The Center for
State Child Welfare Data

Tennessee Accountability Center
Report 2

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Executive Summary

Under the terms of the Settlement Agreement in the *Brian A. vs. Haslam* class action lawsuit, the parties—the Tennessee Department of Children's Services (DCS) and Plaintiffs—agreed to establish an independent, external Accountability Center. The mission of the Accountability Center (AC) is two-fold. First, the AC will provide the information needed by the public and other stakeholders to understand what happens to children when they are placed in foster care. In turn, this information will help stakeholders understand how efforts on the part of Tennessee's Department of Children's Services can be strengthened. Second, the AC, through its work with the Department, will strengthen the systems DCS uses to monitor its performance going forward, beyond the 18-month term of the AC.

This second report produced by the Accountability Center focuses on the process of care, the quality of care, and the capacity to provide care. The findings reported are summarized below. In all of these measures, performance in this reporting period is similar to past performance.

The Process and Quality of Care

- Response to Reports of Child Maltreatment – With few exceptions, DCS investigators or assessment workers had their first face-to-face contact with the alleged child victim within DCS' established timeframes for over 95 percent of cases (see Figure 2-Figure 4).

- Duration of Investigations – About half of all investigations were completed within 60 days, and 75 percent closed within 71 days. There is evidence that DCS is completing special investigations (maltreatment of children while in care) more quickly than in the past (see Table 1-Table 2 and Figure 5-Figure 6).

- Duration of Assessments – About half of all assessments were completed within 58 days, and 75 percent closed within 90 days (see Table 3 and Figure 7).

- Congregate Care Placement for Children Under 6 Years Old – In the last two years, four children under the age of 6 experienced congregate care placement.

- Overnight Placement in DCS Offices – In 2017, 198 children were recorded with an overnight placement. More than 92 percent of those placements lasted only one day, and a small percentage (six percent at most) lasted two days (see Table 4).

- Use of Restraint and Seclusion – DCS relies on multiple interwoven CQI processes to understand, manage, and monitor the use of restraint and seclusion for children in its custody.

- Each month, about six in ten children visit with their parents at least once a month. No visits were recorded for the remainder. Looking at parent-child visits by length of stay shows that children who stayed in care longer were associated with fewer parent-child visits in the first months of care (see Table 6 and Table 7).

- Each month about six in ten siblings visit with other siblings when placed separately. No sibling visits were recorded for the others (see Figure 8 and Figure 9).

The Capacity to Provide Care

- On any given day, around 30 percent of investigation case managers are assigned 12 or fewer cases, and between 55 percent and 60 percent are assigned between 13 and 24 cases. The percentage of investigation case managers assigned more than 24 cases ranged between 10 percent and 18 percent during the second half of 2017. Most of the time, there are no special investigation case managers assigned more than 24 cases. Among assessment case managers on any given day, about one-quarter to one-third are assigned between one and 12 cases, about half are assigned between 13 and 24 cases, between 12 percent and 19 percent are assigned 25 to 34

cases, and between five and eight percent are assigned more than 34 cases (see Table 8-Table 10).

- ▸ The percentage of Foster Care Family Service Workers with caseloads sized within the threshold was above 90 percent for the state as whole, with variation at the regional level (see Table 11).

- ▸ The percentage of Foster Care supervisors with caseloads sized within the applicable threshold was above 90 percent for the state as whole, with variation at the regional level (see Table 12).

- ▸ Foster parents are a large part of the foster care system's capacity to provide care. Through the AC, DCS has invested in understanding the recruitment and retention of this resource.

- ▸ Staff Training – In the last 18 months, DCS has certified 431 new caseworkers and 121 new supervisors after the completion of the required training.

- ▸ Tuition Assistance Program – While a relatively small number of people enter the BSW and MSW tuition assistance program, the completion and retention rate is more than 50 percent of those beginning the program.

As noted, the mission of the Accountability Center is to provide stakeholders the evidence they need to understand what happens to children when they are placed into foster care. Several areas for follow-up were included in the Accountability Center's first report. DCS and the Accountability Center are pursuing that work. In addition to those areas, the second report concludes with a brief summary of additional areas where ongoing work is taking place. They include:

- ▸ Link between parent-child visits, type of permanency (reunification/relative or adoption) and length of stay

- ▸ Piloting the process quality review (PQR)

- ▸ Improving the use and retention of foster parents

Overview

The Accountability Center

This is the second report of the Accountability Center, established under the terms of the Settlement Agreement in the *Brian A. vs. Haslam* class action lawsuit. The mission of the Accountability Center (AC) is two-fold. First, the AC will provide the information needed by the public and other stakeholders to understand what happens to children when they are placed in foster care. In turn, this information will help stakeholders understand how the Department's efforts to serve children can be reinforced. Second, the AC, through its work with the Department, will strengthen the systems DCS uses to monitor its performance going forward, beyond the 18-month term of the AC. The focus of the AC was negotiated by the parties to the *Brian A.* lawsuit. The topics to be covered in each of the three reports are shown in Appendix A. The AC builds on the work of the Technical Assistance Committee (TAC), appointed in 2004 by the parties to serve both monitoring and technical assistance functions.

The aim of the Accountability Center is to report independently on how well DCS is meeting its obligations to children placed in foster care. To do so, each report includes information about both child abuse and neglect investigations and out-of-home placement (foster care) experiences of children adjudicated neglected, abused, or unruly. It does not report on children adjudicated as juvenile delinquents.

For the most part, we provide information about children, foster parents, or workers entering an experience during a window of time. Each of these *entry cohorts* is fully representative of the diverse circumstances encountered by DCS. By following these representative groups, we can accurately summarize the experience of each wave of children, foster parents, or workers and draw conclusions about them.

Current Report

The second AC report focuses on the process, quality, and capacity of DCS to fulfill its mission to protect and care for children adjudicated neglected, abused, or unruly. As with the first AC report, we start with a broad overview of the foster care caseload. The caseload, *i.e.*, the number of children in care, provides readers with a basic understanding of how many children are cared for by DCS. Moreover, because the number of children living in foster care is a function of how many children enter and leave care during the course of the year, counts of admissions and discharges give readers a firm understanding of how many children DCS serves each year.

The next sections of the report provide information about the elements of process, quality, and capacity identified in the Settlement Agreement that are needed to make informed judgments about whether DCS is fulfilling its mandates.

▸ The process of care refers to the actions caseworkers, among others, follow in pursuit of the broad mission of the agency. Casework processes are defined in statute, regulation, or in terms of best practices, which may include evidence-based interventions. Examples of essential processes are child and family team meetings and timely assessments of the wellbeing of children. Process measures are used to understand the extent to which the required work is being accomplished.

▸ The quality of care, which is closely related to process, refers to how well the work is done. For example, assessments are an important part of casework practice (*i.e.*, process). The use of validated instruments when doing an assessment is linked to the quality of the assessment.

▸ Capacity refers to the resources dedicated to meeting the process and quality requirements. Capacity comes in various forms: funding for needed services, a trained workforce (*i.e.,* human capital), and physical structures and other tangible resources (*e.g.,* offices, computers, *etc*).

The report concludes with a discussion of areas of ongoing work that emerged from this second report.

Sources of Data

The data assembled for this report come from various sources. For data about children and caseloads, the AC relies on TFACTS, the system used by the Department to track children's experiences with the Department. TFACTS data are used in two ways. Some of the data are extracted from TFACTS reports produced directly by DCS, whereas other measures are developed using raw TFACTS extracts that are then managed by the AC. These longitudinal files are updated quarterly and are expanded to reflect new priorities and new questions about outcomes. Data regarding case manager training included in this report come from systems separate from TFACTS that the Department maintains to track these elements.

With regard to the time period covered in the report, each table or figure shows the relevant reporting period. In some cases, we report activity for a single year; in other cases, we show change over time.

Foster Care Caseload

Juvenile Court judges make the decision, often in consultation with DCS, to bring children into state custody. Juvenile Court judges also rule on whether a child leaves placement. Placements end primarily when children are reunified with their families, discharged to the care of a relative, or adopted. A small proportion of children, mostly placed as teenagers, will age out of foster care.

DCS' foster care population—the number of children in placement at any given time—is a function of the number of admissions and the duration in placement of those admissions. The relevant information is displayed in Figure 1. Between SFY11-12 and SFY16-17, at the end of the fiscal year, the caseload of children in placement for reasons of neglect or abuse ranged from 5,867 in SFY11-12 to 6,531 in SFY16-17. The caseload on

this past December 31st was 6,597. The caseload of children adjudicated unruly is small, and between SFY11-12 and SFY16-17, the caseload of children placed as unruly ranged from 93 to 115. During those same years, between 4,023 and 4,807 neglected, abused or unruly children were placed in foster care for the first time, and between 808 and 1,035 spells of foster care placement began for neglected, abused, or unruly children who had been in placement before and were returning to care. Between SFY11-12 and SFY16-17, DCS discharged between 4,783 and 5,407 children originally adjudicated neglected, abused or unruly.

Figure 1: Number of Entries and Exits and Caseload as of the End of the State Fiscal Year
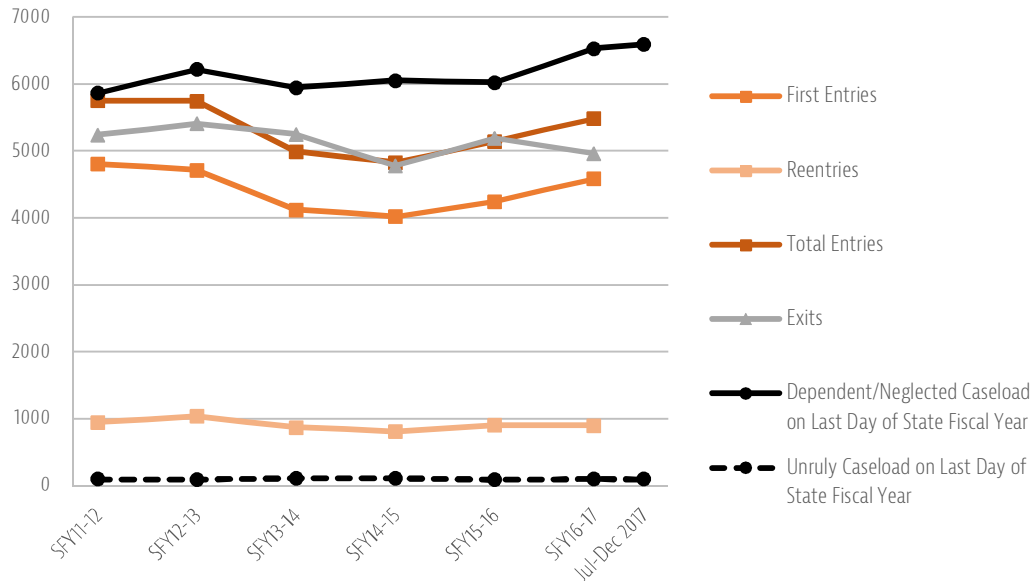
Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

The Process and Quality of Care

The process of care refers to the actions caseworkers, among others, follow in pursuit of the broad mission of the agency. These processes are defined in statute, regulation, or in terms of best practices, which may include evidence-based interventions. In turn, process measures are used to understand the extent to which the required work is being accomplished.

The quality of care, which is closely related to the process of care, refers to how well the work is done and is often concerned with the child's daily life experience while in foster care. For example, although the process of care involves the removal of a child from his or her home—the source of a child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life—the type of setting into which the child is placed while in care can help reduce the trauma experienced by the child as a result of placement into foster care.

Investigation and Assessment Timeliness

This report includes two measures of the process and quality of the Department's Child Protective Services (CPS) system's response to allegations of abuse and neglect received by the Child Abuse Hotline (CAH): The time from the assignment of a report of abuse or neglect to the investigator or assessor and the investigator's/assessor's first face-to-face contact with the alleged victim (referred to as Priority Response) and the time to completion of the investigation or assessment.

