

STATUS REPORT

OF

**THE TECHNICAL ASSISTANCE
COMMITTEE**

**IN THE CASE OF
BRIAN A. v. SUNDQUIST**

TO

THE PARTIES AND THE MONITOR

December 10, 2003

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INTRODUCTION

Purpose of this Report

The Settlement Agreement entered in the case of Brian A. v. Sundquist established a Technical Assistance Committee (TAC), consisting 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 ensuring that DCS had available to it the range of expertise and assistance that was perceived by the parties as necessary to ensure that the effort would be successful. The primary function of the TAC is to advise and assist DCS in its efforts to design, implement and evaluate the reforms and improvements required by the Settlement Agreement.

In addition, there are certain areas in which the Settlement Agreement gives the TAC some responsibility for making recommendations, which the Department is then required to implement. With respect to those areas, the TAC's approach has been to engage in a very deliberative consultative process, so that the recommendations made are developed with and supported by, rather than imposed on, the Department.

This report provides the parties and the monitor with a candid assessment of the Department's progress in implementing those Settlement Agreement provisions that involve consultation with the TAC and the extent to which the Department has effectively utilized that consultation. The report sets forth the relevant provisions of the settlement in each of the areas of TAC responsibility and summarizes the activities and recommendations of the TAC corresponding to those provisions.

The purpose of this report is three fold: to provide the parties and the monitor with accurate information on the status of the TAC's work to date; to identify the barriers that the TAC believes must be overcome if the Department is to be successful in its reform effort; and to suggest an agenda for developing an implementation plan.

Assessment of the Department's Work With The TAC

As reflected in the body of the report, in a number of areas the Department has worked consistently, conscientiously and constructively with the TAC on specific tasks and made significant progress. The efforts to move foster children from in-house schools to public schools and the effort thus far to implement child and family team meetings are two such areas of successful work. Additional examples, although still "in progress", include the Department's work on the evaluation of and recommendations regarding the continuum contracts; the review and revision of policy and practice regarding administration of psychotropic medications, and the use of restraints and seclusion; and recent efforts in developing an appropriate skills based curriculum for use in pre-service and in-service training. The Department also successfully transitioned children out of Tennessee

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Preparatory School into more appropriate family and community settings, effectively enlisting the TAC as an “ombudsperson” accessible to the TPS students to ensure that their specific concerns, preferences, and needs were heard, respected, and addressed in the transition process.

In other areas in which DCS was to work in consultation with the TAC the Department has not made the kind of progress in implementing reforms that might reasonably have been expected over a two-year period. Among these areas are: development and implementation of a new practice model; effective use of additional state funds to develop the resources needed to assist children and families; staff training and supervision; foster and adoptive parent recruitment and retention; quality assurance; and the development of a substantially improved management information system. In some of these areas, there has been little meaningful consultation to date; in others, there has been periodic consultation, but not the sustained effort required to develop and implement a plan for change; and in still others, the TAC has made recommendations that have not yet been implemented, even when the implementation is required by the Settlement Agreement.

The Role of Department Leadership

One of the hallmarks of the Brian A. Settlement Agreement is that it embraced the principles that DCS had established as its own in the early stages of an internal reform effort that preceded the settlement. The parties shared the belief that a system operated in accordance with these principles would both address the problems that had long plagued Tennessee’s child welfare system and achieve the outcomes for children and families to which the parties were committed. Most significantly, the agreement contemplated that, while there are a number of detailed and specific reforms that the Department agreed to make, it would be the management responsibility of DCS to develop and implement the specific strategies necessary to translate the principles into practice.

In light of this, the first recommendation that the TAC made in the first month of its work (and one that it has continued to make over the past two years) is the importance of the Department having its own overall strategy for change—a vision of what the system will look like when the new practice is fully implemented and a prioritized plan for how the Department is going to get there.

The TAC expressed the concern, based on experience in other jurisdictions, that if the Department did not develop its own agenda, its own implementation plan, then the agenda would become a lengthy, and largely unprioritized list of provisions and outcome measures in the Settlement Agreement. In the TAC’s view, this would give rise to a fragmented, ad hoc, reactive, “crisis oriented” management approach that would result in considerable expenditure of resources and energy, but not likely result in significant system change.

The findings and recommendations of the first needs assessment underscored the TAC’s concern. The needs assessment found that “the current service system, even with an

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influx of new resources, is unlikely to produce the outcomes sought by the Settlement Agreement and valued by the community—safety, stability, permanence, and well-being for children in care—on a predictable basis.”

The needs assessment concluded that a fundamental obstacle to improvement was the absence of a clear and universally recognized practice model. A practice model—a combination of shared values, methods and skills that define how the service system will work—provides a blueprint of how families, state agencies, service providers, and other stakeholders will work together on behalf of children and families. The successful development and broad implementation of a practice model is the first step in resolving the fragmentation and limited success that characterizes the response to children and families observed during the needs assessment.

In January 2003, consultants engaged by the Department delivered a written draft of the practice model, sufficiently clear and comprehensive to permit the Department to undertake a prompt review, make any necessary revisions, and adopt the model as the basis for changes in policy, training, supervision, and resource allocation, among other needs. For reasons not clear to the TAC, it was not until mid November that the Department conducted this review, made some minor revisions, and adopted the practice model. In our view, this delay has both slowed the pace of reform and deprived Department staff and the general public of a clear statement of direction that could form the basis of an implementation plan.

The lack of progress on the practice model and on an implementation plan has also heightened the perception of a lack of leadership support for and a diminished DCS priority for moving forward with the Brian A. related reforms. The Department is about to experience its fourth Commissioner in the relatively short period of time since the entry of the Settlement Agreement and the momentum of the reform effort has been slowed by each transition. It is therefore critical, if the reform effort is going to move ahead in earnest, for each new administration and new leadership team to clearly communicate the values of the reform and to embrace the reform as their own.

Without a plan that helps to set priorities, guide work, and provide benchmarks for measuring progress, it is unlikely that staffing decisions and other resources are going to be allocated strategically. Many of the areas in which progress has been disappointing reflect the Department’s failure to assign the right staff, assign sufficient staff, or provide the staff with the proper authority, resources and support. In order to move forward the Department needs to build the internal capacity of the system through the strategic deployment of existing staff, recruitment of new staff and training, support and staff development.

Finally, an implementation plan would include identifying and collecting data that the Department needs to understand not just whether it is making progress in implementing the plan, but which strategies are succeeding and which are not. The TAC has consistently recommended that the Department decide on a set of key management

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reports tied to an implementation plan that will provide consistent, reliable, and timely data to DCS managers. In the absence of such an approach, data collection efforts have focused almost exclusively on what is needed to monitor compliance with the court decree. And while that data can tell the Department whether it is “in compliance” with particular outcome measures, it is unlikely to help the Department understand why it is failing in a particular area, what strategies seem to be working, what strategies are not, and what DCS might reasonably do to improve the outcomes.

If the Department is going to succeed in its reform effort, it must have clear leadership and direction. The leadership must:

- send a consistent, clear, unequivocal, unambiguous message to the field that the leadership embraces the principles and new practice envisioned by the reform;
- articulate a vision of how the system will operate when the transformation of principles into practice is complete, so that staff understand where the reform effort is going;
- develop an implementation plan that sets out the concrete steps (including tasks, time lines, persons responsible, and resources)—a roadmap for getting the system from present practice to full implementation of the envisioned practice;
- demonstrate through the selection and assignment of staff and resources, a commitment to both the vision and the implementation plan; and
- move forward with the implementation plan in a way that includes (a) short term as well as longer term targets, (b) data collection, monitoring and reporting of progress on reaching those targets, and (c) a mechanism for adjusting the implementation plan as the experience in moving forward informs the work.

Developing an Implementation Plan

The first order of business must be the development of an implementation plan and the strengthening of the leadership team to ensure that it has the capacity to implement the full range of actions in the plan.

There are a number of ingredients for an implementation plan that have already been the subject of significant DCS activity and discussion. Further, there is a written practice model which provides a good statement of what a well operating system functioning consistent with the Brian A. principles would look like—how children and families would experience the system; what expectations such a system would have of staff and what support staff would receive from supervisors and central office to enable them to meet those expectations.

As discussed in the body of this report, the TAC had made recommendations in January of 2003 about how the Department might use the practice model document to identify

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key strategic areas to concentrate on as the first stages of the implementation plan. At this point, the TAC would recommend that the implementation plan initially focus on several key areas, which need to be developed in an integrated manner—that is, not as separate, unrelated activities, but as a coherent set of interrelated and mutually reinforcing strategies for system improvement.

The plan should establish priorities for action and structure the sequencing of activities, but overall, the plan needs to clearly lay out what can feasibly be accomplished within reasonable time frames, who is responsible and accountable for progress, what resources are required, and how progress will be tracked and reported. The specific strategies, tasks, action steps, and deployment of resources in the plan must reflect a well-reasoned judgment about what is likely to be necessary to achieve both short term and long term objectives. The plan has to contain sufficient detail so that it is not simply a statement of sincere commitment to achieve the desired objectives.

The implementation plan should address these key substantive areas:

Leadership and Management:

- designating/developing a leadership and management team with sufficient authority, skills and child welfare expertise to champion the reform agenda;
- redesigning the Regional-Central Office relationship in ways that clarify the structure, resources, and management expectations, and create clear lines of authority and accountability for the work.

Creating and Sustaining a Sufficient and Well-Qualified Workforce:

- ongoing recruitment and hiring of qualified staff;
- implementing an ambitious and well-resourced training program which will provide the pre-service, in-service and supervisor training to build the skills needed to implement the new practice model;
- improving skills and responsibilities of supervisory staff;
- developing staff retention strategies, including improvements in staff compensation.

