement of that parent are to occur and evidence of that is to be reflected in the permanency plan (VIII.C.3).

222 Under provisions of the Settlement Agreement regarding children with concurrent goals, this first bulleted provision is interpreted as applying only when adoption is the sole goal.
If a relative is located and the plan changed to a goal of Exit Custody to Live with Relative, the relative is to be clearly identified in the permanency plan and the requirements to exiting custody to live with that relative are to be clearly articulated in the permanency plan (VIII.C.3).

These requirements are set forth in DCS policy, and the Department has created protocols for conducting diligent searches and developed forms and form letters to assist case managers in conducting diligent searches.

The Department is in the process of training staff on the diligent search process. In the past, the focus of the “diligent search” was on the identification of parents and the legal requirements of that search for purposes of serving process by publication. As the term is presently used, the diligent search is not primarily a search for an absent parent to meet a legal requirement, but an effort to identify potential placements and sources of support from a child’s relatives and others with whom the child has enjoyed a family like connection (fictive kin), even those with whom the child has not had recent contact. The materials for the training include a written guide and checklist to assist case managers in their ongoing efforts throughout the life of a case to identify and engage relatives and fictive kin.

The Department is also in the process of developing a consistent statewide Diligent Search Tool that includes among those for whom a diligent search is to be conducted not only parents, but relatives, fictive kin, friends, and mentors. This tool is intended to be used throughout the life of a case and by all DCS program staff. CPS, social services, post-custody, and private provider staff will be expected to work together on providing information to the Diligent Search Tool.

The Department is presently using the various administrative review processes (including 100-day reviews, six-month reviews, nine to twelve month reviews, and fifteen month reviews) as one strategy for ensuring that diligent efforts to locate parents and relatives have been or are continuing to be made, and that appropriate steps (engagement, reasonable efforts, modifications of the permanency plan) are taken when efforts to locate absent parents or additional relative resources are successful.

B. Requirement of Attorney Review of Cases of Severe Abuse within 45 Days (VIII.C.2)

The Settlement Agreement requires in cases in which parents have been indicated for severe abuse that, within 45 days of that determination, a discussion take place with a DCS attorney to decide whether to file for Termination of Parental Rights (TPR) and that that decision is to be documented in the child’s case record.

The Department has only recently begun to focus on this requirement of the Settlement Agreement. The Department is developing a TNKids report, sorted by region, which will identify all children who fall within this category, and a process for documenting and reporting on the required attorney review.
C. Requirement of Attorney Review of Children in Custody at Six Months (VIII.C.4)

The Settlement Agreement requires that progress on existing permanency plans be reviewed with a DCS attorney for any child who has been in custody for six months to accomplish the following:

- identify any case that is appropriate for TPR at six months and file TPR;
- consider cases in which a child is ready to return home or be placed in custody of a relative and determine what legal steps need to be taken to achieve that permanency and what information the DCS attorney will need from the Family Services Worker to proceed legally; and
- consider cases for possible legal grounds for termination in which the child is not ready to return home or be placed in the custody of a relative. In these cases, the attorney and case manager are to establish a date certain by which the decision whether to go forward on TPR shall be made, and that discussion and the date selected is to be documented in the child’s case file.

The Department currently produces a monthly report, sorted by region, identifying all children who have been in care for six months and whose cases are to be reviewed within the month. Regional lists are provided to the regional administrator and the regional supervising attorney for their review. The Executive Directors of Service Regions are responsible for ensuring that these reviews are occurring and that the purposes of the review are being achieved.

D. Requirement of Attorney Review of Children in Custody at Nine Months (VIII.C.5)

When a child has been in care for nine months, the Settlement Agreement requires that progress on existing permanency plans be reviewed with the DCS attorney for the following purposes:

- if the child is to return home or placed in the custody of a relative, a timetable for supervised visits, trial home visits and hearings to be returned to the parent/relative shall be established;
- if the child is not returning home, a timetable for providing documentation and information to the DCS attorney shall be established in order to file a TPR; and
- if the decision to file a TPR has been made and the child is not in a pre-adoptive home, the case manager along with the members of the CFT shall continue to search for relatives as placement options.

The Department currently produces a monthly report, sorted by region, identifying all children who have been in care for between nine and twelve months. Regional lists are
provided to the regional administrator and the regional supervising attorney for their review. The regional lists, which typically include between 600 and 700 children statewide, are reviewed by the Deputy Commissioner. Using spreadsheets containing basic information regarding all of the children falling into the review category, problematic cases are to be identified and action steps developed for those cases. The results of these reviews and the expectations for further actions are recorded and used for follow-up and tracking at subsequent reviews. The Deputy Commissioner participates in the regional review process either through conference calls with the region or through e-mail correspondence.

E. Special Requirements Regarding Children in Custody for more than Twelve Months (VIII.C.6)

If return home or other permanent placement out of custody (relative or guardianship) without termination of parental rights is inappropriate at both 12 and 15 months, the Settlement Agreement requires that a TPR petition be filed no later than 15 months after the date the child was placed in DCS custody, unless there are compelling reasons for not doing so, which reasons must be documented in the child’s case file.

To ensure that this provision is implemented, the Settlement Agreement requires that a review of the status of every child who is in custody for twelve months or more be conducted on a quarterly basis by the regional leadership, including the DCS attorney. Any case in which TPR has not been filed and there are no compelling reasons for not filing TPR, is to be “re-staffed” to determine what actions need to be taken to best ensure that permanency for the child is best achieved.

The Department currently produces a monthly report, sorted by region, identifying all children who have been in care for fifteen months or more for whom no TPR petition has been filed. Regional lists are provided to the regional administrator and the regional supervising attorney for their review. The review process initially included a monthly conference call, convened and chaired by the Commissioner and a deputy general counsel, to discuss the results of the region’s review of the cases. Using both spreadsheets containing basic information regarding all of the children falling into the review category and the minutes from the previous administrative reviews related to any children identified in those minutes who are still in care, problematic cases have been identified and action steps developed for those cases. The results of these reviews and the expectations for further actions have been recorded in the meeting minutes. These minutes have been used for follow-up and tracking at subsequent reviews.

As reflected in Figure 35 below, in the time since the institution of these reviews, the Department has made considerable progress in reducing the number of children in custody for more than 15 months for whom TPR has not been filed—from over 1900 when the reviews began in November 2006 to 836 children as of June 30, 2007.
The Commissioner is increasingly moving from direct participation in the regional reviews to receiving and reviewing the regional documentation of the results of the reviews.

F. Time Frames Related to the Adoption Process (VIII.C.7)

The Settlement Agreement establishes the following time frames related to critical activities in the adoption process:

- within 90 days of permanency goal changing to adoption, the DCS attorney shall file the TPR petition so long as a legitimate basis for termination exists;
- DCS shall take all reasonable steps to ensure that the date of the trial court order granting full guardianship shall be within 8 months of the filing of the TPR;
- DCS shall take all reasonable steps to ensure that the date of the finalization of the adoption or the date the child achieves permanent guardianship shall be within twelve (12) months of full guardianship; and
- all children who have been in custody for 15 months or more with no TPR petition filed shall be reviewed by the Commissioner or her designee.

As discussed above, the Department regularly produces reports identifying all children who have been in custody for 15 months or more with no TPR petition filed and these cases are currently being reviewed by the Commissioner (or her designee).

The Department is currently producing reports tracking the time from the date that the permanency goal is changed to adoption to the date that the TPR petition is filed. (Data from this report is presented in Section One.)

The Department is in the process of developing regular reporting to track:
• time from date of TPR petition to trial court order granting full guardianship; and
• time from final order of guardianship to finalization of adoption.

The Department expects this reporting to begin by January 1, 2008.

The Department is currently developing a process for capturing, tracking and reporting on the following:

• explanatory data for cases in which a termination petition is not filed within 90 days of goal change;
• efforts made for cases that fall outside the 8 month “TPR to final order” time line; and
• reasonable steps taken for cases that go longer than 12 months from full guardianship to adoption finalization.

The Department anticipates generating monthly lists of the cases falling into each of these categories, sorted by region, and developing a review process for those cases. At present, the Department has not projected a date by which this review process will be in effect.

G. Identifying Adoptive Placements

1. Single resource parent approval process and resource parent adoption preference (VIII.C.8)

The Settlement Agreement requires that DCS maintain an approval process in which resource parents may be approved simultaneously as both foster and adoptive parents, so that whenever possible and appropriate, placements can be minimized and resource parents can be eligible to adopt the children for whom they have been providing foster care.

The Settlement Agreement also establishes that a resource parent who has been providing foster care for a child for 12 months be entitled to a preference as an adoptive parent for that child, should the child become legally free for adoption.

The Department has implemented a single resource parent approval process which qualifies resource parents as both foster and adoptive parents. The adoption preference for a resource parent who has been caring for a child for 12 months or more is reflected in both DCS policy and state statute.

2. When the present resource parent is not willing or appropriate to adopt (VIII.C.9, 10)

The recent modifications of the Settlement Agreement establish a new process for reviewing and responding to cases in which adoption is a goal but an adoptive family has not been identified.
If a child has been in custody for 12 months with a dual or sole goal of adoption and the current resource family is not willing or appropriate to adopt (or the child is in a congregate care setting) and no adoptive placement has been identified, the Settlement Agreement requires that the Department convene a Child and Family Team Meeting (CFTM) to write an Individualized Recruitment Plan (IRP) and to implement individual recruitment (VIII.C.9).

Within 60 days of a child entering full guardianship without a permanent family identified, the following steps are to be taken to ensure permanency for the child:

- the Child and Family Team is to submit an updated IRP to the Finding Our Children Unconditional Supports (FOCUS) Team;
- the FOCUS Team is to review the IRP, and is to ensure that time frames, roles and responsibilities are set forth in the plan;
- the FOCUS Team is to ensure that the child is registered on both REACT and ADOPT US Kids;
- the FOCUS Team is to assist with conducting archeological digs, family searches, interviews, and the building of a permanency focused Child and Family Team; and
- the FOCUS Team is to monitor case progress (VIII.C.10).

As it accumulates information from carrying out its functions with respect to individual cases, the FOCUS Team is also to:

- review and report on trends that promote and prevent permanency for children; and
- explore other options that could increase permanency for children (e.g. partnerships with other state adoption programs) (VIII.C.10).

The Department has only recently established the FOCUS Team and began by implementing a pilot in one region. FOCUS Teams have now been implemented statewide and over 100 children have been served as of August 1, 2007. The Department intends to establish a mechanism for documenting case referrals and for tracking and reporting on actions taken by the FOCUS Team in accordance with the requirements of the Settlement Agreement.

H. Time Lines for Adoption Finalization after Permanent Family Identified

The recent modifications to the Settlement Agreement provide that, once a permanent family has been identified for and with the child or youth, the Department is to take the following steps to ensure timely permanency:

- if the current resource family is adopting the child, DCS is to take all reasonable steps to ensure that the adoption is completed within 90 days of the final, unappealable order of Termination of Parental Rights, provided the court did not
issue any additional requests for information and the child has been in the home for the required time period; and

- if the adoptive placement is a new placement, DCS is to take all reasonable efforts to ensure that the adoption is completed within 60 days after the end of the six-month placement period provided the court did not issue any additional requests for information (VIII.C.11).

The Department anticipates that, as a result of the upcoming TNKids build, it will be able to track and report on these requirements beginning September 2007.

I. Post Adoption Services

The Settlement Agreement requires that DCS establish and maintain a system of post-adoptive placement services to stabilize and maintain adoptive placements, to which all adoptive families are to be entitled, and about which all resource parents are to be notified at the earliest appropriate time (VIII.C.12).

The Department presently contracts for post adoptive placement services with a program referred to as ASAP (Adoption Support and Preservation). This program offers intensive in-home services, support groups, educational forums and training opportunities, and help lines for adoptive parents. The program has served over 636 clients in FY07 with a disruption rate of 11% and a dissolution rate of less than 1%.

The funds budgeted and expended for this contract were $1,385,195 (for fiscal year 2004-05) and $1,663,600 (for fiscal year 2006-07). The budget for fiscal year 2007-08 has been increased to $2,108,200.

In order to ensure that resource parents are both aware of and understand how to access post adoptive services, the Department is modifying its contract with its post adoption services provider to require that the ASAP provider make personal contact with every adoptive family prior to the finalization of the adoption.
SECTION NINE: RESOURCE PARENT RECRUITMENT, RETENTION AND LICENSING

Because the Department is committed to placing children in family settings unless their special needs require congregate care placement, a major focus of the Department’s reform effort is on recruiting and retaining the numbers and types of resource homes that match the needs of the children coming into care.

A. General Infrastructure Related to Recruitment and Retention

The Settlement Agreement requires that the Department:

- establish and maintain statewide, regional and local programs of resource parent recruitment (IX. A);
- adequately staff recruitment teams in each region (IX. B);
- maintain a statewide and regional support system for resource families (IX.C.4); and
- to the extent possible, use existing resource families to recruit and retain new resource families (IX.C.4.).

1. Development of Resource Parent Recruitment and Retention Plans

The Department’s approach to resource parent recruitment includes a range of statewide, regional and local activities. The Department has developed a statewide Recruitment and Retention Plan and each of the 12 regions has recently developed its own region specific Diligent Recruitment and Retention plan, focused on increasing the number of kinship, foster, and adoptive homes and supporting and retaining current homes.

Considerable effort has been put into the development of the data the regions need to develop their plans and to monitor implementation of those plans. The plans each include an analysis of the characteristics of the foster care population in the region and the characteristics of the present resource homes (DCS and private provider) in the region. Using this data, each region has identified shortages in the number and type of resource homes needed. Each plan includes goals, recruitment strategies, retention strategies, and plans for training and reassessment of homes.223

2. Development of Resource Parent Database

As discussed in previous monitoring reports, the Department has struggled to create a resource home database. This has made it difficult for the Department to produce accurate information about current resource home capacity and to track the effects of

223 The Department intends to help the regions refine and strengthen their plans over the course of the next year.
recruitment and retention efforts. Historically, the list of approved resource homes has included large numbers of resource homes that were not “active,” either because the resource parents were declining to take children or because staff had concerns about the appropriateness of the homes, notwithstanding the fact that they had been approved at some point. The Department has worked hard to close homes that either were inappropriate for placement or were no longer able or willing to accept children. Between July 1, 2006 and June 30, 2007, 2,325 DCS and private provider homes were closed and the database “cleaned” to reflect this.224

The Department believes that it now has accurate baseline data to rely on as it moves forward. As of June 30, 2007, there were 4,879 open DCS and private provider resource homes in the resource home database in TNKids. The Department approved 1,296 DCS and private provider resource homes between July 1, 2006 and June 30, 2007 and received 2,670 inquiries about resource parenting during that time period. However, the closing of non-active homes during 2006-07 prevents the Department from using that period as a meaningful baseline for retention or for reporting “net gain/loss” of resource homes for that period.

3. Staff Support for Recruitment and Retention

There are nine Central Office positions related to Resource Home Recruitment and Retention. Each of these Central Office staff members is also responsible for providing technical assistance and support to one or two of the 12 regions. There is considerable variation from region to region in the staffing of its recruitment and resource home support units.

The recruitment and retention staff resources within the department were supplemented this past year by an $850,000 contract with a private agency. The goal of this contract was to expedite the approval process for kinship resource homes. As of June 30 for FY07, $233,117 has been expended for the purchase of 264 expedited home studies. A total of $539,000 (including the $233,117 mentioned above) was spent for FY07 for the contract, that includes home studies, both expedited and non-expedited, PATH training, diligent searches, and re-assessments of resource homes.225

The TAC is not able at this point to determine the extent to which the staffing devoted to resource home recruitment and retention is sufficient to support the work outlined in the regional recruitment and retention plans. In the past, obstacles to resource parent recruitment and retention have included slow response times to initial inquiries from those interested in becoming resource parents, delays in connecting potential resource parents with training that was convenient and accessible, and the inability of the Department to complete home studies in a timely manner for those who successfully completed the training.

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224 The Department currently produces the Resource Home Monthly Activity/Ratio Report that summarizes by county and region the number of approvals and closures during the previous month.
225 The amount may actually be higher because some referrals were still pending at the end of FY07.
The Department has only recently developed its capacity to produce accurate data on the resource home approval process, from initial inquiry through approval. This will allow the Department to look at the time lines associated with each stage of the process and determine the extent to which staffing shortages are interfering with the timeliness of the process.

The Department is in the process of determining the regional staffing and/or ongoing contract service availability that will be necessary to ensure the capacity to carry out recruitment efforts, complete home studies in a timely manner, and provide the level of attention to and support of resource parents that is contemplated by the statewide and regional resource home recruitment and retention plans.

4. Resource Parent Support Activities

In considering whether resource families are properly supported, it is important to understand both the specific services made available to them and the kinds of interactions they have on a daily basis with the caseworkers responsible for the children in their care.

The Department’s present statewide and regional support system for resource parents includes a number of components. The Department supports and works closely with the Tennessee Foster Adoptive Care Association (TFACA), the state association of resource parents, both at the Central Office level and within the regions. The Department is presently partnering with the TFACA and the Training Consortium to establish a resource parent mentor program, the goal of which is to link experienced resource parents with new resource parents. The Department anticipates that the mentor program will be implemented statewide by September 2007.

The Department has continued to support the “Foster Parent Advocate” program with its specific focus on providing information to resource parents about the Foster Parent Bill of Rights, helping resolve disputes that a foster parent may have with a DCS staff person, and providing information on the investigation process to any resource parent against whom an allegation of abuse or neglect is made.

The Department has partnered with a private agency to produce the new website www.parentachild.org, to facilitate easy access to information and support. Resource parents are also offered support through the All Families Matter hotline which is answered by Central Office retention staff. The Department is in the process of conducting a telephone survey to collect information from resource parents. The Department has also made an effort to include resource parents in various regularly held meetings, such as regional Continuous Quality Improvement meetings, recruitment, retention and support workgroup meetings, and regional leadership meetings.

Since March of 2004, the Department contracts with private agencies to provide support for adoptive parents through the Adoption Support and Preservation (ASAP) program. As discussed in Section Eight, this program offers intensive in-home services, crisis intervention, support groups, educational programs, and help lines for adoptive parents.
The program has served over 636 clients in FY07 with a disruption rate of 11% and a dissolution rate of less than 1%.

The Quality Service Review includes a specific focus on the quality of the support that the Department provides to resource parents. The QSR indicator for Resource Home Supports requires the reviewer to determine whether the resource family is being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that meets the child’s daily care, development, and parenting needs.

Of the 164 Brian A. cases reviewed in the 2005-06 QSR, 132 (80%) received acceptable scores for resource home supports; of the 153 Brian A cases reviewed in the 2006-07 QSR, 127 (83%) received acceptable scores for resource home supports. The resource homes reviewed for this indicator included both foster parents and pre-adoptive parents. Children with finalized adoptions are not included in the QSR sample.