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Priority Response

When a report of abuse or neglect is received by the CAH, the CAH worker uses the Priority Response Decision Tree in the Structured Decision Making (SDM) Manual to determine the priority response assignment (P-1, P-2, or P-3) based on critical safety and risk factors involved. As defined in DCS Policy 14.3, reports are assigned a Priority 1 response (P-1) when the child(ren) may be in imminent danger, and the investigator or assessor must initiate the investigation through face-to-face contact with the alleged victim(s) within 24 hours of the referral to the Child Abuse Hotline. Reports assigned a Priority 2 response (P-2) "allege injuries or risk of injuries that are not imminent, life-threatening or do not require medical care where a two (2) business day delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child." Reports assigned a Priority 3 response (P-3) "allege situations/incidents considered to pose low risk of harm to the child where three (3) business days will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child."[1]

Figure 2 presents the statewide percentage of investigations (including investigations handled by the Special Investigations Unit), by priority, opened each month from October 2016 through December 2017 in which there was a response meeting the applicable time frame that was correctly documented in TFACTS.

Figure 2: Percentage of Investigations Meeting Priority Response Time Frames
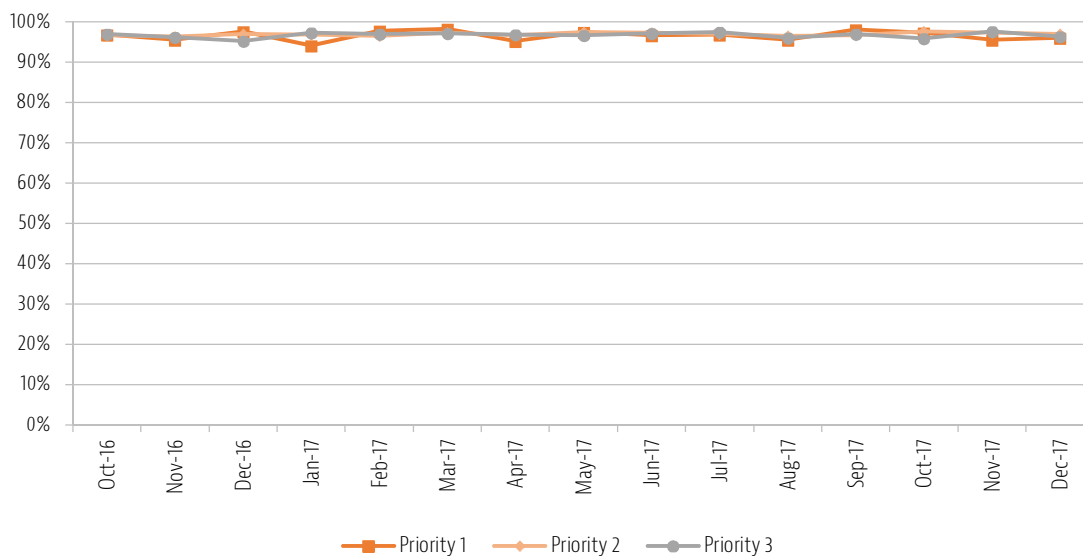
Source: Monthly DCS TFACTS Report, "CPS Referral Response by Priority, Investigations."

The vast majority of allegations of children being abused or neglected while in DCS custody are assigned to the Special Investigations Unit.[2] Figure 3 presents performance on priority response for the Special Investigations Unit alone. Note that the number of P-1 investigations assigned to the Special Investigations Unit in a given month can be very small, resulting in greater fluctuation in the performance percentage from month to month.

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[1] Policy 14.3, "Screening, Priority Response and Assignment of Child Protective Services Cases," is available at https://files.dcs.tn.gov/policies/chap14/14.3.pdf.

[2] The small number of investigations where the alleged abuse and neglect occurred during the course of a home visit or runaway episode are handled by investigations staff, not by the Special Investigations Unit.

Figure 3: Percentage of Special Investigations Meeting Priority Response Time Frames
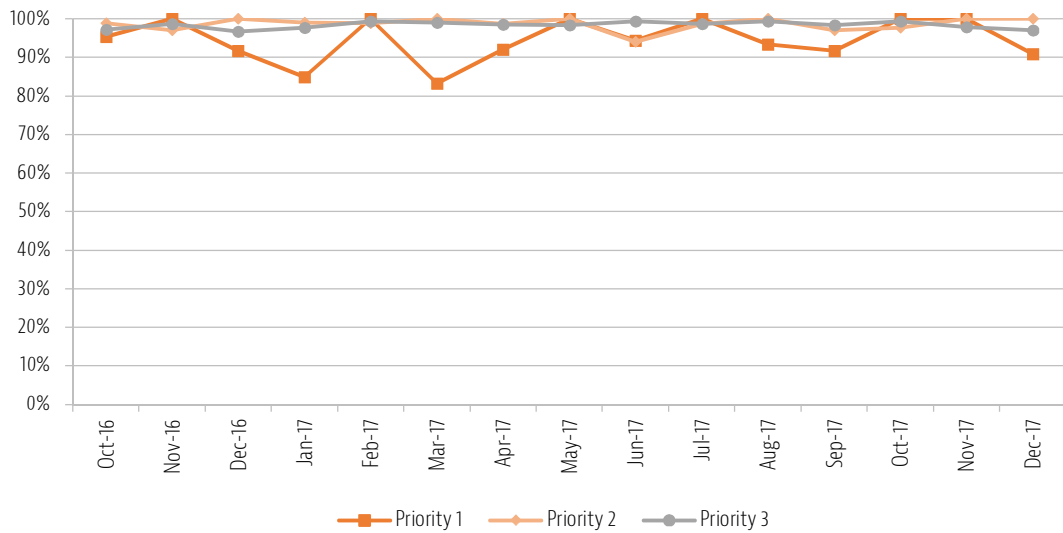
Source: Monthly DCS TFACTS Report, "CPS Referral Response by Priority, Investigations."

Figure 4 presents statewide performance on priority response for CPS assessments opened each month from October 2016 through December 2017.

Figure 4: Percentage of Assessments Meeting Priority Response Time Frames
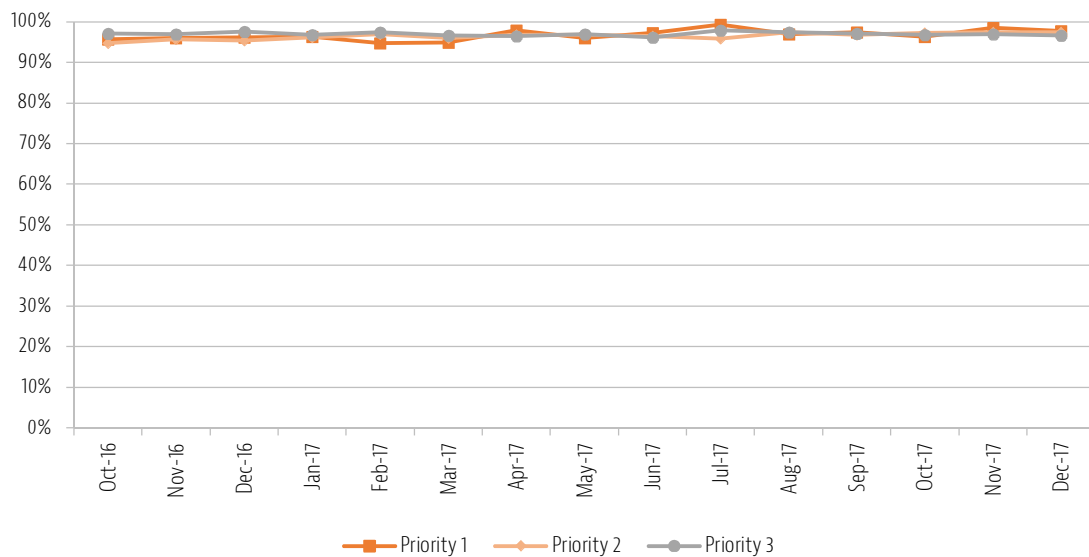
Source: Monthly DCS TFACTS Report, "CPS Referral Response by Priority, Assessments."

Duration of Investigations and Assessments

Under Tennessee law, investigations are expected to be completed within 60 days.[3] However, the Department recognizes, and good practice dictates, that in some cases, a full, multidisciplinary investigation will require additional time to complete.

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[3] Tennessee Code Annotated 37-1-406(i).

Figure 5 compares the duration in days as of February 12, 2018 for investigations that were initiated during three six-month windows: Between July 1, 2016 and December 31, 2016, between January 1, 2017 and June 30, 2017, and between July 1, 2017 and December 31, 2017. Each line shows how many investigations were still ongoing after each 10-day interval. For example, the figure shows that about 55 percent of investigations initiated between July 1, 2017 and December 31, 2017 were still ongoing after 60 days, but that percentage drops to about 35 percent by 70 days and to about 17 percent by 90 days. Investigations opened in the prior two windows had slightly shorter durations, with about 50 percent of investigations initiated between July 1, 2016 and December 31, 2016 remaining open by 60 days, dropping to about 11 percent by 90 days.[4]

Figure 5: Duration of Investigations Initiated during Each Window
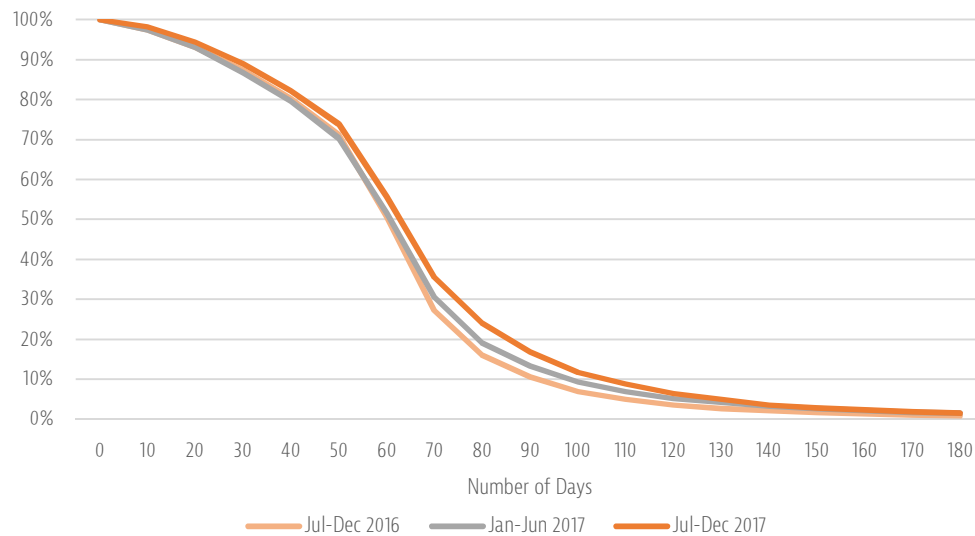
Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Table 1 presents another way of looking at the duration of investigations—quartile durations. For investigations initiated during each six-month window, the table shows three pieces of information: the number of days that had elapsed at the point at which 25 percent of those investigations had closed (the 25th percentile), the number of days that had elapsed at the point at which 50 percent had closed (the 50th percentile, or median), and the number of days that had elapsed at the point at which 75 percent had closed (the 75th percentile).

This view also shows that the duration of investigations increased slightly between July 2016 and December 2017. Twenty-five percent of investigations initiated during the second half of 2016 closed within 46 days, 50 percent closed within 60 days, and 75 percent closed within 71 days. For investigations initiated during the second half of 2017, 25 percent closed within 49 days, 50 percent closed within 62 days, and 75 percent closed within 78 days.

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[4] About 11 percent of investigations initiated between July 1, 2017 and December 31, 2017 were still open as of February 12, 2018. Less than one percent of investigations initiated during the prior six-month window were still open as of February 12, 2018, and no investigations initiated during the last six months of 2016 were still open as of that date.