Implementing Child and Family Team Meetings as an essential practice strategy of the reform effort, including:

- developing an assessment process for children and families that is integrated with the child and family team meeting process;

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- ensuring that workers identify, recruit and involve supportive family and community members on teams;
- developing an approach to placement decisions and processes that is integrated with the child and family team meeting process;
- developing an approach to adoption services that is integrated with the child and family team meeting process;
- developing a clear plan for required contact of case managers with child and family, and a management system that will track performance in this critical area, by office, supervisory unit, and individual case manager;
- developing a clear plan and appropriate resources for maximum appropriate contact of children with their parents, siblings and relatives.

Child Protective Services

- improving the timeliness and quality of investigation of abuse and neglect through a review and modification of current policy and practice and the retraining of staff performing investigations, consistent with the practice model;
- improving services and supports to prevent reoccurrence of maltreatment and prevent entry/reentry into foster care.

Foster, Kinship, and Adoptive Home Development:

- developing strategies to substantially improve supports for current foster and adoptive parents and relative care givers;
- developing strategies to recruit a significant number of additional resource families, primarily in the communities from which the largest number of children are entering foster care, and with a special emphasis on families interested in accepting teenagers and special needs children;
- developing strategies to more effectively and frequently use child-specific recruitment efforts for foster and adoptive placements.

Resource Development:

- clarifying roles and responsibilities with private providers;
- implementing the continuum study recommendations;
- more effectively using flexible funds, including needs assessment dollars;

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- improving relationship and accountability with CSAs for delivering services to children and families;
- maximizing federal revenue.

Data Management: developing a data management plan focused on producing the data necessary to

- support and monitor the implementation plan,
- evaluate progress,
- provide feedback that can be used to improve practice, including
- data about the outcomes achieved by the Department as a whole and by each regional office, and
- data about key process indicators (e.g., the timely initiation and completion of CPS investigations) with sufficient detail (i.e., for each supervisory unit and worker) to permit this information to be used effectively as a management tool.

Quality Assurance: developing a comprehensive plan for quality assurance that includes:

- capacity for analyzing and routinely using management and outcome data;
- a process for reviewing and assessing quality of service delivery;
- targeted case reviews;
- sufficient internal capacity (qualified staff and resources for QA functions);
- clear mechanisms for using the results of quality assurance for policy and procedure modification and resource development and planning;
- maximizes the utility of the external quality service review process (C-PORT).

The Role of the TAC and Relationship with DCS and the Monitor

The Settlement Agreement established both a technical assistance committee and a monitor, who was identified and agreed upon by the parties prior to the completion of the Settlement Agreement. The monitor is defined as “an independent and neutral party who will monitor compliance with the terms of this Settlement Agreement.” To carry out this responsibility, the monitor has developed a staff in Tennessee with major responsibilities

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for case record reviews performed in conjunction with the Department's Quality Assurance unit staff.

Various terms of the Settlement Agreement give both the monitor and the TAC authority with regard to the operations of DCS. The monitor has "...the authority to require reports on the status of the implementation of any and all requirements of this Settlement Agreement, the status of foster children in DCS custody, and compliance with this Settlement Agreement." The TAC's "primary function . . . is advisory; however, DCS shall implement the technical assistance committee's recommendations in all areas so specified in this Settlement Agreement."

Given these related responsibilities, the TAC and the monitor have made efforts to coordinate their work. The monitor attended a number of TAC meetings early on; there have been multiple phone conferences at which each party caught up on the other's activities; and the TAC and the monitor have routinely exchanged draft documents so the other party could comment before those reports were finalized. Nevertheless, it has been our experience that the presence of these two bodies, each with independent, court-enforceable responsibilities, has been a complicating factor in the effort to reform Tennessee's child welfare system.

Perhaps this point can best be explained by illustration with two specific examples. First, responsibility for monitoring the Department's implementation of binding recommendations issued by the TAC is not fully clear. So, for example, significant recommendations emerged from last year's Needs Assessment. The monitor gathered information about the Department's response in some but not all areas; the TAC had several follow-up conversations but never felt that it had the responsibility of drawing an overall conclusion about the adequacy of the Department's actions; and the plaintiffs' attorneys also had multiple questions which they addressed directly with DCS. The monitor included in the monitoring plan a requirement that DCS provide status reports on the implementation of the TAC recommendations, which DCS never did. In short, this issue was monitored to some extent by three different bodies, but monitored definitively or completely by none of them.

The second example has to do with the Department's quality assurance efforts. The Department is responsible for providing multiple data reports to the monitor, and for assisting in the monitor's work of reviewing case records to determine DCS's compliance with specific Settlement Agreement provisions. These tasks were assigned within DCS to the Quality Assurance (QA) unit, and the monitor's primary interest in dealing with this unit has quite understandably been to ensure that QA is able to meet her needs for specific data and for case record reading assistance.

At the same time, however, the TAC has been required by the Settlement Agreement to review and approve the Department's Quality Assurance plan. The TAC's primary interest in this area has been quite different from the monitor's. The TAC's emphasis has been on ensuring that the Quality Assurance function incorporates qualitative as well as quantitative reviews of the Department's performance. The TAC has been concerned

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that QA findings must get at the “why” questions, so the Department has a base of knowledge from which to determine how to solve problems, not just “counts” of how many cases are in or out of compliance with Settlement Agreement requirements.

In this instance, as in others, both the monitor and the TAC have been appropriately carrying out their responsibilities, but the result has been to further complicate matters. DCS is faced with two sources of authoritative guidance, with no clear mechanism for mediating between the two or deciding which set of needs ought to be addressed first. And this potential for conflict has been further enhanced because plaintiffs’ attorneys, again acting out of a thoroughly legitimate concern for the interests of their clients, have at times been yet a third voice requiring that particular reports or information be provided by DCS.

Looking ahead, therefore, the TAC feels strongly that the functions of technical assistance on one hand and monitoring of DCS performance on the other need to be integrated. There are, no doubt, many ways in which this might be accomplished, each of which ought to be considered and discussed among the parties. Without this change, however, there will continue to be no party that can authoritatively mediate, problem-solve, or prioritize the set of outside demands on the Department.

STATUS REPORT

Rather than go through the Settlement Agreement provision by provision, we have tried to organize the report on the status of the work of DCS and the TAC into a more coherent presentation. The report consists of twelve sections. Each section of the report provides *in italics* relevant language from the Settlement Agreement and a citation (in parentheses) to the provision of the Settlement Agreement in which that language appears.

I. DEVELOPING AND IMPLEMENTING A NEW PRACTICE MODEL: THE REQUIREMENTS OF THE NEEDS ASSESSMENT

The Settlement Agreement requires DCS to conduct annual needs assessments under the supervision of experts designated by the TAC in the first two years and under the supervision by the TAC thereafter. (VI.A.) The assessment shall include a plan and timetables within which the findings of the needs assessment shall be implemented. DCS is required to provide funding to implement the findings of the needs assessment (with commitment of 4 million dollars per year over five years with an additional 2 million dollar contingency fund per year for each of the five years).

The first needs assessment was conducted and a report presenting the key findings and recommendations was issued on May 28, 2002.

The needs assessment confirmed the existence of those problems that result from a poorly functioning child welfare system—“children placed far from their families, cases open

for years with limited progress, parents who have seen their children drift apart when siblings were separated, children with large numbers of unsuccessful placements, youth aging out of the system alone and ill-prepared for independence, cases where no one could say for sure who was responsible for critical decisions.”

It also identified some of the key factors contributing to these results—“the way DCS is organized, the lack of communication and coordination between various parties involved with a case, the lack of a fully functional management information system, statewide contracts that limit funding available for flexible responses to the needs of children and families, and, frequently, a lack of a clear vision of how the “system” is supposed to work.”

The needs assessment concluded that “the current service system, even with an influx of new resources, is unlikely to produce the outcomes sought by the settlement agreement and valued by the community—safety, stability, permanence, and well-being for children in care—on a predictable basis.”

“The fundamental obstacle to improvement is the absence of a clear and universally recognized practice model. A practice model is a combination of shared values, methods and skills that define how the service system will work. A practice model entails a blueprint of how families, state agencies, service providers, and other stakeholders will work together using specific practice skills to reach goals that are supported and understood by everyone in the case.”

The Needs Assessment recommended that DCS:

- Develop a practice model;
- Develop a plan for implementing the practice model; and
- Create a pool of flexible funds to support individualized services that had been identified as lacking (transitional supports and aftercare; transportation supports; independent living supports and services for older youth; home and community based substance abuse assessments; counseling or therapeutic services for families with specialized needs—significant trauma, grief and loss, sexual reactivity, significant mental health issues, and developmental disabilities).

The Needs Assessment recommended that the Department devote six months to the process of developing a written draft of a practice model, and that it engage DCS staff, providers, and other stakeholders in the process of developing that document. DCS initially engaged a consultant and undertook this task conscientiously, resulting in a draft document that was circulated to the TAC in January of 2003.

The TAC reviewed the document and concluded that the draft represented significant progress toward developing statements of the broad range of organizational principles, systems supports, and front line practice standards that are essential to the

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implementation of a new practice model. The TAC made suggestions for refining and restructuring the material to be more readable and more responsive to particular audiences and particular uses.

With respect to the development of a plan for implementation of the practice model, the TAC advised the Department that the changes envisioned by the practice model could not be implemented all at once. In January 2003, the TAC recommended that the Department identify four or five priority areas in which the draft of the practice model called for a significant change in organizational structure or front line practice, and develop a set of strategies for a staged implementation process, including specific tasks, timelines for accomplishing those tasks, persons responsible for accomplishing those tasks, and resources necessary to accomplish those tasks. The TAC offered to be available to participate in this development process.