Quality Service Reviews, surveys of resource parents, focus groups, and targeted interviews have identified in every region examples of high quality work with resource parents, where training, mentoring, day to day supports, and case manager responsiveness won praise from resource parents. Nevertheless, the Department recognizes that one of the basic elements of an effective regional support system for resource parents—good communication and support from the case managers serving the children the foster parent is fostering—is not being uniformly delivered.

Based on feedback from resource parents, the Department recognizes that as much as resource parents appreciate special outings, award dinners, and recognition events, what is most important to an effective support (and retention) effort, is ensuring day to day responsiveness of case workers and resource home support staff to questions and concerns that arise. Providing important information about children when they first arrive at the resource home and being especially attentive during the first days of placement, returning phone calls promptly, soliciting input from the resource parent, valuing the resource parents perspective, keeping resource parents “in the loop,” and scheduling CFTMs to accommodate resource parent schedules and child care needs, are among the kinds of things that resource parents have identified as important to them.

5. Utilization of Resource Parents in Recruitment Efforts

The Department has implemented a set of financial incentives for resource parents who recruit new resource families. Each of the 12 regions has at least one foster parent who has agreed to partner with the region on planning and implementation of recruitment efforts. Resource parents have been involved manning recruitment booths at community events; handing out brochures and recruitment packets in their local communities, their places of employment, and/or their churches; and speaking or appearing in advertisements, public service announcements, commercials, and recruitment videos.
While the Department has taken steps to formally involve resource parents in recruitment, these efforts are frequently undermined informally by poor communication and lack of responsiveness to existing parents. The Department’s Practice Standards and DCS policy are clear about the need for communication and openness; however, lapses in practice disincline resource parents to be involved in recruiting and make it more difficult for those who want to recruit to present the strongest case to prospective resource parents.

B. Additional Structural Requirements Related to Recruitment and Retention

The Settlement Agreement also requires that the Department:

- ensure the availability of a toll free phone number in all regions to ensure access to information regarding adoption and the adoption process (including the approval process) and children available for adoption (IX. A);

- respond to all inquiries from prospective resource parents within seven days after receipt (IX.C.1);

- in consultation with the TAC, develop and implement a state wide program to ensure that the pool of resource families is proportionate to the race and ethnicity of the children and families for whom DCS provides placements and services;²²⁶

- identify specific staff to conduct exit interviews with all resource parents who voluntarily resign; and

- issue annual reports on why foster families leave DCS and what steps are necessary to ensure their retention (IX. C).

The Department maintains a toll free number (1-877-DCS-KIDS) for recruitment material (information is also available on line at www.state.tn.us/youth/adoption.htm.) The previously discussed website www.parentachild.org also contains information regarding recruitment and retention. This website has a link to the Adoptuskids (www.adoptuskids.com) website, which has profiles for the children in state custody who are in need of adoptive homes. The parentachild.org website also contains a calendar of events that includes available trainings, support activities, and recruitment events. The regions are encouraged to put their newsletters and other regional information for resource parents on the website, as well.

The Department has implemented a process in which contact information for all persons who have called the toll free number, inquired about resource parenting by other means within the regions, and/or expressed an interest in receiving informational materials, is entered into TNKids. Each Friday, the list is pulled from TNKids by a designated unit within the Central Office and an informational packet is sent to each person.

²²⁶ “…provided however that individual children shall be placed in resource families without regard to race or ethnicity.” (IX.H)
With respect to the requirement that the Department ensure that the race and ethnicity of resource families be proportionate to the race and ethnicity of the custodial population, the Department appears to be achieving this goal. Table 19 compares the race and ethnicity of resource parents available through DCS and private agencies with whom DCS contracts, with the race and ethnicity of the custodial population, as of June 30, 2007.

<table>
<thead>
<tr>
<th>Race</th>
<th>Number of Children in Custody</th>
<th>%</th>
<th>Race of Primary Caretaker in Resource Home</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5352</td>
<td>62.6</td>
<td>3169</td>
<td>63.1</td>
</tr>
<tr>
<td>African American</td>
<td>2710</td>
<td>31.7</td>
<td>1695</td>
<td>33.7</td>
</tr>
<tr>
<td>Asian</td>
<td>16</td>
<td>0.2</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>2</td>
<td>0.0</td>
<td>6</td>
<td>0.1</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>237</td>
<td>2.8</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>9</td>
<td>0.1</td>
<td>12</td>
<td>0.2</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>225</td>
<td>2.6</td>
<td>130</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8551</strong></td>
<td><strong>100.0</strong></td>
<td><strong>5024</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: TNKids Open Resource Homes Report July 2, 2007

The recent regional recruitment plans were developed using regional resource home data that included information on the extent to which the race and ethnicity of the region’s resource homes reflects the race and ethnicity of the children in care from the region. The Department has identified a number of regions in which additional recruitment of minority resource parents is necessary to provide a resource pool within the region that is more closely proportionate to the race and ethnicity of the children in care from that region, and the regional recruitment plans for those regions include steps to target recruitment efforts to achieve that goal.

While Department policy has for a number of years required staff to conduct exit interviews with resource parents, those interviews were not conducted in a significant number of cases, and there were concerns about the quality of the information obtained from the interviews that were conducted. The Department has revamped its exit interview process and since July 1, 2006, those interviews are being conducted by specially trained central office Foster Care and Adoption staff. The Department anticipates issuing its first annual report in September, 2007.227

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227 A large number of those who technically “exited” this year were resource parents who were removed from the resource home list because they had not been “active” for years (see previous discussion p. 172). The phone numbers and contact information for many of those resource families is outdated. The September report is therefore likely to be based on interviews of a smaller percentage of the resource parents who exited this year than the Department expects in future years. In addition, drawing on this first year of Central Office experience with resource parent exit interviews, the Department is in the process of developing a database for capturing information from the exit interviews in a form that will allow automated reporting of aggregate data collected from the exit interviews.
C. Resource Parent Approval Process

The Settlement Agreement requires that the Department:

- develop and maintain standards for the approval of resource families, utilizing nationally accepted standards that apply equally to DCS and private agency resource parents (IX.B);  
- have regional and local offices handle the resource parent approval process (IX.B);
- maintain dual approval process for resource parents (IX.A); and
- complete all home studies within 90 days of applicant’s completion of approved training (PATH training), unless the applicant defaults or refuses to cooperate (IX.C.1).

The Department’s present policy regarding the regular approval process conforms to the requirements of the Settlement Agreement. The Department, in consultation with the TAC, has established standards and a process for approval of resource families that is consistent with nationally accepted standards and that apply equally to DCS and private provider agency resource parents. The Department’s resource parent approval process is handled by regional and local offices. The Department’s resource parent approval process qualifies any resource parent who successfully completes that process for both fostering and adoption.

With respect to determining the efficiency of the approval process, a report in TNKids can be run at any time that lists all currently approved resource homes and includes the date that the parents completed PATH, the date that they were approved, and other approval information. Figure 36 shows the percentage of approvals by number of days from completion of PATH to approval by resource home for the 2,144 resource parents who completed PATH in 2006 and have been approved as of June 30, 2007. Sixty-two percent were completed within the required time frame.

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228 The standards and approval process are to be established “in consultation with the TAC.”
229 The term dual approval process is taken to mean that the approval process qualifies parents to be both foster parents and adoptive parents.
230 Because this calculation omits resource parents who were participating in PATH in 2006 but had not completed it as of December 31, 2006, as well as people who completed PATH in 2006 but are not approved as of June 30, 2007, it gives an incomplete picture of the efficiency of the PATH training and approval process.
The Settlement Agreement also requires that no resource family receive a foster child for placement until the family has received resource parenting training. There is an exception allowed for certain expedited placements with relatives.

To ensure that no child is placed with a family prior to completion of training and approval (with the exception of expedited placements), the TN Kids placement field will not accept the entry of a resource home placement for a child if that resource home does not appear on the TN Kids list of approved resource homes. It is therefore not possible to enter a foster home as a placement in TNKids that is not an approved home. When entering a resource home placement in TNKids, the person entering the placement into TNKids must choose from the list of open homes. If a placement field is left blank, a report is produced semi-monthly from TNKids that alerts the regional administrator and others in the regions and Central Office if any child does not have a current placement in TNKids. As of June 30, 2007 there were 35 children on this report. All 35 of these children have a custody date in May or June 2007.

The Settlement Agreement also requires that DCS provide a waiver process for relatives wishing to care for related children that would permit an expedited placement with a relative, prior to the completion of the approval process. Prior to the waiver of requirements, staff must have completed a home visit and conducted a local criminal records check. In situations where approval for placement has been granted under a waiver, all remaining approval requirements, including the relative’s completion of approved resource parent training must be completed within 150 days (IX.G).

The Department’s present policy regarding the expedited approval process for relatives conforms to the requirements of the Settlement Agreement.

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231 The training is to be specified in consultation with the TAC.
Regarding time to full approval for expedited resource homes, there were 363 expedited resource parents who had children placed with them as of June 30, 2007 and who had completed the expedited approval process but had not yet completed the full approval process. In forty seven (13%) of these cases the child had been in the expedited placement home for over 150 days.

A report in TNKids can be run at any time that lists all expedited resource parents and includes the date that they completed PATH, the date that they were approved, and other approval information. As of June 30, 2007, there were 1,693 resource parents on the TNKids Expedited Resource Home Timeframe Report. There were 1,034 parents listed who had a child placed with them between July 1, 2006 and June 30, 2007 who had completed the full approval process. The remaining parents either had not had a child placed with them during that time period or had not yet completed the full approval process. Figure 37 shows the percentage of approvals by number of days from placement of children to full approval for the 1,034 resource parents who had children placed with them between July 1, 2006 and June 30, 2007 and have been fully approved as of June 30, 2007.

232 The Department has identified some significant concerns about the expedited approval process for relative caregivers. At the Department’s request, the TAC Monitoring Staff conducted a phone survey of relative caregivers who began the expedited resource home approval process between January and October 2006 but had not yet been fully approved by February 2007. By definition, this was not a representative group of relative caregivers, since it excluded those who had successfully completed the approval process (and who might therefore be expected to be more positive about the outcome of their experience with the Department.) Forty-one percent (32/78) of respondents seemed to understand their caregiver options (for seven respondents this could not be assessed). Forty-six percent (39/85) of respondents seemed to be satisfied with their experience with the Department, ranging from marginally satisfied to extremely satisfied and 38% expressed dissatisfaction, ranging from marginal to extreme dissatisfaction (the remainder fell in between the two categories). Most respondents, including a significant number of those who were satisfied, identified communication problems in their interactions with DCS staff and felt uninformed and unclear about the expedited approval process and the options and supports available to relative caregivers. Some expressed very significant concerns about what they felt to be misleading or incorrect information regarding caregiver options and assistance, as well as communication problems around services for the children in their home.

233 This report lists all resource parents whose homes were initially approved as expedited homes in their current activation period. This number includes the 363 expedited resource parents who have not completed the full approval process.

234 The Department reports these approvals beginning at 120 days, rather than the 150 days required by the Settlement Agreement.
The Department has appropriately placed increased emphasis on identifying and engaging relatives and fictive kin as soon as possible, providing those members of the child’s extended family with information about the option of becoming a kinship resource family including the supports provided to kinship families, and the availability of the expedited approval process for such families. Nevertheless, as reported in Section One, the percentage of resource homes that are kinship resource homes has declined over the past several years. It will be important for the Department to better understand the factors that are preventing the Department from being able to better utilize the natural circles of support of children coming into care as resource family placements.

D. Training

The Settlement Agreement requires that the Department:

- maintain a statewide and regional plan for resource parent training, in consultation with the TAC (IX. C);

- ensure that training classes are available (a) beginning every 30 days in every region; (b) at times convenient for foster and adoptive parent applicants; and (c) with individualized training available “as needed;” and

- ensure that each resource family receives additional annual training.

The Department uses the Parents as Tender Healers (PATH) curriculum, a nationally recognized curriculum, for pre-service training for resource parents. The Training Consortium is responsible for almost all pre-service training (PATH classes) and all first
year resource parent in-service training (“CORE” classes). These classes are held regularly within each region. The Department maintains a list of regionally offered resource parent training classes. Available trainings can also be found on the newly developed website [www.parentachild.org](http://www.parentachild.org).

The Department has confidence in the quality of the regular PATH classes based on the structure of the classes, the quality of the Training Consortium trainers, and the feedback it receives on the classes from resource parents, which can then be used to improve the training. Convenience of classes varies by region.

PATH training is typically delivered to groups, but in appropriate situations, particularly with relatives and kin, the curriculum can be delivered on an individual basis. The regions remain responsible for the delivery of individualized PATH training to those for whom that training is appropriate. The Department feels that it has further work to do in order to ensure that those for whom individualized PATH training is appropriate, are effectively informed about the availability of that training, and also to ensure that the training is delivered effectively. The Department is developing guidelines for determining when the individualized training is appropriate, a process for informing people about the individualized option and reviewing requests to receive the individualized training, and ensuring that there is some uniformity in the delivery of the training. At present, the Department believes that there is considerable variation among and within the regions regarding all aspects of the individualized training.

After their first year, resource parents are expected to get their training in the form of electives that are available from a variety of sources. Resource parents are encouraged to select training topics based on their interests and needs. These credits can be obtained by attending the annual training conference or the foster parent association conference, special workshops, independent living training, or special events and trainings within the community.

In order to ensure that each DCS resource family is receiving the required training, foster parent support units within the regions are required to review documentation that training has been completed as a part of the initial approval and annual reassessment process. Corrective Action Plans are issued and resource homes will not be re-approved without documentation of annual training.

In order to ensure that each private provider resource family is receiving the required training, the DCS Licensing Unit and Program Accountability Review (PAR) Team review resource parent files on site visits. The Licensure Unit of DCS reviews a sample

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235 It appears that some PATH training continues to be provided under the private provider contract that also supports the expedited home studies and that some regions may still be offering some level of PATH training, including individualized PATH training in special circumstances.

236 Individual PATH training typically consists of in-home “tutorials” conducted by a PATH trainer, utilizing the same curriculum, materials and DVDs as used in classroom delivery. Individual PATH training is appropriate either when regular classes are not available within the time frames necessary for the particular home involved or when the work schedule or other demands on the prospective parent’s time make it impractical for them to attend the regular PATH classroom trainings.
of resource parent files, at least semi-annually, for all contract agencies operating under a license issued by DCS, for compliance with licensing standards. They look for documentation of initial PATH training and required annual in-service training. PAR reviews all contract agencies annually for compliance with contract provisions issued by the DCS Child Placement and Private Providers Division and the Private Provider Policy Manual. PAR checks for initial PATH training and training requirements after the first year.237

E. Room and Board Rates for Resource Parents and Respite Care Stipend

The Settlement Agreement includes the following provisions regarding room and board rates for resource parents:

- all resource parent room and board rates, including those of private agency resource parents, are to meet USDA guidelines238 and are to be adjusted annually to be no lower than USDA guidelines for the cost of raising children within the Tennessee region (IX.D);

- specialized rates are to be established for both DCS and private agency resource parents providing services to special needs children (IX. E.);

- relatives who are approved as resource parents shall receive the same room and board rates as those of non-relative resource parents (IX.D.); and

- adequate and appropriate respite services are to be provided in each region to resource parents with special needs children. (IX.C.5)

All resource parents, both relative and non-relative, receive the same room and board rates. The present rates are reflected in Table 20.

<p>| Table 20: Resource Parent Board Rates (effective 11/1/2006) |
|----------------|----------------|----------------|----------------|</p>
<table>
<thead>
<tr>
<th>Age</th>
<th>Foster Care</th>
<th>Adoption Assistance</th>
<th>Subsidized Permanent Guardianship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Board Rates</td>
<td>$20.62 per day</td>
<td>$20.57 per day</td>
<td>$20.57 per day</td>
</tr>
<tr>
<td>0-11 years</td>
<td>$24.23 per day</td>
<td>$24.18 per day</td>
<td>$24.18 per day</td>
</tr>
<tr>
<td>12 years and over</td>
<td>$22.89 per day</td>
<td>$22.84 per day</td>
<td>$22.84 per day</td>
</tr>
<tr>
<td>Special Circumstances</td>
<td>$26.65 per day</td>
<td>$22.60 per day</td>
<td>$22.60 per day</td>
</tr>
</tbody>
</table>

Source: DCS Intranet Web Site

The regular board rates anticipated for Fiscal Year 08 will be $22.62 per day for ages zero to eleven and $26.56 for ages 12 and older. Regular resource home board payments are reflected in Table 20.

237 See discussion p. 196 for further discussion regarding Supervision of Contract Agencies.

238 The Settlement Agreement uses the term USDA “standards.” The TAC assumes that the parties intended for resource parent room and board rates to meet the guidelines set forth in the USDA Center for Nutrition Policy and Promotion’s publication: Expenditures on Children by Families. The Current Annual Report as of June 30, 2007 is the 2006 Publication. This publication reports estimated annual expenditures on a child by husband-wife families for the United States and five regional categories. Estimated annual expenditures are reported for three income categories. In this monitoring report, the USDA guidelines for estimated annual expenditures on a child by husband-wife families for the Urban South for the lowest income group and middle income group are presented.
are available for all children in DCS custody or guardianship who are placed in approved homes. Special circumstance rates are designed for children with unique needs. Extraordinary room and board rates (in excess of the special circumstances rate) can also be established on a case by case basis if the child’s needs are so unique and extensive that they can not be met at the regular or special circumstance rate.

The following chart compares the Department’s standard and special circumstance board rates (set forth in the second column) to the USDA guidelines for the daily cost of raising children for the lower and middle income group (set forth in the first column), excluding expenditures for health care and child care.

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Estimated Daily Expenditures</th>
<th>DCS Board Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lowest/Middle</td>
<td>Regular/Special Circumstances</td>
</tr>
<tr>
<td>0 - 2</td>
<td>$15.59/$21.35</td>
<td>$20.62/$24.23</td>
</tr>
<tr>
<td>3 - 5</td>
<td>$15.82/$21.72</td>
<td>$20.62/$24.23</td>
</tr>
<tr>
<td>6 - 8</td>
<td>$17.18/$24.08</td>
<td>$20.62/$24.23</td>
</tr>
<tr>
<td>9 - 11</td>
<td>$17.97/$24.15</td>
<td>$20.62/$24.23</td>
</tr>
<tr>
<td>12 - 14</td>
<td>$20.60/$26.73</td>
<td>$24.23/$26.65</td>
</tr>
<tr>
<td>15 - 17</td>
<td>$19.95/$25.05</td>
<td>$24.23/$26.65</td>
</tr>
</tbody>
</table>

Source: USDA Center for Nutrition Policy and Promotion's publication: Expenditures on Children by Families and DCS Intranet Web Site

The DCS room and board rates exceed the USDA guidelines for the cost of raising children in Tennessee for the lowest income group of husband-wife families. The rates are slightly lower than the USDA guidelines for the middle income group. Department Policy 16.29 requires that private provider agencies must provide board payments to resource families that meet the Southeastern USDA Guidelines.

With respect to respite services, the Department has allocated an additional $600 per year (the annual cost for two days of respite care each month) for every resource family to allow those families to purchase respite services. Each resource family receives this additional payment whether they actually use it for respite care or not.