Table 1: Quartile Durations in Days for Investigations Initiated during Each Window

Window	25th Percentile	50th Percentile	75th Percentile
July-December 2016	46	60	71
January-June 2017	45	60	73
July-December 2017	49	62	78

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Figure 6 and Table 2 present the same analyses for special investigations initiated during those windows. As shown in Figure 6, speed of closure for special investigations increased over the span of the six-month windows shown. Of special investigations initiated during the last six months of 2016, about 62 percent remained open by 60 days and about 10 percent remained open by 90 days. However, of special investigations opened between July 1, 2017 and December 31, 2017, only 36 percent remained open by 60 days, dropping to five percent by 90 days.[5]

Figure 6: Duration of Special Investigations Initiated during Each Window

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Table 2 presents the quartile durations in days for special investigations opened during each window. The decrease in duration of special investigations since July 2016 is also reflected in the table, which shows that of investigations opened during the second half of 2016, 25 percent closed within 56 days, 50 percent closed within 63 days, and 75 percent closed within 73 days. Of investigations opened during second half of 2017, 25 percent closed within 40 days, 50 percent closed within 55 days, and 75 percent closed within 63 days.

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[5] About six percent of investigations initiated between July 1, 2017 and December 31, 2017 were still open as of February 12, 2018. Only one investigation initiated during the prior six-month window was still open as of February 12, 2018, and no investigations initiated during the last six months of 2016 were still open as of that date.

Table 2: Quartile Durations in Days for Special Investigations Initiated during Each Window

Window	25th Percentile	50th Percentile	75th Percentile
July-December 2016	56	63	73
January-June 2017	46	58	66
July-December 2017	40	55	63

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

DCS Policy requires cases assigned to the assessment track to be completed within 90 days. Figure 7 and Table 3 present the same analyses of duration for assessment cases as presented for investigations above. The duration of assessments has remained stable over the span of the three windows included in this analysis. Of assessments initiated during the last six months of 2016, about 50 percent remained open by 60 days and about 28 percent remained open by 90 days. Similarly, of assessments opened between July 1, 2017 and December 31, 2017, about 45 percent remained open by 60 days and about 23 percent remained open by 90 days.[6]

Figure 7: Duration of Assessments Initiated during Each Window

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Quartile durations for assessments opened during each window are shown in Table 3. Of assessments opened during the second half of 2016, 25 percent closed within 28 days, 50 percent closed within 58 days, and 75 percent closed within 91 days. Of assessments opened during second half of 2017, 25 percent closed within 25 days, 50 percent closed within 52 days, and 75 percent closed within 89 days.

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[6] About 13 percent of assessments initiated between July 1, 2017 and December 31, 2017 were still open as of February 12, 2018. One percent of assessments initiated between January 1, 2017 and June 30, 2017 were still open as of February 12, 2018, and four assessments initiated during the las six months of 2016 were still open as of that date.
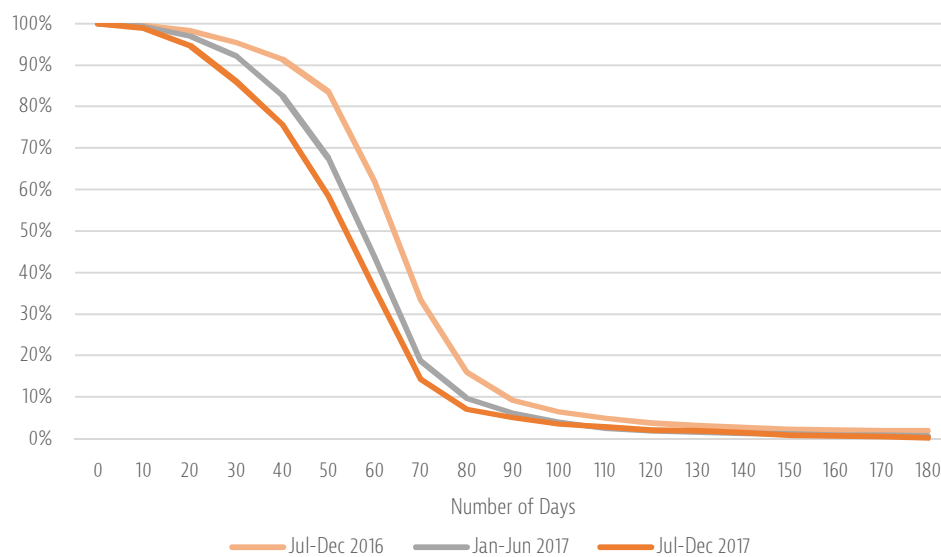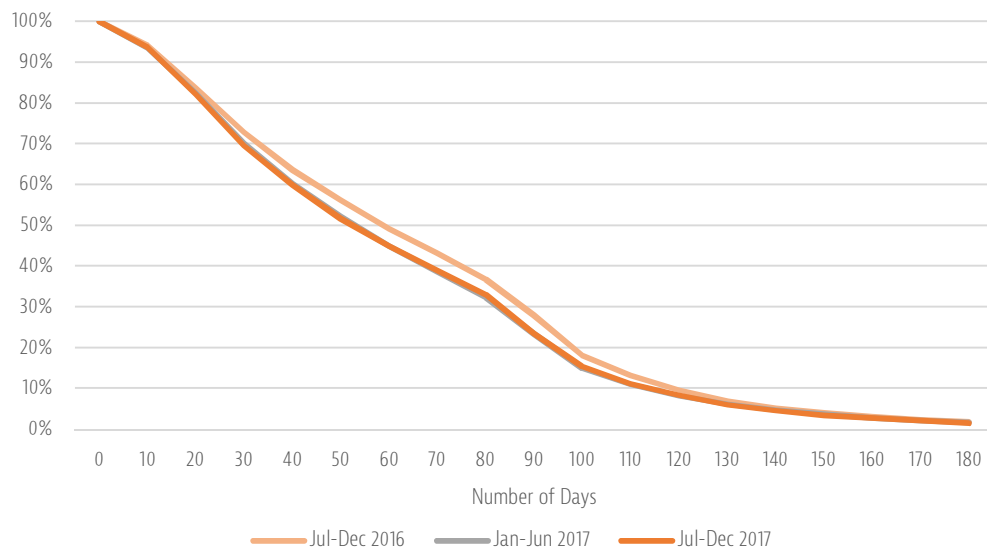
Table 3: Quartile Durations in Days for Assessments Initiated during Each Window

Window	25th Percentile	50th Percentile	75th Percentile
July-December 2016	28	58	91
January-June 2017	26	52	88
July-December 2017	25	52	89

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Placement Experience

The second AC report provides four quality measures that speak to elements of the quality of care that affect some children who experience out-of-home placement and can have a negative impact on their wellbeing. These are children under the age of 6 placed in congregate care, overnight placements in DCS offices while awaiting placement, the use of restraint and seclusion, and the use of psychotropic medication. The AC found that DCS has the capacity to monitor these issues and has systems in place to review and manage these situations. In addition, the use of congregate care for children placed under the age of 6 and the use of overnight placements in DCS offices while awaiting placement were infrequent.

Congregate Care Placement for Children Under 6 Years Old

Consistent with previous reporting by the TAC, a small number of children under the age of 6 are placed in congregate care. Between January 1, 2016 and December 31, 2017, four children were placed in congregate care at the age of 5. Three of these children were still in those placements as of December 31, 2017 and one had been reunified with family. The length of time in congregate care to date ranged from one month to 11 months. As with any congregate placement, an evaluation and approval process was completed prior to placement in order to ensure that these placements met the child's needs.

Overnight Placement in DCS Offices

When children enter DCS custody, significant effort is made to ensure that they are placed in the most appropriate, least restrictive setting to meet their needs. At times, the most suitable placement may not be currently available, may be far away, or may not be initially located. In those cases, DCS seeks to find an appropriate temporary placement for the child. Sometimes, however, such temporary placements cannot be found. This may occur because of the child's unique needs, because of the time of day, because appropriate options have already been allocated to other children, or because of other, unique circumstances. When all other alternatives have been exhausted, children may stay overnight in a DCS office. Because the Department seeks to minimize the use of these placements, they are tracked in TFACTS and monitored by the Deputy Commissioner for Child Programs. In 2017, special attention was focused on better understanding what circumstances were resulting in overnight office placements. One result of these efforts was the discovery that there was some inconsistency in the way in which such placements were coded in TFACTS. Clarifying guidelines were established and shared in order to establish consistency in reporting and understanding. Another result was implementation of a placement assistance call, during which Central Office placement staff are available to help regional staff find appropriate placement for children/youth whose needs make them difficult to support. Once each month, this time is used as an educational opportunity to reinforce or enhance regional placement staff's knowledge of resources, understanding of processes, and insight into opportunities to streamline placement activities.

Table 4 shows the total number of overnight office placements for children of all adjudications that occurred during calendar years 2012 through 2017, broken out by their duration in days.[7] The vast majority of overnight office placements—more than 92 percent of such placements each year—lasted only one day, and a small percentage (six percent at most) lasted two days.

Table 4: Overnight Office Placements by Calendar Year and Duration (in Days)

Calendar Year	1 day	2 days	3 days	4 days	5 days	6 days	Total Placements
Number							
2012	97	1	1	0	0	1	100
2013	108	6	0	0	0	0	114
2014	65	1	0	0	0	0	66
2015	93	4	0	1	0	2	100
2016	152	10	1	2	0	0	165
2017	180	5	2	0	0	1	188
Percentage							
2012	97%	1%	1%	0%	0%	1%	100%
2013	95%	5%	0%	0%	0%	0%	100%
2014	98%	2%	0%	0%	0%	0%	100%
2015	93%	4%	0%	1%	0%	2%	100%
2016	92%	6%	1%	1%	0%	0%	100%
2017	96%	3%	1%	0%	0%	1%	100%

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Use of Restraint and Seclusion

Minimizing children's experiences of restraint and seclusion is a key part of providing high-quality out-of-home care. The AC is charged to review how DCS conducts regular reviews of this practice and to make appropriate comment in public reporting. Last modified in July 2016 and available to the public, DCS Policy 19.11 defines restraint and seclusion and provides rigorous, comprehensive standards regarding the use of restraint and seclusion.[8] In addition, DCS Policy 1.4 requires that an "Incident Report" (IR) must be entered into the TFACTS Incident Reporting module for any use of restraint or seclusion.[9] This allows DCS to track the number of restraint and seclusion incidents by type, level (defined below), private provider, and facility.

Each restraint or seclusion incident is categorized as Level 1 or Level 2 based on its duration. The level assigned determines the depth of review required for the incident, as described further below. Incidents of restraint lasting less than 15 minutes and seclusion lasting less than 30 minutes are assigned to Level 1, and incidents of restraint lasting 15 minutes or more and seclusion lasting 30 minutes or more are assigned to Level 2.

The table below presents the number of incidents of restraint and seclusion involving children who were adjudicated neglected, abused, or unruly, by level, reported each quarter for the 18-month period between July 2016 and December 2017.

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[7] More than 90% of the children experiencing overnight placements between January 2012 and December 2017 were adjudicated neglected, abused, or unruly.

[8] Policy 19.11, "Use of Physical Restraint and Seclusion," is available at https://files.dcs.tn.gov/policies/chap19/19.11.pdf.

[9] Policy 1.4, "Incident Reporting," is available at https://files.dcs.tn.gov/policies/chap1/1.4.pdf.

Table 5: Quarterly Number of Incidents of Restraint and Seclusion by Level

Calendar Quarter	Level 1			Level 2			Grand Total
	Restraint	Seclusion	Total Level 1	Restraint	Seclusion	Total Level 2	
July-September 2016	1,257	35	1,292	253	61	314	1,606
October-December 2016	1,040	32	1,072	272	38	310	1,382
January-March 2017	1,018	32	1,050	228	24	252	1,302
April-June 2017	1,084	44	1,128	266	42	308	1,436
July-September 2017	1,235	45	1,280	229	76	305	1,585
October-December 2017	1,132	31	1,163	235	71	306	1,469

Source: DCS CQI analysis of TFACTS incident reporting data.

