

**MONITORING REPORT**

**OF**

**THE TECHNICAL ASSISTANCE  
COMMITTEE**

**IN THE CASE OF**

***BRIAN A. v. BREDESEN***

**April 13, 2005**

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## INTRODUCTION

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

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

The *Brian A.* Settlement Agreement (Settlement Agreement) entered on July 27, 2001 requires improvements in the operations of the Tennessee Department of Children's Services (DCS) and establishes the outcomes to be achieved by the State of Tennessee on behalf of children in custody and their families.

### ***The Role of the Technical Assistance Committee***

The Settlement Agreement established the Technical Assistance Committee (TAC), consisting of five experts in the child welfare field, selected by agreement of the parties, to serve as a resource to the Department in the development and implementation of its reform effort.

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

Under the terms of the Stipulation of Settlement of Contempt Motion (Stipulation) entered by the Federal District Court on December 30, 2003, the TAC also assumed responsibility for assisting the State in developing an implementation plan and monitoring the State's performance both under that plan and under the original agreement for a twenty-six month period beginning January 1, 2004. The *Path to Excellence*, the implementation plan developed by DCS in accordance with the Stipulation, was approved by the Court on August 19, 2004.

The Stipulation also required the TAC to develop a monitoring plan. The monitoring plan, which was finalized and submitted to the parties on October 19, 2004, calls for the TAC to issue at least three monitoring reports between August 2004 and February 2006,

of which this is the first. This monitoring report covers DCS activity in the six-month period since the approval of the *Path to Excellence*.

### ***The Purpose of the Monitoring Reports***

As reflected in the Stipulation, the parties agreed that a carefully designed implementation plan is essential in order to guide the Department's system reform effort towards the improved outcomes for children and families that were the purpose of the *Brian A.* Settlement. Over the long run, those outcomes—faster permanency for children in out-of-home care, greater safety while in care, lower rates of re-entry, and the like—are the most important measures of the Department's progress. However, it is likely that it will take some time to observe significantly improved outcomes. For that reason, while subsequent monitoring reports will focus on progress in meeting *Brian A.* outcomes for children and families, in the short term, much of the monitoring effort must be devoted to gauging how successfully DCS is implementing the strategies set out in the implementation plan. If the Department makes substantial progress in carrying out the plan, there is every reason to believe that improved outcomes will follow. If it does not, it will be essential to intervene quickly.

The *Path to Excellence* is a comprehensive implementation plan, incorporating many commitments by DCS to implement key strategies in multiple domains. The level of detail contained in the implementation plan, while absolutely necessary for the achievement of the Department's goals, makes the monitoring necessarily complex and poses challenges in striking the right balance and perspective. The TAC hopes that the monitoring reports can help guide the parties and the Court toward a common understanding of whether the reform effort is on the right track, in what areas the effort is going well, and in what areas the effort is not going well. These qualitative professional judgments are derived from the TAC's holistic review of progress on many of the discrete strategies and tasks outlined in the implementation plan and from multiple sources of information.

In addition, because the TAC has an advisory role as well as a monitoring role, it is incumbent on the TAC, in those areas in which progress is not occurring, not simply to document non-compliance with the Implementation Plan, but also to provide sufficient information and analysis to help move the reform forward in those areas. The monitoring reports are thus designed to provide the parties with information necessary to answer the following three questions:

- To what extent is DCS implementing the *Path to Excellence*?
- To what extent is the implementation of the *Path to Excellence* achieving the anticipated improvements in *Brian A.* outcome measures and performance indicators and other requirements of the Settlement Agreement?
- To the extent that any anticipated improvements are not occurring, what adjustments should be made to respond?

In asking and answering these questions, the TAC's purpose is not just determining whether DCS is "in compliance" but in generating information necessary to understand obstacles to compliance and identifying reasonable actions that can be taken to overcome those obstacles.

***The Structure of this Report***

The body of this report is divided into three sections: an executive summary that highlights the major findings of the report; a review of aggregate data relevant to some of the key outcomes and performance indicators identified in the *Path to Excellence* and the Settlement Agreement; and a report on the progress made thus far by the Department in implementing the *Path to Excellence*.

## SECTION ONE: EXECUTIVE SUMMARY

### *Significant Achievements*

**The Tennessee Department of Children’s Services has made more progress this year in building the foundation and infrastructure necessary to improve outcomes for families and children than in any other year since the entry of the Settlement Agreement, and in certain key areas, more progress has been made in the past six months than in the preceding three and a half years.**

Any high-quality building project requires a good set of architectural plans and blueprints, and construction begins by building a strong foundation. Building a high quality child welfare agency has comparable requirements: a vision of what the structure, policy and practice of the agency will be when the agency is fully developed; an implementation plan that charts the work that has to be done to move the agency from where it is to where it needs to be; and an initial focus and investment in the workforce and organizational infrastructure that is the necessary foundation for effective work with children and families.

Over the past year, the Department has done much of this foundational work. It has:

- embraced a detailed set of Standards of Professional Practice for Serving Children and Families—the DCS Practice Model—that describes the values, methods and skills that the Department aspires to and that describes how families, state agencies, service providers and other stakeholders will work together on behalf of children and families once the reform has been achieved;
- developed a detailed implementation plan, *The Path to Excellence*, with goals, strategies, action steps, benchmarks, responsibilities, and timelines, charting a reasoned and measurable course for building the agency from where it is now to where it is committed to be under the *Practice Model* and the Settlement Agreement;
- implemented a significant increase in front line worker salaries (to be completed over a three year period) so that the Department can compete with other public and private agencies in attracting and retaining skilled social work staff;
- revamped its pre-service curriculum so that new workers will receive training and coaching in the skills needed to work effectively with families and children and initiated an ambitious, but critical, process of retraining present staff and supervisory staff in this new curriculum to make sure that those staff have those same skills;
- created a training partnership with a consortium of thirteen of Tennessee’s public and private colleges and universities, leveraging the talents and resources of the

consortium (and better utilizing federal training dollars) to provide better and more accessible pre-service and in-service training;

- created a stipend program with the consortium schools to provide special training and financial support to BSW students who commit to working for the Department for several years upon graduation;
- implemented a reorganization of the DCS Central Office that creates clearer lines of responsibility, authority and accountability, and that appropriately elevates and expands the role and responsibility of Regional Administrators in the reform effort;
- established a well-lead quality assurance (QA) division that has begun a continuous quality improvement (CQI) process that is helping the Department use existing TN KIDS data and develop additional data for strategic planning and evaluation of progress; and
- initiated the development of a quality service review process that will integrate the external Children's Program Outcome Review Team (CPORT) evaluation with internal qualitative reviews.

These accomplishments are “foundational” in nature and their impact on the lives of individual children and families is generally not immediate. For example, the capable and committed college students who are presently in the stipend program are not having an impact on a child who is today in a residential facility hoping to be part of an adoptive family. However, while most of the impressive accomplishments this year have been of this “foundational” variety, the Department has also made significant progress in a number of areas directly affecting children and families. For example:

- In a two-month period, as a result of piloting the use of “cross-functional, DCS-private provider teams,” the Department succeeded in finalizing more than 450 adoptions, 87 in Shelby County alone.
- Efforts to better understand utilization of non-acute psychiatric hospitalization (level IV) treatment programs have resulted not only in an improved utilization review process that ensures a more efficient and effective use of this expensive resource, but have also resulted in a number of “stuck” children being successfully moved into supportive family settings, including placement with potential adoptive families.
- Significant work has been done to expand supports available to relative caregivers and the Department's Fiscal Year 2006 budget includes funds to expand the relative caregiver program—a program championed by a number of state legislators and funded on a pilot basis in a handful of counties in previous years—into a statewide program. In an effort to expand options available to relative caregivers, the Department is also seeking to implement a “subsidized permanent

guardianship” option and an “enhanced TANF” option. And efforts are underway to ensure that relatives have the information that they need about the available options in a form that they can understand so that they can make informed decisions about how they can best serve the children they take into their homes.

- Particularly impressive has been the work of the Department in seeking to implement new policies (referred to as “protection from harm” policies) regarding the use of psychotropic medication and related issues of use of restraints and seclusion. The use of psychotropic medications for children and youth has received much media attention nationally. The Department has developed policies in this area that are a national model, having been thoughtfully drafted, with help not only from Tennessee experts and practitioners in the field, but also from national experts made available to Tennessee by the Child Welfare League of America. While much work remains to be done to ensure that these policies are consistently implemented, the Department’s investment of time and energy in working with providers—providing technical assistance to them in this area and engaging in a variety of monitoring and follow up activities—reflects that the Department intends to make sure that practice matches policy when it comes to “protection from harm” policies.

The progress that has been made in these and other areas over this past year has been in many ways a reflection of a level of determination that distinguishes the present leadership. In the past, outsiders—the advocates for the children in state custody, the Federal Court Monitor, Technical Assistance Committee, and other external consultants—seemed to have higher standards for the Department than the Department had for itself. That is no longer the case. The Department has embraced high standards and expectations for its own performance and has approached its work in many areas with a sense of urgency that was absent in previous years.

### ***Significant Concerns***

Notwithstanding these and other accomplishments, this report also identifies a number of areas in which progress has been slow or concerns are significant. A number of these areas deserve particular highlighting and each relate to questions of staffing capacity.

#### **Child Protective Services Workload**

Because the *Brian A.* class consists only of children in state custody, the Settlement Agreement does not legally bind the State to improving the quality and timeliness of Child Protective Services (CPS) investigations—investigations of alleged child abuse and neglect—other than those related to children in custody. Nevertheless, the Department has correctly determined that improving CPS operations overall is essential to the success of the *Path to Excellence* and that failing to do so will negatively impact the Department’s ability to achieve other legally mandated requirements of the *Brian A.* Settlement. The Department also understands that the intake and investigations operations are in many respects, the most public face of the State’s child welfare system.

Ensuring a prompt, appropriate and high quality response to allegations of abuse and neglect is essential if the public is to have confidence in the system's overall ability to appropriately protect children and support families in need.

While the Department is undertaking a number of activities intended to improve the CPS process, the TAC is not able to say that the Department, even assuming the hiring of the additional 56 CPS positions included in the Department's budget for this coming year, has the capacity to ensure timely and appropriate investigations of CPS cases. The Department has been operating for years with a very large backlog of "past-due" investigations—investigations that have not been completed within the sixty-day period required by law. After some initial reduction in the summer and early fall, past-due cases in recent months have increased. The new DCS leadership inherited a backlog of over 22,000 past due investigations in January 2004. Through short-term interventions including approving overtime and contracting with former staff and others to reduce the past-due cases, they reduced this number to less than 12,000 cases by September 2004. However, insufficient numbers of CPS staff have meant that once the short-term efforts stopped, the backlog has once again started to grow, numbering over 17,000 cases by December 2004.