F. Additional Provisions for special needs children

The Settlement Agreement also requires the Department to:

- ensure that resource parents caring for special needs children are provided specialized training necessary for the care of special needs children; and

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239 To qualify for the special circumstances rate, the unique needs may be related to a diagnosed medical or mental health condition or for a child who requires a level of supervision exceeding that of his or her peers or extra care because of physical, emotional or mental handicaps. Children with special behavioral problems or alcohol and drug issues may also be eligible.

240 DCS Policy 16.29 Resource Home Board Rates

241 Tennessee provides health care and child care as a separate benefit and covers all costs associated with these areas. Therefore, resource parents are not financially responsible for these expenditures.
continue to contract with private agencies for the provision of therapeutic foster care and medically fragile foster care.\textsuperscript{242} (IX. E)

The Department is in the process of developing a policy that clearly states that specialized training must be provided for resource parents who are serving medically fragile and special needs children. The Department is also developing a plan for monitoring medically fragile and therapeutic resource homes in order to be able to ensure that the specialized training is being provided.

The Department continues to contract with private provider agencies for the provision of therapeutic foster care and medically fragile foster care. In fiscal year 2007 the Department allocated $13,393,904.17 to such contracts and presently has 2,204 such private provider homes under contract.

G. Adoption Assistance

The Settlement Agreement requires that all potential adoptive families, including resource families caring for a child with special needs who has become eligible for adoption, will be advised of the availability of the adoption subsidy, with the notification documented in the child’s record, and the family’s access to such subsidy facilitated. (IX. F)

The Department requires all resource parents who are interested in adopting a particular child to complete an “Intent to Adopt/Application for Adoption Assistance Form” as one vehicle for ensuring that adoptive parents have knowledge of the availability of adoption assistance. The form includes the application for assistance and also serves as the file documentation required by this provision of the Settlement Agreement. In addition, as discussed in Section Eight, the Department has expanded the scope of its post adoption services contract with a private provider to include working with families who have signed “Intent to Adopt” forms, to provide pre-adoptive counseling including ensuring that families understand their eligibility for adoption assistance and have help applying for such assistance.

\textsuperscript{242} The Settlement Agreement also provides that the details concerning provision of foster care to special needs children will be presented to the TAC for consultation, including the issue of establishing minimum resource parent payment rates for categories of special needs children. The Department is to follow all TAC recommendations for program modifications (IX E). The TAC has previously reviewed payment rates for categories of special needs children.
SECTION TEN: STATEWIDE INFORMATION SYSTEM

The Settlement Agreement requires that DCS implement a statewide information system that:

- is a functional system (X.A.), capable of providing system wide reports, including AFCARS reporting capacity (X.B); and
- is subject to an intensive data clean-up, periodic audits to ensure accuracy and validity, and an audit every 12 months to ensure ongoing accuracy of data (X.C.).

The Settlement Agreement requires that the Department conduct an evaluation of the data system, in consultation with the TAC, and follow recommendations of that evaluation.

As discussed in previous TAC reports and as is demonstrated by the data reports that the TAC has been able to rely on for the production of this report, the Department has implemented a functional statewide information system that is presently accomplishing what is called for by the Settlement Agreement. The Department has continually improved the functionality of its data system while at the same time moving forward on a plan to develop and implement a successor SACWIS system, tentatively scheduled to be implemented during 2010.

The Department has conducted a series of intensive data clean-ups over the course of the last several years. Since January 2006, these intensive data clean-ups have included work to improve the accuracy of: data related to resource homes, placement data concerning trial home visits, and data related to case manager contacts with children. Data clean-ups have been part of each new TNKids build. In addition, the Department regularly runs error reports and technological checks of various data fields as part of its ongoing effort to ensure the accuracy of the TNKids data. Examples of regular data cleanings conducted by the Department include: custody intakes that have not been assigned, children with no active placement recorded, children for whom an updated permanency plan has not been recorded in the past 12 months, and Brian A. children whose placement is recorded as detention.

The Department has identified delays in updating TNKids data as an ongoing problem. For example, in recent work with the private providers related to performance based contracting, the Department found that in approximately 5% of the cases that they reviewed, updating of placement information (which should occur within one business day of the placement change) did not occur until 30 days or more after the placement move. Technological checks that rely on matching TNKids placement data against TNKids financials data will catch these errors, but not until after the delay has occurred. The Department is making an effort to understand the factors contributing to the failure of workers to ensure that placement change information is promptly entered into TNKids and to develop strategies for addressing those factors.
The Department conducted a TNKids audit for the fiscal year 2003-2004. Table 22 displays the audit’s objectives and statewide error rates (percent of cases which failed to meet the standard).

<table>
<thead>
<tr>
<th>Audit Objective</th>
<th>Statewide Error Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrence of children’s demographic information in TNKids with that in the case files</td>
<td>21%</td>
</tr>
<tr>
<td>Entry of at least monthly case recordings</td>
<td>14%</td>
</tr>
<tr>
<td>Entry of case recordings within 30 days of case activity</td>
<td>68%</td>
</tr>
<tr>
<td>Concurrence of court disposition information in TNKids with that in the case files</td>
<td>15%</td>
</tr>
<tr>
<td>Concurrence of adjudication information in TNKids with that in the case files</td>
<td>14%</td>
</tr>
<tr>
<td>Concurrence of permanency plan information in TNKids with that in the case files</td>
<td>32%</td>
</tr>
<tr>
<td>Concurrence of placement information in TNKids with that in the case files</td>
<td>53%</td>
</tr>
<tr>
<td>Concurrence of placement information in TNKids with that on the Placement Verification Forms</td>
<td>19%</td>
</tr>
<tr>
<td>Presence of pre-authorization forms in case files for residential placements documented in TNKids</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: Statewide TNKids Audit Report for July 1, 2003 – August 1, 2004

The Department has not until recently conducted a subsequent specifically designated “annual audit,” in large part because the frequency of the TNKids builds and the variety of regularly conducted data cleanups makes a large scale annual audit of limited effectiveness. The Department is currently in the process of completing an audit similar to the audit for FY04. The results of the audit are expected to be issued during August 2007.

243 The time lag between the development of the audit tool, the conducting of the audit, and the reporting of the audit results was considerable.

244 The Tennessee Comptroller of the Treasury also conducts an annual audit of the Department’s financial statements and major federal programs, including Foster Care Title IV-E and Adoption Assistance. This audit includes an examination of documentation regarding case manager visits with children in custody. The Comptroller also conducts regular reviews of the Department’s internal control and compliance with laws, regulations, and provisions of contracts and grant agreements, including Chafee expenditures. The Comptroller conducts special reviews as well, such as the audit of CPS investigations of child deaths released in May 2007. These audit reports can be accessed online through the Comptroller’s website at http://www.comptroller1.state.tn.us/AuditsAndReportsSearch/CatSearch.aspx
SECTION ELEVEN: QUALITY ASSURANCE

A. Required Establishment of Quality Assurance Program (XI.A)

The Settlement Agreement requires the Department to create a Quality Assurance Program directed by a Quality Assurance (QA) Unit. The QA Unit is to:

- assure external case file reviews and monitoring;
- assure an internal method for special administrative reviews;
- track, coordinate, and integrate all DCS quality assurance activities; and
- provide attention to the follow-up needed to improve services and outcomes.

The unit is required to coordinate with and complement the activities of the Court Monitor.

The Department created a small Quality Assurance Unit in 2001. However, as the Department developed a more sophisticated approach to quality assurance, the role and responsibilities of that unit expanded. In the latest development in the evolution of the Department’s Quality Assurance Program, the Department has established an “Office of Performance and Quality Improvement” (PQI) which is now responsible for the specific QA Unit responsibilities enumerated in the Settlement Agreement.\(^{245}\)

The creation of the PQI Office was in large part designed to ensure the capacity to track, coordinate, and integrate the variety of quality assurance activities that the Department is engaged in by consolidating many of these activities under the direct oversight of the PQI Director. Prior to the creation of the PQI Office, quality assurance related functions were distributed among a variety of units and divisions, creating considerable confusion about roles and responsibilities and limiting the effectiveness of the Department’s quality assurance efforts.

Because the consolidation of activities and the central office restructuring associated with it is relatively new, the PQI Office is in the process of developing and implementing structures for tracking, coordination, and integration of these activities.

B. Staffing of the Quality Assurance Unit (XI.C)

The Settlement Agreement requires that the Quality Assurance Unit be directed by a person with appropriate qualifications who reports directly to the Commissioner. The QA Unit is to be adequately staffed, and staff are to be adequately trained.

The PQI Office is presently a 49-position division headed by an Executive Director. The person serving as Executive Director is well qualified for that position. The Executive Director is a member of the Core Central Office leadership team and has regular and

\(^{245}\) The term “QA Unit,” as used in this section, therefore refers to the Office of Performance and Quality Improvement.
frequent contact and communication with the Commissioner and both of the Deputy Commissioners with responsibility related to Brian A. class members. As a technical matter, under the present organizational chart, the Executive Director reports to a Deputy Commissioner rather than directly to the Commissioner.

Most of the regions have two positions—a Continuous Quality Improvement (CQI) Coordinator and a Data Analyst—that technically are under the direction and supervision of the regions but function as the regional extension of the PQI Office. One position is focused on developing the regional (CQI team process, and the other is focused on improving the regional capacity for understanding and using aggregate data reports. Two regions (Mid-Cumberland and Southwest) have a third position—a CQI Specialist—that is focused on teaming and data analysis as needed. Statewide, all of the CQI Coordinator positions are filled, and the Data Analyst positions are vacant in three regions.

The Department has provided a number of training opportunities for the PQI Office staff, including training related to Quality Service Reviews (QSRs), CQI, SAS (a statistical and performance management system), and the Council on Accreditation (COA) accreditation process. At present, most staff have received at least some specific quality assurance related training and additional training in Six Sigma methodology (from the American Society for Quality) is planned for FY 07-08.

C. Reporting Requirements

The Settlement Agreement requires that the Quality Assurance Unit:

- provide regular periodic reports (XI. B); and
- conduct specialized case record reviews on issues addressed by the Settlement Agreement (XI.B).

The QA Unit is required to issue reports at least every six months (XI.E). The reports are to be public record, unless disclosure is prohibited by law (XI.D); are not to include information that would identify particular children (XI.D); and are to be provided to both the Commissioner and the Monitor (XI.E).

The PQI Office presently issues the Quality Service Review reports (both regional reports issued as the reviews are completed in each region and statewide reports as the data from each of the regions is combined), quarterly case process review reports, and an Annual Report. The PQI Office also conducts specialized case record reviews on issues addressed by the Settlement, including most recently, targeted reviews focused on reentry rates in one region and on child protective services (CPS) investigations in another region. The PQI Office also recently released a report on its evaluation of the implementation of the Unified Placement Process (UPP) in the first pilot region.

Copies of reports related to the Settlement Agreement have been made available to both the Commissioner and the TAC.
The Department expects that there will be an expansion of regular reporting over the next year as a result of the increased responsibility and authority of the PQI Office.

D. Requirement of Special Administrative Case Record Reviews (XI.E)

The Settlement Agreement requires the Department to establish a process of conducting special administrative case record reviews in order both to provide information to determine whether DCS is following provisions of Settlement Agreement, DCS policy and good social work practice, and to identify workers or supervisors who, as a result of quality assurance review, are in need of additional training, reassignment or for whom termination may be appropriate (XI.E.1-2).

1. Annual Review

The Settlement Agreement requires the QA Unit to “review a statistically significant number of cases from each region of the state.” This case review is to include interviews and an independent assessment of the status of children in the plaintiff class. As part of this review process, the Department is required to develop a measure of appropriate and professional decision making, concerning the care, protection, supervision, planning and provision of services and permanency for children and to use that measure in evaluating performance (XI.E.3).

The Department has developed and implemented a Quality Service Review (QSR) that serves as the Annual Review. The QSR protocol provides an assessment of both child status and system performance as required by the Settlement Agreement. While the QSR review includes cases involving delinquent children, the random, stratified sample includes over 200 class members (drawn from each region of the state) and the Department provides separate analysis and reporting on the plaintiff class.246

2. Supervisory Unit Reviews

The Settlement Agreement requires that, if significant problems are identified in a region, the QA Unit is to review a statistically valid sample of cases within each supervisory unit to identify whether particular units have particular problems and, if necessary, whether administrative action is necessary (XI.E.4).

The QSR process is designed to identify and respond to problems in both frontline and supervisory practice. However, when problems in practice are identified, the PQI Office does not review a statistically valid sample of cases within a supervisory unit as is called for by this provision of the Settlement Agreement.247

246 As the Department begins its third year of Quality Service Reviews, it will be important to focus some attention on issues of inter-rater reliability and reviewer development.

247 The parties may want to reconsider whether requiring such a supervisory unit sample review makes sense in light of the other sources of both qualitative and quantitative data related to supervisory unit performance now available as a result of developments that have occurred since the entry of the Settlement Agreement.
3. **Special Administrative Reviews**

The Settlement Agreement requires the QA Unit to oversee special administrative reviews in a number of categories of cases or circumstances (XI.E.5).

**a. All cases in which there have been three or more reports of neglect or abuse concerning a particular caretaker for a particular child**

The PQI Office has only recently assumed its responsibilities for oversight of administrative reviews of these cases. The PQI Office is in the process of developing a process for identifying such cases and a protocol for reviewing and reporting with respect to those cases.

**b. All cases in which there has been a substantiated/indicated incident of neglect or abuse of child while in state custody**

The PQI Office has only recently assumed its responsibilities for oversight of administrative reviews of these cases. The PQI Office is in the process of developing a process for identifying such cases and a protocol for reviewing and reporting with respect to those cases.

**c. All cases in which a child has experienced three or more placements in last 12 months**

The PQI Office has conducted a targeted review of children with high numbers of placement moves, but the focus has been on children with higher numbers of placements than three. There have been some CQI activities focused on understanding placement instability and developing strategies to improve stability. Placement stability is being tracked and reported on. However, the Department does not have current plans for targeted reviews of children experiencing three or more placements in a 12-month period.

**d. All cases in which a child has experienced two or more emergency or temporary placements in the last 12 months or has been in shelter or emergency care for more than 30 days**

The Department tracks use of emergency shelters and temporary placements through regular aggregate reporting. Based on this tracking, the Department believes that use of emergency and temporary placements is generally trending in the right direction. In May 2006, as a result of its review of aggregate data reports, the PQI Office identified a region in which Primary Treatment Center (PTC) placements were significantly higher than in other regions. The PQI Office conducted a targeted review of children experiencing PTC placements in that region. However, beyond reviewing the aggregate data, the PQI Office is not conducting administrative reviews of “all cases in which a child has experienced two or more emergency or temporary placements in the last 12 months or has been in shelter or emergency care for more than 30 days.”
**e. All cases in which a child has had a permanency goal of return home for more than 24 months**

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. These reviews are overseen by Central Office senior leadership rather than the PQI Office.

**f. All cases in which child has had permanency goal of adoption for more than one year and has not been placed in adoptive home**

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. These reviews are overseen by Central Office senior leadership rather than the PQI Office.

**g. All cases in which a child has returned home and has reentered care more than twice and has goal of return home**

The Department tracks reentry rates. Based on this tracking, the PQI Office conducted a review in September 2006 of children who had reentered state custody within 12 months of exiting to try to identify trends leading to reentry. Within the past few months, the PQI Office also identified a region in which reentry was significantly higher than in other regions and conducted targeted reviews, in conjunction with regional staff, of children experiencing their second custody episode in that region. However, beyond reviewing the aggregate data, the PQI Office is not conducting administrative reviews of “all cases in which a child has returned home and has reentered care more than twice and has goal of return home.”

**h. All cases in which date for accomplishment of a permanency goal of reunification has been exceeded by 12 months**

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. These reviews are overseen by Central Office senior leadership rather than the PQI Office.

**E. Requirement of Racial Disparity Study and Implementation of Recommendations (XI.E.6)**

The Settlement Agreement requires the Department to arrange for a qualified expert to conduct a racial disparity study and to implement the recommendations of that study.

The Department contracted with Dr. Ruth McRoy, a professor and researcher at the University of Texas School of Social Work, to conduct the Racial Disparity Study. The results of the study were published in the fall of 2003.

The TAC reported in the January 2007 Monitoring Report on the Department’s efforts to implement the recommendations. As of the date of that report, the Department had
substantially implemented many of the specific recommendations of the Racial Disparity Study.\textsuperscript{248}

\textbf{F. Requirement of Backlog Review (XI.F)}

The Settlement Agreement required the Department to implement a special review of all foster children in custody who entered DCS custody prior to October 1, 1998. The Department is required to: review the plan for each child, determine the appropriateness of the goal, barriers to permanency, and services in place to move a child to permanency.

The review is to include interviews and individualized corrective action plan. Special reviews of the children in this “backlog” group are required to occur at least once every three months until permanency is achieved for every child.

The initial backlog group consisted of 2,301 children. As of May 31, 2007, all but 73 children have achieved permanency, exited the child welfare system to a “non-permanent” exit, or are otherwise no longer a member of the plaintiff class.\textsuperscript{249} Of the 73 children, 15 have recently established goals of subsidized permanent guardianship. Of the remaining 58 children, 18 will reach the age of majority on or before June 30, 2008.

\textbf{G. Requirement of Process for Reporting and Acting on Children in Special Categories (XI.G)}

The Settlement Agreement requires that the Department have a process in place to report on and “immediately take all necessary action on the status of” children in specifically numerated categories.

\textit{1. Children in one or more emergency, temporary or shelter facilities for more than 45 days in the past 12 months}

The Department produces a regular monthly report, referred to as the “\textit{Brian A. Class 12 Month Report of Children in Emergency/Temporary Facilities},” identifying children that fall into this particular category. This report is provided to the plaintiffs, the TAC, the PQI Office, and various other Departmental staff in both Central Office and the regions. The Department has not articulated specific expectations regarding actions to be taken in response to this particular report.

There were 18 placements in emergency or temporary facilities lasting more than 45 days between June 1, 2006 and May 31, 2007.

\textsuperscript{248} See January 2007 Monitoring Report, pp 13-25. Because the January 2007 report was issued recently, the findings remain sufficiently current to be relied on for purposes of this report and are therefore are referenced but not repeated in this report.

\textsuperscript{249} If a child on the backlog list were to have been subsequently adjudicated delinquent, that child would be removed from the backlog list as a result of that adjudication. The TAC has not been able to determine how many of the children who were originally on the backlog list were removed from that list based on a subsequent adjudication of delinquency.
2. Foster children who were in jail, detention, or other correctional facilities within the past 12 months

The Department produces a regular semi-monthly report, referred to as the “Brian A. Detention Placements Report,” identifying children that fall into this particular category. This report is provided to the TAC, the PQI Office, and various other Departmental staff in both Central Office and the regions. As part of its data cleaning process, the Division of Reporting and Analysis asks regional staff to verify that information in the report about placements in jail, correctional, or detention facilities is accurate. If the jail, correctional, or detention facility placement is a data entry mistake, the Division requires the region to correct the placement information. If the jail, correctional, or detention facility placement is entered correctly into TNKids, the Division requires the region to provide an explanation for the placement.