The Department relies on multiple interwoven CQI processes to understand, manage, and monitor the use of restraint and seclusion for children in its custody:

1. For Level 1 incidents, CQI staff conduct a review of the documentation of a random sample of restraints and seclusions (one per 10 restraint and seclusion incidents occurring at each facility during each calendar quarter) focused on whether the facts set forth in the incident report supported the use of restraint or seclusion. CQI staff is currently conducting reviews for the third quarter of 2017, using a revised sampling methodology: one per 10 incidents of all types occurring at each facility during each calendar quarter, stratified by incident type. The revised sampling and review process is described in detail in the Incident Reporting Review Manual.[10]

   As reported by the TAC, the reviews of Level 1 restraint and seclusion incidents that occurred between January 1, 2016 and September 1, 2016 identified only one incident (a restraint) which, based on the documentation in TFACTS, did not appear to have been appropriate. In the sample of 402 restraint and seclusion incidents reviewed for the period between October 1, 2016 and June 30, 2017, CQI staff identified only one restraint which, based on the documentation, did not appear to have been appropriate.

2. For Level 2 incidents, the regional mental health clinicians (MHCs), under the supervision of the Psychology Director, are responsible for the initial review and investigation. In addition, any restraint or seclusion, regardless of duration, that results in an injury to a child requires review and response by the DCS nurses assigned to each region (health unit nurses). If a particular child is the subject of multiple incident reports, the reviewer is expected to review all prior incidents, without regard to the level of those previous incidents, to ensure that the child is receiving appropriate care.

   As part of their review, the regional MHCs and health unit nurses are expected to examine the circumstances of the specific incident and take appropriate action in response to any concerns about the particular use of physical restraint or seclusion. If the reviewer suspects that the incident reflects a broader problem with the child's treatment plan or the therapeutic milieu of the facility, he or she refers the issue to the Psychology Director for follow-up, which can include a referral to the Provider

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[10] The Incident Reporting Review Manual is available at https://files.dcs.tn.gov/policies/chap1/IRRManual.pdf. A listing of all incident types and their definitions is available at https://files.dcs.tn.gov/policies/chap1/TermsDefIncidents.pdf.

Quality Team (the Department's structure for monitoring of private providers). The reviewer then documents any actions taken in response to their review into TFACTS.

For 85 percent (1,527) of the 1,795 Level 2 incidents of restraint and seclusion reported between July 1, 2016 and December 31, 2017, the reviewer indicated that, upon review of the documentation entered into TFACTS, no follow-up was necessary. The reviewer indicated that additional information was requested for an additional 14 percent (250 incidents), and for the remaining one percent (18 incidents), the reviewer indicated that he or she had forwarded a concern about either the handling or the documentation of the incident to the Psychology Director for follow-up.

3. The Central Office Incident Reporting CQI Circle, which meets at least quarterly, brings together regional and Central Office CQI staff to review reports from the Incident Reporting administrative data. Through these reviews of data, the Central Office IR CQI Circle seeks to identify concerning patterns or trends in restraint and seclusion incidents (among other incident types) by level, provider, and placement. The team also reviews administrative data reports on the timeliness of IR documentation and the timeliness of the response process for Level 2 incidents, described above, to identify opportunities for improvement of the incident reporting documentation and response processes.

Psychotropic Medication

Last modified in August 2011 and available to the public, DCS Policy 20.18 requires DCS and private providers to "regulate the handling and administration of psychotropic medications in accordance with professional standards of care, good security practices, and appropriate state and federal laws."[11] The policy defines the therapeutic use of psychotropic medication, including circumstances in which use of psychotropic medication is prohibited, and outlines required procedures for prescription, informed consent, administration, storage, and disposal of psychotropic medications. In addition, the policy requires that the DCS regional nurses document in TFACTS any prescription, dosage change, or discontinuation of psychotropic medication, as well as informed consent for the medication.

The Department has continued to partner with the Vanderbilt Center of Excellence (COE) to review some prescriptions. A "red flag team" including COE Psychiatric Mental Health Nurse Practitioners supported by a child psychiatrist and regional nurses discusses prescriptions where the number of medications prescribed, the combination of medications, the specific type or brand of medication, or the age of the child for whom the medication is being prescribed warrant special scrutiny.[12] In SFY16-17, these teams conducted over 240 reviews. The team's review resulted in disapproval of a particular medication regimen in about 10 percent of the cases reviewed.

At the system level, DCS currently evaluates the prevalence of the use of psychotropic medication by obtaining, on an annual basis, lists of children from TennCare, Tennessee's Medicaid provider, who had prescriptions filled for psychotropic medications during any of the previous 12 months. These lists are matched to lists of children in custody to determine what proportion of children with at least one day in custody had at least one psychotropic medication prescription filled in that same year and to compile other statistics such as type of drug, frequency of prescription during the year, and other characteristics available in the placement data.

During 2016, the proportion of children with at least one day in care with at least one psychotropic medication prescription was 32 percent. This is consistent with previous reporting by the TAC. Looking at this population

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[11] Policy 20.18, "Psychotropic Medication," is available at https://files.dcs.tn.gov/policies/chap20/20.18.pdf.

[12] Red flag cases are those where prescriptions are for more than two medications of the same class, are for more than four medications, exceed the maximum dose, or are for a child under age 6.

by age at the time of the prescription, these figures were seven percent for children ages 0-5, 37 percent for children ages 6-10, 48 percent for children ages 11-14, and 54 percent for children ages 15-17. DCS is in the process of compiling prevalence figures for 2017.

However, as DCS recognizes, this current way of understanding this important issue is very limited. First, these current measures likely overstate the use of psychotropic medications because they include a point-in-time population which will consist of more long-staying children who might be more likely to have behavioral health issues to be addressed. Second, the measure also does not account for children who were already on such medications when they entered or reentered state custody, or changes in the use of these medications during custody, such as the likelihood that a child will start on a psychotropic medication during placement.

This is the kind of ambiguity that both DCS and Tenncare should be working to eliminate. These agencies should develop a new data exchange that will allow for a longitudinal understanding of this important issue. Then, both agencies need to target their current CQI processes, as well as the work of the "red flag" teams, to incorporate new evidence from this longitudinal perspective.

Maintaining Family Connections

The DCS Practice Model highlights the importance of preserving non-detrimental family relationships and attachments through meaningful visits between parents and children, by placing sibling groups together in the same resource home, and, when siblings are separated, by ensuring regular and frequent sibling visits.[13]

Parent-Child Visits

Chapter 16 of DCS Policy requires that children whose parental rights have not been terminated have the opportunity to visit with one or both parents "at least twice per month," and weekly when feasible and without an allowable exception based on the best interest of the child.[14][15] While policy allows for exceptions to the parent-child visit requirement, TFACTS reporting on parent-child visits does not currenty account for these exceptions, other than to only include children who have a reunification goal. That is, TFACTS reporting has in its denominator children who would be exempt from the parent-child visit requirement.

In its last report, the TAC supplemented the TFACTS administrative data with checks of individual case records and interviews with Family Service Workers for a sample of cases to account for these exceptions and for parent-child visits that had occurred but had not been documented. The TAC found that the vast majority of children in the sample either visited with their parents at least once per month or fell into a category of "reasonable exceptions" to visits. For example, the TAC's last checks of parent-child visits between October and December 2015 and February and April 2016 found that for each month, between 95 percent and 100 percent of children visited with their parents at least once or had a good reason for not doing so.

To report on parent-child visits, the AC uses historical and current administrative data from TFACTS and assumes that any change in practice regarding parent-child visits that deviates from the performance found in the case reviews would be reflected in the administrative data with the higher denominator. If the

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[13] The DCS Practice Model is available at http://tn.gov/assets/entities/dcs/attachments/DCS_PracticeModel11.24.03.pdf.

[14] Policy 16.43, "Supervised and Unsupervised Visitation between Child/Youth, Family, and Siblings," is available at https://files.dcs.tn.gov/policies/chap16/16.43.pdf.

[15] The Settlement Agreement provisions regarding parent-child visits allowed similar specific exceptions, including: situations in which there is a court order prohibiting or limiting visits to less frequently than once per month and situations in which the child (generally an older adolescent) did not wish to visit his or her parents. The TAC included situations among the "reasonable exceptions" to the requirement which are described in detail in the TAC's monitoring reports. Examples include situations in which visits did not occur despite DCS' diligent efforts to facilitate them (when, for example, the parent could not be located), situations in which the parent was incarcerated and the Child and Family Team determined it was not in the child's best interest to visit the parent in jail, and situations in which the parent moved out of state and monthly visits could not reasonably be scheduled.

administrative data reflect the same level of performance described above, then it is reasonable to conclude that practice is unchanged from the period when the case reviews were done. This is the current conclusion of the AC. Consistent with performance in the first AC period, during each month between July 2017 and December 2017, on average, of children in custody who had a reunification goal and for whom parental rights had not been terminated, 57 percent visited with their parents at least once and 39 percent visited with their parents at least twice.

In this period, the AC examined parent-child visits longitudinally, exploring the pattern of parent-child visits by month of the child's experience in out-of-home care and predominant placement type (the placement type where the child has spent more than 50 percent of his/her time in care) and provided a detailed report to the Department. Among children with shorter lengths of stay, the percentage of children who experienced at least one and at least two parent-child visits was higher than among children with longer lengths of stay. Note that this analysis does not speak to any cause and effect relationship between occurrence of parent-child visits and length of stay. We did not find striking evidence of a difference in the frequency of parent-child visits between children who are predominantly placed in kinship foster homes and those who are predominantly placed in non-kinship foster homes.

The tables below present the findings thus far. Table 6 divides children placed for the first time between July 1, 2015 and June 30, 2016 by observed length of stay and shows the percentage of children experiencing at least two parent-child visits by each full person period (month) of placement.[16] For example, in the second person period of placement, the percentage of children with parent-child visits recorded ranged from 58 percent (children whose out-of-home placement spells lasted one to three months) to 39 percent (children whose out-of-home placement lasted more than 12 months).[17] The results are also stratified by age group at the time of entry into care. Within each interval of placement, the percentage of parent-child visits is presented for each age group and for children of all ages.

Generally, the table shows that children who exit care more quickly were more likely to have visited with their parents at least twice in the first several months of placement than were children who remained in care longer. Fifty percent or more of children with durations of nine months or less received at least two parent-child visits during each person period, compared to percentages in the 40s for children with durations of 10 to 12 months and in the 30s for children with durations of more than 12 months.[18]

The table also shows that, for children who stay in care longer, the percentage of children receiving at least two visits during the period declines slightly as time passes. For example, the percentage of children with durations of seven to nine months who received at least two visits during the person period increased to 54 percent by the third person period and then decreased to 49 percent by the ninth person period.

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[16] The analysis presented in this section is limited to the parent-child visits documented in TFACTS and may not be an exact representation of the parent-child visits that occurred. As discussed above, previous explorations of the accuracy and completeness of the parent-child visit data in TFACTS have found some degree of error, both in the erroneous documentation of parent-child visits that did not occur and in the failure to document parent-child visits that did occur.

[17] Note that children whose spells lasted less than one month are not included in the analysis because of the decision not to include partial person periods.

[18] Note that performance for the first person period is likely understated because parent-child visits for children who do not have reunification goals are not included in the data, as described above. DCS policy allows a 30-day window after a child enters care to establish the child's permanency goal, and any visits that occurred prior to the calendar month when the reunification goal was established are not included in the analysis.