#### Case Manager Case Load Levels

One of the significant improvements during the early implementation of the Settlement Agreement was the dramatic increase in case worker positions in order to meet the court-ordered caseload limits. While caseload size is vastly improved over where it had been prior to the Settlement Agreement, a recent caseload report produced for the TAC indicates that there continue to be workers whose caseloads significantly exceed the limit and regions that are having particular difficulties achieving appropriate caseloads. As of December 2004, 84% of case managers in the State had caseloads that were in compliance with the *Brian A.* standards, a lower level of compliance than that reported for December 2003. Of particular concern, there were 36 case managers in December 2004 whose caseloads were 6 cases or more over the *Brian A.* standards. There is considerable regional variation in caseload sizes.

The Department does not appear to have regularly collected and analyzed data regarding caseload, identified the causes and possible solutions to this problem, or engaged in consistent planning to address the issue. It is not clear whether this problem is attributable to case manager vacancy rates, (whether by turnover or transfer or promotion), increased numbers of children coming into custody in some counties or regions, or other causes. The Department was supposed to produce a personnel recruitment and retention plan during the monitoring period, but it has not done so and is well behind in the tasks necessary to produce such a plan. There does not appear to have been any systemized work around issues of turnover and vacancy rates generally that are designed to produce a personnel recruitment and retention plan that will account for and plan for turnover and vacancy (and pre-service training requirements).

### Need for Experienced Trainers

The Department has an appropriately ambitious training plan and has made impressive progress on that plan this year. However, because the curriculum is now a skills based, competency-based curriculum that is grounded in the actual practice that workers must be able to engage in to be effective, workers must be taught and coached by trainers who themselves understand and can model that practice. Even with the advent of the training consortium, given the numbers of workers needing to be trained, additional high quality trainers will certainly be needed. Similar challenges exist with respect to developing an adequate number of skilled facilitator coaches for Child and Family Team Meeting training and coaching. It does not appear that there is a sufficient pool of high quality trainers from which either DCS or the Consortium can draw, and the Department therefore needs to be planning how it will develop trainers.

### Regional Capacity

The *Path to Excellence* envisions Regional Administrators as the key champions of the *Practice Model* and the key change agents for the reform effort and as a result the responsibilities of the Regional Administrators are substantially expanded. Regional leadership teams and regional implementation teams have been convened in each region; regional DCS/private provider cross functional teams, and regional CQI teams either have been or shortly will be convened in each region.

The Department has begun to build the skills and capacities of regional administrators and the members of the regional leadership teams to meet these expanded responsibilities, but this is an area where additional leadership and skill development will need to occur over time. The development and implementation of a regional administrator performance evaluation, an important tool for managing this shift of responsibility to the regions, is behind schedule.

Key to the success of the regions will be the ability of quality assurance and CQI staff to work with the regions and produce the data reporting and analysis that is essential to improved and effective management of the reform effort. It is not clear that the QA/CQI division is sufficiently staffed to meet all of the demands of the QA Plan that is part of the *Path to Excellence*. The data related divisions of the Department do not currently appear to have the capacity to provide the kind of data reporting and analysis that the organization needs.

### ***Conclusion***

Measured over the almost four year period since the entry of the Settlement Agreement, the Department's overall progress in implementing critically needed reforms has been disappointing. However, it was just over a year ago that the Department's reform effort was stalled on almost all fronts and contempt proceedings seeking appointment of a special master were pending in the Federal District Court. Without diminishing the importance of the Department aggressively addressing problem areas identified in this

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report, the Department's progress measured during this past year and against where it was a year ago has been impressive.

## **SECTION TWO: BACKGROUND DATA AND OUTCOME MEASURES**

Over the past year, the Department of Children's Services has made significant strides in developing its capacity to use its TN KIDS data system to provide basic information on a statewide, regional and county level about the children coming into state custody, their characteristics, and their experiences. The Department is beginning to use this data to understand its historical performance as it has tried to achieve better results for children and families; to identify opportunities for improvement; to develop plans with interim and long range improvement goals; and to track progress toward those goals.<sup>1</sup>

The initial data presented in this section (subsections II and III) are intended to provide information about the children coming into the foster care system: who the children are, where they come from, and why are they being placed in foster care. The remainder of the data presented (subsections IV and V) are organized around two key questions related to system performance:

- While children are in foster care, how successful is the Department in providing stable, supportive home-like settings that preserve healthy contacts with family, friends and community?
- How successful is the Department in helping children achieve permanency, either through safe return to their parents or other family members or through adoption?

This data also provide baseline information against which the TAC will be measuring DCS progress in a number of areas that are the focus of both the *Path to Excellence* and the Settlement Agreement.<sup>2</sup>

### **I. A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints**

Typically, when data are used to help people understand the children who are served by the child welfare system, one of three viewpoints is presented. The "viewpoints" are: "point in time" data; "entry cohort" data; and "exit cohort" data. Each viewpoint helps answer different questions.

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<sup>1</sup> As discussed in Section Three of this report, the Department is continuing to work on improving the accuracy of TN KIDS data and the TAC is monitoring those efforts. The aggregate reporting in this Section of the report relies on TN KIDS; notwithstanding some continuing issues with the accuracy of certain data fields in TN KIDS, the TAC is satisfied that it can be reasonably used in the way this data is used in this report.

<sup>2</sup> The Settlement Agreement provides for progress on certain outcomes and performance indicators to be measured at the end of three different "reporting periods." Each of the outcomes and performance indicators are to be measured in a specific way and measured against a specific compliance target. Time frames for the second and third reporting periods were adjusted by the Stipulation entered on December 30, 2003. The current reporting period, "Reporting Period II," ends on November 30, 2005 and the TAC will issue a report after that time that includes the specific outcome and performance indicators measured in the manner contemplated by the Settlement Agreement. The TAC's use of a somewhat different framework for presenting the data in this report should therefore not be misinterpreted.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a “point in time” viewpoint. For example, we would use point-in-time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Knowing whether the number of children in care on any given day is increasing, decreasing or staying the same is also important. A graph that compares snapshots of the population for several years on the same day every month (the same “point in time”) provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been increasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at “point-in-time data”. For example, were more children committed to DCS custody in 2004 than in past years? Or is the increase the result of children staying in the system longer (fewer children getting released from custody during 2004) than in previous years? For this answer we need to look at “cohort data.”

The question whether more children entered custody in 2004 than entered in 2003 is answered by comparing the total number of children who entered custody in 2004 (the 2004 “entry cohort”) with the number of children who entered custody in 2003 (the 2003 “entry cohort”).

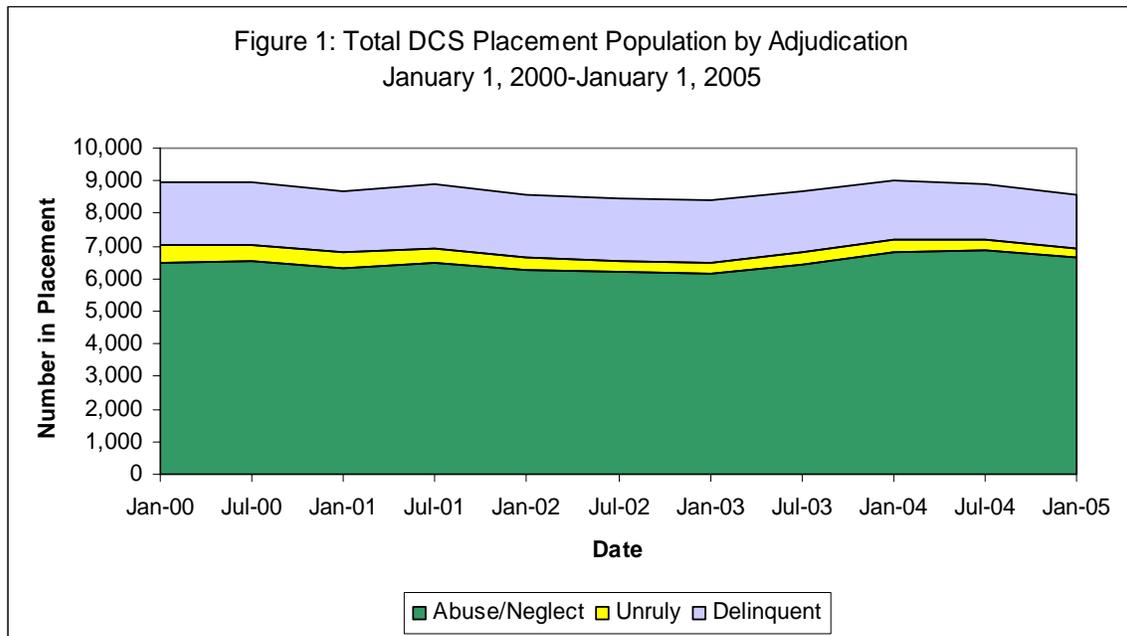
Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2004 than with the children who entered in 2003? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year to year improvement in these and other important areas of system performance.

There are certain questions for which “exit cohort” data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Re-entry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who re-enter custody within a year of discharge. Comparing the re-entry rates of children who exited care in 2003 (the 2003 “exit cohort”) with the re-entry rates of those children who exited care in 2002 (the 2002 “exit cohort”) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.<sup>3</sup>

## II. Foster Care Caseload in Tennessee: Basic Dynamics

The following figure provides some basic information about the composition of the DCS custodial population in out-of-home placement.<sup>4</sup>



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

The daily population of children in DCS placement during 2004 ranged between approximately 8,500 and 9,000. As Figure 1 reflects, the majority of children in placement are there based on findings that they were neglected or abused. In January

<sup>3</sup> Most of the data presented in this section is for entry cohorts. In addition, the entry cohort view is refined by showing information about “first placements”. Information about children entering foster care for the first time ever in a given year gives us the clearest picture of the children DCS is serving in foster care, because it recognizes the difference between a child who enters care for the first time (a new case for the placement system) and a child who re-enters care (a further involvement of the placement system after a failure of permanent discharge).

<sup>4</sup> There are some children who are in DCS “legal custody” but are living in their homes, either awaiting placement or on a trial home visit, or for some other reason. The “custodial population” on any given day will therefore be higher than the “placement” population (children in out-of-home placement). For example, at the time of the January 2005 snapshot (the most recent date on the graph), there were 9,859 children in DCS custody, of whom 8,594 were in placement.

2005, for example, 6,624 (77%) of the children in placement were neglected or abused, 293 (3%) were unruly (were truant from school, had run away from home, or engaged in other non-criminal misbehavior) and 1,677 (20%) were delinquent (had committed a criminal offense). Over the last several years, the Department appears to have experienced some fluctuations in its daily census, but there has been some overall increase in the number of neglected and abused children in the system and a slight decrease in the number of delinquent and unruly children.