The Needs Assessment had in fact identified the ongoing responsibility of the TAC to work with the Department in the development of the practice model and implementation plan: “While the implementation plan should be regarded as an evolving plan, changing in response to results achieved; a working draft of the plan should be completed within six months. The development of the implementation plan should involve regular communication and coordination with the Technical Assistance Committee. It is the recommendation of the needs assessment that the Technical Assistance Committee, as part of its ongoing responsibility, determine when and if the practice model and implementation plan meet the requirements of the needs assessment.”

In January 2003, the TAC recommended a process for the Department to follow to allow it to move forward toward the adoption of some version of the draft practice model and the development of an implementation plan for rolling out the new practice model.

Between January and November 2003, no formal action was taken by the Department with respect to the Practice Model other than the adoption of revised Chapter 7, which the TAC understood was adopted because of its relevance to another lawsuit. There were actions taken by DCS that were consistent with some of the practice envisioned by the draft practice model, most notably the effort to implement child and family team meetings. In addition, the training curriculum under development is intended to be much more consistent with the draft practice model. However, during this period, the Department did not engage the TAC in any further discussions about the content of the practice model and did not use it, refer to it, or understand its importance as a guide and tool for moving forward with an overall implementation strategy.

In a letter dated November 19, 2003, DCS advised the TAC that the Department had approved a version of the practice model, that the consultants were producing a final document with the approved revisions that would be forwarded on to the TAC, and that the Department was ready to begin implementing the Practice Model as required by the needs assessment. The TAC received the approved revised version of the Practice Model on November 28, 2003.

The needs assessment also required that DCS streamline the process for accessing flexible funds and allocate a significant portion of the new dollars to be available for individualized child and family services. DCS has had considerable difficulty effectively using the additional needs assessment dollars in the manner contemplated by the needs assessment. Regions were given little guidance and initial tracking of their use of the funds was inadequate. Further, the lack of a practice model, lack of training for case workers on how to craft service plans and individualize services, and organizational issues in the Department hampered effective use of these flexible funds.

In accordance with the requirements of the Settlement Agreement, the TAC, in consultation with DCS, has begun work on the second Needs Assessment. The second Needs Assessment is focusing on recruitment and retention of foster and adoptive homes and on independent living services. That work is expected to be complete by January 31, 2004.

II. CREATING AND RETAINING A QUALIFIED WORKFORCE: TRAINING, SUPERVISION, AND COMPENSATION

A. Pre-service and In-service Training and Competency Evaluations

The success of any child welfare system ultimately depends on the work that field staff do with the children and families they work with. Unless they understand what is expected of them and have the skills, supportive supervision and resources to meet those expectations, the most enlightened and laudable principles and policies cannot be effectively translated into good practice and good outcomes for children and families. An effective approach to pre-service and in-service training is therefore critical to the success of Tennessee's reform effort.

The Settlement Agreement requires that the pre-service and in service training program for case managers be reviewed and developed in consultation with the Technical Assistance Committee. (V. E.3). The Department is also required to develop, in consultation with the TAC, a job performance evaluation for case managers, with continued employment and eligibility for promotions to be dependent on satisfactory evaluations. (V.B.)

In the first months of its work, the TAC reviewed the pre-service and in-service training curriculum that the Department was using at the time it entered into the Settlement Agreement and determined that the curriculum did not teach the information and practice skills that DCS staff needed to practice in the manner consistent with the principles set forth in the Settlement Agreement. The TAC therefore recommended that DCS:

- (a) develop a new practice model that is based on the principles of Brian A and that provides standards and guidelines related to the achievement of the outcomes set forth in the Settlement Agreement;

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- (b) identify the competencies that are necessary for all workers to practice in accordance with the principles of Brian A. and the practice model;
- (c) develop a curriculum for pre-service and in-service training that helps prepare DCS staff to develop the competencies;
- (d) and develop and implement a job performance evaluation that evaluates staff on their ability to demonstrate these competencies in their practice.

The TAC suggested that the implementation of this recommendation could be accomplished in stages, by strategically prioritizing certain competencies and developing training modules and job performance evaluations focused on those competencies.

The TAC recommended that the competencies include basic knowledge of certain requirements of the Settlement Agreement. The TAC reviewed the content of the computer training on the requirements of Brian A that DCS developed for staff. It appeared to be sufficient to transmit basic information about those requirements. The TAC recommended that present job performance evaluations should at a minimum incorporate some evaluation of the staff members understanding of the requirements most relevant to front line practice.

In the fall of 2001, the DCS and the TAC discussed possible approaches to the development of a new training curriculum. The TAC did not believe that it would be productive to try to modify the existing curriculum because it was so weak. The TAC provided information regarding skills based curricula being used in other jurisdictions and provided contact persons and information about the work being done in those jurisdictions, so that DCS would have some examples of the kind of training that the TAC was recommending. However, while much could be learned from looking at training in other states, the TAC did not feel that it would be easy to simply transport curriculum from another jurisdiction.

The TAC instead urged the Department to consider modifying the prior, skills based DHS curriculum (developed and used in the late eighties and early nineties when the child welfare system was operated by the Department of Human Services). TAC members were familiar with a version of that curriculum and felt that starting with that curriculum and building on its strengths was a more sensible approach than trying to start from scratch or trying to modify the curriculum from another jurisdiction. The TAC also recommended a variety of resources to consult in the development of the list of competencies and offered to review and critique any drafts that DCS develops. For reasons that are unclear to the TAC, the Department did not pursue that suggestion until very recently.

On a separate track, a little over a year ago, the Department decided that it wanted to make a concerted effort to adopt a “child and family team conferencing” model for the “staffings” required by the permanency planning process. The Department asked the TAC to provide training and other technical assistance to help DCS develop a curriculum for teaching “team conferencing” skills and to train a group of DCS staff so that they could then train others.

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The DCS staff leading this effort, although not members of the training unit, worked extremely well with the consultants and trainers provided by the TAC. The consultants provided a curriculum developed in the course of their work for another state and DCS staff did an excellent job of modifying the curriculum to fit Tennessee practice. The TAC was impressed by the quality of many of the staff selected to be involved in the initial training of the trainers. DCS developed a well thought out plan for rolling out the child and family team meeting training. While the TAC has not done any systematic review of child and family team meetings to determine whether the training is translating into good practice, it is aware of a number of very encouraging anecdotal reports from some field offices.

Over the past several months, Brenda Black and her staff at the University of Tennessee (UT) have been working, in consultation with the TAC, on the review, revision, and supplementing of the prior DHS curriculum. While the curriculum needs some additional supplementing, revision, and/or clarification in certain areas, once this is done, the curriculum and the approach to training that it embodies will include the information and skills training that workers need in order to be able to practice in the manner contemplated by the Settlement Agreement.

The TAC has also reviewed the plans for the development of the competency based testing based on the curriculum. The UT staff whose responsibility it is to develop the competency based testing related to the curriculum appear to have the capacity to develop the competency based testing and a credible plan and time line for doing so.

Notwithstanding the significant progress made in the past few months in developing an appropriate pre-service and in-service curriculum, there remain critical issues that need to be addressed regarding the training:

(1) For the new curriculum to impact practice, the new training (both pre-service and in-service) is going to have to be delivered to most DCS staff, not just new staff. If new staff trained in the new curriculum are in offices staffed with supervisors and other experienced staff unfamiliar with the new training and lacking the knowledge and skills required by the new practice, the actual practice modeled by coworkers and supervisors will negate, rather than reinforce, what the curriculum teaches. It is especially important that supervisors receive training, not only to be sure that they understand the new curriculum content and have the requisite knowledge and practice skills, but that they develop their coaching skills critical to effectively supporting the practice expected of the case managers they supervise.

It appears that the level of training staff contemplated by the most recent training plan that DCS has presented to the TAC, while it may be sufficient to train new employees and supervisors, will not allow training to be rolled out fast enough to have a substantial impact on existing staff. The TAC has therefore recommended that DCS develop and implement a training plan that includes sufficient resources so that all new and existing staff will be trained/retrained within a reasonable period. (Given the two year delay in

moving forward on this critical area of training, “a reasonable period” at this point might entail a shorter time frame than what might have been considered “a reasonable period” two years ago.)

(2) One of the plan’s strengths is its focus on linking classroom training to the work employees do on the job. The TAC believes that identifying staff (new or existing) with the specific skills needed to coordinate the OJT component in each region is absolutely critical to the success of the new training. The TAC has recommended that DCS create a detailed job description for the OJT coordinators; identify the skills required for these positions; and then hire, as DCS staff or through UT, persons who have the knowledge, ability and experience necessary to provide the OJT component.

(3) DCS staff have identified a disconnect between the training as planned and the Department’s current way of making placements and developing service plans. The new training will teach caseworkers how to work with a family team to make key decisions, but they will not be able to apply this in practice if Resource Management staff continue to determine where a child will be placed without significant participation of the assigned case manager, much less the whole family team.

(4) The UT staff identified a number of areas in which clarification of Departmental policies is necessary before the curriculum can be finalized. One of these has to do with investigative practice in child protective services - specifically, whether DCS will revise its policies to require of CPS workers the kind of strengths-based, comprehensive assessment promoted by the curriculum. The other has to do with adoption - specifically, whether DCS will change its procedures so that the adoption unit functions as a support team for case managers when the goal is changed to adoption, rather than requiring cases to be “handed off” from the foster care worker to an adoption worker at this point. (This issue is discussed further in section VIII of this report).