Table 6: Percentage of Children Receiving at Least Two Parent-Child Visits during the Person Period, by Duration and Age

	Person Period											
	1	2	3	4	5	6	7	8	9	10	11	12
Duration of 1-3 months												
Under 1 year old	48%	72%	58%									
1-3 years old	50%	70%	43%									
4-12 years old	41%	63%	58%									
13-17 years old	38%	39%	42%									
All ages	**42%**	**55%**	**50%**									
Duration of 4-6 months												
Under 1 year old	49%	53%	70%	70%	56%	59%						
1-3 years old	54%	61%	61%	64%	68%	63%						
4-12 years old	46%	64%	67%	62%	73%	73%						
13-17 years old	39%	52%	52%	52%	51%	39%						
All ages	**45%**	**58%**	**61%**	**60%**	**61%**	**55%**						
Duration of 7-9 months												
Under 1 year old	33%	39%	40%	49%	46%	46%	36%	40%	40%			
1-3 years old	42%	51%	64%	67%	64%	64%	60%	62%	57%			
4-12 years old	37%	53%	59%	60%	61%	59%	61%	56%	51%			
13-17 years old	35%	44%	49%	35%	43%	45%	40%	44%	45%			
All ages	**37%**	**48%**	**54%**	**52%**	**53%**	**53%**	**50%**	**51%**	**49%**			
Duration of 10-12 months												
Under 1 year old	28%	34%	37%	30%	37%	31%	34%	25%	22%	24%	19%	17%
1-3 years old	32%	52%	53%	48%	50%	47%	53%	50%	53%	45%	36%	45%
4-12 years old	28%	48%	58%	48%	56%	55%	63%	58%	57%	59%	48%	53%
13-17 years old	20%	35%	29%	34%	30%	27%	33%	33%	30%	28%	31%	36%
All ages	**26%**	**42%**	**45%**	**41%**	**44%**	**42%**	**48%**	**44%**	**42%**	**41%**	**35%**	**41%**
Duration of more than 12 months												
Under 1 year old	30%	38%	41%	37%	36%	33%	33%	34%	35%	31%	26%	31%
1-3 years old	30%	45%	44%	44%	38%	39%	36%	43%	35%	33%	30%	34%
4-12 years old	25%	41%	44%	39%	37%	38%	36%	39%	35%	37%	31%	34%
13-17 years old	23%	29%	29%	30%	27%	22%	25%	25%	27%	25%	24%	21%
All ages	**27%**	**39%**	**40%**	**38%**	**35%**	**34%**	**33%**	**36%**	**33%**	**33%**	**29%**	**31%**

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Table 7 presents the same analysis but lowers the threshold of performance to at least one visit during the person period. The same general trends were evident but the percentages were higher, with 70 percent or more of children with durations of nine months or less receiving at least one parent-child visit during each person period, compared to percentages in the 50s-60s for children with longer durations.

Table 7: Percentage of Children Receiving at Least One Parent-Child Visit during the Person Period, by Duration and Age

	Person Period											
	1	2	3	4	5	6	7	8	9	10	11	12
Duration of 1-3 months												
Under 1 year old	70%	81%	71%									
1-3 years old	70%	95%	100%									
4-12 years old	69%	81%	91%									
13-17 years old	59%	63%	67%									
All ages	**66%**	**76%**	**78%**									
Duration of 4-6 months												
Under 1 year old	68%	65%	79%	86%	74%	78%						
1-3 years old	70%	73%	81%	79%	80%	100%						
4-12 years old	73%	86%	82%	86%	90%	85%						
13-17 years old	63%	76%	77%	71%	67%	60%						
All ages	**68%**	**77%**	**80%**	**79%**	**77%**	**73%**						
Duration of 7-9 months												
Under 1 year old	52%	61%	61%	70%	64%	64%	60%	55%	53%			
1-3 years old	61%	72%	85%	82%	76%	79%	90%	82%	73%			
4-12 years old	61%	77%	74%	79%	81%	81%	79%	74%	63%			
13-17 years old	54%	65%	66%	60%	63%	58%	60%	58%	66%			
All ages	**57%**	**70%**	**72%**	**72%**	**72%**	**71%**	**72%**	**68%**	**65%**			
Duration of 10-12 months												
Under 1 year old	55%	55%	60%	55%	52%	52%	48%	43%	40%	33%	25%	22%
1-3 years old	58%	82%	83%	73%	78%	80%	75%	70%	68%	60%	56%	64%
4-12 years old	64%	75%	77%	70%	71%	77%	81%	72%	77%	76%	64%	69%
13-17 years old	38%	54%	47%	50%	49%	49%	55%	57%	54%	46%	53%	48%
All ages	**54%**	**67%**	**66%**	**62%**	**63%**	**65%**	**67%**	**62%**	**62%**	**57%**	**51%**	**53%**
Duration of more than 12 months												
Under 1 year old	52%	59%	59%	59%	56%	53%	54%	55%	51%	47%	45%	45%
1-3 years old	57%	66%	65%	64%	60%	60%	58%	61%	54%	55%	50%	52%
4-12 years old	51%	64%	66%	64%	62%	61%	58%	61%	55%	57%	51%	52%
13-17 years old	43%	52%	53%	50%	45%	48%	46%	47%	46%	46%	45%	45%
All ages	**51%**	**61%**	**62%**	**60%**	**57%**	**56%**	**55%**	**57%**	**52%**	**52%**	**48%**	**49%**

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

We then asked whether we observe differences in the above analysis for children who spent most of their time in kinship foster homes compared to children who spent most of their time in non-kinship foster homes. We repeated the analysis for both of these groups separately and generally did not find striking evidence of differing trends between the two groups in the likelihood of visiting with parents at least once. Among children with durations of between one and three months, children who were predominantly placed in kinship foster homes were somewhat more likely to visit with their parents two or more times than were children in non-kinship foster homes. However, among children with durations of greater than three months, those who were predominantly placed in kinship homes were somewhat less likely to visit with their parents two or more times than were children in non-kinship foster homes.

Sibling Visits

Chapter 16 of DCS Policy also requires visits at least once per month for siblings who are not placed together, consistent with the Settlement Agreement requirement that at least 90 percent of children placed separately from their siblings visit with those siblings at least once per month.[19]
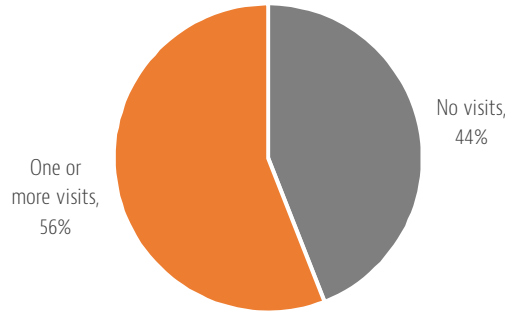
As with the requirement regarding parent-child visits, TFACTS administrative data regarding sibling visits have consistently reflected performance below the standard set by the Settlement Agreement, with less than 60 percent of children visiting with siblings placed separately at least once per month. The TAC also supplemented the TFACTS administrative data regarding sibling visits with checks of individual case records and interviews with Family Service Workers, which identified the same two factors contributing to the failure to meet the required standard: case circumstances falling into categories of "reasonable exceptions" to the sibling visit requirements that could not be reliably captured in TFACTS[20] and failure to document sibling visits that had occurred.

The AC uses the same approach to this measure as to the parent-child visits measure. The DCS TFACTS report regarding sibling visits counts the number of sibling visits documented for children placed separately from siblings (defined as siblings who entered custody within 30 days of each other). Figure 8 below presents the average of monthly performance on this measure for the first six months of 2017 (reported in AC Report 1), and Figure 9 presents the average of monthly performance on the measure during the second six months of 2017. As reflected in the figures, performance during the second six months of 2017 is consistent with performance previously reported by the TAC and the AC. During each month between January 2017 and June 2017, on average, 56% of children separated from siblings visited with their sibling(s) at least once. During each month between July 2017 and December 2017, 55% of children separated from siblings visited with their sibling(s) at least once.

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[19] Policy 16.7, "Supervised and Unsupervised Visitation between Child/Youth, Family, and Siblings," is available at https://files.dcs.tn.gov/policies/chap16/16.43.pdf.

[20] The Settlement Agreement provisions regarding sibling visits allowed specific exceptions including: situations in which there is a court order prohibiting or limiting visits to less frequently than once per month, situations in which visits were not in the best interest of one or more of the siblings, situations in which the child (generally an older adolescent) did not wish to visit his or her siblings, and situations in which a sibling was placed out of state and DCS was making reasonable efforts to maintain sibling contact through other means. Among the "reasonable exceptions" to the requirement, the TAC included situations in which the treatment needs of one or more siblings presented significant barriers to regular visits.

Figure 9: Frequency of Sibling Visits for Siblings Placed Separately, Average of Monthly Performance between July and December 2017

One or more visits, 56%

No visits, 44%

One or more visits, 55%

No visits, 45%

Source: Monthly DCS TFACTS Report, "Sibling Visits Summary by Person."
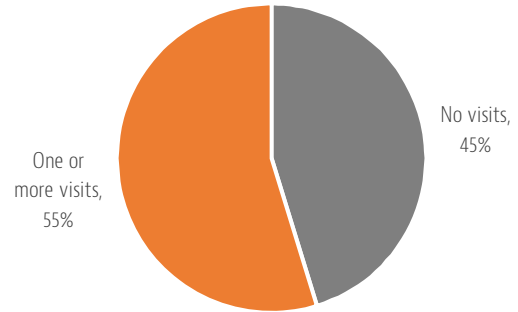
Source: Monthly DCS TFACTS Report, "Sibling Visits Summary by Person."

Case Reviews

DCS is actively engaged and committed to use case record reviews to learn about casework practice as part of its overarching strategy to sustain improvement. Historically, DCS has relied on a number of case review methods, including the Child and Family Service Reviews (CFSR), Quality Service Reviews (QSR), Case Process Reviews (CPR), and specialized reviews. As DCS transitions out of the Settlement Agreement, it has looked at its various case review practices and has made some strategic choices for exploiting case records as a source of information about its work. In that process, DCS has maintained the federally mandated CFSR, targeted the use of the QSR, and emphasized the CPR, which it has improved. DCS has also introduced a third process, the process quality review (PQR). These reviews will specifically target case processes, including, for example, opening a placement case and developing the initial permanency plan, maintaining a case, ending a case, placement change, case reviews, court and legal processes, and supporting transitions to independent living. Each of these case review mechanisms is described below.

Child and Family Service Reviews and Quality Service Reviews

DCS continues to conduct the Child and Family Services Review (CFSR) case reviews required by the federal Administration of Children and Families (ACF), which will continue through April 2020. The CFSR process entails synthesizing information collected from four sources: administrative data used to calculate outcomes measures, reviews of a small number of cases (about 0.5 percent of cases) involving both documentation review and interviews, focus groups, and self-assessments produced by DCS. DCS continues to conduct Quality Service Reviews (QSRs), another in-depth case review process with a small sample involving documentation review and interviews. DCS is using both the CFSR tool and the QSR tool on three cases per region in order to assess whether the QSR provides significantly different/more valuable information than can be gleaned using the CFSR tool. After this year's reviews are complete, DCS will make a determination about whether/how to continue using the QSR tool. For example, DCS is considering using the tool for some population (maybe placements in Youth Development Centers or Extension of Foster Care cases) in order to maintain certification and skill sets for a core set of reviewers.

Case Process Reviews

DCS continues to conduct the Case Process Review (CPR) using a sample of five percent of cases in care during the previous quarter from each region, approximately 2,220 unique cases per year statewide. The CPR is a routinized, quarterly process where front-line supervisors do a desk-review of other supervisors' cases with

TFACTS-entered data and TFACTS case notes. Supervisors primarily answer questions about documentation but have the opportunity to provide other feedback. Results of reviews are sent via Formstack to those supervising the case as well as to Central Office for compilation. With these systems in place, the CPR process has the potential to have both micro uses (*e.g.,* improving service for a specific case) and macro uses (*e.g.,* new processes, investment, reinvestment).

DCS has already successfully used the mechanism of the CPR to change the focus of this statewide review. During this last reporting period, DCS used a new tool for the January-March 2018 review for children in custody using the CFSR review tool as a guide.[21] This revision to the CPR demonstrated DCS' capacity to redesign and implement changes to this well-known and widely-disseminated tool.

Specialized Reviews

DCS Performance & Quality Improvement staff also conduct case reviews as issues arise that need to be understood and addressed. Using the wide range of administrative data available, including longitudinal resources developed by Chapin Hall, the Department identifies strengths and opportunities for improvement at the statewide, regional, and even team level. Sometimes this information prompts follow-up questions that cannot be answered without reviewing individual cases in order to better understand factors contributing to both positive and negative outcomes. In order to investigate those issues, appropriate samples are selected to match the scope, range, and nature of the questions the Department seeks to answer. Review tools are developed and tailored to meet the specific objectives of the review, and a core set of staff in the Performance and Quality Improvement division conduct the reviews. Results are used to identify system, program, and practice strategies targeted to improve outcomes.