According to the Director of the Division of Reporting and Analysis, reviews of those placements have generally found that the majority of the cases were simply data entry errors and the children had not in fact been in a jail, correctional, or detention facility; and that with relatively few exceptions, the remainder of the cases fall within the permissible exceptions (e.g., child charged with delinquent conduct and held on that basis; child arrested and held briefly, with DCS picking the child up promptly upon being notified by the court or detention center; etc). It does not appear that there is a process for ensuring corrective action, both with respect to the specific case involved and to prevent similar cases in the future, for children who are placed in detention in violation of the Settlement Agreement requirement.

There were 15 children listed as being placed in a jail, correctional, or detention facility on the report for June 15, 2007. Since December 2005, the date that the Department began producing this report, the number has ranged from eight to 27.

3. Children in foster homes that exceed licensed capacity or are not licensed

The Department “approves” rather than “licenses” foster homes, and the approval process does not involve approving a home for a specific capacity. As discussed in Section Nine of this report, it is not possible to enter a foster home as a placement in TNKids that is not an approved home. This technological check has superseded the QA unit role regarding this provision.

The Settlement Agreement imposes limitations on the number of children who may be placed in a foster home at one time, allowing: (1) no more than three foster children in that foster home; (2) no more than a total of six children, including the foster family’s natural and/or adopted children; and (3) no more than three children under the age of three residing in a foster home. The Settlement Agreement allows the Regional Assistant

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250 Because this is a point in time report, this report would not identify a child who came into detention but was released during the period between reports.
251 See discussion in Section Six of this report, p.111.
Commissioner to make an exception to these limits on an individual basis in the best interests of the child, but such exceptions are not to exceed more than ten percent of all placements made annually in each region, must include detailed reasons justifying the exception, and must be reported to the TAC annually. The only other exception permitted is when the placement of a sibling group in a foster home with no other children in the home would exceed these limits (VI.C.7).

TNKids produces a report at the beginning of each month called the “Brian A. Resource Homes Compliance Summary Report.” The report provides the number and percentage of resource homes that exceed these limits on the date of the production of the report. However, as previously discussed in Section Six, the report excludes any resource home in which a sibling group is placed, irrespective of whether there are other foster children in the home who are not part of the sibling group. For this reason, the report cannot be relied on to determine the number of homes that exceed capacity. 252

This report is provided to the plaintiffs, the TAC, the PQI Office, and various Departmental staff in both Central Office and the regions. The Department has not articulated specific expectations regarding actions to be taken in response to this particular report.

4. Children with permanency goal of return home that has remained in effect for more than 22 months

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. These reviews are overseen by Central Office senior leadership rather than the PQI Office.

As of May 31, 2007, 147 children had had a sole or concurrent goal of reunification for more than 22 months. 253

5. Children who do not have permanency plan

The Department produces a regular weekly report, called the “AFCARS Foster Care Missing Data Report,” that identifies children who have no permanency plan documented in TNKids. This report is provided to regional staff who use the report to ensure that the permanency plan information in TNKids is updated for the semi-annual report to the US Department of Health and Human Services on the permanency goals of children in custody.

The Department also includes the numbers of children in each region who do not have a permanency plan documented in TNKids in the monthly “Brian A. Class List” that is provided to the TAC, the PQI Office, and various Departmental staff in both Central

252 See discussion p.116.
253 Of these children, 27 had a sole goal of reunification, 80 had concurrent goals of reunification and adoption, 30 had concurrent goals of reunification and exit to relatives, and one had concurrent goals of reunification and planned permanent living arrangement with non-relatives.
Office and the regions. As of May 31, 2007, 377 children did not have a permanency plan documented in TNKids, although 368 of these children had been in custody for fewer than 60 days. The Executive Directors of Regional Support monitor these data every month to ensure that permanency plans are developed for these children and entered into TNKids as quickly as possible.

6. Children for whom the permanency goal has not been updated for more than 12 months

The Department produces a regular monthly report, referred to as the “Brian A. Permanency Plan Over 12 Months Report,” identifying children that fall into this particular category. This report is provided to the TAC, the PQI Office, and various other Departmental staff in both Central Office and the regions. As part of its data cleaning process, the Division of Reporting and Analysis asks regional staff to update the TNKids permanency plan data for children on the list who have current permanency plans that have not been entered into TNKids. It is not clear that there is a process for ensuring corrective action, both with respect to the specific case involved and to prevent similar cases in the future, for children who do not have current permanency plans.

As of June 1, 2007, 120 children had a permanency goal that had not been updated for more than 12 months.

7. Children with a sole permanency planning goal of adoption for more than 12 months and for whom TPR has not been filed

All children in this group are currently the subject of regular, high level administrative reviews, pursuant to the process described in Section Eight of this report. These reviews are overseen by Central Office senior leadership rather than the PQI Office.

As of May 31, 2007, there were 205 children with a sole goal of adoption for more than 12 months for whom TPR had not been filed.

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254 Of the nine remaining children, only two had been in custody for more than 70 days (one for 98 days and one for 121 days).
SECTION TWELVE: SUPERVISION OF CONTRACT AGENCIES

Of the children 5,722 Brian A class children in out-of-home care on August 30, 2007, 2,558 (45%) were placed with private providers.\(^{255}\) Virtually all of these children have been identified as needing a level of support and supervision that goes beyond that of other children in the system, and virtually all of the children with such needs are placed with private providers. They live in the homes of resource parents who are supervised and supported by private agencies, or in congregate care settings run by those agencies. The services they and their parents receive are organized by and in many cases delivered directly by the private providers. Accordingly, achieving the goals set out in the Settlement Agreement requires not only changes in the operations of DCS, but also similar changes in the work of private providers. The Settlement Agreement therefore includes a number of specific requirements, reviewed in this section, concerning the Department’s licensing, evaluation, and contracting functions.

A. Requirements for Contracting For Private Provider Placements and Services

The Settlement Agreement requires that the Department:

- contract with those agencies that meet the provisions of the Settlement Agreement that specifically apply to those agencies and that meet state standards governing the operation of child care facilities (XII.B); and\(^{256}\)
- not contract with any agency that has not been licensed by the State to provide placements for children in the plaintiff class (XII.B).

The Department’s Provider Policy Manual requires that private provider agencies adhere to the applicable mandates set forth in the Brian A. Settlement Agreement.\(^{257}\) All private provider agencies that the Department contracts with for the placement of children in the plaintiff class are licensed by DCS, the Department of Mental Health and Developmental Disability (DMHDD), or the Department of Health (DOH). As of July, 2007, the Department licenses 74 of its private provider agencies (including subcontractors); DMHDD licenses 57 private provider agencies (including sub-contractors) with whom DCS currently contracts; DOH licenses four “residential rehabilitation treatment” facilities with whom DCS currently contracts. The responsibility for these DOH licenses is expected to transfer to DMHDD at the beginning of the next fiscal year.

The DCS licensing unit is responsible for ensuring that every agency that the Department contracts with has a current license.\(^{258}\) The DCS Licensing Unit keeps a spreadsheet of all contract agencies and verifies monthly with Contracts and Grants Management Unit that the list is current, then checks its own licenses’ status and the status of the licenses.

\(^{255}\) Data derived from TNKids database.
\(^{256}\) These state standards shall reflect reasonable professional standards.
\(^{257}\) Provider Policy Manual 1.III.A
\(^{258}\) The Department anticipates that the TNKids system will soon be able to check to ensure license status, and the licensure unit will no longer verify licenses by hand. This is expected to be functioning in October 2007.
from the other state department licensing entities (DMHDD and DOH). This process also applies to ensuring licensure of any subcontractors. This list is then circulated within the Department.

B. Requirements Related to Monitoring of Contract Agency Placements

The Settlement Agreement requires that:

- all contract agencies providing placements for children in the plaintiff class be inspected annually by DCS Licensing Unit staff in an unannounced visit (XII.C);
- DCS determine in a written report whether the agency complies with state licensing standards (XII.C);
- the DCS Licensing Unit collaborate with the DCS quality assurance unit and the central office resource management unit to determine agency compliance with the terms of this Settlement Agreement (XII.C); and
- DCS contract for placements and services with provider agencies “pursuant to annual performance-based contracts issued by DCS” (XII.A).  

The Settlement Agreement also required that DCS expand the staff of the DCS Licensing Unit to allow for increased monitoring and oversight responsibilities of private provider contract agencies.

The Department annually conducts at least one unannounced visit to all programs it licenses. Each visit is documented in a written report generated by the licensing unit and provided to the private provider agency, the Executive Director of PQI, the Director of CPPP, the Director of PAR, and the Division of Evaluation and Monitoring. In the case of programs used by DCS but licensed by another State agency, the annual visit is conducted by the applicable licensing agency. The Department is required by Tennessee Code Annotated (TCA) 37-5-513 to conduct inspections “at regular intervals, without previous notice.” DMHDD is required by TCA 33-2-413 “to make at least one unannounced… inspection of each licensed service or facility yearly.” According to DOH, all of their visits, with the exception of initial licensing visits, are unannounced.

While the “DCS Licensing Unit” has specific responsibilities related to monitoring and oversight of the private provider contract agencies, there are a variety of other staff from other units and divisions of DCS whose responsibilities include aspects of private provider agency monitoring. Among the concerns the TAC identified in the January 2006 Monitoring Report were that the allocation of different, but often overlapping, responsibilities was confusing and inefficient, and that the lack of coordination and

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259 The Settlement Agreement required that such performance based contracts be developed by DCS within 90 days after the approval of this Settlement Agreement and entered into in the next contracting cycle (i.e. the contracting year beginning July 1, 2002).

260 DMHDD coordinates regularly with the Department regarding the agencies that it licenses, through reports and correspondence. DOH, which only licenses four DCS contract agencies as of July 2007, coordinates less regularly with DCS but submits information upon request. The responsibility for the licenses for these residential rehabilitation treatment facilities, currently licensed by DOH, is expected to be transferred to DMHDD at the beginning of the next fiscal year.
communication between the various units created a risk of delayed recognition of and/or response to problematic private provider agency practices.

The Department has recently addressed this concern in three ways. First, it has consolidated monitoring and oversight functions into the Office of Performance and Quality Improvement (PQI). This office now includes both the DCS Licensing Unit and the unit that conducts annual Program Accountability Reviews (PAR), and that result in the issuance of annual reports on each private provider agency.

Second, the Department now deploys multidisciplinary site visit teams that have included DCS Licensing Unit staff and PAR staff, and others with special expertise relevant to the facility under review, in an effort to improve the quality of the reviews of agencies about which the Department had concerns and in order to ensure better communication with respect to any issues identified and responses required to address those issues.

Finally, the Department has recently formed a Provider Quality Team, chaired by a representative from the Division of Evaluation and Monitoring, and composed of representatives from the Child Placement and Private Providers (CPPP) Unit (which has the responsibility of developing and managing the inventory of private provider agency placements and services), the Consulting Psychiatrist and/or the Director of Medical and Behavioral Services, and others with appropriate expertise and relevant responsibilities. Bi-weekly meetings are intended to ensure, among other things, the collaboration and coordination required by the Settlement Provisions among those performing resource management and quality assurance functions. Private provider agencies, about which concerns have been raised from any of the above sources, regional staff, investigations, or other means, are discussed at these meetings. The PQT is currently undergoing some restructuring, designed to turn the PQT into a decision making body. Under the new model, representatives at the meetings will consist of executive directors and they will be expected to collect information regarding the private provider agencies under review, to inform the decisions made at the PQT.

The Department has also begun implementing a Performance Based Contracting (PBC) process. The Department selected the Chapin Hall Center for Children to help the Department implement PBC. Chapin Hall was already monitoring all 12 DCS regions for the Department for permanency performance measures. Chapin Hall also now gathers specific data on private providers for PBC. Private providers are measured on performance related to three main standards: reduction in amount of care days, increase in the amount of permanent exits, and reduction in re-entries. The goal for private providers is to show improvement relative to their baseline by 10% for a fiscal year period.

Phase I of this process was a “no-risk period,” during which data on each private provider’s outcomes was gathered and analyzed. Private providers that met or exceeded targets earned re-investment dollars; those that failed to meet targets were informed about the size of the penalty they would have incurred at this level of performance after full
implementation of PBC. Five private provider agencies were selected for Phase I through a Request for Information (RFI) process.

The Department evaluated the Chapin Hall data for the first six months of the initiative to determine the effectiveness of private provider agency practices. In March 2007, the Department held meetings with the five Phase I private provider agencies to determine re-investment dollars earned and any penalties each private provider agency would have incurred in the six month period (had this not been a “no risk” period.) After the "no risk" period has expired, any penalties incurred as a result of failure to meet contracted performance measures would result in the private provider being obligated to pay the Department the amount calculated by the fiscal formula as a part of their PBC contract.

The Department has begun to implement Phase II of the PBC initiative. In December 2006, the Department opened up enrollment to the remaining private provider agencies in the current network that meet the minimum established standards. Six additional private providers were chosen to participate in Phase II beginning July 1, 2007.

The Department plans to repeat this process on an annual basis, eventually bringing all private providers into the performance-based initiative. The Department expects this transition to be fully implemented by the close of the 2009-2010 fiscal year.

In recognition of the fact that many different aspects of private provider performance have historically been measured, often by different units, the Department is now developing a Performance Scorecard. The purpose of the Performance Scorecard is to communicate a single, overall assessment of the quality of each private provider's work, which can then be used as a formative tool for performance improvement and to inform decision making around related to future contracting. This work is still in a relatively early stage of development and it is unlikely that the Performance Scorecard will be in use before 2008

C. Abuse or Neglect in Contract Agencies

The Settlement Agreement requires that:

- alleged abuse or neglect of children placed with a contract agency must be reported by the agency to the DCS child protective services unit in the county in which the facility is located (XII.D);
- alleged abuse or neglect concerning children placed with any contract agency shall be reported to the central office resource management unit and the quality assurance unit (XII.D);
- DCS shall incorporate these reports, and their findings, into the annual review of each contract agency (XII.D); and
- DCS will evaluate carefully those reports and consider prior corrective actions and the history of the agency and determine if there are serious problems that place children at serious risk of harm and prevent further contracts from being issued (XII.D).
The Department has initiated a Centralized Intake Process for receiving reports of alleged abuse and neglect. All calls, including those made to the regional CPS office, are funneled through the Centralized Intake process, which ensures that the calls are answered and assigned for response. As discussed in Section Three, cases involving allegations of abuse and neglect of a child while in foster care are referred to the Special Investigations Unit, which is now a division of the Office of Child Safety.261

Allegations that a child has been abused or neglected while that child is in a private provider agency placement must also be reported by the private provider agency as a Serious Incident Report (SIR). These reports are now sent to DCS electronically through a web-based application, and notice of the report is e-mailed to key contacts within the various DCS units with responsibility for investigating the incident, reporting the incident, responding to the incident, and/or using the information generated to establish corrective action plans or other appropriate actions and to inform and be included in annual PAR reports.

As discussed in Section Eleven, the PQI Office has only recently assumed responsibility for ensuring that this information is shared within DCS and is analyzed and used not just to address the needs of the specific children involved but to identify patterns that warrant a more systemic response with respect to certain agencies. As discussed above, the PQI Office has created the Provider Quality Team. The PQT collects information from the broad range of DCS staff with responsibilities for aspects of private provider agency oversight and uses this information to identify agencies for heightened scrutiny and to ensure that investigations, corrective action plans, and appropriate follow-up, including appropriate remedial action and sanctions, are occurring. Actions taken by the Department to address concerns regarding specific private provider agencies have included developing corrective actions plans with a private provider, linking a private provider with another private provider for technical assistance, and “freezing” placements for a certain private provider, precluding further placements with that private provider until issues are sufficiently addressed.

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261 In the past, SIU has been separate from CPS, most recently a unit operating under the Office of the Inspector General.
SECTION THIRTEEN: FINANCIAL DEVELOPMENT

The Settlement Agreement requires that the Department:

- develop and implement policies and procedures for maximization of federal funds (XIII.A);

- establish a mechanism acceptable to the Monitor for reporting the budgeting of both federal and state dollars and ensure that federal funds supplement rather than supplant state dollars (XIII.B); and

- maintain a financial record keeping system that ensures that resource parents are not paid for children who are no longer in their homes, that any instances of overpayment are identified and the Department reimbursed, and that there is an adequate system relating to cash receipting procedures (XIII.C).

At the time of the January 2006 Monitoring Report, the Department had submitted to the TAC a Fiscal Program Implementation Plan outlining its approach to resource development and management. Significant progress had been made at that time toward maximizing IV-E funding. A review of Department practices completed in June 2005 by a highly qualified external consultant found that Tennessee’s current federal claiming structure is “fundamentally sound.” The Department identified some areas for improved claiming and was pursuing revenue maximization strategies consistent with the consultant’s recommendations.

In the 18 months since the TAC last reported on this provision, the Department has continued to pursue thoughtful and appropriate strategies for maximizing federal funds. These include:

- improving education of and instructions for field staff regarding determining initial and continued eligibility;
- improving communication between program staff and fiscal staff;
- implementing policy changes that ensure that the optimal claiming approach is taken for children with concurrent eligibility for both SSI and IV-E;
- increasing the time period that children on runaway remain on TennCare from 10 days to 90 days; and
- creating the Resource Home Eligibility Team (RHET) in the Child Placement and Private Providers unit (CPPP) to monitor private provider resource homes to ensure that they are meeting Federal eligibility requirements.

Consistent with the expressed intent of the Settlement Agreement, the Department has increased both federal funding and state funding of its child welfare system. The State has supported reasonable budget improvements requested by the Department over and above the allocation of Needs Assessment dollars specified in the Settlement Agreement.
The Department appears to be doing a better job of identifying and securing repayment of overpayments to foster and adoptive parents. According to the audit report from the Tennessee Comptroller for the fiscal year ending June 30, 2006, while overpayments continue to be an issue, overpayments for Foster Care have been reduced. The Department’s continuing efforts to integrate operating systems and improve the accuracy and timeliness of child placement data entry are expected to further decrease the incidence of overpayments.

The Department appears to have adequate cash receipting procedures and systems. This has not been an audit issue in recent years.
APPENDIX B

Regional and State Section XVI Outcome and Performance Measure Data for Interim Reporting Period III

This Appendix presents the Section XVI outcome and performance measure data for Interim Reporting Period III (January 1, 2006 through December 31, 2006). A separate table is included for each outcome and performance measure. Each table presents the percentage reflecting the level of achievement of each of the regions individually with respect to the outcome or performance measure, the percentage reflecting the statewide level of achievement with respect to the outcome or performance measure, and the "Period III Requirement," the percentage that reflects the level the Department is expected to achieve for Reporting Period III (January 1, 2007 through June 30, 2008). The applicable Settlement Agreement provision appears in parentheses in the title to each table.