(5) A third issue that has to be resolved in order to finalize the curriculum is the establishment of an approach to child and family assessments that is consistent with the new practice. The Department has had a number of “false starts” in its effort to move forward on this critical practice issue. In the absence of an effective working group on assessment for the TAC to work with, the TAC has made some preliminary written comments to the Department leadership based on its knowledge of the present assessment process and has provided some information and materials on approaches to assessment in other jurisdictions that are potential models for Tennessee to draw on. (This issue is discussed further in section VII of this report.)

(6) Finally, the TAC has urged the Department to further review its claiming with regard to Federal reimbursement. The findings and recommendations of a study DCS commissioned regarding Title IV-E reimbursement for training have raised significant questions regarding the way in which the Department accesses Federal funding (Title IV-E) in support of its training efforts. If DCS is not maximizing Federal support in this area, there is of course a significant opportunity here to draw down revenue that can aid

the Department in carrying out its training program. (This issue is discussed further in section XI of this report.)

B. Establishment of a Training Unit

The Settlement Agreement requires that DCS, in consultation with the TAC, establish a training unit with “sufficient staffing, budget funds, and other resources to assure that it can provide comprehensive child welfare training to ensure that all persons responsible for children in the plaintiff class will have sufficient training to permit them to comply with the relevant mandates of this Settlement Agreement, DCS policy, and reasonable professional standards.” (V.E.1)

In the first months of its work, the TAC expressed its concern about the Department’s approach to structuring and staffing the new training unit. (This was prior to the establishment of the unit and the hiring of the director and staff for the unit.) Until the DCS had a clearer idea of its overall approach to training, including the extent to which training responsibilities would be contracted out or maintained “in-house”, it was not clear how the Department could identify the kinds of experience, knowledge and skill that it would need in the training unit or the resources that would be necessary to make available to the unit.

Despite this caution, the Department chose to go ahead and establish and fully staff the unit without doing this advanced planning. On multiple occasions, the TAC expressed its continued concerns about the structure and competence of the training unit when it became apparent that the unit was not making progress on the critical task of the development of a new pre-service and in-service curriculum and was unable or unwilling to respond to offers of assistance and suggestions from the TAC regarding the training.

DCS has indicated that they have now concluded that the training unit should be restructured consistent with the recently developed training plan, so that the DCS training unit supplements/complements/and works effectively with the UT training staff.

The TAC is unable at this time to say that the training unit has “sufficient staffing, budget funds, and other resources to assure that it can provide comprehensive child welfare training.” The TAC has been impressed by the quality of the core UT training staff with whom we have been working. While the TAC has not seen the UT trainers train and therefore cannot speak to their level of competence in the classroom, a number of the training staff have taught the DHS curriculum which is now being revised. Their familiarity should speed the training development process if they have good training skills.

The TAC does not have a basis for determining whether the DCS training unit, as restructured and reconstituted, has the experience in child welfare practice and the teaching/coaching skills that are critical to this work. It is also not yet clear whether the Department has committed sufficient resources to do the comprehensive training of its entire staff that is critical to the success of the reform effort.

C. Compensation of Case Managers and Supervisors

The Settlement Agreement requires DCS, in consultation with the TAC, to “assess and determine whether salary increases are necessary to ensure that Tennessee is competitive with neighboring states concerning compensation for case managers and supervisors.” (V.C.)

The Department appropriately hired an outside consulting group in which they had confidence, PCG, to conduct a salary study that included a comparison with salaries of workers in surrounding states, and that also looked at comparisons with other positions in the public and private sector in Tennessee deemed comparable. The study was completed and presented to DCS on May 2, 2003. The report includes a series of recommendations regarding pay scales, incentives for longevity and promotion, and other matters relevant to creating sufficient financial and other supports to attract and retain qualified and dedicated staff.

DCS has not consulted with the TAC regarding the results of this assessment nor advised the TAC of any actions it plans to take in response to the recommendations made by PCG.

D. Incentive Programs for Staff Development

The Settlement Agreement requires DCS to, in consultation with the TAC, develop and implement stipends and other incentives to support graduate work that will provide reasonable steps and other incentives that will enable the state to hire and retain case managers with undergraduate and graduate degrees in social work and relevant and related fields.” (V.C.; XV.I.C).

DCS has implemented a graduate study stipend program. The TAC has not reviewed the program in detail.

E. Caseloads

The Settlement Agreement sets caseload limits to ensure that workers caseloads are manageable and that supervisors are capable of providing adequate supervision. The only responsibility of the TAC in this area is found in the provision of the settlement agreement that requires the Department, in consultation with the TAC, to determine weighted equivalents for “mixed caseloads.” (Specific caseloads range from 10, 12, 15, and 20; there are additional limits on supervisory responsibilities for CM 2 and CM3) V.F.

The TAC has not been presented with sufficient information to determine the extent to which DCS workers have mixed caseloads, the nature of such mixed caseloads, and the

size of the mixed caseloads, to be able to make recommendations regarding the weighted equivalents for mixed caseloads.

III. DCS-PRIVATE PROVIDER RELATIONS: ROLES, RESPONSIBILITIES, AND ACCOUNTABILITY

The Settlement Agreement recognizes that there are many children in custody for whom the private contractors are providing the bulk of the services. Consequently, the ability of the Department to produce outcomes consistent with good practice and the requirements of Brian A. is dependent on the Department's ability to identify and support those private providers who do a good job and, conversely, work to improve or, if necessary, cease to do business with, those who are not doing a good job.

In order to set expectations and measure private agency performance, decisions have to be made to clarify the responsibilities of the DCS staff and private agency staff for front line practice. Particularly in the case of children and youth in continuums, there is considerable opportunity for confusion about how DCS case managers work with private agency case managers--what each can and should expect from the other; how decision-making responsibilities are shared/allocated; and who is the "functional" case manager from the family's perspective. Private providers understandably are concerned about being held responsible for actions taken by DCS workers or judicial officers that are inconsistent with the private agency's recommendations. DCS workers are understandably concerned about being held responsible for outcomes when the private agency falls short of what it was supposed to provide.

The TAC's specific responsibilities under the Settlement Agreement with respect this area focus on the "continuum providers."

The Settlement Agreement requires DCS, in close collaboration with the TAC and any additional experts the TAC deems appropriate, to review the delivery of services and payment structure of continuum contracts. The TAC is required to report on the results of the review and make recommendations that DCS is required to implement. (VI.L).

The Department and the TAC worked closely in both the design and implementation of what is referred to as the "continuum study." The Department and the TAC have engaged both DCS staff and the private providers in the conduct of the study, in the review of preliminary drafts, and now in the process of fashioning a plan for moving forward with implementation of the recommendations coming out of the study.

While the recommendations pose some challenges for both the Department and the private providers, the designation of an Assistant Commissioner whose primary responsibility is the Department interface with the private provider community is a positive step toward successfully implementing recommended changes. Private providers need to have a high level DCS staff person who understands and can respond to (or get timely responses to) their legitimate concerns, and answer questions in a timely manner,

and who also can hold private providers to the expectations that the practice model has of them.

The TAC issued a report on August 18, 2003 setting forth its findings and recommendations regarding the continuum contracts. The recommendations were grouped in five areas: (1) placement settings offered by continuums; (2) extent and quality of continuum services; (3) clarification of the respective responsibilities of DCS and continuum providers; (4) evaluation of continuum providers; and (5) continued collaboration with the TAC on those recommendations that call upon DCS to modify existing policies or practices, but for which the TAC did not prescribe the precise manner in which DCS should do so. The TAC also encouraged DCS to consider, evaluate, and thoughtfully respond to concerns regarding: the level system; the slot system; multiple contracts with the same provider; subcontracts; DCS awareness of and approval for the movement of children within continuums; the process for “approval” for home visits; editorial problems with the provider policy manual.

The recommendations are set forth below, using numbers that correspond to the five areas into which the recommendations fall:

- *Recommendation 1.1.* DCS should require that, by May 1, 2004, all Level II continuums serve at least two-thirds of the children in out-of-home placement in family-based settings. DCS should consider raising this percentage to 75%, effective May 1, 2005.
- *Recommendation 1.2.* DCS should require that, by May 1, 2004, all Level III (regular) continuums serve at least 35% of the children in their care in family-based settings. DCS should consider raising this percentage to 50%, effective May 1, 2005.
- *Recommendation 1.3.* For providers unable or unwilling to meet these standards, DCS should, by July 1, 2004, either cease to contract with the provider or should enter into a non-continuum contract, with the Department exercising vigorous case management to ensure that children are in congregate settings only when necessary and for only as long as necessary.
- *Recommendation 1.4.* DCS should consider making available, from the funds provided under the “needs assessment” provisions of the *Brian A.* settlement, a limited pool of resources to assist continuum providers in increasing the foster family resources they have available to meet the needs of children in their care, and in improving the support services they make available to such families. Such funds should be used on a transitional basis only, and should be awarded by any process consistent with the State’s procurement requirements.
- *Recommendation 2.1.* DCS should, within 90 days, revise the provider policy manual to require that all continuums provide in-home services, independent living services, and adoption services.
- *Recommendation 2.2.* DCS should, within 120 days, incorporate in the provider policy manual program standards setting forth minimum staffing levels, program components, and service requirements for each level of care (congregate care, foster family care, and home-based services) offered by continuums.