Process Quality Review (PQR)

The process quality reviews (PQR) will specifically target case processes to allow for better focused review than the CPR but with larger samples than the CFSR. During the next reporting period, DCS is planning to pilot a process-based case review tool for the first 45 days in custody. During a child's first 45 days in custody, caseworkers do critically important work that results in an agreed-upon plan of action for the next several months. The review will allow DCS to assess the process and quality of assessments, CFTMs, and the initial permanency plan.

The Capacity to Provide Care

Measures of capacity provide information about the resources DCS devotes to meeting process and quality requirements. This second AC report includes point-in-time caseload statistics for investigation, assessment, foster care workers and supervisors; measures related to DCS' capacity to provide foster home placements to children in care; and measures of DCS' capacity to train staff.

Caseloads

Investigation and Assessment Caseloads

DCS' goal is to maintain staffing at a level that allows CPS workers to carry no more than approximately 24 cases at one time and allows assessment workers to carry no more than approximately 34 cases at any time—a standard that is consistent with those of the Council on Accreditation (COA) and the Child Welfare League of America (CWLA).

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[21] DCS refers to this as the Foster Care/Kinship/Adoption tool.

In this report, we present an analysis of caseload size by case type (investigation, special investigation, or assessment) in order to better inform policy and management decisions.[22] However, for comparison to prior performance, a table showing performance on investigation and assessment caseloads using the methodology presented in Report 1 is included as Appendix B. As reflected in that table, for all case types, the percentage of caseloads of less than 25 cases has increased slightly since the first half of 2017.

Table 8 presents a breakdown of the statewide number of investigation case managers (excluding special investigation case managers) by caseload size (12 cases, 13 to 24 cases, 25 to 34 cases, and more than 35 cases) on each of 12 randomly selected dates during the second six months of 2017. Although the percentages fluctuate somewhat from one measurement to the next, in general during the second six months of 2017, slightly less than one-third of investigation case managers on a given date had a caseload in the range of one to 12 cases on their caseloads, between 55 percent and 60 percent had caseloads in the range of 13 to 24 cases, between eight percent and 13 percent had caseloads in the range of 25 to 34 cases, and no more than five percent had 35 or more cases on their caseloads.

Table 8: Statewide Percentage of Investigation Case Managers by Caseload Size: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Caseload Size	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Sep 30	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
Number of Investigation Case Managers	283	284	296	295	294	294	295	294	299	298	299	311
1 to 12 cases	29%	30%	27%	27%	28%	27%	28%	29%	31%	30%	31%	32%
13 to 24 cases	60%	57%	57%	55%	55%	56%	55%	56%	57%	58%	58%	55%
25 to 34 cases	9%	10%	13%	13%	12%	12%	14%	12%	9%	10%	8%	10%
35 or more cases	2%	2%	4%	5%	5%	4%	4%	3%	3%	3%	2%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: DCS TFACTS Report, "Caseload Summary," as of randomly selected dates.[23]

Table 9 presents the same analysis for caseloads of special investigation case managers. During the second half of 2017, a much larger percentage of special investigations workers than investigation workers had caseloads in the range of one to 12 cases, ranging between 52 percent and 74 percent. Although during this window there was an overall decrease in the percentage of special investigation case managers with caseloads of between one and 12 cases and a corresponding increase in special investigation case managers with caseloads of 13 to 24 cases, there was only one measurement during this window (October 11) in which a special investigation case manager had a caseload of more than 24 cases.

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[22] In instances when a caseload included both investigation and assessment cases, the caseload was counted as either an investigation or assessment caseload (but not both) depending on the case type that made up the greatest proportion of cases on the caseload. For example, a caseload of 20 investigations and two assessments was counted as an investigation caseload, and a caseload of 20 assessments and two investigations was counted as an assessment caseload.

[23] The regularly produced monthly report as of September 30, 2017 was substituted for the randomly selected date of October 3, 2017 because of a problem downloading the October 3rd report.

Table 9: Statewide Percentage of Special Investigation Case Managers by Caseload Size: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Caseload Size	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Sep 30	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
Number of Special Investigation Case Managers	35	35	34	35	33	33	34	31	30	30	30	31
1 to 12 cases	69%	71%	71%	74%	73%	67%	65%	58%	57%	60%	57%	52%
13 to 24 cases	31%	29%	29%	26%	27%	33%	35%	39%	43%	40%	43%	48%
25 to 34 cases	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%
35 or more cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: DCS TFACTS Report, "Caseload Summary," as of randomly selected dates.[24]

Table 10 presents this analysis for caseloads of assessment case managers. In general during the second half of 2017, the percentage of assessment case managers with smaller caseloads decreased and the percentage of assessment case managers with larger caseloads increased. On August 20th, 37 percent of assessment workers had between one and 12 cases on their caseloads, 46 percent had between 13 and 24 cases, 12 percent had between 25 and 34 cases, and five percent had 35 or more cases. Those percentages on December 12th were 26 percent, 49 percent, 18 percent, and seven percent, respectively.

Table 10: Statewide Percentage of Assessment Case Managers by Caseload Size: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Caseload Size	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Sep 30	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
Number of Assessment Case Managers	405	408	412	416	417	418	417	419	416	416	407	408
1 to 12 cases	37%	36%	31%	30%	30%	30%	31%	31%	25%	25%	26%	26%
13 to 24 cases	46%	47%	48%	48%	47%	47%	46%	46%	50%	50%	49%	49%
25 to 34 cases	12%	13%	15%	16%	16%	16%	15%	16%	19%	17%	17%	18%
35 or more cases	5%	5%	6%	6%	7%	7%	8%	7%	7%	8%	7%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: DCS TFACTS Report, "Caseload Summary," as of randomly selected dates.[25]

Foster Care Caseloads

DCS continues to use the caseload thresholds for foster care Family Service Workers (FSWs) established by the *Brian A.* Settlement Agreement to evaluate its capacity to manage the cases of children in foster care. These

[24] The regularly produced monthly report as of September 30, 2017 was substituted for the randomly selected date of October 3, 2017 because of a problem downloading the October 3rd report.

[25] The regularly produced monthly report as of September 30, 2017 was substituted for the randomly selected date of October 3, 2017 because of a problem downloading the October 3rd report.

thresholds apply to any FSW carrying at least one foster care case and vary according to the FSW's job classification.[26] The point-in-time thresholds take into account the smaller caseloads required for both new FSWs as they learn how to do the job and higher-level FSWs with supervisory responsibilities:

▸ FSW 1s should carry 15 or fewer cases

▸ FSW 2s and non-supervising FSW 3s should carry 20 or fewer cases

▸ FSW 3s who supervise one to two lower-level FSWs should carry 10 or fewer cases

▸ FSW 3s who supervise three to four lower level FSWs and FSW 4s should not carry any cases

Table 11 presents, for the state and by region, the percentage of foster care FSWs whose total caseloads on each of 12 randomly selected dates during the second six months of 2017 were within the established threshold for their job classifications.[27] For the data presented in the table, the cause of the slight understatement of performance discussed in the first AC Report has been corrected. Statewide, all measurements during this period were between 91 percent and 93 percent of *Brian A.* caseloads meeting the caseload thresholds.

Table 11: Percentage of Foster Care Family Service Workers within Caseload Thresholds: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Region	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Oct 3	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
Number of FSWs	556	550	555	550	551	551	553	556	558	564	557	559
State	91%	92%	93%	93%	93%	93%	93%	92%	91%	91%	92%	91%
Davidson	89%	89%	88%	87%	84%	81%	84%	84%	90%	88%	88%	88%
East	100%	97%	100%	100%	100%	100%	100%	100%	97%	94%	100%	94%
Knox	96%	96%	98%	100%	100%	100%	100%	96%	98%	98%	98%	96%
Mid Cumberland	89%	89%	91%	91%	89%	89%	91%	89%	87%	87%	82%	78%
Northeast	90%	90%	94%	92%	92%	92%	94%	84%	78%	81%	88%	94%
Northwest	83%	90%	93%	93%	93%	93%	90%	97%	93%	93%	93%	93%
Shelby	93%	93%	96%	96%	96%	96%	96%	96%	94%	94%	96%	91%
Smoky Mountain	94%	96%	98%	100%	100%	98%	100%	100%	98%	96%	98%	98%
South Central	85%	85%	78%	76%	78%	78%	72%	72%	73%	76%	78%	80%
Southwest	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tennessee Valley	90%	88%	92%	94%	94%	96%	98%	92%	94%	96%	90%	88%
Upper Cumberland	90%	89%	89%	91%	91%	93%	94%	94%	98%	96%	96%	100%

Source: DCS TFACTS Report, "*Brian A.* Caseload Threshold Compliance Summary," as of randomly selected dates.

As the number of children in custody has been on the rise, DCS has implemented a number of strategies to monitor caseloads and respond appropriately when cases approach or exceed acceptable limits. First, on the

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[26] There are four FSW positions, two of which (FSW 1 and FSW 2) are non-supervisory positions and two of which (FSW 3 and FSW 4) are supervisory. FSW 1 is a trainee/entry level class for a person with no previous case management experience; after successful completion of a mandatory one-year training period, a FSW 1 will be reclassified as a FSW 2. A FSW 2 is responsible for providing case management services to children and their families, and requires at least one year of case management experience. Like a FSW 2, a FSW 3 is responsible for providing case management services to children and their families but can also have supervisory responsibility for leading and training FSW 1s and FSW 2s in the performance of case management work. A FSW 4 is responsible for the supervision of staff (including FSW 3s) in a regional office who are providing case management services for children and their families.

[27] The denominators, or number of foster care FSWs in each region on each randomly selected date, can be found in Appendix C.

recommendation of the Accountability Center, DCS reviewed cases in which TFACTS data reflected that a FSW 1 was carrying too many cases in order to make sure that those staff were, in fact, accurately reflected as FSW 1s in TFACTS. A review of those cases determined that many of these workers were actually FSW 2s, meaning that they could carry 20 cases. This change eliminated a significant number of non-compliant findings. A quarterly review process has been implemented in order to ensure that this issue does not reappear.

Second, DCS has repurposed and enhanced existing caseload reports to account for staff on Family and Medical Leave, in their initial stages of training, and supervising changing numbers of staff. This more detailed view of regional circumstances highlights opportunities to internally right-size at the regional level. It also explains circumstances that might be otherwise confusing to interpret from the previous data. (For example, if all members on a team except one are carrying high caseloads, and the final worker carries only a few cases, this might appear to be mismanagement. However, by layering on additional information that the final worker is transitioning to a new position soon, the circumstance then reflects thoughtful reduction of cases in order to avoid a mass reassignment when the worker transitions.)

Finally, the Commissioner; Deputy Commissioner for Child Programs; Executive Director for Human Resources; and Special Assistant to the Commissioner, Child Welfare Reform meet monthly to review caseloads and identify potential solutions to address challenges. For example, the South Central region has experienced a steady increase in its custodial census and growing caseloads as a result. DCS leadership assigned overlap positions to the region in order to assist. While such strategies are effective in many cases, in this instance, it has been difficult for the region to fill those positions. As a result, DCS is exploring additional opportunities, including reallocation of existing staff, temporary suspension of other job duties in order to ensure the best quality of casework, and other strategies in order to ensure that children and families receive appropriate services, engagement, and casework. These strategies continue to evolve as circumstances and necessity change. Strategies also vary by region and over time. DCS is making every effort to stay in front of the issue of growing caseloads.

Foster Care Supervisory Workloads

DCS also continues to use the thresholds for supervisory workloads for teams established by the Settlement Agreement to understand the capacity of the system to provide supervisory support to foster care FSWs. These thresholds apply to any supervisor responsible for supervision of at least one FSW carrying at least one foster care case and vary according to the supervisor's job classification to account for the qualifications and experience of supervisors at different levels of the organization:

▸ FSW 3s should supervise no more than four lower-level FSWs

▸ FSW 4s should supervise no more than five lower-level FSWs

Table 12 presents, for the state and by region, the percentage of foster care supervisors whose total supervisory workloads on each of 12 randomly selected dates during the second six months of 2017 were within the established threshold for their job classifications.[28] All measurements during this period ranged between 91 percent and 95 percent of the applicable supervisory workload thresholds.