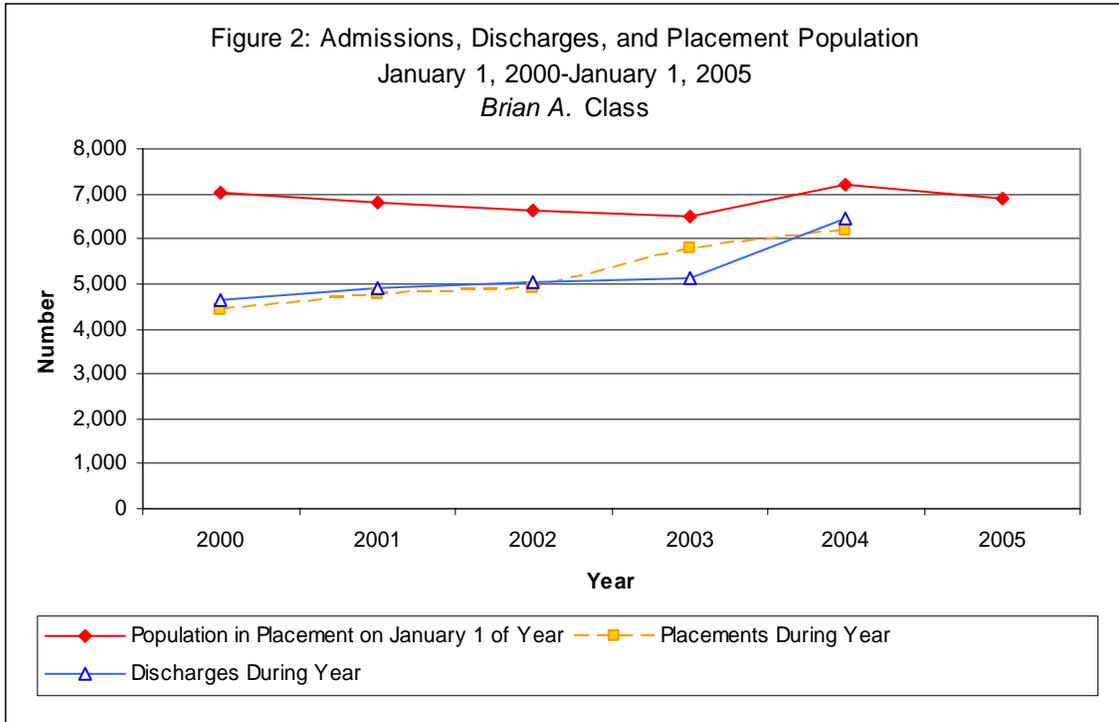
Although DCS is responsible for and cares about the experiences of all children in their custody, for the purposes of this report, the data reported on includes only members of the *Brian A.* class: children who are in state custody based on findings that they are abused, neglected, or unruly.<sup>5</sup>

Figure 2 provides information on the relationship between admissions, discharges, and daily population of the children in the *Brian A.* class. As reflected in Figure 2, the number of *Brian A.* class members entering placement has been rising over the past four years. However, for 2000-2002 discharges from placement slightly exceeded admissions to placement, resulting in the decline in the placement caseload. In 2003, placements rose significantly and exceeded discharges, resulting in the increase in the caseload. More recently a significant increase in discharges resulted in a decline in the caseload.

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<sup>5</sup> The reality—both in Tennessee and nationally—is that children and their families do not neatly fit into and remain in discrete legal categories. While special additional attention needs to be paid to issues of community safety when dealing with those delinquent children who commit serious crimes, as the Tennessee Commission on Children and Youth has so well documented in the CPORT reviews, the vast majority of the delinquent children and their families face many of the same challenges and have many of the same needs as their *Brian A.* class member counterparts. It was this understanding as well as the experience of the inefficiency and ineffectiveness of having separate custodial departments that lead Tennessee to create a single custodial department for all children in state custody.

Creating a single custodial department is not a magic cure. However, it does make possible a better and more effective use of the limited tax dollars available to invest in these children and their families—tax dollars that when appropriately targeted will make families stronger, and children and communities safer and healthier.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Placement Rates

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

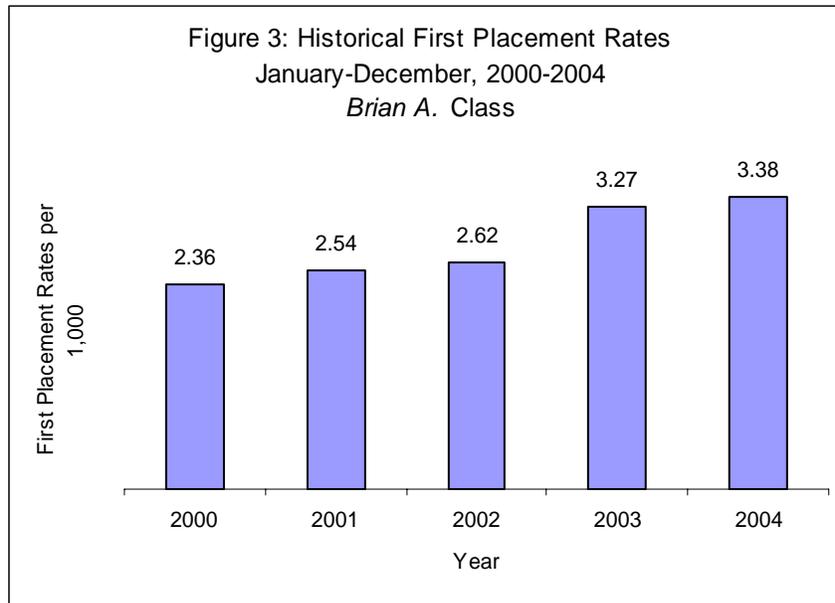
For this reason, it is important to understanding differences among counties and regions in the extent to which they are successful in using non-custodial services.

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

When comparing Tennessee’s foster care population with that of other states or when comparing placements from Tennessee’s twelve regions to each other, placement rates

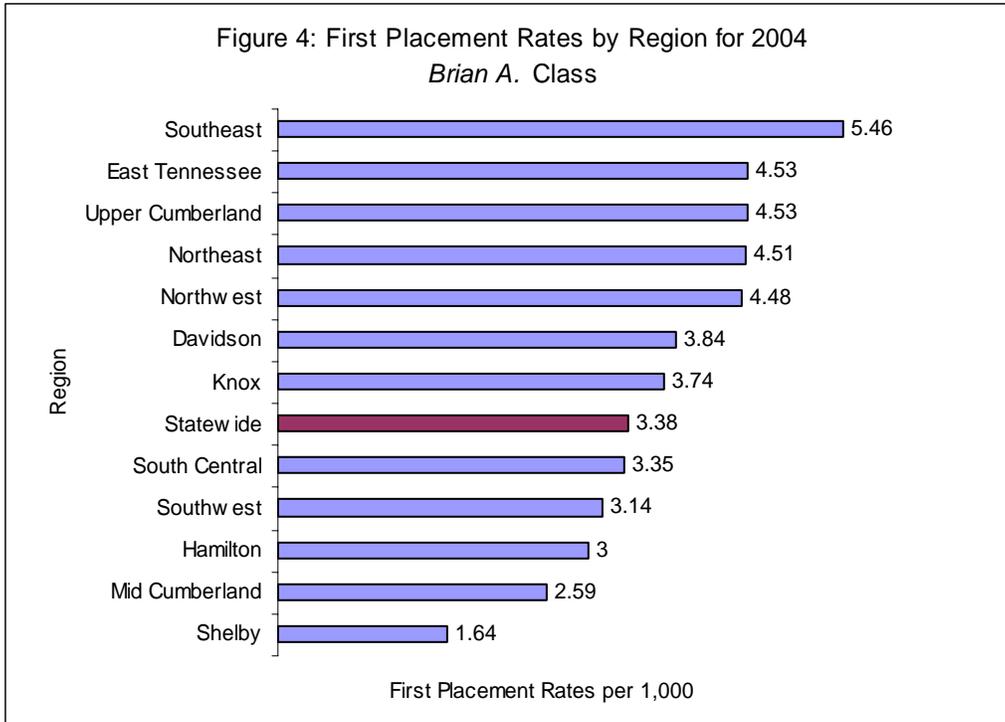
identify important differences in the use of placement. All other things being equal, regions with the largest child population would be expected to have a greater number of children committed than regions with smaller populations.

Figures 3, 4 and 5 show the increase in statewide placement rates in Tennessee over the past several years as well as a comparison of placement rates for 2004 among the twelve regions.<sup>6</sup> Figure 5 shows the number of children placed from each region in 2004. Appendix A provides information on the change in the placement rates of each of the regions over the past several years. First placement rates in Tennessee have increased since 2000, with a jump of more than 25% from 2002 to 2003. We do not yet understand the causes of this increase. In general, when child welfare systems become more effective, we expect to see placement rates decrease, because more families get supportive services and are able to keep children at home. However, there are times, particularly at the early stages of a reform effort, when an increase in placement may indicate more thorough and effective child protective investigations uncovering serious abuse and neglect. This is an area that will be the focus of further study and analysis, with particular focus on any regions that may have accounted for a disproportionate amount of the increase in first placements.

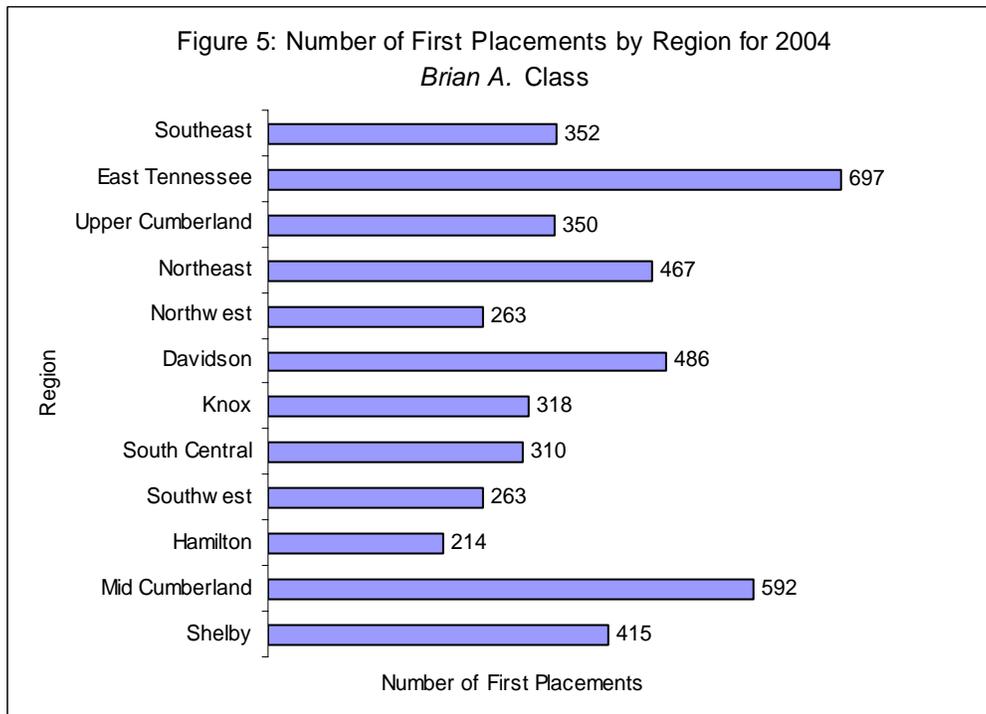


Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

<sup>6</sup> In establishing the placement rate, we have used the 2000 census population data. The rate therefore presumes that the total numbers of children in the general population have remained the same over the past four years.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Two regions, East Tennessee and Mid Cumberland, had the highest number of placements, accounting between them for more than a quarter of the 4,727 “first placements” in 2004; however, East Tennessee had the second highest first placement rate among the twelve counties, while Mid Cumberland had the second lowest rate.<sup>7</sup>