<table>
<thead>
<tr>
<th>Region</th>
<th>Within 12 Months</th>
<th>Within 24 Months</th>
<th>Over 24 Months</th>
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<td>26.9%</td>
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<td><strong>72.9%</strong></td>
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| Statewide Period III Requirement | 80% | 75% |

Source: Interim Period III Outcome Report, June 15, 2007
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Statewide Period III Requirement 75%

Source: Interim Period III Outcome Report, June 15, 2007

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<th>Two or Fewer</th>
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<td><strong>Statewide</strong></td>
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Statewide Period III Requirement 90%

Source: Interim Period III Outcome Report, June 15, 2007
### Length of Time in Placement (XVI.A.4)

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<td>Upper Cumberland</td>
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<td><strong>10.3%</strong></td>
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**Statewide Period III Requirement**
- 75% no more than 20% no more than 5%

*Source: Interim Period III Outcome Report, June 15, 2007*

### Reentry (XVI.A.5)

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<th>Region</th>
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**Statewide Interim Period III Requirement**
- No more than 8%

**Statewide Period III Requirement**
- No more than 5%

*Source: Interim Period III Outcome Report, June 15, 2007*

*This is the only outcome measure that has a required achievement level for Interim Period III.*
Adoptive Placement Disruption (XVI.A.6) will be the subject of supplemental TAC reporting when data is available.

# Achievement Measures (XVI.A.7)

<table>
<thead>
<tr>
<th>Region</th>
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<th>GED/High School Diploma</th>
<th>Enrolled in School</th>
<th>Full-time Employment</th>
<th>Receiving Post Custody Services</th>
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<td>0.0%</td>
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<tr>
<td>Southeast</td>
<td>83.3%</td>
<td>26.7%</td>
<td>53.3%</td>
<td>3.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>84.2%</td>
<td>15.8%</td>
<td>68.4%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>94.7%</td>
<td>39.5%</td>
<td>55.3%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Statewide</td>
<td>83.6%</td>
<td>25.1%</td>
<td>57.8%</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Statewide Period III Requirement</td>
<td>90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Interim Period III Outcome Report, June 15, 2007

# Parent-Child Visiting (XVI.B.1)

<table>
<thead>
<tr>
<th>Region</th>
<th>Twice per Month</th>
<th>Once Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>18.7%</td>
<td>44.4%</td>
</tr>
<tr>
<td>East Tennesse</td>
<td>22.9%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>16.5%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Knox</td>
<td>31.7%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>24.2%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Northeast</td>
<td>34.6%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Northwest</td>
<td>48.8%</td>
<td>61.0%</td>
</tr>
<tr>
<td>Shelby</td>
<td>18.8%</td>
<td>42.9%</td>
</tr>
<tr>
<td>South Central</td>
<td>30.9%</td>
<td>52.8%</td>
</tr>
<tr>
<td>Southeast</td>
<td>51.2%</td>
<td>45.0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>26.8%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>36.6%</td>
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<tr>
<td>Statewide</td>
<td>27.4%</td>
<td>40.3%</td>
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<tr>
<td>Statewide Period III Requirement</td>
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<td>60%</td>
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</table>

Source: Parent-Child Visit Compliance Report for February and March 2007, data as of September 1, 2007
## Sibling Visiting (XVI.B.2)

<table>
<thead>
<tr>
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<th>Once per Month</th>
<th>Once Every Two Months</th>
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</tr>
<tr>
<td>Hamilton</td>
<td>23.1%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Knox</td>
<td>37.5%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>76.9%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Northeast</td>
<td>33.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Northwest</td>
<td>72.7%</td>
<td>0.0%</td>
</tr>
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<td>Shelby</td>
<td>37.0%</td>
<td>41.2%</td>
</tr>
<tr>
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<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Southeast</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>28.6%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>58.3%</td>
<td>40.0%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>48.9%</strong></td>
<td><strong>35.1%</strong></td>
</tr>
</tbody>
</table>

### Statewide Period III Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>90%</th>
<th>90%</th>
</tr>
</thead>
</table>


## Placing Siblings Together (XVI.B.3)

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<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>East Tennesse</td>
<td>83%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>96%</td>
</tr>
<tr>
<td>Knox</td>
<td>83%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>89%</td>
</tr>
<tr>
<td>Northeast</td>
<td>93%</td>
</tr>
<tr>
<td>Northwest</td>
<td>78%</td>
</tr>
<tr>
<td>Shelby</td>
<td>74%</td>
</tr>
<tr>
<td>South Central</td>
<td>89%</td>
</tr>
<tr>
<td>Southeast</td>
<td>88%</td>
</tr>
<tr>
<td>Southwest</td>
<td>82%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>85%</strong></td>
</tr>
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</table>

### Statewide Period III Requirement

| Requirement       | 85%   |

Source: February 2, 2007 Chapin Hall Regional Outcome Report
<table>
<thead>
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<th>TPR Activity within 3 Months</th>
<th>TPR Activity within 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
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<td>53.6%</td>
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</tr>
<tr>
<td>East Tennesse</td>
<td>94.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>94.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Knox</td>
<td>95.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>78.9%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Northeast</td>
<td>96.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Northwest</td>
<td>55.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Shelby</td>
<td>55.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>South Central</td>
<td>84.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Southeast</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>78.9%</td>
<td>75.0%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>82.2%</strong></td>
<td><strong>40.4%</strong></td>
</tr>
</tbody>
</table>

**Statewide Period III Requirement** 65% 75%

*Placement in an Adoptive Home (XVI.B.5) will be the subject of supplemental TAC reporting when data is available.*

<table>
<thead>
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<th>Goal of PPLA (XVI.B.6)</th>
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<td>East Tennesse</td>
<td>0.51%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>0.35%</td>
</tr>
<tr>
<td>Knox</td>
<td>0.85%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>0.81%</td>
</tr>
<tr>
<td>Northeast</td>
<td>1.78%</td>
</tr>
<tr>
<td>Northwest</td>
<td>3.14%</td>
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<tr>
<td>Shelby</td>
<td>0.00%</td>
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<tr>
<td>South Central</td>
<td>0.00%</td>
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<tr>
<td>Southeast</td>
<td>1.40%</td>
</tr>
<tr>
<td>Southwest</td>
<td>1.62%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>0.38%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>0.92%</strong></td>
</tr>
</tbody>
</table>

**Statewide Period III Requirement** no more than 5%

Source: December 31, 2006 *Brian A. Class List*
<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>East Tennesse</td>
<td>87.9%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>86.1%</td>
</tr>
<tr>
<td>Knox</td>
<td>84.7%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>90.6%</td>
</tr>
<tr>
<td>Northeast</td>
<td>92.6%</td>
</tr>
<tr>
<td>Northwest</td>
<td>88.3%</td>
</tr>
<tr>
<td>Shelby</td>
<td>87.2%</td>
</tr>
<tr>
<td>South Central</td>
<td>91.4%</td>
</tr>
<tr>
<td>Southeast</td>
<td>92.7%</td>
</tr>
<tr>
<td>Southwest</td>
<td>91.3%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>92.0%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>89.1%</strong></td>
</tr>
</tbody>
</table>

**Statewide Period III Requirement**: 85%

APPENDIX C

Sources of Information

This Appendix describes the primary sources of information relied on and referred to in Section One of this report.

1. Aggregate Data Reports

These reports are produced by University of Chicago Chapin Hall Center for Children (Chapin Hall) from TNKids, the Department’s present SACWIS system. Most of these are reports that the Department produces on a regular basis for its own planning, tracking, and system management needs. Entry cohorts are used for the majority of these reports. In addition, the entry cohort view is refined by showing information about “first placements,” a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge). The focus on “first placements” is also a recognition that children who are removed from their homes (or placed “out-of-home”) have a much different experience in the child welfare system than children who remain with their families when the Department assumes legal custody. 262

2. Regional Outcome Reports263

These reports, also produced by Chapin Hall from TNKids data, focus on the extent to which the Department is meeting both statewide and regional improvement goals for nine outcome measures. The Department set these goals based on historical data, and for some of the outcomes, also established both statewide and regional baselines that reflect what expected performance would be in the absence of practice and/or process improvements.

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262 Some of the percentages for earlier cohorts presented in Section One of this report are slightly different than the percentages presented in previous monitoring reports for those cohorts. These slight changes can be attributed to TNKids enhancements and data cleaning efforts occurring since the data were pulled for the earlier reports.

263 These outcome reports were originally developed as part of the Department’s implementation of its Family to Family Initiative and are now fully incorporated into the Department’s implementation plan.
improvements. These reports compare actual performance with the improvement goal and, where applicable, against the baseline.264

3. **Quality Service Review (QSR)**

The Tennessee Quality Service Review is the annual case file review of a statistically significant number of cases envisioned by the Settlement Agreement. The QSR provides quantitative and qualitative data on both child and family status (how well parents and children with whom the Department is working are doing) and system performance (how well the Department is doing in implementing the quality of case practice that is linked to better outcomes for children and families). The QSR process includes both case file reviews and interviews with children, parents, foster parents, professionals working with the family (both DCS and private provider staff), and others. The QSR protocol focuses on 11 indicators of child and family status and 11 indicators of system performance.265

4. **2006 Case File Review**

The 2006 Case File Review conducted by the TAC and fully reported on in the January 19, 2007 TAC Report, focused on the experiences of children recently entering state custody during their first three to six months in foster care. The 2006 sample was drawn from the group of children who (a) came into DCS custody between October 1, 2005 and December 31, 2005 and (b) remained in custody for at least three months. The review period ended on March 31, 2006. Reviewers examined the files of 268 children and conducted some limited follow-up inquiries to supplement and better understand the case file documentation related to key practice areas.

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264 Like the Chapin Hall Aggregate Data Reports, the Regional Outcome Reports focus on first placements. Additionally, for some of the Regional Outcomes, a distinction is made between the group of children in care at the beginning of the performance period (the “in care” population) and the group of children entering care after the performance period has begun (the “admission” population). The minor differences in the statewide data presented in the Chapin Hall Aggregate Data Reports described above and these Regional Outcome Reports result from the use of slightly different conventions in data analysis. For example, several of the Regional Outcome reports exclude from the analysis children who were in care for fewer than five days, while the Aggregate Data Reports do not include these children. Another reason for slight differences between the two sets of reports is that the database used to produce the Aggregate Data Reports (as of March 31, 2007) was more recent than the database used to produce the Regional Outcome Reports (as of February 2, 2007), thus allowing more time for data clean-up prior to the production of the Aggregate Data Reports.

265 The 11 child and family status indicators are safety, stability, appropriate placement, health and physical well-being, emotional and behavioral well-being, learning and development, caregiver functioning, prospects for permanence, family functioning and resourcefulness, family connections, and satisfaction. The 11 indicators of system performance are engagement, teamwork and coordination, ongoing functional assessment, long-term view, child and family permanency planning process, permanency plan/service implementation, tracking and adjustment, resource availability and use, informal support and community involvement, resource family supports/support for congregate care providers, and transitioning for the child and family.
5. DCS Office of Information Systems “Brian A. Reports”

These are a series of reports generated from TNKids by the DCS Division of Analysis and Reporting on a set of outcomes, using a set of measures specifically used by the Department to report on progress in meeting specific reporting requirements of the Settlement Agreement. These include, but are not limited to, a set of measures called for by Section XVI of the Settlement Agreement and reported on in greater detail in both Section One and Appendix B.
A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help convey information about the children who are served by the child welfare system, one of three viewpoints is presented. The “viewpoints” are: “point in time” data; “entry cohort” data; and “exit cohort” data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a “point in time” viewpoint. For example, we would use point in time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Point in time data also tells us whether the number of children in care on any given day is increasing, decreasing, or staying the same. A graph that compares snapshots of the population for several years on the same day every month (the same “point in time”) provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been decreasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at “point in time data.” For example, were fewer children committed to DCS custody in 2006 than in past years? Or is the decrease the result of children staying in the system for shorter time periods (more children getting released from custody during 2006) than in previous years? For this answer we need to look at “cohort data.”

The question whether fewer children entered custody in 2006 than entered in 2005 is answered by comparing the total number of children who entered custody in 2006 (the 2006 “entry cohort”) with the number of children who entered custody in 2005 (the 2005 “entry cohort”).

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2006 than with the children who entered in 2005? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year to year improvement in these and other important areas of system performance.
There are certain questions for which “exit cohort” data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2005 (the 2005 “exit cohort”) with the reentry rates of those children who exited care in 2004 (the 2004 “exit cohort”) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.
APPENDIX E

Data Tables for Figures in Section One

The following tables present the data from which the figures (graphs) in Section One were developed.

Table for Figure 1: Total Placement Population by Adjudication

<table>
<thead>
<tr>
<th>Point in Time</th>
<th>Total</th>
<th>Abu/Neg</th>
<th>Delinquent</th>
<th>Unruly</th>
<th>Total</th>
<th>Abu/Neg</th>
<th>Delinquent</th>
<th>Unruly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-00</td>
<td>8,963</td>
<td>6,471</td>
<td>1,948</td>
<td>544</td>
<td>100%</td>
<td>72%</td>
<td>22%</td>
<td>6%</td>
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<td>Jul-00</td>
<td>8,983</td>
<td>6,511</td>
<td>1,961</td>
<td>511</td>
<td>100%</td>
<td>72%</td>
<td>22%</td>
<td>6%</td>
</tr>
<tr>
<td>Jan-01</td>
<td>8,676</td>
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<td>1,900</td>
<td>447</td>
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<td>73%</td>
<td>22%</td>
<td>5%</td>
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<td>8,899</td>
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<td>72%</td>
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<td>73%</td>
<td>23%</td>
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<td>6,160</td>
<td>1,933</td>
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<td>1,930</td>
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<td>74%</td>
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<tr>
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<td>1,880</td>
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<td>75%</td>
<td>21%</td>
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<tr>
<td>Jul-04</td>
<td>8,929</td>
<td>6,812</td>
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<td>100%</td>
<td>76%</td>
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<td>Jul-05</td>
<td>8,645</td>
<td>6,586</td>
<td>1,800</td>
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<td>3%</td>
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<td>76%</td>
<td>21%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Table for Figure 2: All Admissions, Discharges, and Placement Population

<table>
<thead>
<tr>
<th>12-Month Period Ending</th>
<th>Entrants</th>
<th>Exits</th>
<th>Census</th>
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<tbody>
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<td>2000</td>
<td>4,418</td>
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<td>6,776</td>
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<tr>
<td>2001</td>
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<td>6,605</td>
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<td>2002</td>
<td>4,901</td>
<td>5,045</td>
<td>6,461</td>
</tr>
<tr>
<td>2003</td>
<td>5,764</td>
<td>5,110</td>
<td>7,115</td>
</tr>
<tr>
<td>2004</td>
<td>6,124</td>
<td>6,467</td>
<td>6,772</td>
</tr>
<tr>
<td>2005</td>
<td>5,835</td>
<td>6,311</td>
<td>6,296</td>
</tr>
<tr>
<td>2006</td>
<td>5,687</td>
<td>5,906</td>
<td>6,077</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.
### Table for Figure 3: Number and Rate per 1,000 by Year of First Placements

<table>
<thead>
<tr>
<th>Year</th>
<th>Admits</th>
<th>2000 Census</th>
<th>2005 est</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>3,504</td>
<td>1,398,521</td>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td>2001</td>
<td>3,791</td>
<td>1,398,521</td>
<td></td>
<td>2.7</td>
</tr>
<tr>
<td>2002</td>
<td>3,915</td>
<td>1,398,521</td>
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</tr>
<tr>
<td>2003</td>
<td>4,778</td>
<td>1,396,963</td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>2004</td>
<td>5,041</td>
<td>1,396,963</td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>2005</td>
<td>4,699</td>
<td>1,396,963</td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>2006</td>
<td>4,534</td>
<td>1,396,963</td>
<td></td>
<td>3.2</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

### Table for Figure 6: Regional Outcomes: Number of First Placements during 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>2005</th>
<th>2006 Goal</th>
<th>2006 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast</td>
<td>262</td>
<td>249</td>
<td>178</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>380</td>
<td>361</td>
<td>295</td>
</tr>
<tr>
<td>Northwest</td>
<td>204</td>
<td>194</td>
<td>134</td>
</tr>
<tr>
<td>Hamilton</td>
<td>191</td>
<td>181</td>
<td>148</td>
</tr>
<tr>
<td>Northeast</td>
<td>497</td>
<td>472</td>
<td>450</td>
</tr>
<tr>
<td>Southwest</td>
<td>260</td>
<td>247</td>
<td>240</td>
</tr>
<tr>
<td>South Central</td>
<td>268</td>
<td>255</td>
<td>276</td>
</tr>
<tr>
<td>Shelby</td>
<td>442</td>
<td>420</td>
<td>449</td>
</tr>
<tr>
<td>East</td>
<td>843</td>
<td>801</td>
<td>854</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>623</td>
<td>592</td>
<td>649</td>
</tr>
<tr>
<td>Statewide</td>
<td>4,700</td>
<td>4465</td>
<td>4526</td>
</tr>
<tr>
<td>Knox</td>
<td>292</td>
<td>277</td>
<td>346</td>
</tr>
<tr>
<td>Davidson</td>
<td>438</td>
<td>416</td>
<td>507</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
**Table for Figure 7: Single-Year Age Distributions**

<table>
<thead>
<tr>
<th>Age</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>Children In Care as of December 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>569</td>
<td>643</td>
<td>777</td>
<td>739</td>
<td>770</td>
<td>365</td>
</tr>
<tr>
<td>1</td>
<td>214</td>
<td>293</td>
<td>354</td>
<td>335</td>
<td>301</td>
<td>396</td>
</tr>
<tr>
<td>2</td>
<td>206</td>
<td>294</td>
<td>273</td>
<td>246</td>
<td>253</td>
<td>392</td>
</tr>
<tr>
<td>3</td>
<td>202</td>
<td>245</td>
<td>259</td>
<td>233</td>
<td>213</td>
<td>295</td>
</tr>
<tr>
<td>4</td>
<td>175</td>
<td>211</td>
<td>215</td>
<td>201</td>
<td>193</td>
<td>278</td>
</tr>
<tr>
<td>5</td>
<td>142</td>
<td>215</td>
<td>225</td>
<td>191</td>
<td>195</td>
<td>264</td>
</tr>
<tr>
<td>6</td>
<td>139</td>
<td>192</td>
<td>207</td>
<td>166</td>
<td>180</td>
<td>293</td>
</tr>
<tr>
<td>7</td>
<td>130</td>
<td>179</td>
<td>167</td>
<td>175</td>
<td>136</td>
<td>274</td>
</tr>
<tr>
<td>8</td>
<td>121</td>
<td>189</td>
<td>155</td>
<td>138</td>
<td>134</td>
<td>208</td>
</tr>
<tr>
<td>9</td>
<td>136</td>
<td>182</td>
<td>162</td>
<td>135</td>
<td>120</td>
<td>233</td>
</tr>
<tr>
<td>10</td>
<td>143</td>
<td>165</td>
<td>183</td>
<td>146</td>
<td>108</td>
<td>213</td>
</tr>
<tr>
<td>11</td>
<td>148</td>
<td>182</td>
<td>172</td>
<td>149</td>
<td>140</td>
<td>225</td>
</tr>
<tr>
<td>12</td>
<td>198</td>
<td>227</td>
<td>225</td>
<td>199</td>
<td>186</td>
<td>279</td>
</tr>
<tr>
<td>13</td>
<td>223</td>
<td>253</td>
<td>283</td>
<td>266</td>
<td>235</td>
<td>303</td>
</tr>
<tr>
<td>14</td>
<td>299</td>
<td>333</td>
<td>327</td>
<td>319</td>
<td>306</td>
<td>382</td>
</tr>
<tr>
<td>15</td>
<td>310</td>
<td>351</td>
<td>370</td>
<td>382</td>
<td>363</td>
<td>510</td>
</tr>
<tr>
<td>16</td>
<td>304</td>
<td>376</td>
<td>391</td>
<td>379</td>
<td>384</td>
<td>560</td>
</tr>
<tr>
<td>17</td>
<td>256</td>
<td>248</td>
<td>296</td>
<td>300</td>
<td>317</td>
<td>601</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>3,915</td>
<td>4,778</td>
<td>5,041</td>
<td>4,699</td>
<td>4,534</td>
<td>6,076</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