- *Recommendation 3.1.* When a child's permanency goal is reunification with parent(s) or relative(s), DCS should explicitly require continuums to provide services to these family members from the very beginning of the child's time in the continuum. Program standards for services to families should be included in the standards described in Recommendation 2.2, above. This change should be implemented within 90 days.
- *Recommendation 3.2.* DCS should provide new policy guidance regarding the eligibility of continuums for funding after a child returns home. We propose as a model for consideration that DCS routinely pay continuums for a set period after reunification or adoption (perhaps 90 to 120 days), with the expectation that intensive services will be provided during this period. (As part of such a change, DCS must evaluate the fiscal impact and adjust rates accordingly.) Near the end of that period a family team meeting should be convened to determine whether the family continues to need intensive services (in which case the continuum would continue to receive its regular rate); needs less intensive aftercare services from the continuum (in which case the continuum would continue to be paid but at a lower rate with modified service expectations); or can best be served by a community provider through the CSA (in which case the continuum would no longer be paid).
- *Recommendation 3.3.* DCS should provide new policy guidance regarding the eligibility of continuums for flex funds. We propose as a model for consideration that DCS specify a broad range of services that continuums are expected to provide when necessary within their existing rate, and explicitly permit continuums to access flex funds for extraordinary services outside of this range. We also propose that there be an appeal process continuums could use to access flex funds if a service they are responsible for has to go on for such a long time, or has to be of such great intensity, that it's unreasonable to pay for the whole thing from the continuum rate.
- *Recommendation 3.4.* In order to reach the policy decisions required for 3.2 and 3.3, above, DCS should establish a work group, including senior central office staff, regional staff, and representatives of private providers. This work group should also prove a useful vehicle for addressing other areas of concern or misunderstanding between the Department and continuum providers. It should be established within 30 days; should provide a report to the Commissioner within three months thereafter; and the Commissioner should provide a binding set of decisions within one month of receiving the recommendations.
- *Recommendation 4.1.* DCS should, on a regular basis, gather for all continuums data related to program performance, incorporating as many as possible of the indicators listed in this section, along with any other data the Department considers to be of equal importance. DCS should begin implementation of this recommendation within 90 days and complete it by June 30, 2004.
- *Recommendation 4.2.* DCS should, within the next six months, establish a process by which senior staff, including regional administrators, review this data at least annually and use it as a basis for decisions about whether to continue to purchase services from each provider and, if so, whether to increase or decrease the number of slots purchased.

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- *Recommendation 5.1.* DCS should, within 60 days, provide to the Technical Assistance Committee and the monitor a brief report describing the steps it has taken or is planning to take to implement the recommendations in this report.
- *Recommendation 5.2.* With regard to each of the recommendations that call upon the Department to provide new policy guidance, DCS should provide draft documents to the Technical Assistance Committee for review prior to finalization of the new policies.

In accordance with the recommendations, DCS has convened a DCS/private provider workgroup that will be reporting back to the Commissioner (and the TAC). On November 14, the TAC received the brief report required by recommendation 5.1 and also received discussion materials generated by work group members. The work group had its final meeting on December 8, 2003 and the Assistant Commissioner leading the workgroup has taken the responsibility for synthesizing the materials into the draft documents required by Recommendation 5.2. This will involve resolving some disparities in the work groups' positions, identifying all of the policy manual provisions that will require restatement, and making sure that the draft documents are consistent with the TAC recommendations and other requirements of the settlement agreement. The Assistant Commissioner has asked the TAC to provide guidance and feedback during this synthesizing process.

The TAC's recommendations also call for performance based contracting with the continuum providers. In early 2003, the TAC recommended that the Department contract with the Chapin Hall Center for Children to help DCS develop a system for performance based contracting for both continuum and non-continuum providers. Other provisions of the Settlement Agreement already require that contracts with all private providers include performance measures.

The contracting process with Chapin Hall is nearing completion. In anticipation of the approval of the contract, the Department committed to promptly providing Fred Wulczyn of Chapin Hall the information that he needs in order to assist the Department. Mr. Wulczyn received that data on December 2, 2003.

Work has started and as of the date of this status report, Mr. Wulczyn anticipates making significant progress in the next month. With appropriate support and involvement of DCS staff during the entire process (and especially during the next month), Mr. Wulczyn anticipates being able to complete his work by the end of April of 2004.

IV. FOSTER AND ADOPTIVE PARENT RECRUITMENT AND RETENTION

One of the most significant shifts in policy that the Department's reform effort has embraced is a de-emphasis on congregate care and an emphatic commitment to serving children whenever possible in family settings. The Department is committed in principle to providing support to families to allow children to remain in the home if that can be safely done, to seeking out relatives and members of the child's community as potential

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placements when children cannot safely remain in their own families, and, if that is not an option, to place children with qualified families who can make them feel at home. While the hope is that children who need to come into foster care can be safely returned to their families within a short period of time, the Department is committed to assuring that every child has the opportunity to become part of a permanent family.

Given the Department's commitment to family placements as the preferred, presumptive first placement for most children coming into care and the ultimate placement for all children coming into care, the Settlement Agreement recognizes the critical importance of recruiting, training, supporting and retaining caring, committed and capable foster and adoptive families.

The TAC's role is set forth in the section of the Settlement Agreement entitled "Adoptive and Foster Parent Recruitment, Retention, and Licensing." (IX. A-H) Under that section, DCS, in consultation with the TAC, is required to:

- *Establish and maintain a statewide, regional, and local program of adoptive and foster parent recruitment. (Regions will each submit adoptive and foster parent recruitment plan to TAC by July 1, 2001)*
- *Utilize nationally accepted standards for approval of foster and adoptive parents.*
- *Maintain a statewide and regional plan of foster parent and adoptive parent training (with specific time lines and components for training set forth in IX.C) that include: applications to be adoptive or foster families shall be responded to within 7 days of receipts and home studies completed within 60 days of completing foster parent training classes; training classes available beginning every 30 days in each region, with individualized training available as needed, at times convenient for foster and adoptive parent applicants; foster care specialists to conduct exit interviews with all families who voluntarily resign as foster parents and DCS shall issue annual reports on why foster parents leave DCS and what steps are necessary to ensure their retention; use existing foster and adoptive parents to recruit and retain new parents; maintain statewide and regional support system for foster families and develop and maintain statewide and regional support system for adoptive families.*
- *Specify pre-placement and additional annual required foster parent training.*
- *Ensure adequate board rates for DCS and private provider foster homes no less than USDA standards for raising child, equal support of relative and non-relative foster parents.*
- *Ensure adequate and appropriate respite care for foster and pre adoptive parents with children with special needs.*

- *Ensure that the pool of foster and adoptive families is proportionate to the race and ethnicity of the children and families for whom DCS provides placement and services*

In addition, DCS is required to “present to the TAC for consultation” the “details concerning provision of foster care to special needs children, including details regarding such children in the care of private agencies” including the minimum foster payment rates for categories of special needs children. DCS is required to follow recommendations from the TAC for “program modifications” regarding foster care for special needs children. (IX.E).

The issues related to foster parent recruitment and retention, training and certification have not been areas in which the Department has engaged in any meaningful consultation with the TAC until very recently, when the TAC was asked to review and comment on drafts of a “management plan” related to foster parent recruitment and retention. The “details” regarding special needs children have not been presented to the TAC.

The TAC did receive and review some written regional recruitment plans. The plans as a group did not appear to be sufficiently guided by an overall approach to recruitment nor sufficiently resourced to be likely to succeed. It was also not clear to the TAC the extent to which recruitment in the regions was actually being conducted in accordance with what was set out in the plans.

The TAC is presently overseeing the second Needs Assessment, which is focused in large part on recruitment and retention of foster and adoptive parents. The TAC anticipates that the Needs Assessment will provide a set of findings and recommendations that will be relevant to many of these provisions.

V. DATA MANAGEMENT

The Settlement Agreement requires that DCS, with the direct involvement and approval of the TAC and with the assistance of any management information system expert(s) that the TAC deems appropriate, undertake and complete an evaluation of:

- 1. Data elements;*
- 2. Uniformity of data presentation for children in plaintiff class;*
- 3. Audit processes of data utilized by current MIS systems for children in the plaintiff class; and*
- 4. System wide reports that the DCS Management Information System is currently able to provide. (X.B)*

The TAC is required by the Settlement Agreement to review the evaluation and make recommendations including timetables for implementation, which DCS is required to implement.

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As one of its first actions, the TAC arranged for consultants from Metis Associates to conduct the MIS evaluation called for by the Settlement Agreement. The results of the evaluation were presented in a report dated April 10, 2002. The TAC endorsed the recommendations of the Metis report and asked DCS to present the TAC with a plan for implementing those recommendations, including time lines/milestones for implementation.

DCS provided an initial plan in June 2002, and, following discussions with the TAC, a revised plan in August 2002. In October of 2002, the TAC and Deborah Busch (the lead consultant from Metis) met with senior staff from both Policy, Planning and Research and Information Resources, to discuss progress to date and the August plan.

Both the TAC and Deborah Busch expressed concerns that the key leadership in the management information-related divisions of the Department appeared insufficiently concerned with the negative experiences and negative perceptions of the information system held by many case managers and supervisors in the field. The Central Office staff appeared to be making little effort to gather data from the field staff about their experiences and perceptions, to better understand the range and extent of problems staff were experiencing.

Information Resources ascribed system failures to capacity and priority setting that were the responsibility of the State Office of Information Resources. It appeared that staff defined their roles and responsibilities so narrowly that they did not see it as their responsibility to make sure that whatever state office problems existed were identified and addressed and that the problems front line workers were experiencing were similarly identified and addressed.