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[28] The denominators, or number of foster care supervisors in each region on each randomly selected date, can be found in Appendix C.

Table 12: Percentage of Foster Care Supervisors within Supervisory Workload Thresholds: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Region	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Oct 3	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
Number of Supervisors	165	165	164	163	163	163	163	164	170	171	169	171
State	93%	94%	93%	93%	93%	93%	92%	91%	95%	95%	95%	94%
Davidson	82%	83%	78%	75%	75%	75%	75%	75%	78%	78%	67%	73%
East	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Knox	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mid Cumberland	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Northeast	79%	79%	79%	73%	73%	73%	75%	75%	88%	88%	93%	93%
Northwest	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Shelby	95%	95%	95%	95%	95%	95%	95%	95%	100%	100%	100%	90%
Smoky Mountain	93%	92%	92%	92%	92%	92%	92%	86%	83%	83%	83%	83%
South Central	100%	100%	93%	93%	93%	93%	86%	86%	100%	100%	100%	100%
Southwest	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tennessee Valley	94%	94%	87%	87%	87%	87%	87%	87%	93%	93%	93%	93%
Upper Cumberland	79%	87%	93%	93%	93%	93%	93%	93%	87%	87%	87%	94%

Source: DCS TFACTS Report, "Supervisory Caseload Compliance Summary," as of randomly selected dates.

Performance during the second six months of 2017 is consistent with that last reported by the AC for randomly selected dates during the first six months of 2017, which ranged between 91 percent and 97 percent of *Brian A.* supervisory workloads meeting the applicable thresholds statewide.

Foster Home Recruitment and Retention

DCS' pool of foster homes includes both foster homes managed directly by DCS and foster homes managed through contracts with private providers. DCS' standards and process for approval of foster families, outlined in Chapter 16 of DCS policy, are consistent with nationally accepted standards and apply equally to DCS and private provider foster parents. The foster parent approval process is handled by regional DCS or private provider offices, and successful completion of the foster parent approval process qualifies any foster parent for both fostering and adoption. DCS requires private provider foster parents to meet the same standards, receive comparable training, and be subject to the same approval criteria as DCS foster families.

Response to Inquiries from Prospective Foster Parents

DCS Policy 16.4 requires that all inquiries from prospective foster parents be responded to within seven days after receipt.[29] DCS produces a regular report from TFACTS[30] measuring the extent to which inquiries are responded to within seven days. Performance on this measure during the first six months of SFY17-18 is consistent with prior performance reported by the AC and the TAC.

Of the 431 inquiries received during the first six months of SFY17-18, 417 (97 percent) received a response within seven days. Performance was at 96 percent for SFY16-17 and at 97 percent for SFY15-16.

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[29] DCS Policy 16.4, "Foster Home Selection and Approval," is available at https://files.dcs.tn.gov/policies/chap16/16.4.pdf.

[30] "Resource Home Inquiry Report."

Dynamics of Foster Home Retention

Foster homes are a critical piece of the child welfare service system, allowing DCS to provide temporary care for children in family settings and avoid congregate care. However, prior qualitative and quantitative research concerning the retention of foster homes has almost exclusively been based on point-in-time or exit samples that do not provide a foundation for understanding how foster homes are used or retained.

For this reason, the AC developed a longitudinal events and spells database for foster homes, similar to the child events and spells files, that can be used to answer a broad range of questions about the dynamics of the Department's system of foster homes. The initial report using the foster home spell file was produced during the second AC period. It focused on foster homes that opened for the first time between January 1, 2011 and December 31, 2016 and provided information about characteristics of both foster homes and foster parents, the dynamics of the foster home population (opening of foster homes, closure of foster homes, and the foster home population at particular points in time), the reasons that foster parents chose to close their homes, the duration of foster home spells, and child placements provided by the foster homes. Highlights of that report are presented below.

The number of newly licensed foster homes each year, both kinship and non-kinship, has ranged between 2,318 and 2,735, as shown in Table 13. Among each entry group, 25 percent of foster homes close in 2.5 to 3.8 months. The median length of service (50th percentile) is between 10 and 12 months. Seventy-five percent of the licensed homes close within about two years and the remaining 25 percent of the homes are open for more than two years.

Table 13: Number of Newly Licensed Foster Homes by Calendar Year and Duration of Service

Calendar Year	Number of Homes First Licensed	Quartile Duration in Months		
		25th	50th	75th
2011	2,584	2.5	10.1	22.4
2012	2,735	2.3	11.0	24.3
2013	2,525	2.7	10.9	23.4
2014	2,289	3.1	11.9	24.8
2015	2,318	3.0	11.0	20.5
2016	2,383	3.8	--	--

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Most of the homes licensed in 2011, 2012 and 2013 have closed, so we can observe the reasons for closure recorded in TFACTS for each entry group.[31] The most common reason for closure is a family request. The second most common reason is that the home was licensed as a kinship placement, and that placement is no longer needed. Closing for reason of adoption occurs for about 10 percent of homes. Agency decisions, which are usually related to concerns about foster parent performance, make up about nine percent of closure reasons. Very few homes are closed because of substantiated abuse or neglect.

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[31] The reason for closure recorded in TFACTS may not always provide a complete picture about why the foster home closed. The reasons for closing homes can be complex and where there are multiple reasons, only one selection can be made. For example, the percentage of homes closed due to Department concerns may be understated if both a family request and agency decision are being made. The AC is working on adding additional fields to help refine the closure reasons.

Table 14: Reasons for Home Closure for Foster Homes Licensed for the First Time: 2011-2013

| Calendar Year | Number of Homes First Licensed | Closure Reason | | | | | | Still Open as of June 30, 2017 |
		Family Request	Kinship Placement	Adoption	Agency Decision	Abuse/ Neglect	Other Reason	
2011	2,584	34%	35%	10%	9%	1%	5%	5%
2012	2,735	39%	28%	11%	9%	1%	4%	8%
2013	2,525	39%	28%	10%	8%	0%	4%	10%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Around 30 percent of homes licensed each year for the first time do not take placements before they close. The majority of these homes are closed because of a family request.

Staff Training

Pre-Service Training for Case Managers

The Department requires newly-hired case managers to complete the pre-service training and certification process, which consists of seven weeks of intensive training and assessment. The Core Training includes information on trauma informed practice and an overview of the work done at DCS. After completion of Core Training, new hires receive training in the specialty area for which they were hired. During alternating weeks, new hires participate in on-the-job (OJT) training, guided by their supervisor and OJT Coach, during which they shadow their assigned mentor in daily work activities and begin interacting with families and conducting real casework. Following the completion of classwork and OJT training, new hires participate in a Case Presentation Assessment involving one of their training cases. The presentation is assessed by their OJT coach, mentor and supervisor.

At the conclusion of this presentation, the team determines the new hire's readiness to be certified as a case manager. If the team determines the new hire is ready to assume all case responsibilities and duties of a caseload in their specialty program, the new hire is certified as a case manager. If the team determines the new hire is not ready to assume all case responsibilities and duties of a caseload, the team may decide to either terminate the new hire's employment or to require additional training and a second case presentation.

During the 6-month period between July 1, 2016 and December 31, 2016, the Department certified 163 new case managers upon successful completion of pre-service training. The Department certified 115 new case managers between January 1, 2017 and June 30, 2017 and 153 new case managers between July 1, 2017 and December 31, 2017.

Training for New Supervisors

The Department requires that all newly promoted supervisors complete the supervisor certification process prior to assuming supervisory responsibilities. The supervisor certification process consists of online and classroom coursework and coaching to be completed over a 6-month time frame. After completion of the coursework and coaching, the newly promoted supervisor is required to complete a panel assessment designed to assess how the new supervisor approaches, processes, and applies knowledge to a supervisory case example. If the panel determines the new supervisor has demonstrated the ability to implement skills learned during the supervisory training program, the panel recommends the new supervisor for certification. If the panel determines the new supervisor has not demonstrated this ability, the panel may require additional tasks and a second assessment, or the panel may determine that the supervisor should not be given supervisory responsibility.

During the 6-month period between July 1, 2016 and December 31, 2016, the Department certified 48 new supervisors upon successful completion of supervisory training. The Department certified 41 new supervisors between January 1, 2017 and June 30, 2017 and 36 new supervisors between July 1, 2017 and December 31, 2017.

Participation in Tuition Assistance Programs

As a piece of the Department's strategy to improve the quality of case practice and reduce turnover among case managers, the Department offers two programs through approved universities designed to increase the professionalization of case managers and supervisors in the field by providing incentives to prospective and current employees to obtain degrees in social work. Both programs are administered through the Department's Tuition Assistance Program.

Bachelor of Social Work/Bachelor of Science in Social Work Program

Through this program offered to undergraduates in their final two years of pursuing degrees in social work, the Department pays tuition and provides a monthly stipend to help defray the cost of textbooks, travel, and living expenses for up to four semesters in exchange for a commitment to work the for the Department after graduation. In addition, DCS pays graduates of this program a higher starting salary than their non-participating counterparts. Program participants sign a contract to work for the Department immediately upon graduation for between 18 and 24 months, depending on the number of semesters for which the Department provided assistance.

Nineteen participants entered the Bachelor's Tuition Assistance Program in the fall of 2015. Of these, 17 graduated with a Bachelor's degree in social work. Fourteen of the 17 accepted a position with the Department and as of April 2018, nine of them remain employed with the Department.

Fifteen participants entered the program in the fall of 2016. As of April 2018, five of these 15 participants have graduated, and four of the five accepted a position with the Department. The fifth graduate has not yet accepted a position with the Department, and the remaining 10 participants are set to graduate in May 2018.

Five participants entered the program in the fall of 2017. As of April 2018, all five remain in the program.

Master of Social Work/Master of Science in Social Work Program

Through this program offered to current full-time DCS employees who have been employed at least two consecutive years, the Department pays part-time or full-time tuition and provides a monthly stipend to help defray the cost of textbooks, travel, and living expenses for up two academic years (defined as eight semesters) in exchange for a commitment to continue to work for the Department for six months per semester of assistance provided after graduation. If participants default on their employment commitment, they must repay the assistance received on a prorated basis.

The majority of employees who participate in the Master's Tuition Assistance Program continue to work for the Department after completing the program. Thirty-two employees entered the program in the fall of 2015. Of these, 26 graduated with a Master's degree in social work, of whom 21 remain employed with the Department as of April 2018. The remaining six were dismissed from the graduate program but remain employed with the Department as of April 2018.

Seventeen employees entered the Master's program in the fall of 2016. As of April 2018, 15 of these remain employed with the Department: 14 remain in the program and one has graduated. Two of the 17 who began the program in the fall of 2016 quit the program and no longer work for the Department.

Seven employees entered the program in the fall of 2017. As of April 2018, six remain in the program, and one was terminated from both the program and DCS employment.

Ongoing Work

In addition to the areas for follow-up identified in the first AC report, the Department and the AC are pursuing the following work:

- ► Link between parent-child visits, type of permanency (reunification/relative or adoption) and length of stay. We will continue to analyze the correlation between the frequency of parent-child visits, length of stay, and permanency type.

- ► Piloting the process quality review (PQR). During the next reporting period, DCS plans to pilot a process-based case review tool for the first 45 days in custody. During a child's first 45 days in custody, caseworkers do critically important work that results in an agreed-upon plan of action for the next several months. The review will allow DCS to assess the process and quality of assessments, CFTMs, and the initial permanency plan.

- ► Improving the use and retention of foster parents. The AC and the Department will use the foster home spell file to define the factors in administrative data associated with length of service, care days provided, and outcomes of foster home placements.