### **III. Characteristics of the Foster Care Population**

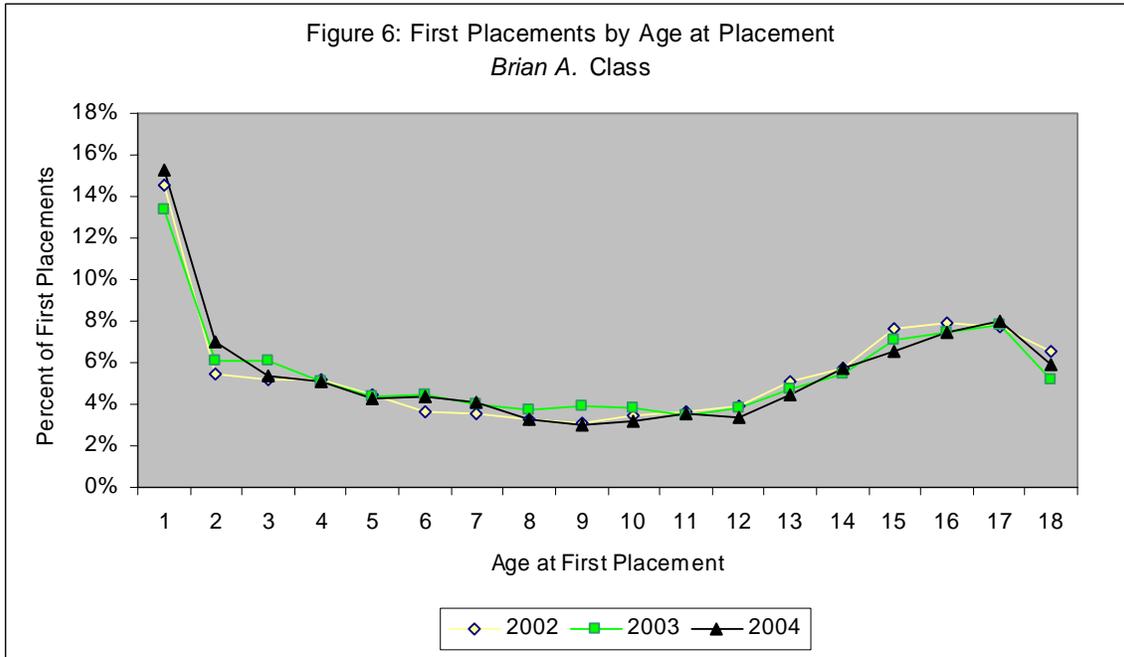
#### *Age of Children Coming into Care*

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

Figure 6 below shows the age of children in the *Brian A.* class served by Tennessee’s child welfare system, using entry cohort data organized by the age of the child when the child entered foster care. As Figure 6 shows, the age distribution of class members entering custody over the last several years has remained relatively constant, with some signs of a shift to younger children. The largest age group by far is infants; the next largest age groups are the teen ages (17, 16, 15, and 14, respectively).

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<sup>7</sup> Shelby County had the lowest first placement rate in 2004. This may be, at least in part, the result of unique placement resources operated through the county rather than through DCS, which provide the Shelby County Juvenile Court with out-of-home placements for children as an alternative to placements in DCS custody.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

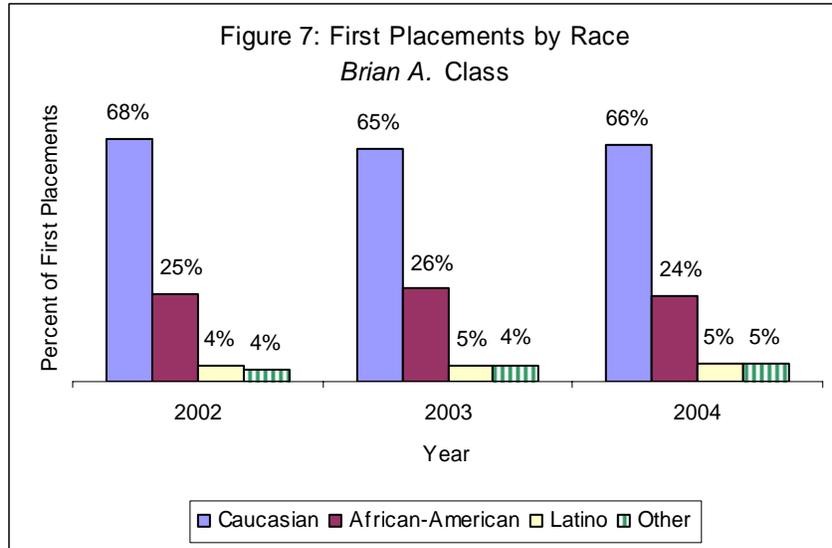
In some of the reporting in this report and others in the future, data will be presented on separate subgroups of the population: infants (less than one year), children ages one through thirteen, and older youth (14-17).

Class Members by Race and Ethnicity

While it would be understandable that a child might have a different experience in foster care based on the age at which he or she enters care, the system is striving to be one in which race and ethnicity do not result in disparate experiences or outcomes.

As reflected in Figure 7 below, the racial and ethnic composition of the children entering care over the past four years has been relatively constant, with approximately two-thirds of the children Caucasian; a quarter African-American; 5% Latino, and other minorities constituting the remaining 4-5%. The racial and ethnic make up of the child population in Tennessee according to the 2000 census is 73% Caucasian, 22% African-American, 3% Latino and 2% other.

The next *Brian A.* monitoring report will examine experiences and outcomes as they relate to race and ethnicity more closely.

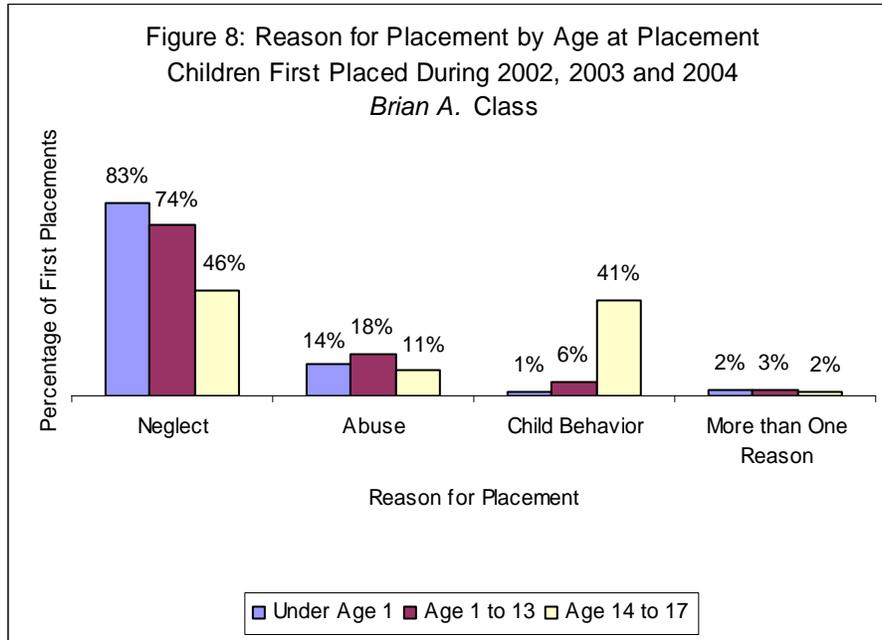


Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

*Reason for Placement*

Figure 8 below illustrates the reasons that children in each of the three age categories came into out-of-home placement and reflects the not surprising fact that older youth are more likely to come into care because of behavioral issues than other children.<sup>8</sup>

<sup>8</sup> The TAC has some questions about the data entry practice with respect to the “more than one reason” category and interprets these data, consistent with data from other states, to reflect the “primary” reason for placement.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

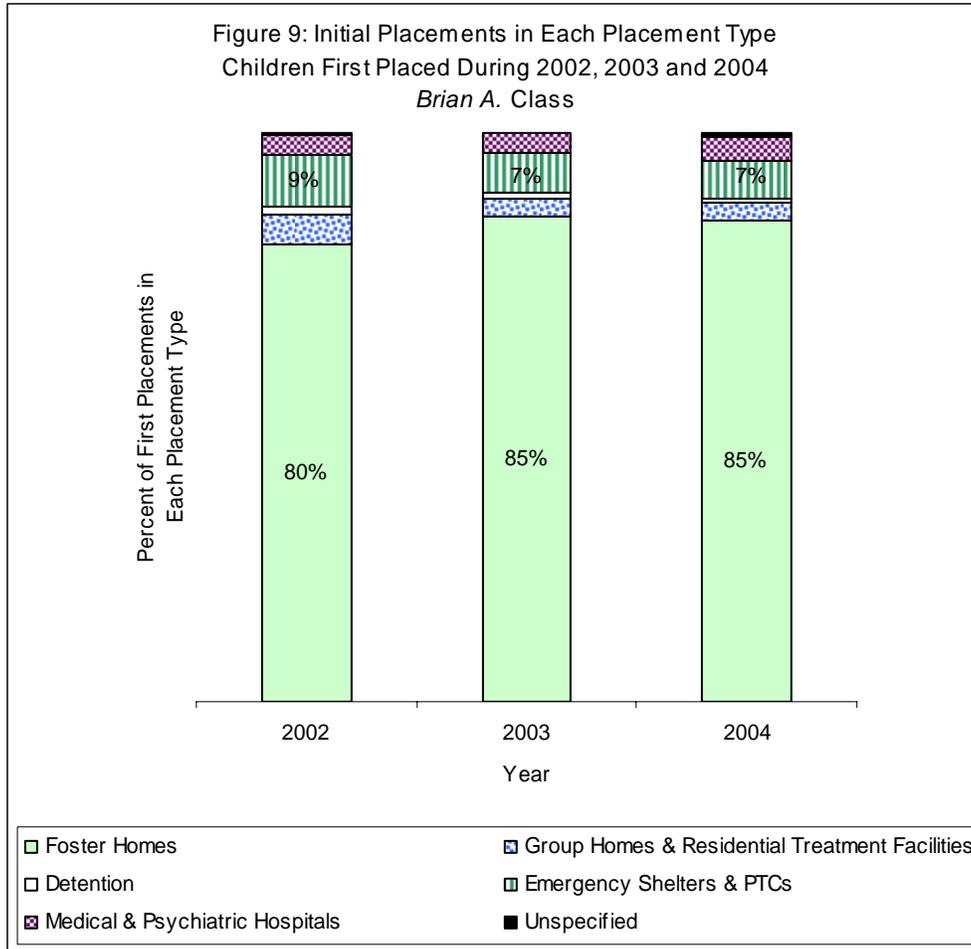
**IV. How successful is the Department in providing children in foster care with stable, supportive home-like settings that preserve healthy contacts with family, friends and community?**

*Serving Class Members in Foster Family Settings rather than Congregate Care Settings*

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

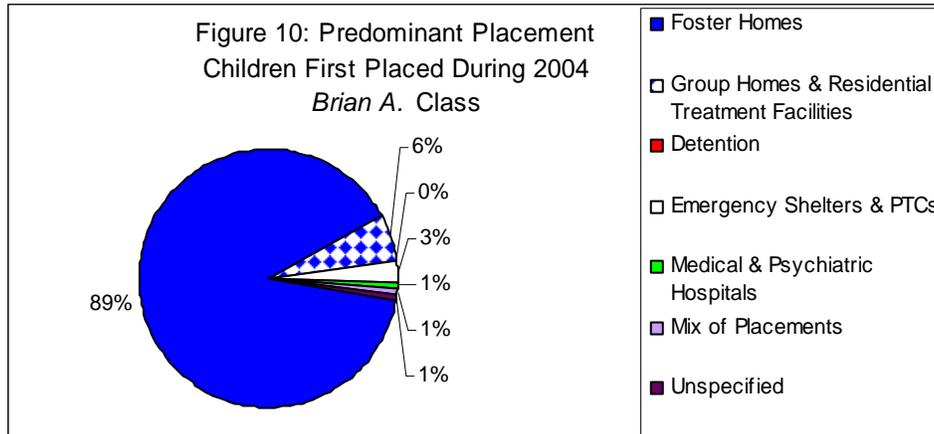
The following figures provide information on the extent to which the Tennessee Department of Children’s Services has been successful in achieving their goal of serving class members in family settings rather than residential facilities.