Metis recommended that DCS routinely collect data on problems that field staff were experiencing, identify the source or sources of those problems, and fashioning a concerted, sufficiently resourced, effort to address those problems. Metis emphasized the importance of the field staff experiencing some benefits of the data collection efforts by PPR providing them with information that helps them in their work. In addition, the TAC further expressed their concern that the Department did not have sufficient internal or contracted staff capacity to implement their plan.

Following discussions with the TAC, DCS leadership expressed confidence that the concerns would be addressed by the improvements contemplated in their plan. No revised document was produced and the TAC acquiesced to the Department moving forward with the implementation of the August plan, informed by the October meeting discussions.

In May, 2003, the TAC arranged for Deborah Busch of Metis to update her evaluation and report on progress made toward the implementation of the recommendations of the Metis report and to provide the TAC with an updated expert perspective on the capacity of the system to meet the Department's data needs.

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Deborah Busch concluded that some progress had been made through the subsequent “builds” of TN-Kids. While additional work through additional builds needed to be done and was scheduled to be done, the data problems that DCS continued to experience, in Deborah Busch’s view, were generally not a result of some problem inherent with the TN Kids software. Further, DCS appeared to have made some progress in addressing problems linked to system server capacity.

In Busch’s view, the bulk of the data problems that continued to be identified had to do with inadequate training and support for the line workers and a failure to integrate data collection into DCS practice in a way that it supported the work of the Department. That is, data collection continued to be largely a monitoring/reporting function that was perceived as an additional burden on regional staff and as largely unrelated to the effective management of the day to day operations of the agency or helping staff serve children and families more effectively.

In January of 2003, a new Director of PPR was appointed. Since that time, PPR has taken an expansive view of its responsibilities and has made significant steps to help the field start to view PPR as a valuable resource and to try to work effectively across the traditional internal department divisional lines.

It is not clear whether there has been any comparable change in the way in which IR views its responsibilities. At the time of the May meeting, degraded response time and system failures continued to plague the field, and IR did not appear to have taken the necessary steps to work with the State OIR or resolve them or to respond to the field’s frustrations. It is also not clear to the TAC how successful efforts have been to efficiently and effectively integrate the work and resources of the separate QA, IR and PPR divisions.

The TAC continues to have concerns regarding the adequacy of resources and allocation of resources devoted to MIS related functions. The TAC had recommended that the Department consider contracting with outside providers in order to be able to move ahead quickly with the variety of data system efforts. DCS has actually chosen to move in the other direction, changing some contract services into in house staff positions.

The Directors of both IR and PPR have expressed concern that the state personnel rating system for job applicants has made it difficult to hire persons with the data and analytical skills the Department needs. DCS has experienced situations in which applicants with those qualities were either not able to get on the register or were not sufficiently high on the register for DCS to be able to hire them. In other cases, because the hiring process is so slow, good candidates have been lost to other job opportunities. They also maintain that DCS salaries for these positions are not competitive with the private sector and that they therefore have trouble competing for people with the qualities and experience that DCS needs.

The expanded role and responsibilities for MIS related divisions may therefore require a reexamination of the experience and skills needed to meet those responsibilities, an

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assessment of the skills of existing staff, a determination of the sufficiency of existing resources, and a plan for developing needed staff skills and resources.

Finally, it has been the TAC's consistent observation that the Department has very little experience using data to manage or to evaluate progress in a meaningful way. A critical assumption of the practice model draft is that staff charged with responsibilities will have available to them good data that measures key components or indicators of good practice and that they will be able to use data and feedback from data to improve practice.

There has been very little focus on how to change the culture from one in which field staff and their supervisors experience data as something that takes time and resources away from the field but that does not help the field do its job, to one that allows field staff and supervisors to experience data as helpful, and in fact, essential to being able to do their job.

In its initial report, Metis recommended that PPR take the lead in helping DCS management define a portfolio of regular reports for the Department as a whole, to help quantify goals where applicable and to measure progress toward those goals. The TAC provided the current Commissioner, at his request, with a set of "indicators" he might consider. This included:

- management indicators that are worth knowing every month, or perhaps even more frequently, because they provide information about how the system is carrying out its basic functions (for example, investigating child abuse/neglect allegations);
- outcome and other indicators that include data that are less likely to change substantially in short periods of time and could be reported and reviewed quarterly.

The TAC recommended consideration of the following monthly management indicators:

- number of abuse & neglect reports received;
- % accepted for investigation (i.e. those not screened out);
- of those to be investigated, % in which the investigation began within the required timeframe (typically 24 hours);
- number of cases open beyond the time within which a determination is required average caseload for investigative workers;
- number of investigative workers with caseloads above a threshold level;
- of cases in which an abuse/neglect determination is made, % that are "indicated" or "founded";
- of the "indicated" cases, the % which: (a) resulted in foster care placement, (b) resulted in a referral to services, (c) did not result in any services being offered or provided;
- size of the foster care population;
- number of new placements in foster care, sorted by (a) source of placement (court petition due to abuse/neglect; court petition for "unruly" child; court petition for

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- delinquency; voluntary placement) and (b) placement location (with kin; with non-kin foster parents; in a congregate setting);
- number of discharges from foster care, sorted by discharge destination (reunification; adoption; planned permanent legal custody; “aged out” to independent living or adult custodial care; ran away);
- of the children who came into care during the month, the % placed in an inherently temporary setting (a shelter or primary treatment center, or an “emergency” foster home from which the child will have to be moved) – an indicator of how well the system is able to provide appropriate placement settings;
- average caseload size for DHS workers carrying foster care cases;
- the number of workers with cases above a threshold level – in this case, the level required by the Brian A. settlement.

The TAC also recommended consideration of the following outcome indicators (which could be reported and reviewed quarterly):

- % of repeat indicated abuse/neglect cases (i.e. of all the indicated cases from an earlier time period, the % for which there was another, later indicated abuse or neglect allegation);
- time to permanency (the TAC’s view is that the best way to look at this data is by entry cohort);
- time to move through the various steps in the adoption process (for example, from the decision to pursue termination of parental rights to actual termination; from the decision to pursue termination to placement with an adoptive resource, for children not already with foster parents who will adopt them; from termination of parental rights to adoption finalization);
- re-entry rate for children who have left care (typically by exit cohort – of all the kids who left, say, a year ago, how many have re-entered care within a year of their discharge);
- placement stability (average number of placements, or percent of children having more than 2 total placements in the current custody episode; for all the children currently in care, for all the kids who entered care in a given time period, or both);
- sibling unification (of all the children in care with siblings also in care, the % who live together with their siblings);
- % of children placed with kin (either all the kids in care, or all the new placements, or both);
- % of children placed in family settings as opposed to congregate care (there is a version of this included in the monthly indicators, above; on a quarterly basis, DCS might want to look at this data broken down by age group, e.g. children 0-12 and those 13 and older, in order to track whether the system is getting better at finding families for teenagers);
- placement within region or within 75 miles of home (looking at the children coming into care during the current quarter and year to date);
- turnover rate for staff – perhaps staff as a whole, and then data specific to front-line workers and first-level supervisors.

The TAC also recommended that given the regional structure in Tennessee, it would be useful to get as many of these indicators as possible not only for the state as a whole, but also for each region, and at least with respect to some key indicators, to be able to produce the data by county office, supervisory unit and even worker.

Finally, early in the TAC's work, the Department requested assistance in figuring out how to efficiently gather the similar and overlapping outcome data called for by federally required Child and Family Service Review, Brian A. monitoring, and the implementation of Family to Family (discussed further in Section XI). In January 2002, Lynn Usher, a consultant working with the TAC, proposed an integrated approach to this data collection that avoided the duplication of effort that concerned the Department. The TAC does not believe that the Department has moved forward in implementing this integrated approach.

VI. QUALITY ASSURANCE

The Settlement Agreement requires that, no later than Jan 1, 2002, DCS shall develop and implement a statewide quality assurance program, in consultation with and subject to the approval of the TAC. (XIA, E)

According to the Settlement Agreement, the quality assurance unit shall:

- 1. Coordinate with and complement the independent monitor functions;*
- 2. Assure that, in addition to external case file reviews and monitoring, there is an internal method to perform special administrative case reviews;*
- 3. Track, coordinate and integrate all DCS quality assurance activities;*
- 4. Provide critical attention to the follow-up needed to improve services and outcomes.*

DCS is also required to establish a process for conducting special administrative case record reviews, in consultation with the TAC, the purpose of which includes:

- 1. Providing necessary information to DCS management and determine on an ongoing basis whether DCS is following the provisions of the Settlement, DCS policy and good social work practice;*
- 2. Identifying workers or supervisors who are in need of additional training, reassignment, or termination.*

Finally, DCS is required annually to review a statistically significant number of cases, including file reviews and interviews, to make an independent assessment of the status of children in the plaintiff class. As part of this review, the quality assurance unit, central office, and other designated staff, in consultation with and with the approval of the TAC, shall develop a measure of appropriate and professional decision making, concerning the care, protection, supervision, planning and provision of services and permanency for children in the class.

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The Director of Quality Assurance consulted with the TAC at the time that the quality assurance unit was established. The Director's priority focus appeared to the TAC to be working with the monitor to develop the data collection and reporting capacity to meet the monitoring needs. The approach that the QA director was pursuing emphasized quantitative data and case file reviews.

From the start, the TAC advised DCS that there needed to be a strong quality service review component with a feedback loop to the field so that the reviews help improve practice, not simply document the quality of practice. The TAC also advised DCS of its concern that Quality Assurance Unit have a broader vision of its role in the system than the collection of data to determine the extent of compliance with the terms of the Settlement Agreement.