Appendix A

Tennessee Department of Children's Services Accountability Center

As described in the settlement agreement, the Accountability Center (AC) will work with the Tennessee Department of Children's Services (DCS) to continue effective evaluation of DCS' outcomes for children, as well as quality, capacity, and process measures identified in the settlement. Measures of the quality of care provide information about how well the work is being done, measures of capacity provide information about the resources DCS devotes to the work, and measures of process provide information about what needs to be done to complete a task or requirement. Measures of outcomes speak to the results of DCS' work on behalf of children. Exhibit B shows the topics that will be covered by each public report of the AC and shows the source of data by topic. Where appropriate, the AC will include a link to the DCS policy that is relevant to topic area. The AC will also report at its discretion on any emerging issues, whether positive or negative, that may surface during the AC's tenure.

The AC will use a range of methodologies and data sources to create robust measurement systems that DCS will use after the AC's last report is published. Some of these methodologies are known (such as those that Chapin Hall provided to the TAC and that Chapin Hall currently provides to DCS). Some methodologies will be developed as part of the AC's work, such as developing a case review process going forward that will address both the quality and the process of the Department's work and combine the best of qualitative and quantitative data. Another example is the development a foster parent spell file to monitor recruitment processes and evaluate how well DCS is recruiting foster parents by race/ethnicity. In each case, the AC will identify the target population (the denominator) and identify the number of children, families or workers that meet or do not meet the characteristic being measured (the numerator). Where appropriate, the AC's measurement methodologies will also incorporate a window of observation so that DCS can view change over time; to the extent possible, the AC will provide a historical view for each numerator and denominator which will provide continuity from before and after the exit from monitoring. Each of the AC's reports will explain the reasons that the selected measures are relevant to the public's understanding of DCS' performance.

Report 1 will be published 6 months from the start of the AC as stipulated by the settlement documents and will include performance through June 30, 2017 (SFY 2017). Themes for the first report will be **Outcomes** and selected indicators about the **Capacity, Quality** and **Process** of care. In addition to the report, the AC will work on creating robust foster parent and worker spell files, both resources the Department can use going forward. The **Outcomes** section will report on regional variation and will follow the publicly available profile data/Regional outcome workbooks with the addition of the adoption milestones. The presentation on racial and ethnic disparity will be modeled after the 2006 report. The **Capacity** section will be a mix of point-in-

time caseload and supervisor statistics that come from existing TFACTS reports and data. It will also report on the Department's efforts to improve the TFACTS system. The **Quality** section will report the QSR /CFSR reviews that are scheduled over the next few months, consistent with current Monitoring Reports. We will report on **Process** measures that are available currently, either through modifications to existing spell files or in Department TFACTS reports.

Report 2 will be published six months following the first report, with performance through December 31, 2017. Themes for second report will be **Capacity** and **Quality**. Three new capacity and six new quality measures will be reported. The AC will complete its work on adding new CPS variables and the worker spell file. New reporting will address the items related to CPS response and worker quality and capacity (Tuition Assistance Program, not receiving cases until certain milestones have been met, etc.). Work will take place on case reviews, and the AC will continue helping/modeling for the Department a case review process going forward that will address both the quality and the process of the Department's work and combine the best of qualitative and quantitative data.

Report 3 will be published six months following the second report, with performance through June 30, 2018 (SFY 2018). In this final report, all four dimensions of the Department's work will be addressed. We will update the **Outcome** measures with another year of data and continue on reporting **Quality**, **Capacity**, and **Process** measures. New for this final report will be **Process** measures on parent-child and sibling visitation and CFTMs.

EXHIBIT B

Report 1	Report 2	Report 3
Outcomes Section (with breakdown by region)		**Outcomes Section (with breakdown by region)**
Permanency achievement for children placed in foster care (1)		Permanency achievement for children placed in foster care (1)
Duration in out-of-home care (1)		Duration in out-of-home care (1)
Add new variables to placement spell file for adoption milestones		
Adoption milestones (1)		Adoption milestones (1)
Reentry frequency for children exiting foster care (1)		Reentry frequency for children exiting foster care (1)
Youth Age out GED, HS Grad, in school, employed (Achievement measures) (1)		Youth Age out GED, HS Grad, in school, employed (Achievement measures) (1)
Placement stability (1)		Placement stability (1)
PPLA Goals (1)		PPLA Goals (1 or 2)
Racial and Ethnic Disparities (1)		Racial and Ethnic Disparities (1)
Capacity Measures Section	**Capacity Measures Section**	**Capacity Measures Section**
Foster care caseloads: 6 random samples as working number (2)	Foster care caseloads: 6 random samples as working number (2)	Foster care caseloads: 6 random samples as working number (2)
Foster care sup. team size: 6 random samples; reconciling data conflicts (2)	Foster care sup. team size: 6 random samples; reconciling data conflicts (2)	Foster care sup. team size: 6 random samples; reconciling data conflicts (2)
CPS monthly caseload data (2)	CPS monthly caseload data (2)	CPS monthly caseload data (2)
Review & reporting of SACWIS functionality (3)	Review & reporting of SACWIS functionality (3)	Review & reporting of SACWIS functionality (3)
Add new variables to CPS spell file	Add new variables to CPS spell file	
	CPS priority response monthly compliance (1)	CPS priority response monthly compliance (1)
	CPS time to case closure (1)	CPS time to case closure (1)
Develop case worker spell file (used for measures of Tuition Assistance and case manager and supervisor training)	Develop case worker spell file (used for measures of Tuition Assistance and case manager and supervisor training)	
	Participation in Tuition Assistance (1)	Participation in Tuition Assistance (1)
Quality Measures Section	**Quality Measures Section**	**Quality Measures Section**
Overview of/Advising Case Review efforts by department (3)	Overview of/Advising Case Review efforts by department (3)	Report on Department's Quality Processes (3)
QSR/CFSR results and/or summary of case stories (3)		
	Utilization of congregate care by type and age, including children under 6 (1)	Utilization of congregate care by type and age, including children under 6 (1)
	Psychotropic medication (3)	Psychotropic medication (3)
	Restraint & seclusion (2)	Restraint & seclusion (2)
	Resource home placements exceeding capacity (1)	Resource home placements exceeding capacity (1)
	Case manager training (pre-service certification) (1)	Case manager training (pre-service certification) (1)
	Supervisor training (certification) (1)	Supervisor training (certification) (1)
Process Measures Section	**Process Measures Section**	**Process Measures Section**
TFACTS, Dept. and CH Spell Data		*TFACTS, Dept. and CH Spell Data*
Timeliness of response to foster parent inquiries (2 or FP spell file)		Timeliness of response to foster parent inquiries (2 or FP spell file)
Timeliness of home study completion (2 or FP spell file)		Timeliness of home study completion (2 or FP spell file)
Pool of FHs proportionate to child population in race/ethnicity (FP spell file)		Pool of FHs proportionate to child population in race/ethnicity (FP spell file)
Timeliness/completeness of case documentation entry (2)		Timeliness/completeness of case documentation entry (2)
Visits of case manager of children in placement (2)		Visits of case manager of children in placement (2)
Timeliness of assessments (medical, psych, EPSDT) (2)		Timeliness of assessments (medical, pscyh, EPSDT) (2)
Report on policy re TPR w/in 15 mo; children with reunif goals for >24 mo (3)		Report on policy re TPR w/in 15 mo; children with reunif goals for >24 mo (3)
Placement of siblings together (1)		Placement of siblings together (1)
THVs shorter than 90 days (1)		THVs shorter than 90 days (1)
Case File Reviews: Sibling Visits, Parent-Child Visits, CFTM (1)	*Case File Reviews: Sibling Visits, Parent-Child Visits, CFTM (1)*	*Case File Review Results: Sibling Visits, Parent-Child Visits, CFTM (1)*
Review preparation (sampling, developing review instruments, training reviewers)	Review preparation (sampling, developing review instruments, training reviewers)	Report results
Interrater reliability process (development & implementation)	Interrater reliability process (development & implementation)	
	Completing Reviews	
	Analyzing results	

APPENDIX B

Statewide Percentage of Investigation and Assessment Case Managers Assigned 24 or Fewer Cases: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Region	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Sep 30	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
Number of FSWs	688	692	708	711	711	712	712	713	715	714	706	706
State	85%	84%	81%	80%	80%	80%	79%	80%	80%	80%	81%	81%
Special Investigations	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%
Davidson	95%	91%	86%	85%	85%	88%	87%	84%	77%	79%	77%	77%
East	98%	98%	95%	95%	98%	98%	95%	93%	93%	95%	98%	98%
Knox	77%	73%	76%	70%	70%	70%	72%	70%	65%	59%	63%	61%
Mid Cumberland	84%	78%	78%	75%	75%	74%	73%	73%	73%	72%	73%	71%
Northeast	85%	89%	78%	80%	80%	77%	73%	79%	81%	81%	77%	79%
Northwest	95%	90%	80%	76%	74%	71%	76%	83%	74%	81%	83%	76%
Shelby	91%	93%	86%	90%	88%	90%	91%	92%	91%	91%	90%	86%
Smoky Mountain	93%	91%	87%	82%	84%	84%	82%	79%	83%	83%	84%	87%
South Central	86%	85%	85%	85%	87%	87%	85%	87%	85%	88%	83%	86%
Southwest	93%	93%	93%	93%	91%	91%	93%	91%	91%	91%	98%	98%
Tennessee Valley	58%	57%	55%	59%	56%	56%	57%	62%	70%	67%	73%	74%
Upper Cumberland	85%	87%	92%	88%	88%	88%	83%	86%	82%	82%	90%	88%

Source: DCS TFACTS Report, "Caseload Summary," as of randomly selected dates.

APPENDIX C

Number of Foster Care Family Service Workers by Region: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Region	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Oct 3	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
State	556	550	555	550	551	551	553	556	558	564	557	559
Davidson	46	45	40	38	37	37	37	37	39	40	41	43
East	32	33	33	33	34	34	34	34	31	32	30	32
Knox	49	49	49	49	49	49	48	48	49	49	49	49
Mid Cumberland	55	54	56	56	57	57	56	54	60	61	60	59
Northeast	50	51	50	50	49	49	49	50	51	52	50	49
Northwest	30	29	30	29	29	29	31	30	30	30	30	30
Shelby	75	74	72	72	72	72	71	70	69	69	69	70
Smoky Mountain	54	52	54	53	54	54	53	58	56	57	57	57
South Central	40	40	45	46	45	46	47	47	49	49	46	46
Southwest	25	25	26	26	26	26	26	26	26	26	26	26
Tennessee Valley	52	52	53	52	52	52	53	53	51	51	51	51
Upper Cumberland	48	46	47	46	47	46	48	49	47	48	48	47

Source: DCS TFACTS Report, "*Brian A.* Caseload Threshold Compliance Summary," as of randomly selected dates.

Number Foster Care Supervisors by Region: Randomly Selected Dates between July 1, 2017 and December 31, 2017

Region	Aug 20	Aug 24	Sep 18	Sep 24	Sep 25	Sep 26	Oct 3	Oct 11	Nov 27	Nov 29	Dec 5	Dec 12
State	165	165	164	163	163	163	163	164	170	171	169	171
Davidson	11	12	9	8	8	8	8	8	9	9	9	11
East	9	9	9	9	9	9	9	9	9	9	9	9
Knox	16	16	16	16	17	17	16	16	17	17	17	17
Mid Cumberland	17	17	17	17	16	16	15	16	22	22	22	23
Northeast	14	14	14	15	15	15	16	16	16	17	15	15
Northwest	11	10	11	10	10	10	11	10	11	11	11	10
Shelby	20	20	22	22	22	22	22	22	22	22	22	21
Smoky Mountain	15	13	13	13	13	13	13	14	12	12	12	12
South Central	12	13	14	14	14	14	14	14	14	14	14	14
Southwest	9	9	9	9	9	9	9	9	9	9	9	9
Tennessee Valley	17	17	15	15	15	15	15	15	14	14	14	14
Upper Cumberland	14	15	15	15	15	15	15	15	15	15	15	16

Source: DCS TFACTS Report, "Supervisory Caseload Compliance Summary," as of randomly selected dates.