Figure 9 below shows first placements by placement type for the past three years.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Foster families are not only the first placement for *Brian A.* class members coming into foster care, but the predominant placement type, that is, the placement type in which a child spends more than 50% of his or her time in out-of-home placement. See Figure 10 below.

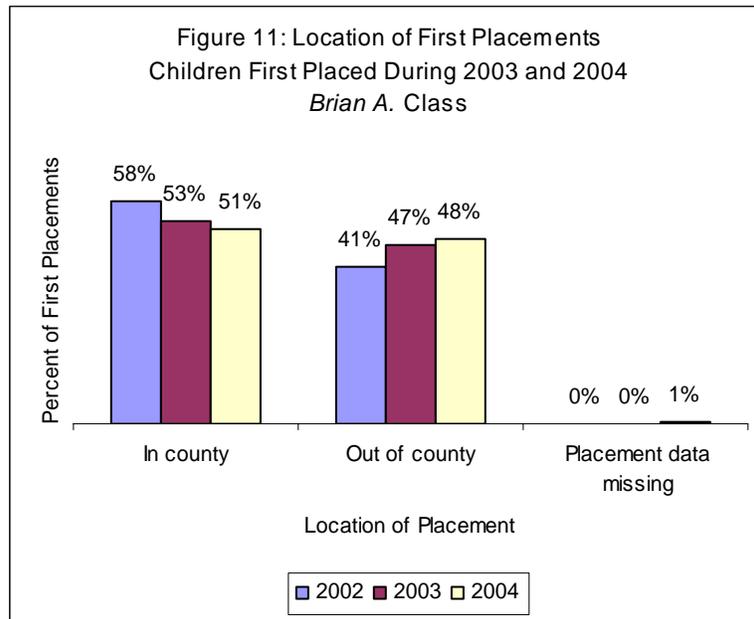


Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

*Serving Class Members in or near Their Home Communities*

The DCS *Practice Model* and the *Brian A. Settlement* require DCS to place children in or near their home communities. Such placement, among other things, makes the maintaining of positive community and family ties easier and can reduce the trauma that children experience when removed from their families.

Figure 11 provides information on the extent to which the Department is succeeding in finding placements for children in or near their home communities. Between 2002 and 2004, the percentage of children placed in their home counties decreased from 58% to 51% of children's first placements.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Information about the 2000 and 2001 entry cohorts is not displayed because county data for those years was incomplete.

On or about the 15<sup>th</sup> of each month, DCS takes a point in time measure of the number of *Brian A.* class members placed within 75 miles of their homes. The most recent data (from February 16, 2005) indicate that 90% of *Brian A.* class members are placed within 75 miles of their homes, while 7% are placed more than 75 miles away from their homes. (Zipcode information for either the child’s home or current placement was missing for 3% of the children, so placement distance from their homes could not be calculated.) Sixty percent were placed within 15 miles of their homes and 15% were placed between 16 and 30 miles from their homes. Over the course of the past year, the percentage of children placed within 75 miles of their homes has remained relatively constant, ranging from 89 to 91%.

*Improving Stability While in Placement*

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

Children in foster care in Tennessee experience more moves than children in systems in a fair number of other states; therefore, reducing the number of moves/increasing stability while in care is of substantial importance. While “zero moves” would be ideal, given the

realities of a system still in a relatively early phase of reform, the “no more than one change in placement” standard is probably appropriate at this point.

Table 1 below shows how many placements children had during their first year in placement—either (a) placements prior to exiting care for those who left care within a year, or (b) placements during the first 365 days in out-of-home care, for those who remained in care for more than a year. The data illustrate that fewer than half of children placed in foster care will experience only one placement location (“zero moves”). More than half of the children experience two or more placements (move at least once), and more than a quarter experience three or more placements (move two or more times).

Table 1: Number of Placements within One Year of First Placement  
 First Placement Spells  
 Brian A. Class

	Entry Year			
	2000	2001	2002	2003
1 Placement	43%	41%	45%	46%
2 Placements	27%	29%	27%	26%
3 Placements	14%	16%	14%	14%
4 Placements	7%	7%	6%	6%
5+ Placements	9%	9%	9%	8%
All First Spells	100%	100%	100%	100%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

2004 data is not displayed because 365 days for all first placements during that year cannot be observed at this time.

Because we restrict our view to 365 days for each entry cohort, we can compare these statistics across entry cohorts. This comparison shows that performance with respect to placement stability, viewed up until 365 days, is basically unchanged over the last four years, with a slight decrease in the number of children who experience three or more placements.<sup>9</sup>

Table 2 below provides additional detail on the first placement moves children experience while in DCS custody. This table divides the 2003 entry cohort by the first placement type and then shows the next placement event (either a placement move or a discharge from foster care) for each group of children up until December 31, 2004. The rows of the table show the first placement type. The columns of the table show the next

<sup>9</sup> This does not mean that multiple moves are a problem for only 28-30% of Tennessee’s foster children. It is important to remember that Table 1 does not provide information regarding stability for children after their first year in care (for those who remain in care beyond one year). The longer children stay in care, the more likely they are to experience additional moves. When we look at the first year in care we are looking at large numbers of children who are in care for relatively short stays. Those children who remain in care after one year are likely to experience additional moves. For this reason, when we look at the entire foster care population on a given day (which would include large numbers of children who have been in care for more than a year), we see larger numbers of children who experienced multiple moves.

placement type for each child who moved. For example, 4,092 children first placed in out-of-home care during 2003 were placed in foster care. The next event for 48% of these children was that they experienced a move to another foster care placement. The second most likely next event was a discharge from foster care (36%). Very few moved to a congregate care setting.

Table 2: History of Placement Moves for Children First Placed in 2003  
*Brian A. Class*

First Event	Total	No Next Event to Date	Next Event					Exit
			Foster Care	Congregate Care	Emergency Placement	Hospital	Detention	
Total	4792	472	2269	241	139	34	28	1609
Foster Care	4092	468	1962	60	72	23	16	1491
Congregate Care	144	4	46	35	5	4	11	39
Emergency Placemer	335	0	116	125	33	3	1	57
Hospital	170	0	133	13	9	3	0	12
Detention	51	0	12	8	20	1	0	10
Row Percent								
Total	100%	10%	47%	5%	3%	1%	1%	34%
Foster Care	100%	11%	48%	1%	2%	1%	0%	36%
Congregate Care	100%	3%	32%	24%	3%	3%	8%	27%
Emergency Placemer	100%	0%	35%	37%	10%	1%	0%	17%
Hospital	100%	0%	78%	8%	5%	2%	0%	7%
Detention	100%	0%	24%	16%	39%	2%	0%	20%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

4800 children were placed for the first time in 2003. All unknown events were dropped. Table is based on event data through Dec. 31, 2004. Only first two events are displayed.

This table also shows that the most common next event for children first placed in congregate care is to be moved to a foster home; this is true for 32% of the 144 children first placed in congregate care in 2003. Similarly, it shows that very few children first placed in foster homes are next moved to congregate care. Finally, the table shows the most likely next event for children first placed in emergency, hospital, or detention settings. For children first placed in emergency or hospital settings, their next event is most likely a move to either a foster care or congregate care setting, while children leaving a detention setting are equally as likely to be placed in congregate or foster care as they are to be sent to emergency care.

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

One of the goals of federal and state law and the DCS reform effort is to provide children who are placed in foster care with a permanent home—in most cases through reunification with their parents, or through permanent placement with relatives or adoptive families—and to achieve permanency quickly. It is not acceptable for children to languish in foster care in non-permanent situations or to be discharged into situations that do not provide them the stable family or family-like support that the term “discharge to permanency” connotes.

In this section, we present four views of the experience of the population of children placed in foster care in Tennessee, each designed to illuminate a dimension of the permanency question.

The first view addresses the question: What are the typical permanency outcomes for children placed in the foster care system? To answer this question, Table 3 shows the exits observed to date for the children first placed in 2000. We chose an entry cohort from five years ago so that we could observe as many exits as possible.

Table 3: Exits Observed Over 5 Years  
 First Placements in 2000  
*Brian A. Class*

Exit Type Observed to Date	Number	Percent
Reunification with Family	2,048	59%
Reunification with Relative	366	10%
Adoption	425	12%
Other Exit	481	14%
Still In Placement	180	5%
Total First Placements in 2000	3,500	100%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Table 3 shows that most children were returned home or reunified with a relative. About 12% of children were adopted. Fourteen percent left by another exit (primarily run away or reach majority). A small number (5%) are still in care. If we observed the 2001 entry cohort now, we would see lower numbers of exits and higher numbers of children still in care.

The second view adds a time dimension to the data on how children leave foster care.<sup>10</sup> Figure 12 shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. Finally, the points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval.