**Table for Figure 8: Placement Type of Children First Placed in Care**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Placements</th>
<th>Family Placements (Kinship and Non-Kinship)</th>
<th>Non-Family Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>3,915</td>
<td>3,146</td>
<td>769</td>
</tr>
<tr>
<td>2003</td>
<td>4,778</td>
<td>4,086</td>
<td>692</td>
</tr>
<tr>
<td>2004</td>
<td>5,041</td>
<td>4,273</td>
<td>768</td>
</tr>
<tr>
<td>2005</td>
<td>4,699</td>
<td>4,047</td>
<td>652</td>
</tr>
<tr>
<td>2006</td>
<td>4,534</td>
<td>3,961</td>
<td>573</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.
Table for Figure 9: Number of Children Placed in Congregate Care Placement Types

<table>
<thead>
<tr>
<th>Non-Family Placement Type</th>
<th>2004</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Homes/Residential Treatment Centers</td>
<td>135</td>
<td>17</td>
</tr>
<tr>
<td>Detention</td>
<td>46</td>
<td>31</td>
</tr>
<tr>
<td>Emergency Shelters and PTCs</td>
<td>333</td>
<td>157</td>
</tr>
<tr>
<td>Hospital</td>
<td>219</td>
<td>186</td>
</tr>
<tr>
<td>Unspecified</td>
<td>35</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Table for Figure 10: Regional Outcomes: Percentage of Placements in Family Settings

<table>
<thead>
<tr>
<th>Region</th>
<th>2005</th>
<th>2006 Goal</th>
<th>2006 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid Cumberland</td>
<td>91%</td>
<td>91%</td>
<td>96%</td>
</tr>
<tr>
<td>Northwest</td>
<td>92%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Northeast</td>
<td>93%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>Knox</td>
<td>89%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Statewide</td>
<td>90%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Davidson</td>
<td>92%</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>East</td>
<td>83%</td>
<td>88%</td>
<td>87%</td>
</tr>
<tr>
<td>South Central</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>90%</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Southeast</td>
<td>92%</td>
<td>92%</td>
<td>89%</td>
</tr>
<tr>
<td>Southwest</td>
<td>99%</td>
<td>99%</td>
<td>95%</td>
</tr>
<tr>
<td>Shelby</td>
<td>78%</td>
<td>83%</td>
<td>78%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
Table for Figure 11: Number of In/Out of County First Placements During 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Number Not Placed in Same County</th>
<th>Number Placed in Same County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>89</td>
<td>418</td>
</tr>
<tr>
<td>Hamilton</td>
<td>22</td>
<td>130</td>
</tr>
<tr>
<td>Knox</td>
<td>108</td>
<td>238</td>
</tr>
<tr>
<td>Shelby</td>
<td>31</td>
<td>420</td>
</tr>
<tr>
<td>Total Urban</td>
<td>250</td>
<td>1206</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>521</td>
<td>335</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>244</td>
<td>409</td>
</tr>
<tr>
<td>Northeast</td>
<td>209</td>
<td>241</td>
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<tr>
<td>Northwest</td>
<td>59</td>
<td>75</td>
</tr>
<tr>
<td>South Central</td>
<td>186</td>
<td>90</td>
</tr>
<tr>
<td>Southeast</td>
<td>100</td>
<td>78</td>
</tr>
<tr>
<td>Southwest</td>
<td>150</td>
<td>86</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>169</td>
<td>126</td>
</tr>
<tr>
<td>Total Non Urban</td>
<td>1638</td>
<td>1440</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Table for Figures 12 and 13: In-County First Placements by Year

<table>
<thead>
<tr>
<th>Region</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>76%</td>
<td>80%</td>
<td>80%</td>
<td>76%</td>
<td>82%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>95%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>Knox</td>
<td>88%</td>
<td>83%</td>
<td>81%</td>
<td>69%</td>
<td>69%</td>
</tr>
<tr>
<td>Shelby</td>
<td>94%</td>
<td>96%</td>
<td>98%</td>
<td>97%</td>
<td>93%</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>33%</td>
<td>37%</td>
<td>38%</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>56%</td>
<td>58%</td>
<td>54%</td>
<td>50%</td>
<td>63%</td>
</tr>
<tr>
<td>Northeast</td>
<td>39%</td>
<td>43%</td>
<td>41%</td>
<td>51%</td>
<td>54%</td>
</tr>
<tr>
<td>Northwest</td>
<td>42%</td>
<td>47%</td>
<td>45%</td>
<td>46%</td>
<td>56%</td>
</tr>
<tr>
<td>South Central</td>
<td>48%</td>
<td>41%</td>
<td>39%</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>Southeast</td>
<td>36%</td>
<td>37%</td>
<td>41%</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Southwest</td>
<td>37%</td>
<td>42%</td>
<td>33%</td>
<td>30%</td>
<td>36%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>39%</td>
<td>45%</td>
<td>40%</td>
<td>46%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.
### Table for Figure 14: Regional Outcomes: Percentage of In-County First Placements

<table>
<thead>
<tr>
<th>Region</th>
<th>2005</th>
<th>2006 Goal</th>
<th>2006 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid Cumberland</td>
<td>50%</td>
<td>55%</td>
<td>63%</td>
</tr>
<tr>
<td>Northwest</td>
<td>46%</td>
<td>51%</td>
<td>55%</td>
</tr>
<tr>
<td>Davidson</td>
<td>76%</td>
<td>81%</td>
<td>82%</td>
</tr>
<tr>
<td>Northeast</td>
<td>51%</td>
<td>56%</td>
<td>54%</td>
</tr>
<tr>
<td>Statewide</td>
<td>58%</td>
<td>63%</td>
<td>61%</td>
</tr>
<tr>
<td>Shelby</td>
<td>97%</td>
<td>97%</td>
<td>94%</td>
</tr>
<tr>
<td>South Central</td>
<td>44%</td>
<td>49%</td>
<td>45%</td>
</tr>
<tr>
<td>Knox</td>
<td>70%</td>
<td>75%</td>
<td>71%</td>
</tr>
<tr>
<td>East</td>
<td>39%</td>
<td>44%</td>
<td>39%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>94%</td>
<td>94%</td>
<td>87%</td>
</tr>
<tr>
<td>Southeast</td>
<td>56%</td>
<td>61%</td>
<td>54%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>51%</td>
<td>56%</td>
<td>49%</td>
</tr>
<tr>
<td>Southwest</td>
<td>58%</td>
<td>63%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

### Table for Figure 15: Regional Outcomes: Percentage of Children in Care on January 1, 2005 Experiencing Two or Fewer Placements as of December 31, 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>Southwest</td>
<td>88%</td>
<td>87%</td>
</tr>
<tr>
<td>Knox</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>Southeast</td>
<td>85%</td>
<td>82%</td>
</tr>
<tr>
<td>Northwest</td>
<td>89%</td>
<td>85%</td>
</tr>
<tr>
<td>Shelby</td>
<td>91%</td>
<td>87%</td>
</tr>
<tr>
<td>South Central</td>
<td>91%</td>
<td>87%</td>
</tr>
<tr>
<td>Statewide</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Northeast</td>
<td>91%</td>
<td>85%</td>
</tr>
<tr>
<td>East</td>
<td>87%</td>
<td>80%</td>
</tr>
<tr>
<td>Davidson</td>
<td>90%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
Table for Figure 16: Regional Outcomes: Percentage of Children First Placed During 2005 Experiencing Two or Fewer Placements as of December 31, 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast</td>
<td>78%</td>
<td>85%</td>
</tr>
<tr>
<td>Southwest</td>
<td>83%</td>
<td>87%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>74%</td>
<td>76%</td>
</tr>
<tr>
<td>Northeast</td>
<td>77%</td>
<td>75%</td>
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<tr>
<td>East</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>78%</td>
<td>74%</td>
</tr>
<tr>
<td>Knox</td>
<td>78%</td>
<td>74%</td>
</tr>
<tr>
<td>Davidson</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>Statewide</td>
<td>81%</td>
<td>76%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>84%</td>
<td>77%</td>
</tr>
<tr>
<td>Shelby</td>
<td>91%</td>
<td>81%</td>
</tr>
<tr>
<td>Northwest</td>
<td>88%</td>
<td>77%</td>
</tr>
<tr>
<td>South Central</td>
<td>91%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

Table for Figure 18: Regional Outcomes: Percentage of Sibling Groups First Placed During 2006 Who Were Initially Placed Together

<table>
<thead>
<tr>
<th>Region</th>
<th>2005</th>
<th>2006 Goal</th>
<th>2006 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>76%</td>
<td>81%</td>
<td>96%</td>
</tr>
<tr>
<td>South Central</td>
<td>77%</td>
<td>82%</td>
<td>89%</td>
</tr>
<tr>
<td>Northwest</td>
<td>72%</td>
<td>77%</td>
<td>78%</td>
</tr>
<tr>
<td>Knox</td>
<td>79%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>Northeast</td>
<td>95%</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>East</td>
<td>80%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>Davidson</td>
<td>85%</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>Southeast</td>
<td>89%</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>93%</td>
<td>93%</td>
<td>89%</td>
</tr>
<tr>
<td>Statewide</td>
<td>84%</td>
<td>89%</td>
<td>85%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>85%</td>
<td>90%</td>
<td>86%</td>
</tr>
<tr>
<td>Southwest</td>
<td>89%</td>
<td>91%</td>
<td>82%</td>
</tr>
<tr>
<td>Shelby</td>
<td>80%</td>
<td>85%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
### Table for Figure 21: Regional Outcomes: Average Care Days per Child for Children in Care on January 1, 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>402</td>
<td>309</td>
</tr>
<tr>
<td>South Central</td>
<td>389</td>
<td>337</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>398</td>
<td>348</td>
</tr>
<tr>
<td>Southwest</td>
<td>366</td>
<td>333</td>
</tr>
<tr>
<td>East</td>
<td>424</td>
<td>395</td>
</tr>
<tr>
<td>Northeast</td>
<td>401</td>
<td>372</td>
</tr>
<tr>
<td>Hamilton</td>
<td>444</td>
<td>416</td>
</tr>
<tr>
<td>Knox</td>
<td>429</td>
<td>401</td>
</tr>
<tr>
<td>Statewide</td>
<td>414</td>
<td>391</td>
</tr>
<tr>
<td>Southeast</td>
<td>379</td>
<td>361</td>
</tr>
<tr>
<td>Shelby</td>
<td>459</td>
<td>462</td>
</tr>
<tr>
<td>Davidson</td>
<td>429</td>
<td>439</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>366</td>
<td>381</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

### Table for Figure 22: Regional Outcomes: Average Care Days per Child for Children First Placed during 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast</td>
<td>288</td>
<td>218</td>
</tr>
<tr>
<td>Davidson</td>
<td>280</td>
<td>229</td>
</tr>
<tr>
<td>Southwest</td>
<td>275</td>
<td>233</td>
</tr>
<tr>
<td>Hamilton</td>
<td>335</td>
<td>307</td>
</tr>
<tr>
<td>Shelby</td>
<td>306</td>
<td>283</td>
</tr>
<tr>
<td>South Central</td>
<td>269</td>
<td>250</td>
</tr>
<tr>
<td>Statewide</td>
<td>282</td>
<td>269</td>
</tr>
<tr>
<td>Northwest</td>
<td>243</td>
<td>231</td>
</tr>
<tr>
<td>Northeast</td>
<td>272</td>
<td>265</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>301</td>
<td>298</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>292</td>
<td>291</td>
</tr>
<tr>
<td>Knox</td>
<td>307</td>
<td>308</td>
</tr>
<tr>
<td>East</td>
<td>251</td>
<td>278</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
Table for Figure 23: Regional Outcomes: Average Care Days per Child for Children First Placed during 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knox</td>
<td>138</td>
<td>121</td>
</tr>
<tr>
<td>Davidson</td>
<td>121</td>
<td>113</td>
</tr>
<tr>
<td>Shelby</td>
<td>135</td>
<td>128</td>
</tr>
<tr>
<td>Northwest</td>
<td>108</td>
<td>111</td>
</tr>
<tr>
<td>East</td>
<td>110</td>
<td>117</td>
</tr>
<tr>
<td>Statewide</td>
<td>120</td>
<td>129</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>133</td>
<td>146</td>
</tr>
<tr>
<td>Southwest</td>
<td>109</td>
<td>123</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>124</td>
<td>143</td>
</tr>
<tr>
<td>Northeast</td>
<td>116</td>
<td>135</td>
</tr>
<tr>
<td>Hamilton</td>
<td>130</td>
<td>150</td>
</tr>
<tr>
<td>Southeast</td>
<td>108</td>
<td>135</td>
</tr>
<tr>
<td>South Central</td>
<td>116</td>
<td>146</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

Table for Figure 24: Regional Outcomes: Percentage of Permanent Exits as of December 31, 2006 for Children in Care on January 1, 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>61%</td>
<td>72%</td>
</tr>
<tr>
<td>Knox</td>
<td>58%</td>
<td>65%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>54%</td>
<td>61%</td>
</tr>
<tr>
<td>South Central</td>
<td>69%</td>
<td>74%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>64%</td>
<td>68%</td>
</tr>
<tr>
<td>Southwest</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>East</td>
<td>61%</td>
<td>62%</td>
</tr>
<tr>
<td>Northeast</td>
<td>69%</td>
<td>70%</td>
</tr>
<tr>
<td>Statewide</td>
<td>62%</td>
<td>63%</td>
</tr>
<tr>
<td>Southeast</td>
<td>69%</td>
<td>68%</td>
</tr>
<tr>
<td>Davidson</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td>Shelby</td>
<td>50%</td>
<td>48%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>75%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
Table for Figure 25: Regional Outcomes:
Percentage of Permanent Exits as of December 31, 2006
for Children First Placed During 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>45%</td>
<td>62%</td>
</tr>
<tr>
<td>Southeast</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td>Davidson</td>
<td>56%</td>
<td>63%</td>
</tr>
<tr>
<td>Southwest</td>
<td>73%</td>
<td>79%</td>
</tr>
<tr>
<td>Knox</td>
<td>50%</td>
<td>55%</td>
</tr>
<tr>
<td>South Central</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>63%</td>
<td>67%</td>
</tr>
<tr>
<td>Shelby</td>
<td>50%</td>
<td>54%</td>
</tr>
<tr>
<td>Northeast</td>
<td>78%</td>
<td>79%</td>
</tr>
<tr>
<td>Statewide</td>
<td>65%</td>
<td>66%</td>
</tr>
<tr>
<td>Northeast</td>
<td>70%</td>
<td>68%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>East</td>
<td>69%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.

Table for Figure 26: Regional Outcomes:
Percentage of Permanent Exits as of December 31, 2006
for Children First Placed During 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>47%</td>
<td>56%</td>
</tr>
<tr>
<td>Davidson</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>Southeast</td>
<td>42%</td>
<td>44%</td>
</tr>
<tr>
<td>Shelby</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>Knox</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>East</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Southwest</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Statewide</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>42%</td>
<td>37%</td>
</tr>
<tr>
<td>Northeast</td>
<td>42%</td>
<td>35%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>40%</td>
<td>28%</td>
</tr>
<tr>
<td>South Central</td>
<td>47%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
Table for Figure 28: Regional Outcomes: Reentries Between January 1, 2005 and December 31, 2006 for Children in Care on January 1, 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Re-entries</th>
<th>Lower Boundary</th>
<th>Upper Boundary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/1/05 to 12/31/06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>8%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>East</td>
<td>9%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Northeast</td>
<td>16%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>16%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Shelby</td>
<td>7%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Southwest</td>
<td>14%</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>Statewide</td>
<td>15%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Knox</td>
<td>15%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Southeast</td>
<td>17%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>16%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>South Central</td>
<td>20%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Northwest</td>
<td>22%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Davidson</td>
<td>23%</td>
<td>11%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through February 2, 2007.
Supplemental Information on Placement Stability for 2005 Entry Cohort

This appendix presents additional information supplementing the data discussion on pages 28-31 of this monitoring report regarding placement stability for children in the 2005 entry cohort.

A. Statewide and Regional Placement Moves

Figure F-1 below presents data about placement moves for children first entering out-of-home care in 2005, observing placement stability through March 31, 2007, a “window” for observing placement stability that is a minimum of 15 months (for children entering care during December 2005) and a maximum of 27 months (for children entering in January 2005).

Forty-eight percent (48%) of the children entering care during 2005 experienced no placement moves and 26% experienced only one move during this window.

Compared with the data for the 2004 entry cohort in the previous monitoring report, it appears that the percentage of children experiencing more than one move (more than two placements) has increased slightly from 23% to 26% for the 2005 entry cohort. However, this measurement provides a much larger window for observing placement stability than that in the previous monitoring report. According to Chapin Hall data analysts, the data imply that placement stability may have improved for children in the 2005 entry cohort. More placement moves are expected as the window for observation is increased, but the data for the 2005 entry cohort with a large window of observation indicate only slightly more movement than the data for the 2004 entry cohort with a much smaller window of observation.

266 For children entering out-of-home care in 2004, an even 50% had experienced no placement moves, 27% had experienced one move, and 23% had experience two or more moves as of June 30, 2005.
Figure F-1: Placement Moves as of March 31, 2007
First Placements in 2005

No Moves 48%
One Move 26%
More than One Move 26%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

Figure F-2 provides a regional breakdown of this data. There is some variation in the percentages across region. According to Chapin Hall data analysts, the regional data also suggest some improvement in placement stability given the significantly larger window covered by the 2005 data.
Figure F-2: Placement Moves as of March 31, 2007 by Region, First Placements in 2005

B. Placement Moves by Exit Status

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children...
who remain in care might. Table F-1 below breaks down the data presented above by whether or not the children had exited care as of March 31, 2007.