The TAC understood the pressures that led DCS to focus on the QA matters that were of the greatest concern to the monitor and agreed to "table" the issue of the qualitative component of quality assurance for twelve months until the quantitative aspects of QA were in place. To deal with the qualitative reviews, the TAC urged the Department to consider adapting the CPORT process as an element of its internal QA operations. It is the TAC's view that the process of examining and learning from a review of practice is as important as the findings themselves, especially when the object of evaluation is practice quality, such as the case with CPORT. The TAC felt that the fact that the CPORT process has been totally external to the Department has limited its acceptance and effectiveness.

Therefore the TAC strongly recommended that the Department use the Settlement Agreement as an opportunity to seek ways to better integrate CPORT with the Department's own QA operations.

The TAC has not been engaged in any significant consultation with the QA unit in over a year. As a result, the TAC has not been in a position to "approve" the statewide quality assurance program, or provide the kind of meaningful consultation and/or approval of the other areas of TAC responsibility set forth in Settlement Agreement with regard to quality assurance.

It is the TAC's understanding that the monitor has supported both an increased integration of CPORT and an enhanced peer review process to provide qualitative information, but neither of those has occurred.

VII. IMPROVING THE ASSESSMENT PROCESS

One of the areas of improvement that is the focus of the Settlement Agreement is the assessment process. Essential to good case planning, appropriate placement and thoughtful service delivery is an assessment protocol that identifies the child and family strengths that planning can build on and the needs that must be addressed.

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Under the settlement agreement, DCS is required to conduct an assessment of each child in DCS custody using a standardized assessment protocol. (VI.D). The Settlement Agreement specifies that the TAC will review the DCS assessment protocol, to determine if it constitutes a complete assessment of the child's individual needs, and if it does not, it will recommend revisions that DCS shall implement.

During the first year, the TAC made some preliminary comments and expressed concerns to the Department based on its understanding of the Department's present assessment process. The TAC also provided some information to DCS on approaches to assessment in other jurisdictions that are potential models for Tennessee.

Over the past two years, DCS has occasionally convened work groups to discuss the assessment process, but has not followed the TAC's suggestions for the composition/leadership/structuring of the work of those groups, and none of those groups, to the TAC's knowledge, is still operational.

Having been unable to effectively engage with the Department in a working consultative manner on this issue, in the summer of 2003, the TAC moved ahead with its own review of Tennessee's assessment process through site visits to a number of DCS field offices. The TAC has recently prepared a draft report with its observations and some specific recommendations, without the level of Department participation that it would have preferred. That draft report was submitted to the Commissioner for review on November 10, 2003 with a request that comments be provided no later than December 1, 2003. No comments have been received from the Department as of the date of this report.

VIII. ADOPTION POLICY AND PROCEDURE

The settlement agreement requires the TAC to review the DCS uniform policies and procedures governing the process of freeing children for adoption and selecting adoptive family resources, and to make recommendations regarding those policies and procedures which DCS is required to implement. DCS is further required to consult with the TAC to ensure that the legal risk process will assure that children for whom the plan is adoption but who are not yet legally freed for adoption are placed in appropriate adoptive homes as soon as possible. DCS is required to modify the process in accordance with any recommendations the TAC makes. (VIII.B, C XVI.C)

The major part of the TAC's review of DCS adoption policies and procedures was conducted in the context of a decision made initially by Commissioner Hattaway and reaffirmed by Commissioner Walley that the Department needed to restructure its adoption process. The Department advised the TAC that it was a priority of the Department to move from a system that separated foster care and adoption functions into separate divisions and units to a system in which these functions were consolidated and integrated into permanency units, responsible for a child's case from the time of entry into the system until the achievement of permanency. This decision to move to a "seamless" approach to practice—eliminating the planned disruption and discontinuity of

hand-offs of children from foster care worker to adoption worker—was endorsed by the TAC.

At the request of Commissioner Walley, the TAC arranged for John Mattingly and a team of other consultants to review the adoption policies and procedures and develop a plan for modifications in the adoption process that would integrate the adoption function into a “seamless” system focused on permanency.

On November 3, 2002, in a memo to Assistant Commissioner Leonard Burton, John Mattingly set forth a set of recommendations, including identifying specific implementation strategies, which were adopted by the TAC.

The recommendations in the report are organized under three headings: Policy Recommendations (tracking and using outcome data, and review and integration of policy); Organizational Recommendations (with short term, moderate term, and longer term time lines for implementation); and Practice Recommendations. They are summarized below:

Policy Recommendations:

Tracking and Using Outcome Data

- develop the capacity to systematically track the following outcomes, so DCS can better assess the benefits/costs of any of the proposed changes in the permanency arena: (1) Lengths of Stay in Temporary Care Placement; (2) Distance from Home; (3) Number of Placement Moves; (4) Sibling Splits in both Foster Care and Adoption; (5) Number of Children with Goal of Adoption Who Have Not Yet Been Adopted; (6) Numbers of Children Placed in Group Care; (7) Lengths of Time between the TPR Recommendation, the TPR Hearing, the TPR Decision, the Adoption Placement, and the Adoption Finalization; (8) The Numbers of Children Adopted by Foster and Relative Families; (9) The Rates of Adoption Disruption, and the Causes of Such Disruptions
- regularly report on these outcomes by region, county, team coordinator, team leader, and worker;
- report comparisons of these results by age, gender, race, and type of placement.

Review and Integration of Policy

- the substantive provisions of individual DCS policies regarding permanence are generally sound, but lack a structure by which the policies can be clearly understood as interrelated and built upon the agency’s core values and practice standards;

- a small team of central office and regional staff undertake an effort to integrate permanency related policy in the near term.

Organizational Recommendations:

Short Term

- require that the decision to terminate parental rights always be made in a Child and Family Team meeting;
- design a procedure for such meetings to be held, including empowering the foster care worker/team leader/team coordinator (and perhaps also the DCS attorney) to call for such a meeting at the point when they believe a change in permanency goal is required;
- develop and implement in the coming three months a policy that sets clear requirements for when, where, and how soon such a meeting must be held, for who must attend (including foster care, adoptions, attorneys and other required DCS staff; caregivers, birth family and relatives, etc), for how quickly after a formal request the meeting must be held, for who will facilitate the meeting;
- that such meetings proceed from making the decision itself to the immediate apportioning of responsibilities for next steps, including court filing, updating life books, preparation of child and family for adoption, beginning the search process for children not in the placement where they are expected to be adopted;
- that for at least an interim period, the TPR meeting be empowered to decide when or whether the child's case should be formally transferred to the adoptions staff;
- that adoptions workers be expected to take full part in this decision, but the agency should make clear that no one group or worker has the authority to reject a case, once the decision has been made to change the case goal and to move forward on adoption;
- that once the policy is in place for the use of such meetings in new cases, DCS might then move to use the same facilitated, empowered process to address "stuck" cases as well, so that teams can agree on what needs to happen by when, and on shared responsibility to see to it that needed actions are taken;
- that these processes designed to make adoption staff resources for permanence and subject to joint decision-making processes and accountability structures apply to both the regular DCS adoption staff and the staff of the Centers for Adoption.

Moderate Term

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- combine all placement functions under a single chain of command, at both regional and central-office levels;
- That the new placement resource department include all relative care, foster family care, adoptions, and placement services;
- That its primary functions should be to develop, maintain, enhance, and support all placement resources for the Department;
- decide on case carrying responsibility at the time when adoptions becomes involved. (In the near term, cases might be transferred to adoptions worker--in the facilitated meeting described above--when the child's caregiver will not be adopting. However, in the long run the adoptions workers should be brought in as resources to the case-carrying worker, while the child's worker continue to have case responsibility).

Longer Term

- consider clarifying and simplifying the roles of its caseworkers into two core functions: CPS and Family Services;
- that in this overall design, the CPS worker have full responsibility for investigating allegations of abuse or neglect, engaging the family in the process of that assessment, linking families to services necessary to keep the children safe and healthy, and when necessary carrying cases forward into the legal system;
- that the key resources available to the CPS worker are the family, its networks of support, the broader neighborhood and community in which the family lives and the Community Services Agency;
- that the role of assessment worker and DCS attorney as supports to the CPS worker should also be discussed and clarified in the future;
- that the Family Services worker be the key resource to all families under court supervision, or whose children are in placement, or who are in the process of reunification—as well as those children for whom another permanent family is being sought;
- that key resources to the Family Services worker include (as appropriate) the CSA when they are helping with families under court supervision or in reunification status, kinship care experts, placement staff, adoptions workers, foster family recruitment and retention staff, specialists in helping teens;
- that Tennessee's child welfare system (both at the regional and central office level) thus be organized as follows: (1) Intake; (2) CPS/Investigations; (3) Family Services; (4) Contracted Family Support Services (CSA, Family Preservation,

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Special Services for Teens and their Families, etc.); and (5) Placement Resources (Recruitment, Training, Licensing, Support, Placement Services, Adoptions, etc.).

Practice Recommendations:

- caregivers (both relatives and foster families) who are willing to adopt children not be required to undergo an adoption selection committee process. Only if there are specific reasons for the agency to rule out adoptive placement with caregivers should other candidate families be considered;
- training for foster and adoptive families be fully integrated immediately, and that all families undergoing training be strongly encouraged to complete a dual licensing/approval process at the time of training;
- a complete review be conducted of initial placement practices, in order to determine how available relatives may be more effectively utilized as placement resources at the time of removal, thus encouraging permanent placements with relatives in circumstances when reunification doesn't pan out;
- Case hand-offs always be done in person and in a family team meeting environment;
- paperwork should never hold up actions required for permanence or safety;
- shared decision making should become the norm for all critical case decisions;
- steps be taken to ensure that the knowledge and skills of specialists (e.g., in adoptions) be openly shared--practiced, modeled, and transferred to the ongoing workers responsible for good outcomes for the children.