Displaying the three exit probabilities together—adoption, reunification with family or relative and other exits (primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the pink line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the

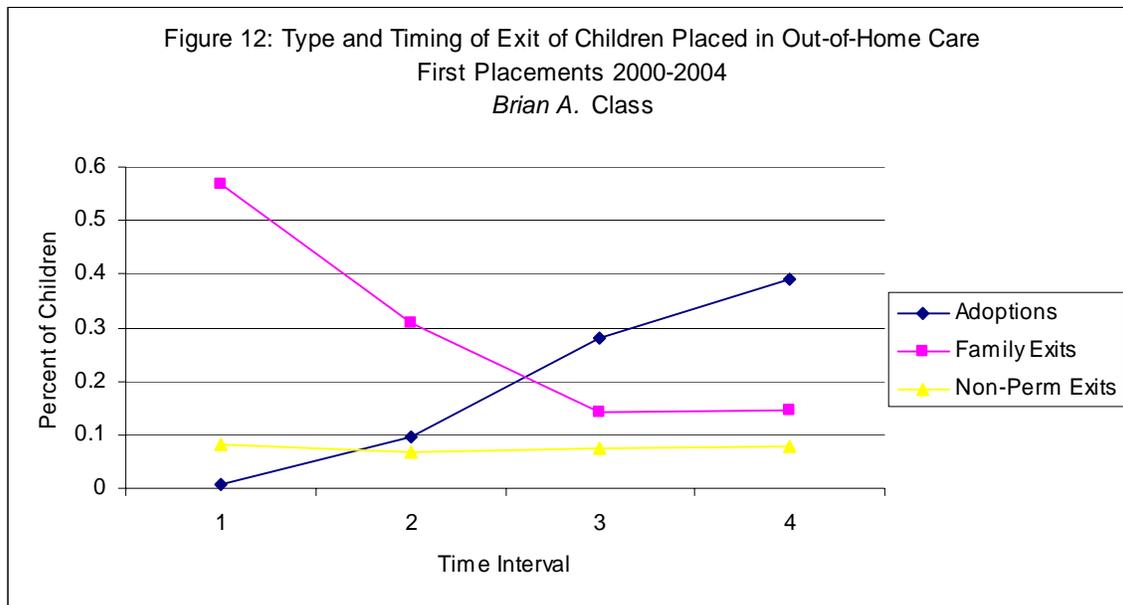
<sup>10</sup> The technical term for this statistic is the conditional probability of exit by exit type and year.

first year and drops significantly in subsequent years. Adoptions (the blue line), on the other hand, occur more slowly, but their probability increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a “family exit”—a return to the child’s birth family or a relative. Between 50-60% of children placed in foster care will follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, a small percentage of children who spend less than a year in foster care will be adopted.

Among the children who spent more than one year in foster care, the figure shows that as time goes on, these children became less likely to return to a birth parent or relative and more likely to be adopted. Among children who spent at least 3 years in foster care, almost 40% were adopted at some point during their 4<sup>th</sup> year in foster care.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is about 10% in each yearly interval.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

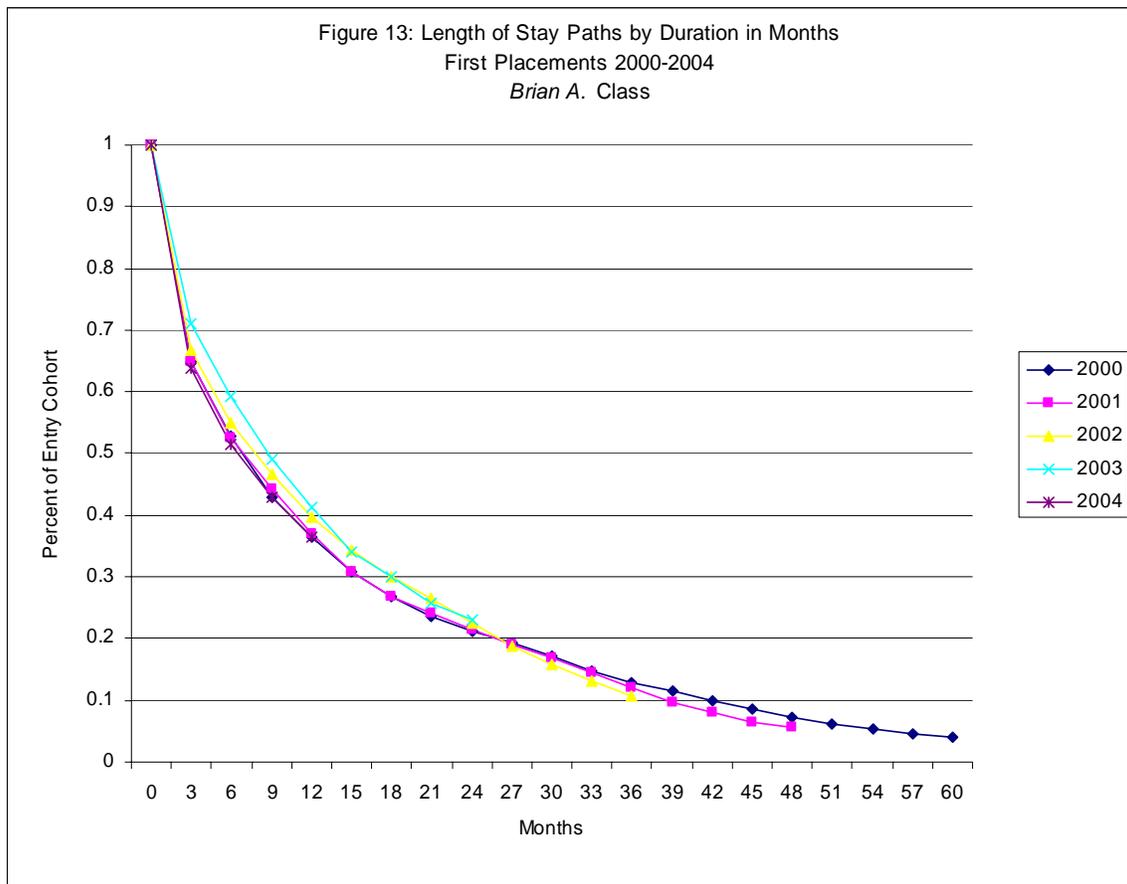
The third view provides more detail about the length of time that children spend in out-of-home placement and examines changes in length of stay over time. Figure 13 shows length of stay by duration in months for four entry cohorts, 2000-2004.<sup>11</sup> Each line shows how many children were still in placement after each monthly interval of time. For example, for the 2000 entry cohort, the figure shows that after 60 months (5 years),

<sup>11</sup> The technical term for this statistic is the survival curve.

all but 4% of children had been discharged from foster care. If we follow the path back in time, we can trace the pattern of those discharges.

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

The data in Figure 13 show that the timing of exit from foster care in Tennessee has not changed very much over the last five years. The paths traced by each entry cohort are similar. However, the figure suggests that children first placed in 2002 and 2003 exited care somewhat more slowly than those first placed in 2000 and 2001. However, the curve for the most recent cohort (2004) shows exits in a pattern similar to those children placed earlier in the decade, at least for the first six months.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

The fourth view is quartile durations. Quartile durations provide information on length of stay in months for three points on the length of stay paths depicted in Figure 13. The 25th percentile characterizes the children who stay the shortest times in foster care. The median (50<sup>th</sup> percentile) shows the duration of a typical placement. The 75<sup>th</sup> percentile characterizes the children with longer stays in foster care. While quartile durations provide less detail than the data in Figure 13, quartiles provide a useful summary statistic that can be compared over time and across subgroups in the population.

Table 4 shows that 25% of children who were placed in out-of-home care in Tennessee in 2003 left placement within 2 months. Fifty percent of children entering in 2002 spent up to 6-7 months in foster care, and that number of months increased to 8.66 months for children first placed in 2003. Seventy-five percent of children entering in 2002 spent under 22 months in foster care, leaving 25% who spent at least 22 months in an out-of-home placement.

Table 4: Quartile Durations in Months  
 First Placements 2000-2004  
*Brian A. Class*

Entry Year	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
2000	1.61	6.72	20.00
2001	1.51	6.79	20.07
2002	1.54	7.62	22.20
2003	2.13	8.66	-
2004	1.44	-	-

Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Blank cells indicate that too few children have exited to calculate the percentile duration.

Table 5 adds a regional dimension by showing the 50<sup>th</sup> percentile or median for each region for each group of first placements from 2000-2004. The regional medians affirm the statewide trends, but indicate that the magnitude of the change differs significantly around the state.

Table 5: Median Durations in Months by Region  
 First Placements 2000-2004  
*Brian A. Class*

Region	Median Duration in Months by Entry Year				
	2000	2001	2002	2003	2004
Davidson	9.08	8.39	7.79	7.28	4.56
East Tennessee	4.98	4.89	4.62	6.54	4.98
Hamilton	6.43	6.43	8.39	16.95	-
Knox	6.11	13.95	14.10	10.79	-
Mid Cumberland	5.72	6.20	7.11	8.03	-
Northeast	7.57	7.02	6.79	7.97	5.41
Northwest	5.52	9.13	8.66	5.70	-
Shelby	9.80	7.48	12.30	11.51	-
South Central	4.89	5.15	5.48	7.54	-
Southeast	6.23	6.13	7.82	10.51	-
Southwest	6.52	6.13	7.54	7.80	5.87
Upper Cumberland	7.57	8.75	7.34	11.10	-

Data derived from longitudinal analytic files developed by Chapin Hall from TNKIDS data through January 15, 2005

Blank cells indicate that too few children have exited to calculate the median duration.

As with other measures depicting change in duration trends over time, it is important when interpreting these outcome data to keep in mind any changes in case mix over these entry years which may contribute to changes in duration. For example, experience tells us that children placed in foster care as infants or young children tend to spend more time in out-of-home care than children placed as teenagers. If more recent entry cohorts have a larger proportion of younger children than past years, the length of stay in foster care may go up, even though the system’s performance with respect to permanency is unchanged. As shown in Figure 6, the case mix of children being placed in foster care is shifting toward younger children, and this may help explain the increase in the amount of time children are spending in foster care in Tennessee.

In addition, data on length of stay should also be viewed in the context of changes in the rate of placement. For example, if a region is bringing large numbers of children into custody unnecessarily and then releasing them fairly quickly, the median length of stay will go down. Similarly, if a region improves its ability to prevent children from having to enter custody by providing effective family support services, the children coming into care will be fewer in number but may represent more difficult family situations and therefore the median length of stay might be expected to rise.

**VI. Aggregate Data Focus for Coming Months and for Future Monitoring Reports**

The DCS Regional Implementation Plans describe commitments to improvements focused on nine outcomes. Each region has committed to tracking regional improvement designed to achieve the following goals:

- Reduce the rate and number of children placed away from their birth family.
- Increase the number and rate of children entering state custody who are placed in their own neighborhoods and communities.
- Reduce the number of children served in congregate care and shift resources from congregate care to kinship care, family foster care, and family-centered services.
- Decrease the length of stay of children in state custody.
- Increase the number and rate of children exiting custody through reunification and adoption.
- Decrease the number and rate of children reentering state custody.
- Increase placement stability for children in state custody.
- Increase the number and rate of brothers and sisters placed together.
- Reduce any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

The TAC will be reporting on the regional data related to these goals in the next monitoring report.

In addition, the TAC will be reporting on data from its annual case file review and other sources.

### **SECTION THREE: PROGRESS ON IMPLEMENTATION OF THE *PATH TO EXCELLENCE***

The *Path to Excellence* is divided into eight domains that contain specific goals and strategies, and numerous tasks within them. The task plans include a range of process and product commitments, including:

- developing additional strategic and operational plans;
- engaging external expert consultants;
- convening teams/workgroups to address identified problems;
- gathering and analyzing information;
- producing or revising policies;
- developing and implementing recommendations.