<table>
<thead>
<tr>
<th>First Entrants</th>
<th>Total</th>
<th>Exited Care</th>
<th>Still in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4,699</td>
<td>3,690</td>
<td>1,009</td>
</tr>
<tr>
<td>Children w/ no moves to date</td>
<td>2,218</td>
<td>1,950</td>
<td>268</td>
</tr>
<tr>
<td>Children w/ one move to date</td>
<td>1,240</td>
<td>981</td>
<td>259</td>
</tr>
<tr>
<td>Children w/ more than one move to date</td>
<td>1,241</td>
<td>759</td>
<td>482</td>
</tr>
</tbody>
</table>

Row Percent: Within movement category, what proportion of children have already exited care?

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Exited Care</th>
<th>Still in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100%</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Children w/ no moves to date</td>
<td>100%</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Children w/ one move to date</td>
<td>100%</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Children w/ more than one move to date</td>
<td>100%</td>
<td>61%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Column Percent: By exit status, what proportion of children experienced moves?

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Exited Care</th>
<th>Still in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Children w/ no moves to date</td>
<td>47%</td>
<td>53%</td>
<td>27%</td>
</tr>
<tr>
<td>Children w/ one move to date</td>
<td>26%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Children w/ more than one move to date</td>
<td>26%</td>
<td>21%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

The table shows that of the 4,699 children who entered out-of-home placement for the first time in 2005, 79% had exited placement and just over one-fifth still remain in out-of-home placement as of March 31, 2007. The vast majority (88%) of the 2,218 children who did not experience a placement move had exited care as of March 31, 2007. Of the 1,241 children who experienced more than one move, 61% exited care as of March 31, 2007, and 39% of those children still remained in care as of that date.

Of the 1,009 in the 2005 entry cohort who were still in care as of March 31, 2007, 26% have not experienced a placement move while in care; 26% have experienced one placement move; and 48% have experienced two or more placement moves.

The majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time.

C. Placement Moves by Time in Care

Table F-2 below provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care. The table describes when placement moves tend to occur for children who experience
placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2005 ("Total Children"), the number of children entering out-of-home placement in 2005 who have not experienced a placement move as of March 31, 2007 ("Stayers"), and the number of children entering out-of-home placement in 2005 who have experienced at least one placement move as of March 31, 2007 ("Movers"). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of March 31, 2007. For example, 4,663 children experienced six or fewer months in out-of-home placement as of March 31, 2007; 2,201 of those children also experienced 7 to 12 months in out-of-home placement; and 1,456 of those children also experienced 13 to 18 months in out-of-home placement.268

<table>
<thead>
<tr>
<th>Placement Intervals (duration in months)</th>
<th>Number of Moves</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 and under</td>
<td></td>
</tr>
<tr>
<td>7 to 12</td>
<td></td>
</tr>
<tr>
<td>13 to 18</td>
<td></td>
</tr>
<tr>
<td>19 to 24</td>
<td></td>
</tr>
<tr>
<td>25 to 30</td>
<td></td>
</tr>
<tr>
<td>31 to 36</td>
<td></td>
</tr>
<tr>
<td>37 to 42</td>
<td></td>
</tr>
<tr>
<td>43 to 48</td>
<td></td>
</tr>
<tr>
<td>49 to 54</td>
<td></td>
</tr>
<tr>
<td>55 to 60</td>
<td></td>
</tr>
</tbody>
</table>

| Total Children                  | 4,663 | 2,201 | 1,456 | 723  | 122 |
| Stayers                        | 2,219 | 639   | 407   | 195  | 23  |
| Movers                         | 2,444 | 1,562 | 1,049 | 528  | 99  |

<table>
<thead>
<tr>
<th>Number of Moves</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Total Movers</th>
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<td>5</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>99</td>
</tr>
</tbody>
</table>

| As a Percent of Total Children by Placement Interval ||
|-----------------------------------------------------|
| Total Children                                     | 100% | 100% | 100% | 100% | 100% |
| Stayers                                            | 48%  | 29%  | 28%  | 27%  | 19%  |
| Movers                                             | 52%  | 71%  | 72%  | 73%  | 81%  |

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<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Total Movers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11%</td>
<td>53%</td>
<td>21%</td>
<td>8%</td>
<td>4%</td>
<td>1%</td>
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<td></td>
<td>68%</td>
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<td>7%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>69%</td>
<td>22%</td>
<td>6%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>78%</td>
<td>17%</td>
<td>4%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>95%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

| As a Percent of Movers by Placement Interval ||
|---------------------------------------------|
| Total Movers                                | 100% | 100% | 100% | 100% | 100% |

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.

268 There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2005 and has not had time to experience that period(s) in out-of-home placement.
Breaking this data into groups by whether or not the child has experienced a placement move as of March 31, 2007 shows that about half of the children entering out-of-home placement in 2005 have experienced at least one placement move. It also shows that the children who remain in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 4,663 total children entering custody in 2005 and experiencing the “six or fewer months” period, only 52% (2,444) experienced a placement move as of March 31, 2007 at some point during their stay in out-of-home placement. Conversely, of the 1,456 children who experienced the “13 to 18 months” period, 72% (1,049) experienced a placement move as of March 31, 2007 at some point in their stay in out-of-home placement.

The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 2,444 “movers” who experienced six or fewer months in out-of-home placement, 11% (274) did not experience the placement move(s) during that period, but 89% (2,170) did. (Of the 89% of children who experienced a move during the first six months in out-of-home placement, 53% experienced one move, 21% experienced two moves, and so on.) Of the 1,049 “movers” who experienced 13 to 18 months in out-of-home placement, 69% (726) did not experience the move(s) during that period, and only 30% (323) did. This indicates that most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

These patterns were also seen for children entering out-of-home placement for the first time in 2004, as reported in the January 2006 Monitoring Report.

**D. Placement Moves by Type of Placement**

Figure F-3 below provides a breakdown of placement stability data by the child’s first placement type when entering out-of-home care. For children entering out-of-home placement for the first time in 2005, those whose first placement was with relatives were less likely to move to another placement setting. Over two-thirds (69%) of children initially placed with relatives did not experience a placement move while in care.

This increased stability of kinship placements compared to non-kinship resource families is consistent with the findings reported in the January 2006 Monitoring Report with respect to the 2004 entry cohort (74% of children entering custody in 2004 whose first placement was with a relative did not experience a placement move, and 15% of those children experienced only one move.) Although the percentage of children in kinship homes experiencing no moves is slightly lower for the 2005 entry cohort than the percentage for the 2004 entry cohort, according to Chapin Hall data analysts, the data suggests improvement because of the larger window for observation of the 2005 entry cohort (see discussion of Figures F-1 and F-2 above).
Figure F-3: Placement Moves as of March 31, 2007, by Type of First Placement
First Placements in 2005

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>More than One Move</th>
<th>One Move</th>
<th>No Moves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Home</td>
<td>25%</td>
<td>27%</td>
<td>47%</td>
</tr>
<tr>
<td>Kinship Home</td>
<td>16%</td>
<td>15%</td>
<td>69%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>23%</td>
<td>34%</td>
<td>43%</td>
</tr>
<tr>
<td>Hospital</td>
<td>8%</td>
<td>45%</td>
<td>47%</td>
</tr>
<tr>
<td>Congregate Care</td>
<td>23%</td>
<td>23%</td>
<td>40%</td>
</tr>
<tr>
<td>Detention</td>
<td>21%</td>
<td>29%</td>
<td>50%</td>
</tr>
<tr>
<td>Unknown</td>
<td>22%</td>
<td>28%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.
APPENDIX G

2006 Blue Cross Blue Shield Pharmacy Data

The information included in this Appendix is taken from the Department’s “Summary of Annual 2006 Pharmacy Data.”

Blue Cross and Blue Shield provided pharmacy data to the Department of Children Services for January-December 2006. The information each month included:

- the name of child;
- social security number;
- the prescriber’s name, specialty, and address;
- the primary care physician’s name and address;
- date of service and date the prescription was paid;
- the drug’s name, strength, and the quantity dispensed;
- amount paid; and
- the pharmacy’s name and address.

This information was matched with information from TNKids each month. Summary information was given on demographic information, such as adjudication, gender, and race. Also, summary information on the physician prescribing the medication, as well as, drug information was given. The information from each month has been totaled and averaged for the year. The following are some of the findings from calendar year 2006 for children in the Brian A. class:

- The average number of Brian A. children prescribed at least one drug per month was 1385 children.
- Nearly twenty percent (19.5%) of the children in the Brian A. class were prescribed at least one drug during the calendar year.
- The shortest month of the year, February, had the least number of children (1230) taking drugs.
- March had the most number of children (1485) taking at least one drug.
- The physicians prescribing the most drugs specialize in Psychiatry.
- The classes of drugs prescribed the most during the year were Antipsychotic (Seroquel) and Stimulant (Adderall).
- A Brian A. child in DCS custody and administered medication is more likely to be a white male, adjudicated dependent/neglected, and twelve years of age.
The following figures and tables present more detail for some of these findings:

**Percentage of Brian A Children in DCS Custody Prescribed at Least One Drug By Month**

Demographics of *Brian A*. Class Members Prescribed Psychotropic Medications During 2006

<table>
<thead>
<tr>
<th>Number of Children by Demographics</th>
<th>Yearly Average</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Brian A Total</td>
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<td>1346</td>
<td>1230</td>
<td>1485</td>
<td>1475</td>
<td>1484</td>
<td>1387</td>
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<td>1385</td>
<td>1400</td>
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<td>Adjudication</td>
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<td></td>
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</tr>
<tr>
<td>Dependent/ Neglected</td>
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<td>1262</td>
<td>1154</td>
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<td>1396</td>
<td>1310</td>
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</tr>
<tr>
<td>White</td>
<td>999</td>
<td>950</td>
<td>882</td>
<td>1057</td>
<td>1055</td>
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<td>994</td>
<td>1010</td>
<td>996</td>
<td>969</td>
</tr>
<tr>
<td>Black/African American</td>
<td>325</td>
<td>336</td>
<td>293</td>
<td>362</td>
<td>352</td>
<td>344</td>
<td>318</td>
<td>295</td>
<td>319</td>
<td>328</td>
<td>329</td>
<td>327</td>
<td>302</td>
</tr>
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<td>American Indian/Alaskan Native</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
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<td>1</td>
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<td>2</td>
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<td>Multi Racial Native Hawaiian/Other Atlantic Islands</td>
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<td>25</td>
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<td>22</td>
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</table>
Average Number of Psychotropic Medication Prescriptions for **Brian A.**
Class Members by Placement Type
APPENDIX H

Supplemental Information on Exits to Permanency

This appendix presents additional information supplementing the data discussion on pages 56-59 of this monitoring report regarding exits to permanency.

A. Exits for 2005 entry Cohort by Exit Type

The Department tracks and reports on the permanency outcomes for children entering foster care during a particular year. For example, Figure H-1 shows the percentage of children first entering out-of-home placement in 2005 who have exited to each exit type as of March 31, 2007. Children exiting to Reunification represent by far the largest percentage of exits. As of March 31, 2007, almost half (48%) of the children entering care in 2005 had exited to Reunification with Family, 21% had exited to Reunification with Relatives, 6% had experienced some other non-permanent exit, and 21% remained in care.269

This data both helps the Department understand the range and frequency of exit types generally and allows comparison of entry cohorts as one possible indicator of changes in performance related to permanency.270

269 It is important to note that, as discussed further below, for those who remain in care, the percentage of those children exiting to adoption will likely be greater than the percentage of those who have already exited and the percentage of those exiting to reunification will likely be lower. For this reason, the ultimate “exit type” percentages for the 2005 entry cohort (calculated after the last child in that cohort exits custody) will be different than the percentages to date.

270 The January 2006 Monitoring Report presented these data as of June 30, 2005 for children entering out-of-home placement in 2003. By June 30, 2005, 48% of children entering in 2003 had exited to reunification with family, 16% to reunification with a relative, and 5% to adoption. Eight percent (8%) experienced some other non-permanent exit, and 23% were still in out-of-home placement. The data for the 2005 entry cohort suggest some improvement in permanent exits since the percentages of children experiencing non-permanent exits and remaining in care are smaller than those percentages for the 2003 entry cohort. The data also show an increase in exits with relatives from 16% for 2003 to 21% for 2005.
B. Interrelationship between Exit Type and Length of Stay for Children Placed 2001 to 2006

The Department tracks and reports data that reflect the interrelationship between length of stay and exit type. Figure H-2 shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. Finally, the points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and the points at interval five show the proportion of exits that occurred for children who spent five years in foster care during the next year-long interval.

Displaying the three exit probabilities together—adoption, reunification with family or relative, and other exits (primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the pink line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the
first year and drops significantly in subsequent years. Adoptions (the blue line), on the other hand, occur more slowly, but the probability of adoption increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a “family exit”—a return to the child’s birth family or a relative. Between 50-60% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, only a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is about 10% in each yearly interval.

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through March 31, 2007.
APPENDIX I

Placement Exception Request Form

PART I - CHILD INFORMATION:
1. CHILD'S NAME: ____________________________  2. HOME COUNTY/REGION: ____________________________
3. Date: ____________________________  4. DATE OF PLACEMENT: ____________________________
13. CASE MANAGER: ____________________________  14. PHONE NUMBER: ____________________________

PART II - CHARACTERISTICS OF PROPOSED PLACEMENT
15. PLACEMENT DESIRED: I. ____________________________  II. ____________________________  III. ____________________________  IV. ____________________________
16. PLACEMENT REQUESTED: ____________________________  17. PLACEMENT STATUS: ____________________________  18. FOSTER HOME TYPE: ____________________________

PART III - TYPES OF EXCEPTIONS
Provide clear & concise justification that articulates the reason(s) for the request in Section “Detailed Explanation” of each Brian A directive Items 35 through 44). The justification must include answers to all of the following statements:

- How many children are currently at this placement?
- What barriers existed to using or considering another family member (grandmother, aunt, cousin, uncle, etc.) placement?
- Provide the unique TNHDS identifying numbers, birth dates, adjudication and relationships of each child living in the home and indicate whether the child is in foster care. (Exception Requests are not required for adoption or biological children in the home.)
- Were the parents or caretaker and the case manager in agreement with this decision, if not explain? Was the placement decision reached within the context of a Child & Family Team Meeting?
- Is this a relative placement and has the expected approval occurred?
- Will the proposed placement be stable and directly support the child's need for permanency? Answer yes if (i) the proposed placement is expected to be the only placement until reunification or (ii) the proposed placement would be an appropriate safe or concurrent permanency option if the circumstances so indicate.
- How many resources were considered? Attach a list of all resources contacted (including the names of all relatives that were contacted) and indicate the response received.
- If this proposed placement is not the optimal placement & is being sought because better options are not available, indicate the type of placement and service options that are in short supply in your region. If you believe this is an isolated instance & that the more appropriate placement & service options are usually available, then so indicate.

CHECK ALL THAT APPLY BELOW

NOTE: Once licensing standards are promulgated they become the force of law and may not be waived (see Licensing Standards for Child Placing Agencies, 1240-49-0765). Exception request approvals only address Brian A standards and do not affect licensure standards. All exception request placements not conducted within the Child & Family Team (CFTM) framework must convene a CFTM within three (3) weeks of the exception placement being made.
35. Placement not within the region or 75 miles.

**Standards:** Children must be placed within their own region or within 75 miles unless the child's needs are so exceptional that they cannot be met by a family or facility within the region or the child's permanency calls for reunification with parents who reside outside the region.

<table>
<thead>
<tr>
<th>1. Compliant with Brian A. (Provide justification below)</th>
<th>2. Non-Compliant with Brian A. (Provide justification below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This request meets the Brian A. standard for placement exception because the child's needs are so exceptional that they cannot be met by a family or facility within the region.</td>
<td>A. Resource Limitations. The request is made because there are no appropriate placements within the region or in the region that meet the standard for Brian A. placement exceptions. Complete column A of the Certified Assurances.</td>
</tr>
<tr>
<td>B. This request meets the Brian A. standard for placement exception because the child's permanency calls for reunification with parents who reside outside the region.</td>
<td>B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child &amp; family. Complete column B of the Certified Assurances.</td>
</tr>
<tr>
<td>C. This request meets the Brian A. standards for placement because the placement is with a relative outside the region.</td>
<td></td>
</tr>
</tbody>
</table>

**Detailed Explanation:**

36. More than three (3) children in Foster home under age three (3).

**Standards:** No child shall be placed in a foster home if that placement will result in more than three (3) children under the age of three in the home. An exception in the best interests of the child (as documented in child's file) shall apply.

<table>
<thead>
<tr>
<th>1. Compliant with Brian A. (Provide justification below)</th>
<th>2. Non-Compliant with Brian A. (Provide justification below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This request meets the Brian A. standard for placement exception because the placement is in the best interest of the child.</td>
<td>A. Resource Limitations. The request is made because there are no appropriate placements available that comply with Brian A. placement standards. Complete column A of the Certified Assurances.</td>
</tr>
<tr>
<td>B. This request meets the Brian A. standard for placement exception because the placement is a sibling group in a resource home with no other children.</td>
<td>B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child &amp; family. Complete column B of the Certified Assurances.</td>
</tr>
</tbody>
</table>

**Detailed Explanation:**

37. More than three (3) foster children in the home.

**Standards:** No child shall be placed in a foster home if that placement will result in more than three (3) foster children in the home. An exception in the best interests of the child (as documented in child's file) shall apply. An exception for the placement of a sibling group in a resource home with no other children in the home shall also apply.

<table>
<thead>
<tr>
<th>1. Compliant with Brian A. (Provide justification below)</th>
<th>2. Non-Compliant with Brian A. (Provide justification below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This request meets the Brian A. standard for placement exception because the placement is for a child who is part of a sibling group placed in a resource home, which has no other children in the home.</td>
<td>A. Resource Limitations. The request is made because there are no appropriate placements available that comply with Brian A. placement standards. Complete column A of the Certified Assurances.</td>
</tr>
<tr>
<td>B. This request meets the Brian A. standard for placement exception because the placement is a sibling group in a resource home with no other children.</td>
<td>B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child &amp; family. Complete column B of the Certified Assurances.</td>
</tr>
</tbody>
</table>

**Detailed Explanation:**
30. More than six (6) children total in the foster home.
Standard: No child shall be placed in a foster home if that placement will result in more than six (6) children (including natural and adopted children) in the home. An exception in the best interests of the child (as documented in child's file) shall apply. An exception for the placement of a sibling group in a resource home with other children in the home shall also apply.

i. Compliant with Brian A. (Provide justification below)

A. This request meets the Brian A. standard for placement exception because the placement is in the best interests of the child.

B. This request meets the Brian A. standard for placement exception because the placement is a sibling group in a resource home with no other children.

ii. Non-Compliant with Brian A. (Provide justification below)

A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with Brian A. placement standards. Complete Column A of the Certified Assurances.

B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

Detailed Explanation:

31. Siblings placed apart.
Standard: Siblings shall be placed together. An exception applies in cases in which it would be harmful for one or more of the siblings to be placed together. An exception applies in cases in which a sibling has such exceptional needs that can only be met in a specialized program or facility. An exception applies in cases in which the size of the sibling group makes placement together impractical notwithstanding diligent efforts to place them together.

i. Compliant with Brian A. (Provide justification below)

A. This request meets the Brian A. standard for placement exception because this child or the child's sibling would be harmed if the siblings were placed together.