To the TAC's knowledge, these recommendations have not been implemented and there has been little planning or discussion of an approach to implementing them.

IX. APPROPRIATE EDUCATIONAL PROGRAMMING FOR FOSTER CHILDREN

The Settlement Agreement requires that children in DCS custody receive "access to a reasonable and appropriate education" and that they be placed "in community schools whenever possible." (VI.E)

DCS, in close collaboration with the TAC and any educational experts that TAC deems appropriate, is required to undertake an evaluation of all in-house schools located within group, residential or institutional facilities, to determine if such schools are providing children in foster care with access to a reasonable and appropriate education, including special education.

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The TAC is required to make recommendations, which shall include timetables for implementation, promptly upon reviewing the results of the evaluation. DCS is required to implement the results of the technical assistance committee's recommendations with respect to its own in-house schools and all of the TAC recommendations are to be "mandatory contractual obligations concerning all other "in-house" schools located within group, residential or institutional facilities." DCS is required to terminate the contract with any agency providing in-house schools that have not implemented the recommendations of the TAC (within 6 months of recommendations unless agency demonstrates and TAC approves additional time, up to additional 6 months, to implement recommendations.)

This is one of the areas in which the Department's work with the TAC has been timely and effective.

DCS established an Education Work Group to address these issues and the work group developed, in consultation with the TAC, a plan for addressing these provisions of the settlement agreement.

The staff leading that effort focused on developing a detailed implementation plan, with input from key stakeholders. The staff used TAC members as resources for consultation, suggestions, and critical evaluation of the issues. The workgroup prepared in advance of discussions with TAC members (including providing written materials in advance) so that the TAC time and work group time were well utilized. The discussions were substantive and candid, comments, questions and suggestions from the TAC were genuinely welcomed, but considered thoughtfully and critically, rather than blindly accepted because they came from the TAC (or defensively rejected because they came from the TAC).

Although this is an area in which the TAC recommendations are binding on the Department, the consultative process resulted in an implementation plan that the workgroup developed and owned and that the TAC simply endorsed as its recommendations.

DCS moved forward with implementing the plan, with follow up work to both monitor progress and make adjustments based on the experience and information gained moving forward. As DCS has implemented the plan, it has continued to work with the TAC, and modifications of the plan have been made periodically based on lessons learned in the process of implementation. A number of other areas examples of successful collaboration and consultation are identified in the body of the report.

Part of this plan was to complete a "phase one" evaluation of all of the in-house schools, which was more of a survey or review rather than an in depth evaluation. DCS anticipated that this "phase one" evaluation would identify a number of "level one program" schools which were educating children who could be more appropriately educated in the local public schools, making unnecessary any in depth evaluation of the

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school program. The results of the survey did in fact provide sufficient information to determine that a number of the in-house school programs did not need to remain open.

The work group developed a plan that focused first on moving all level one children into public school settings, then establishing an approach to ensuring that level two and level three children were not inappropriately retained in in-house schools. The TAC adopted the work group's plans as the "recommendations" of the TAC.

Based on the information that the Department has received from DCS, and absent contrary information from the plaintiffs or the monitor, it appears that the Department has addressed and continues to address the issues of in-house schools in a thoughtful and responsible manner.

The Department has recently updated the TAC on progress on their review of level 2 in-house schools. It appears to the TAC that they are working in accordance with the content and time lines of the TAC approved work plan and have successfully moved over 200 children from level 2 in house schools into public school programs.

The Education Work Group met on November 19, 2003 to develop an agenda for an all day meeting scheduled for December 11, 2003 to move forward, in accordance with the work plan, on identifying the protocols for their review of level 3 in-house schools, including the appropriateness of the educational placements of the students attending those schools.

At the beginning of the process the Department reported class members in approximately 100 in-house schools. Now there are approximately 20 in-house schools serving class members. The Department has come to an arrangement with the Department of Education to provide joint monitoring of the in house schools on a quarterly basis.

The TAC has not discussed with the Education Work Group any plans for completing "phase two" of the evaluation—a more in depth evaluation of the remaining schools. Now that DCS has closed the majority of those in-house schools and has had the opportunity to work with the remaining schools on any corrective actions that the evaluation and subsequent contacts have indicated, the TAC and key Department staff need to determine what further evaluation of the remaining schools is appropriate.

X. USE OF PSYCHOTROPIC MEDICATIONS, SECLUSION AND RESTRAINT

The Settlement Agreement requires the Department to undertake a review of the policies and procedures surrounding the use of psychotropic medications, and the forms and use of restraint and seclusion/isolation of children in the plaintiff class. The evaluation of the policies and procedures are to be designed in close collaboration with the TAC, and once the evaluation is complete, the TAC is to make recommendations, which DCS is required to implement, including timetables for implementation. (VI.F; VI.G)

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The Department convened a workgroup consisting of DCS staff, private providers, and national experts provided by the Child Welfare League of America to review present policies and procedures and to develop proposed modifications that, when implemented, would conform Tennessee's policies and procedures to what is considered to be "best practice."

Over the course of a thoughtful and methodical, year-long process that the Department has engaged in, the TAC has participated in discussions, reviewed drafts and provided comments, questions and suggestions to the Department. The Department staff involved in this process also recognized the need for the proposed policies and procedures to be aligned with the practice model. Chapter 7 of the Practice Model (which the department has adopted) both reflects the input of the work group and support for the proposals of the work group.

The Department submitted a set of revised policies and forms to the TAC for its review in September 2003. The TAC provided some comments and questions to DCS.

On December 5, 2003, the TAC received a final version of the policies that the Department believes responds appropriately to those questions and comments. The TAC will be reviewing this final version and anticipates in the near future approving the policies and accompanying forms, with few, if any, modifications.

The TAC has requested that the Department develop a plan for implementing the policies and has made some suggestions in that regard.

XI. RESOURCE DEVELOPMENT THROUGH REVENUE MAXIMIZATION

The Settlement Agreement requires DCS to develop and implement policies and procedures by which it can maximize funds available to it through Title IV-B and IV-E of the Adoption Assistance and Child Welfare Act of 1980. The TAC is responsible under the settlement agreement to: evaluate work of any current consultants retained by DCS to develop and implement such policies and procedures; make recommendations on the continued use of current consultants and/or use of other consultants; evaluate the current policies and procedures in place and in development; and make any recommendations to modify these policies and procedures. DCS is required to implement the TAC recommendations.

Early in its work, the TAC received a briefing from the Department on their approach to maximizing draw down of federal revenue. The TAC was generally satisfied by his presentation that the Department was responsibly seeking to maximize its draw down of federal funds.

The one area in which the Department acknowledged that it did not believe it was maximizing funds was in the area of Title IV-E reimbursement for training. The Department contracted with an outside consultant in whom they had confidence, PCG, to

review the Department's efforts to draw down IV-E reimbursement for training. The PCG report concludes that DCS could draw down significant additional IV-E funds for training and makes a number of recommendations. In recent conversations with DCS, the TAC has expressed its concern that DCS is not aggressively pursuing the IV-E reimbursement for training as recommended by the PCG report.

In addition, questions have arisen recently about the Department's on-going work to maintain the highest possible level of IV-E eligibility. Department staff acknowledge that systemic problems have resulted in a disproportionately low percentage of children being IV-E eligible, resulting in lost federal revenue.

XII. FAMILY TO FAMILY PILOT PROJECT

The Settlement Agreement provides an option for DCS to initiate a pilot program to develop a comprehensive family conference model, the protocols of which would replace some of the requirements of some sections of the Settlement Agreement. (VII.K.)

In accordance with this provision, in the fall of 2001, the Department expressed an interest in piloting the *Family to Family* initiative of the Annie E Casey Foundation. *Family to Family* entails a formal agency commitment to maintain families safely with services when possible, to routinely place children who must be removed with relatives or foster families, to place children in their home communities, and to move toward reunification or other permanence in a timely manner. The four core strategies of *Family to Family* include: recruitment and retention of foster families in areas of high need; team decision making in all placement matters; building community partnerships; and self-evaluation.

John Mattingly, of the Casey Foundation, who convened the TAC and who under the terms of the Settlement Agreement continues to provide guidance and assistance to the TAC, has been working with DCS on the *Family to Family* initiative.

An agreement was reached with the Casey Foundation to pilot the initiative and sites were chosen in several communities in Sumner County, Davidson County and Shelby County.

Implementation of the initiative in these sites has been uneven. In Sumner County, a strong team has developed, and more foster families have been recruited. However, new homes have thus far been filled by other Mid Cumberland counties not involved in *Family to Family*—thus having limited impact on the number of Sumner County children who continue to be placed outside their home communities.

In Shelby County, a change in regional leadership has led to a hiatus in implementation of the initiative. Major issues regarding the use of relatives, routine removal of children by the police, and placement of children in a shelter run at the juvenile detention center appear to have continued un-addressed.

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In Davidson County, a new leader seems to be moving forward with implementation.

There have certainly been a number of capable and committed regional staff involved and engaged in each of the sites, and, at the state level, *Family to Family* has had strong and capable staffing in central office. However, there has been a lack of consensus and/or commitment among the DCS leadership at the state level about core issues regarding recruitment and retention of families, the use of relatives, the use of data to self evaluate, the critical role of community partners in the effort, and the need to implement team decision making in a uniform way in the pilot counties.

Without that consensus and commitment, there are serious questions among Casey Foundation staff whether *Family to Family* can succeed in Tennessee.