Each of these process and product activities has a time line and may have specific resources associated with it.

In this section, we review the status of the work that was to occur under the *Path to Excellence* in the first six months of implementation. While we are reporting on the specific actions to be taken and milestones to be achieved during the monitoring period, these actions need to be viewed in a broader context. We have therefore tried to provide an overall assessment with respect to each domain as to whether the Department is making good progress in that domain as a whole.

#### **I. Leadership and Management**

This is an area in which the Department has made significant progress during the past year.

In its Status Report to the Parties in December of 2003, the TAC wrote:

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

- send a consistent, clear, unequivocal, unambiguous message to the field that the leadership embraces the principles and new practice envisioned by the reform;
- articulate a vision of how the system will operate when the transformation of principles into practice is complete, so that staff understand where the reform effort is going;
- develop an implementation plan that sets out the concrete steps (including tasks, time lines, persons responsible, and resources)—a roadmap for getting the system from present practice to full implementation of the envisioned practice;

- demonstrate through the selection and assignment of staff and resources, a commitment to both the vision and the implementation plan; and
- move forward with the implementation plan in a way that includes (a) short term as well as longer term targets, (b) data collection, monitoring and reporting of progress on reaching those targets, and (c) a mechanism for adjusting the implementation plan as the experience in moving forward informs the work.”

From the beginning of her tenure as Commissioner in January of 2004, Commissioner Miller publicly embraced the new Standards of Practice and stated unequivocally that these standards reflected the kind of high quality child welfare system practice and performance that she envisioned for the Department and expected staff to strive toward. Commissioner Miller promptly convened an implementation plan development team and the work of that team ultimately culminated in the approval by the Federal District Court in August 2004 of the *Path to Excellence*.

This implementation plan addresses two key areas of leadership and management focus:

- Developing, recruiting and designating a leadership and management team with sufficient authority, skills and child welfare expertise to champion the reform agenda; and
- Redesigning the Regional-Central Office relationship in ways that clarify the structure, resource authority, and management expectations of all DCS managers and that create clear lines of authority and accountability for the work.

Consistent with this, the *Path to Excellence* set four goals for the Department in the area of Leadership and Management:

- having key leadership staff in place by July, 2004;
- redesigning the Regional-Central Office relationship by October, 2004;
- updating policies to be consistent with the provisions of the Settlement Agreement and the new DCS *Practice Model (DCS Standards of Professional Practice for Serving Children and Families)* by May, 2005; and
- actively implementing a plan to improve the cultural competency of the agency by May 2005.

*Goal 1: The Leadership Team*

The strategies under this goal include: recruiting a well-qualified child welfare and juvenile justice leadership team; establishing structures and mechanisms that shift agency culture toward becoming a learning organization; and building regional leadership teams.

A Central Office core leadership team with the needed range of knowledge, skill and experience is emerging. It is the strongest, best-functioning, and most diverse leadership team that the Department has had since the entry of the Settlement Agreement. The Commissioner has effectively engaged an impressive array of external consultants to provide the Department with the capacity to move forward immediately in certain critical areas while at the same time helping develop internal expertise and capacity in those areas.

The reorganization of the Central Office has created a more rational distribution of responsibilities among a broader and better functioning core leadership team. Lines of responsibility are clearer and coordination and communication across divisions enhanced by weekly core leadership team meetings and by an explicit expectation that the Executive Directors are responsible for understanding how their divisions interrelate and, where they interrelate, operating their divisions and communicating with each other in a way that supports the work of their fellow Executive Directors. A weekly newsletter, the Commissioner's Weekly Wrap Up, which is distributed to the entire DCS workforce, specifically includes minutes of the weekly Core Leadership meeting, as well as specific articles from executive directors and others.

Some further appropriate reorganizing of the QA/CQI and data related divisions is underway. The Department is also considering consolidating, clarifying and simplifying the variety of responsibilities related to responding to serious incident reports and oversight and monitoring of residential facilities and contract providers. In this area the responsibilities under the present structure remain unclear and communication and coordination among those with overlapping or related responsibilities appear problematic. (See discussion in Subsection V.).

There are some areas in which leadership team members seem to be over-extended. There are also areas in which additional experienced staff are needed. Now that key leadership roles have been assigned in the Central Office, it will be important to build the skills and capacities of those in leadership positions, while at the same time ensuring that those managers are demonstrating the combination of initiative, ability, and conscientiousness that such key leadership positions demand.

*Goal 2: Restructuring the Region-Central Office Relationship*

The strategies relating to this goal include: increasing Regional Administrator authority and responsibility; building regional capacity to develop, execute, and evaluate regional implementation plans; and evaluating Regional Administrators based on outcome and performance measures.

The creation of the position of Executive Director of Regional Support, filled by a former regional administrator, has been an important step both to integrating the Regional Administrators into the overall DCS leadership team and to restructuring the relationship between the Central Office and the Regions. There are monthly two day regional

administrator meetings and weekly regional administrator conference calls in advance of those meetings, both presided over by the Commissioner and/or Deputy Commissioner.

The Commissioner has sent a clear message:

- that the regions are responsible for (and will be held accountable for) improving front line practice and child and family outcomes; and
- that the Central Office is committed to providing the regions the support they need to accomplish this shift in responsibility, authority and accountability.

The *Practice Model* is understood, embraced and integrated into much of the work of the Commissioner and members of the Core Leadership Team. But the *Path to Excellence* envisions Regional Administrators as the key champions of the *Practice Model* and the key change agents for the reform effort and as a result the responsibilities of the Regional Administrators are substantially expanded. Regional leadership teams and regional implementation teams have been convened in each region; regional DCS/private provider cross functional teams, and regional CQI teams either have been or shortly will be convened in each region.

The Department has begun to build the skills and capacities of Regional Administrators and the members of the regional leadership teams to meet these expanded responsibilities, but this is an area where additional leadership and skill development will need to be built over time. An important tool for managing this shift of responsibility to the regions, the development and implementation of a regional administrator performance evaluation is behind schedule.

The transition from a highly centralized system to a more decentralized one is a challenging one. The shift in responsibilities has to be accompanied by increased regional capacity and by the Central Office accepting responsibility for ensuring that the regions have the technical assistance and tools they need. Central Office technical assistance teams that have been sent to support the regions in developing plans have at times seemed themselves to lack some clarity regarding the process and desired outcomes. Regional and Central office staff appear to be learning from the initial efforts at regional planning and applying those lessons as they move forward. Key department staff have recognized the importance in these early efforts of stepping back and evaluating what worked well and what did not work well in the process, and coming up with plans for clarifying expectations, structuring and staffing work, and building capacity.

With this shift of responsibility and increasing demands on the position of Regional Administrators and on the members of the regional leadership teams, it is not only critical that the Central Office provide Regional Administrator's and their regional leadership teams the information and supports necessary to carry out their responsibilities, but that they continue to evaluate the abilities of the regional leadership to spearhead the reform in their region.

Goal 3: Updating Policies

This goal calls on DCS to review and revise DCS policies to ensure congruence with *DCS Standards of Professional Practice for Serving Children and Families*.

Efforts are underway to revise old DCS policies and develop new ones so that by May 2005 the policies (a) conform to the new *DCS Practice Model* (b) clearly communicate what is expected in terms of practice and procedure.

Goal 4: Cultural Competency Plan

This goal calls for the Department to develop and actively implement a cultural competency plan and recommendations of the Racial Disparity Study to improve the ability of the agency to work effectively in cross-cultural situations.

A number of tasks related to this goal are behind schedule; however, most of the cultural competence action steps are to be accomplished in the next reporting period and therefore will be the subject of the next monitoring report.

It is noteworthy that the Central Office leadership, including both the core leadership team and the group of key project/activity leaders within each central office division, is significantly more diverse than it was prior to Commissioner Miller taking office in January of 2004.

**II. Diverse and Qualified Workforce**

The success of any child welfare system ultimately depends on the work that field staff do with children and families. Unless the department is able to attract and retain conscientious and committed field staff, and unless the staff understand what is expected of them and have the skills, supportive supervision and resources to meet those expectations, the most enlightened and laudable principles and policies cannot be effectively translated into good practice and good outcomes for children and families.

The Department faces considerable challenges in workforce development, none more significant than those related to salary and training of front line staff. A salary comparability study conducted pursuant to the Settlement Agreement found that salaries of Tennessee's front line staff were not only significantly lower than those of child welfare system workers in surrounding states, but that they were not competitive with salaries for comparably demanding in-state public and private sector positions. With respect to training, a review of the training curriculum in place at the time of the entry of the Settlement Agreement found that the training that workers were receiving did not provide them the skills and knowledge they needed to work effectively with children and families, and therefore needed to be completely revamped.

Until this past year, little progress had been made in addressing either the salary disparities or the inadequacy of the training. Progress in the past year has been dramatic in both areas. Along with this progress, however, DCS faces a new challenge: achieving staffing levels sufficient to ensure that caseloads and workloads are manageable, particularly in the area of Child Protective Services.

The *Path to Excellence* includes three goals related to developing and retaining a strong workforce:

- implementing policies and practices designed to recruit, hire, and retain high quality staff, by February 2005;
- providing high quality training that teaches the competencies required of staff by the new *Practice Model* and implementing competency based staff evaluation, by January 2005; and
- implementing a plan for measuring and improving employee satisfaction and retention rates, by October 2005.

*Goal 1: Recruitment, hiring and retention policies and practices*

Strategies for this goal include: generating and implementing recruitment plans; implementing an incentive based hiring program with colleges and universities; improving salaries for direct service staff; developing and implementing relevant criteria for hiring qualified casework staff; and hiring, retaining and maintaining sufficient staff (in both numbers and qualifications) necessary to carrying out the work of the *Path to Excellence*.

The Department developed and successfully advocated for a budget increase to address the critical problem of low caseworker salaries. The first two-step salary increase occurred July 1, 2004; a second two-step increase is in the Governor's present budget and is scheduled to take effect on July 1, 2005; the third two-step increase will occur on July 1, 2006.

Prior to the first of these increases, starting salaries for those doing the critical and demanding direct service work with children and families (case managers and team leaders) were significantly below those of their colleagues in the surrounding states and were not competitive with salaries for positions in other Tennessee agencies, private and public, with which DCS must compete for good field staff. This made it very difficult for DCS to attract the number and quality of applicants it needs to do crucial front line work.

The salary increases are making DCS much more competitive. At the end of the three year adjustment in salaries, starting salaries for a case manager (CM) I will have increased from \$22,500 to \$28,956; for a CM II from \$25,476 to \$33,180; for a CM III from \$26,580 to \$34,584; for a CM IV from \$28,860 to \$37,500; and for a team leader from \$34,344 to \$44,304.