B. This request meets the Brian A. standard for placement exception because this child has such exceptional needs that can only be met in this specialized program or facility.

C. This request meets the Brian A. standard for placement exception because the size of the sibling group makes placement together impractical notwithstanding the diligent efforts that were expended to place them together.

ii. Non-Compliant with Brian A. (Provide justification below)

A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with Brian A. placement standards. Complete Column A of the Certified Assurances.

B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

Detailed Explanation:

40. Child under age six (6) placed in a congregate group home.
Standard: No child under six (6) shall be placed in congregate care (i.e., a group care non-foster family home setting). An exception shall apply in cases in which the Regional Administrator personally certifies that the child has exceptional needs, which cannot be met in any other type of placement. The services that will be provided to meet the child's individual needs are stated below.

i. Compliant with Brian A. (Provide justification below)

A. This request meets the Brian A. standard for placement exception because the Regional Administrator personally certifies that the child has exceptional needs, which cannot be met in any other type of placement. The services that will be provided to meet the child's individual needs are stated below.

ii. Non-Compliant with Brian A. (Provide justification below)

A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with Brian A. placement standards. Complete Column A of the Certified Assurances.

B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

Detailed Explanation:
41. Child placed in a residential treatment center or group care setting with capacity in excess of eight (8) children.
   Standard: No child shall be placed in a residential treatment center or any other group care setting with a capacity in excess of eight (8) children. An exception shall apply in cases in which the Regional Administrator personally certifies that the specific placement is the least restrictive option that will meet the child's individual needs and includes a description of the services in the facility that will address the individual needs of the child.

   I. Compliant with Brian A. (Provide justification below)

      A. This request meets the Brian A. standard for placement exception because the Regional Administrator personally certifies that this specific placement is the least restrictive option that will meet the child's individual needs. The services that will be provided to meet the child's individual needs are stated below.

   II. Non-Compliant with Brian A. (Provide justification below)

      A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with Brian A. placement standards. Complete Column A of the Certified Assurances.

   B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

Detailed Explanation:

42. More than two (2) therapeutic children in a foster home (DCS Policy).
   Standard: Pursuant to DCS policy, no child with therapeutic needs shall be placed in a resource home if that placement will result in more than two (2) children with therapeutic needs in the home. An exception shall apply for sibling placements. An exception shall apply for children with documented exceptional needs that cannot be met in any other type of placement.

   I. Compliant with DCS policy. (Provide justification below)

      A. This request meets DCS policy standard for placement exception because the placement is made to keep a sibling group together.

   II. Non-Compliant with DCS policy. (Provide justification below)

      A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with DCS policy placement standards. Complete Column A of the Certified Assurances.

   B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

Detailed Explanation:

43. Shelter placement in excess of thirty (30) days.
   Standard: No child shall remain in emergency or temporary facilities (including emergency shelters) for more than thirty (30) days.

   I. Note: This placement standard has no exceptions that comply with Brian A.

   II. Non-Compliant with Brian A. (Provide justification below)

      A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with Brian A. placement standards. Complete Column A of the Certified Assurances.

   B. Clinical Reasons. This request is made because the facts and circumstances in this particular instance make this placement the best option to meet the individual needs of this child and family. Complete column B of the Certified Assurances.

Detailed Explanation:

44. Multiple shelter placements
   Standard: No child shall be placed in more than one (1) shelter or other emergency or temporary placement within any 12-month period. An exception for up to five (5) days for runaway children shall apply. An exception for children facing a direct threat to their safety, or who present a threat to the safety of others shall apply. An exception for up to fifteen (15) days for children requiring placement for the purposes of assessing placement needs as a result of significant behavioral changes shall apply.

   I. Compliant with Brian A. (Provide justification below)

   II. Non-Compliant with Brian A. (Provide justification below)

      This request fails to meet the Brian A. standard for placement exception.
A. This request meets the Brian A. standard for placement exception because the placement is for an apprehended runaway and shall not exceed 5 (five) days.

B. This request meets the Brian A. standard for placement exception because the placement is for a child who faces a direct threat to his or her safety or who is a direct threat to the safety of others.

C. This request meets the Brian A. standard for placement exception because the Regional Administrator certifies that the placement is to assess a child who requires placement as a result of significant behavioral changes and certifies that the placement shall not exceed fifteen (15) days.

Detailed Explanation:

IV. CERTIFIED ASSURANCES (45)

The person(s) requesting this proposed placement exception provides the following assurances:

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCS assures that this placement will be reviewed within three (3) weeks at the next CFTM. The CFTM is scheduled for:</td>
<td>DCS assures that this placement will be reviewed within seven (7) days at the next CFTM. The CFTM is scheduled for:</td>
</tr>
<tr>
<td>DCS assures that an interim visitation plan is in place and is included in the case file.</td>
<td>DCS assures that at the next CFTM held within seven (7) days, the CFTM will include the participation of at least one of the following: The Health Unit psychologist, DCS psychologist, Health Unit nurse, Director of Medical &amp; Behavioral Services, or a DCS contract psychologist.</td>
</tr>
<tr>
<td>DCS assures that this is not a request for a placement in a jail or secure detention or correctional facility.</td>
<td>DCS assures that an interim visitation plan is in place and is included in the case file.</td>
</tr>
<tr>
<td>DCS assures that this placement will not commingle children with an assessed risk for violence or sexual assault with children who do not possess a risk for violence or sexual assault?</td>
<td>DCS assures that this is not a request for a placement in a jail or secure detention or correctional facility.</td>
</tr>
<tr>
<td>DCS assures that this placement will not commingle children with an assessed risk for violence or sexual assault with children who do not possess a risk for violence or sexual assault?</td>
<td>DCS assures that this placement will not commingle children with an assessed risk for violence or sexual assault with children who do not possess a risk for violence or sexual assault?</td>
</tr>
</tbody>
</table>

APPROVED BY:

46. DCS TEAM LEADER OR COORDINATOR SIGNATURE: 47. TEAM LEADER OR COORDINATOR NAME: 48. DATE

49. DCS REGIONAL ADMINISTRATOR SIGNATURE: 50. REGIONAL ADMINISTRATOR NAME: 51. DATE

REVIEWED BY:

52. CHILD & FAMILY TEAM DECISION-MAKING (CFTM) MEMBERS &/or TEAM DECISION MAKING MEMBERS: 52. DATE:

CS-0664 5
APPENDIX J

Psychotropic Medication Utilization Parameters for Children in State Custody

Psychotropic Medication Utilization Parameters
For Children in State Custody

Adapted by:
Tennessee Department of Children’s Services
Pharmacy and Therapeutics Committee

Developed by:
Texas Department of State Health Services
with review and input
provided by:
Federation of Texas Psychiatry
Texas Pediatric Society
Texas Academy of Family Physicians
Texas Osteopathic Medical Association
Texas Medical Association
Psychotropic Medication Utilization Parameters
For Children in State Custody

Introduction and General Principles

The use of psychotropic medications by children is an issue confronting parents, other caregivers, and health care professionals across the United States. Children in state custody, in particular, have multiple needs, including those related to emotional or psychological stress. Children in state custody typically have experienced abusive, neglectful, serial or chaotic caretaking environments. Birth family history is often not available. These children often present with a fluidity of different symptoms over time reflective of past traumatic and reactive attachment difficulties that may mimic many overlapping psychiatric disorders. Establishment of rapport is often difficult. These multiple factors serve to complicate diagnosis. Children in state custody may reside in areas of the state where mental health professionals such as child psychiatrists are not readily available. Similarly, caregivers and health providers may be faced with critical situations that require immediate decisions about the care to be delivered. For these and other reasons, a need exists for treatment guidelines and parameters regarding the appropriate use of psychotropic medications for children in state custody.

Because of the complex issues involved in the lives of children in state custody, it is important that a comprehensive evaluation be performed before beginning treatment for a mental or behavioral disorder. Except in the case of an emergency, a child should receive a thorough health history, psychosocial assessment, mental status exam, and physical exam before the prescribing of psychotropic medication. The physical assessment should be performed by a physician or another healthcare professional qualified to perform such an assessment. It is recognized that in some situations, it may be in the best interest of the child to prescribe psychotropic medications before a physical exam can actually be performed. In these situations, a thorough health history should be performed to assess for significant medical disorders and past response to medications, and a physical evaluation should be performed as soon as possible. Appropriate screening tools should be used for children through the Early & Prevention Screening, Diagnosis & Treatment (EPSDT) process or who are being treated by primary care providers. Children with complicated or refractory symptoms should be referred to a qualified mental health professional for consultation or treatment. The mental health assessment should be performed by an appropriately qualified mental health professional with experience in providing care to children. The child’s symptoms and functioning should be assessed across multiple domains, and the assessment should be developmentally appropriate. It is very important that information about the child’s history and current functioning be made available to the treating clinician in a timely manner, either through an adult who is well-informed about the child or through a comprehensive medical record. Psychological testing may be indicated when a disorder is suspected but symptoms can’t be reported, underlying issues are suspected that may be difficult to identify in the course of treatment, treatment fails, educational placement is needed and treatment determination is needed for sexually inappropriate actions.
The role of nonpharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self-injurious behavior, physical aggression that is acutely dangerous to others, severe impulsivity endangering the child or others, marked disturbance of psychophysiological functioning (such as profound sleep disturbance), or marked anxiety, isolation, or withdrawal, or for conditions in which research has clearly indicated the superiority of pharmacotherapy (e.g., ADHD). Given the unusual stress and change in environmental circumstances associated with being a child in state custody, counseling or psychotherapy (including behavioral therapies) should generally begin before or concurrent with prescription of a psychotropic medication. Patient and caregiver education about the mental disorder, treatment options (nonpharmacological and pharmacological), treat expectations, and potential side effects should occur before and during the prescription of psychotropic medications.

It is recognized that many psychotropic medications do not have Food and Drug Administration (FDA) approved labeling for use in children. The FDA has a statutory mandate to determine whether pharmaceutical company sponsored research indicates that a medication is safe and effective for those indications in which it has been studied by the manufacturer. The FDA also assures that information in the approved product labeling is accurate, and limits the manufacturer’s marketing to the information contained in the approved labeling. The FDA does not regulate physician and other health provider practice. In fact, the FDA has stated that it does “not limit the manner in which a practitioner may prescribe an approved drug.” Studies and expert clinical experience often support the use of medication for an “off-label” use. Physicians should utilize the available evidence, expert opinion, their own clinical experience, and exercise their clinical judgment in prescribing what they feel is best for each individual patient.

General principles regarding the use of psychotropic medications in children include:

- A DSM-IV TR psychiatric diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver. Whenever possible, recognized clinical rating scales (clinician, patient, or caregiver assessed, as appropriate) or other measures should be used to quantify the response of the child’s target symptoms to treatment and the progress made toward treatment goals.
- In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the over all benefit-to-risk of pharmacotherapy. The clinician should also take into consideration birth control status, potential
for pregnancy, and other potentially complicating medical conditions or medications.

- Except in the case of emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit-to-risk ratio of treatment should be discussed.

- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child’s medical record at each visit.

- Appropriate monitoring of indices such as height, weight, blood pressure, or other laboratory findings should be documented.

- Monotherapy regimens for a given disorder of specific target symptoms should usually be tried before polypharmacy regimens.

- Doses should usually be started low and titrated carefully as needed.

- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).

- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child’s condition and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects.

- In depressed children and adolescents, the potential for emergent suicidality should be carefully evaluated and monitored.

- If the prescriber is not a child psychiatrist, referral to or consultation with a psychiatrist should occur if the child’s clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child’s clinical status and the medication regimen being used.

- When medication changes are warranted within the same class of medications, a 60 day cross-over period of titration of the new agent and taper of the agent to be discontinued is appropriate unless the agent to be discontinued is causing adverse effects.

- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.

- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-IV TR nonpsychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six
months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.

- The clinician should clearly document care provided in the child’s medical record, including history, mental status assessment, physical findings (when relevant), impressions, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effect, treatment plan, and intended use of prescribed medications.

Criteria Triggering Further Review of a Child’s Clinical Status

The following situations indicate a need for further review of a patient’s case. These parameters do not necessarily indicate that treatment is inappropriate, but they do indicate a need for further review.

For a child/adolescent being prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient’s clinical status:

1) Absence of a thorough assessment of DSM-IV diagnosis in the child’s medical record.

2) Four (4) or more psychotropic medications prescribed concomitantly.
   
   Note:
   a) For the purpose of this document, polypharmacy is defined as the use of two or more medications for the same indication (i.e., specific mental disorder).
   b) The prescription of side effect agents of benztropine or diphenhydramine does not count toward the total psychotropic number.

3) Prescribing:
   a) Two (2) or more concomitant antidepressants,
   b) Two (2) or more concomitant antipsychotic medications,
   c) Two (2) or more concomitant stimulant medications, or
   d) Two (2) or more concomitant mood stabilizer medications.
   (1) The prescription of a long-acting stimulant and an immediate release stimulant of the same chemical entity (e.g., methylphenidate) does not constitute concomitant prescribing.

4) The prescribed psychotropic medication is not consistent with the patient’s diagnosis or the patient’s target symptoms (i.e., specific symptoms observed in a child/adolescent that are associated with a mental disorder, and that usually respond to the medication being prescribed).
5) Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy.

6) The psychotropic medication dose exceed usually recommended doses.

7) Psychotropic medications are prescribed for children five (5) years and under.

8) Prescribing by a primary care provider for a diagnosis other than the following single DSM-IV TR Axis I diagnosis (unless recommended by a consultant in the specialties of: pediatric neurology, psychiatry, or developmental behavioral pediatrician):
   - Attention Deficit Hyperactive Disorder (ADHD)
   - Enopressis
   - Enuresis
   - Mild-moderate anxiety disorders,
   - Mild-moderate depression,
   - Mild-moderate developmental disorders
   - Mild-moderate sleep disorders
   - Mild-moderate tic disorders

a) **Usual recommended maximum doses of common psychotropic medications.**

*Note*

a) These tables are intended to reflect usual maximum doses of commonly used psychotropic medications. The preferred drug formulary potentially prescribed for children in state custody is the same as for all other TennCare recipients.

b) These doses represent usual daily maximum doses, and are intended to serve as a guide for clinicians. The tables are not intended to serve as a substitute for sound clinical judgment in the care of individual patients, and individual patient circumstances may dictate the need for the use of higher doses in specific patients. In these cases, careful documentation of the rationale for the higher dose should occur, and care monitoring and documentation of response to treatment should be observed.

c) Not all medications prescribed by clinicians for psychiatric diagnoses in children and adolescents are included below. However, in general, medications not listed do not have adequate efficacy and safety information available to support a usual maximum dose recommendation.

**Antidepressants/Anxiolytics**

<table>
<thead>
<tr>
<th></th>
<th>Maximum Dose per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children</td>
</tr>
<tr>
<td>Citalopram</td>
<td>40mg</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>20mg</td>
</tr>
<tr>
<td>Fluvoxamine (2)</td>
<td>200mg</td>
</tr>
<tr>
<td>Fluoxetine (2, 3)</td>
<td>20mg</td>
</tr>
<tr>
<td>Brand</td>
<td>Children</td>
</tr>
<tr>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>Paroxetine</td>
<td>30mg</td>
</tr>
<tr>
<td>Sertraline</td>
<td>200mg</td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>3 mg/kg/d</td>
</tr>
</tbody>
</table>

(1) In general, doses should be started low and titrated slowly while monitoring the patient for improvement in depressive symptoms, potential side effects, or emergent suicidality
(2) Has FDA approved labeling for treatment of depression in children.
(3) Has FDA approved labeling for treatment of anxiety disorders in children.

### Antipsychotics

<table>
<thead>
<tr>
<th>Brand</th>
<th>Children</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole</td>
<td>15mg</td>
<td>30mg</td>
</tr>
<tr>
<td>Clozapine</td>
<td>300mg</td>
<td>600mg</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>10mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>12.5mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>300mg</td>
<td>600mg</td>
</tr>
<tr>
<td>Risperidone</td>
<td>4mg</td>
<td>6mg</td>
</tr>
<tr>
<td>Ziprasidone</td>
<td>No data</td>
<td>180mg</td>
</tr>
</tbody>
</table>

### ADHD Medications

<table>
<thead>
<tr>
<th>Brand</th>
<th>Children</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td>40mg</td>
<td>40mg</td>
</tr>
<tr>
<td>(Mixed amphetamine salts Or dextroamphetamine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexmethylphenidate</td>
<td>20mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>60mg</td>
<td>72mg</td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atomoxetine</td>
<td>1.8mg/kg/d</td>
<td>100mg</td>
</tr>
<tr>
<td>Bupropion</td>
<td>6mg/kg/d</td>
<td>450mg</td>
</tr>
<tr>
<td>Clonidine</td>
<td>0.4mg</td>
<td>0.4mg</td>
</tr>
<tr>
<td>Guanfacine</td>
<td>4mg</td>
<td>4mg</td>
</tr>
<tr>
<td>Imipramine</td>
<td>5mg/kg/d</td>
<td>300mg</td>
</tr>
<tr>
<td>Nortriptyline</td>
<td>3mg/kg/d</td>
<td>150mg</td>
</tr>
</tbody>
</table>
### Mood Stabilizers

<table>
<thead>
<tr>
<th>Drug</th>
<th>Children</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine (3)</td>
<td>7mg/kg/d</td>
<td>(Max Cs: 12mcg/mL)</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>15mg/kg/d (200mg)</td>
<td>200mg</td>
</tr>
<tr>
<td>Lithium (3)</td>
<td>30mg/kg/d</td>
<td>(Max Cs: 1.2mcg/L)</td>
</tr>
<tr>
<td>Valproic acid (3)</td>
<td>20mg/kg/d</td>
<td>(Max Cs: 125mcg/ml)</td>
</tr>
<tr>
<td>(Divalproex)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(3) *Maximum daily dose typically determined by drug serum concentration (Cs) and individual patient tolerability.*
Members of the Ad Hoc Working Group on Psychotropic Medication Guidelines for Foster Children

M. Lynn Crismon, Pharm.D.: Dr. Crismon is the Behrens Inc. Centennial Professor in Pharmacy and Director of the Psychiatric Pharmacy Program at the University of Texas at Austin. He is a diplomat of the American Board of Clinical Pharmacology, and he is a board-certified psychiatrist. He served as project director for the Children Medication Algorithm Project and as a co-director for the Texas Medication Algorithm Project.

Peter Jensen, M.D.: Dr. Jensen is Professor and Director of the Center for Advancement of Children’s Mental Health, Columbia University, NYC, NY. He is a renowned researcher and clinician in the care of children with mental disorders.

Linda Logan, M.P.Aff.: Ms. Logan is coordinator for the Office of the Medical Director for Mental Health Services, DSHS, in Austin, TX. She has years of experience in policy and rules development.

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Document Review and Input by the clinical committees of:
The Federation of Texas Psychiatry
The Texas Pediatric Society
The Texas Academy of Family Physicians
The Texas Osteopathic Medical Association
The Texas Medical Association
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