The Department has developed and begun implementation of an incentive based hiring pipeline with a consortium composed of all of the BSW degree granting colleges and universities in Tennessee. Under this program, the Department provides a subsidy for students who follow a course of study designed to prepare them for work in the child welfare system and who commit to working for the Department of Children's Services for a period of time upon graduation. Although it was initially not anticipated that the program would begin until 2005, the program was jumpstarted by Middle Tennessee State University, Tennessee State University, Austin Peay State University, and the University of Tennessee at Martin in the fall of 2004, and joined by Union University and East Tennessee State University in the spring, with a total of twenty-eight (28) BSW students enrolled in the stipend program. Sixty-five (65) additional stipend "slots" allocated among the thirteen colleges and universities will be available beginning in Fall 2005; together with returning students from this year, there will be a total of 91 students in the Fall. When fully operational, there should be a total of 130 students engaged each year in the stipend program, with 65 graduating and joining the DCS staff each year. (There are also three graduate students enrolled in a separate MSW stipend program available to current DCS staff who wish to pursue a graduate social work degree.)

There has been little progress on the development and implementation of hiring criteria and the development of personnel recruitment plans; recommendations called for have not been generated and thus plans based on those recommendations have not been developed. The Department indicates that it intends to convene a planning group before June 1, 2005 to develop a comprehensive, ongoing process for employee recruitment and retention and that the process will be implemented and in place by September 1, 2005. The Department also intends to complete a "diversity gap analysis" by the end of April.

In August 2004 all of the case manager job specifications were rewritten so that applicants with social work degrees and other degrees more closely related to child welfare practice would be given higher priority in the case manager hiring process. Preexisting employment registers for case manager positions that had been established at a time when all college degrees were rated equally were abolished and then reestablished based on the new preference for social work and related degrees. As a result of this, the Department believes that they will no longer have situations in which, at the entry level, someone with a degree totally unrelated to social work would be higher on the register than someone with a social work degree, unless that person has prior social work experience.

The Department nevertheless continues to experience difficulties in hiring in areas other than front-line casework staff, because the present Department of Personnel process by which the employment registers for jobs are created is not consistently producing job candidates who have the particular combinations of skills and experience that DCS needs for certain critical categories. When questioned about vacancies in certain divisions, including QA/CQI, Training, and Data Analysis, DCS has on a number of occasions informed the TAC that there were well qualified candidates but either they were too far down the list to be able to hire them or the process was so slow that the Department lost

the candidate to another position. As a result the Department has a number of vacant positions in Training and QA/CQI that hamper its ability to move forward.

The Department has faced similar challenges in its effort to hire qualified registered nurses to serve in certain health related positions and to fill coordinator and program specialist positions.

As discussed further in Sub-section IV, the Department is seriously understaffed in the area of Child Protective Services.

The Department's recent report to the TAC and plaintiffs' counsel on the caseloads of case managers who provide ongoing services to children and families reveals some continuing problems in ensuring that caseloads are within the limits established by the Settlement Agreement as a prerequisite for effective casework. According to that report, on a statewide basis a little over 16% of the caseloads of case managers in December of 2004 exceeded the caseload limits set by *Brian A.*, compared with a little under 12% of the caseloads in December of 2003. The report documented considerable variations among the twelve regions in their efforts to achieve and sustain manageable caseload size. For example, in two regions, over 30% of the caseloads exceeded the limits while in two other regions, less than 5% exceeded the limits.

Table 6 shows the numbers of Case Managers statewide and by region whose caseloads met *Brian A.* caseload standards as of December 2004 and compared to December 2003. As can be seen in Table 6 statewide, 700 out of 834 case managers had caseloads at or below *Brian A.* standards. This means that 84% of the Case Managers in December 2004 had caseloads in compliance with *Brian A.* limits as compared to 88% of case managers a year prior (December 2003). The statewide totals mask some regional variation in compliance levels, ranging from a low of 67% of workers within caseload limits in the East region to 96% in the Southwest Region.

**Table 6: Compliance with *Brian A.* Caseload Limitations<sup>12</sup>**

REGION	December 2004		December 2003
	Compliance Ratio (Case Managers)	Compliance %	Compliance %
Davidson	81/85	95.3%	95.2%
East	56/84	66.7%	71.0%
Hamilton	41/51	80.4%	97.3%
Knox	34/46	73.9%	93.8%
Mid-Cumberland	83/101	82.2%	94.4%
Northeast	75/82	91.5%	93.0%
Northwest	31/34	91.2%	93.1%
Shelby	123/141	87.2%	91.8%
South Central	46/52	88.5%	85.7%
Southeast	43/51	84.3%	75.6%
Southwest	47/49	96.0%	87.0%
Upper Cumberland	40/58	69.0%	67.4%
<b>Statewide</b>	<b>700/834</b>	<b>83.9%</b>	<b>88.1%</b>

The total number of workers with caseloads exceeding *Brian A.* standards was 134 in December 2004. As shown in Table 7, almost half (61) of those workers exceeded *Brian A.* caseload standards by 1 – 2 cases. However, there were 20 workers statewide who had caseloads that were 6 – 10 cases over the limits, 12 workers with 11 – 20 cases over the limits and 4 workers whose caseloads were 21+ cases over *Brian A.* standards.

<sup>12</sup> Cases were deemed in compliance if:

- A Case Manager II and a Case Manager III with no supervisory responsibilities had a caseload of 20 children or fewer;
- A Case Manager III who supervises 1 – 2 case managers, had a caseload of no more than 10 cases;
- A Case Manager III who supervises 3 – 4 case managers had no cases;
- A Case Manager IV had no cases.

**Table 7: Caseloads above *Brian A.* Standards by Position**

<b>Position</b>	<b>1 – 2 Cases Over</b>	<b>3 – 5 Cases Over</b>	<b>6 – 10 Cases Over</b>	<b>11 – 20 Cases Over</b>	<b>21+ Cases Over</b>
FC Case Manager (CM) I	4	3	2	1	0
FC CM II	28	15	8	3	0
FC/Adopt CM III (no supervisory)	1	0	1	0	2
FC/Adopt CM III (supervisory)	9	5	0	1	1
Adopt CM I & II	8	7	7	1	1
CM IV	10	1	1	1	0
Other Positions	1	6	1	5	0
<b>Total all positions = 134</b>	<b>61</b>	<b>37</b>	<b>20</b>	<b>12</b>	<b>4</b>

Table 8 shows the number of Teams across the State where supervisory assignments exceeded *Brian A.* standards for case manager supervision. Statewide, one-third of all Teams were non-compliant with supervisory ratios. Table 8 shows the supervisory compliance levels by regions and statewide as of December 2004.

**Table 8: Supervisor/Case Manager Compliance with Brian A. Supervisory Standards<sup>13</sup>**

Region	Compliance Ratio (Teams)	Compliance %
Davidson	17/23	73.9%
East	14/19	73.7%
Hamilton	8/13	61.5%
Knox	8/11	72.7%
Mid Cumberland	12/21	57.1%
Northeast	13/20	65.0%
Northwest	8/10	80.0%
Shelby	16/28	57.1%
South Central	6/10	60.0%
Southeast	4/10	0.0%
Southwest	9/10	90.0%
Upper Cumberland	7/12	58.3%
<b>Statewide</b>	<b>122/187</b>	<b>65.2%</b>

Because the Department has not been monitoring caseloads on a regular basis, the TAC is not able to explain the reason or reasons for the increase in the percentage of case managers whose caseloads exceed the *Brian A.* caseload standards.

Whatever the cause, the TAC will be working with the Department during the next several months to better understand the frequency and severity of the problem, to review approaches to addressing the problem, to ensure that there is a system in place to monitor and analyze staff turnover, staff transfers, and vacancies, and to target resources to address the resulting workload issues. The TAC will be looking carefully at caseloads over the next monitoring period and would expect improved performance in this important area.

*Goal 2: Training and Competency Development and Evaluation*

The strategies in this goal include: creation of a collaborative training partnership between DCS and a consortium of colleges and universities to provide pre-service training; development and delivery of a competency based pre-service training for all new caseworkers; development and delivery of a competency based pre-service training for all newly promoted or incoming supervisors; provision of a best practice, competency based in-service training; development and implementation of an undergraduate certification program in public child welfare; development and piloting of DCS/private provider social work skills training; and development of a detailed training plan for TAC approval that sets forth the timelines set and resources committed for delivering training in the core competencies required by the *Practice Model* to all new staff and to all existing staff over an 18 month period.

<sup>13</sup> A Case Manager III was determined to be in compliance if he/she supervised no more than four managers. A Case Manager IV could supervise no more than 5 case managers to meet the standards.

In the past year, DCS has made more progress in developing and implementing critically necessary improvements in training than it had in the preceding three years.

#### Development of New Pre-Service Training Curriculum

The Department has developed and submitted to the TAC an ambitious and well-crafted training implementation plan for providing pre-service training to new staff and retraining existing staff in skills and approaches consistent with the *Practice Model*. The four classroom weeks address respectively, building trusting relationships with families (engagement skills), assessment, child and family planning and intervention skills. The intervention skills week is dedicated to specialized assignments in child protective services, juvenile justice and foster care.

Each training week is followed by an on-the-job training experience in the field, with new staff assigned to a unit with small caseloads. A total of five on-the-job training (OJT) weeks are planned, with dedicated regional staff providing the OJT coaching. To date, fourteen (14) regional OJT coaches have been hired and the plan calls for doubling that number. A booklet has been developed for each of the OJT weeks and some special training for the OJT coaches is scheduled in the next month. The TAC will be reviewing the training and materials developed for the OJT coaches.

The Department has completed the pre-service design and has field-tested it. Revisions based on that field-testing were completed on February 21, 2005 and training began on February 28. Several training cohorts of staff and supervisors have completed the training.

Rather than develop a separate training curriculum for existing staff to cover the core material now covered by new staff in the classroom components of the pre-service training, the Department plans to offer the same curriculum in a 15 day version of the pre-service training (without the orientation, OJT weeks, and specialty weeks) to all existing case managers and supervisors, including the modules on building trusting relationships, assessment and family centered practice. Two 30-person groups of present staff, one in Murfreesboro and one in Nashville, have completed the fifteen-day training. Two more groups, both in Knoxville, began the training on February 28. The Department expects to complete the fifteen-day in-service training of existing staff by June 2006.

#### Competency Evaluation Development

The Department is making progress on the development of a competency exam. Completion of the competency exam content could not occur until the Department had identified the core competencies required, which has now been completed. The written, knowledge-based competence exam is nearly complete and the selected exam items are being tested with participants. Completion is projected for spring, 2005.

The Department is also developing a skills assessment that assessors will employ in the field offices once participants complete the classroom training. The Department reports that a minimum of 36 assessors have been developed, to be supplemented by CFTM facilitators. Assessors will be trained in evaluation of participant skills. The competency determination will be based on performance on the knowledge-based test and performance at the practice level in the field.

Final validation of the instruments and determination of performance thresholds for acceptable performance will require the administration of exams to significant numbers of staff. The determination of the “cut score” for performance requires a significant number of participant evaluations for the threshold to be valid. Final determinations of performance cannot occur until this process has been completed.

The Settlement Agreement contemplates that DCS will identify workers who need retraining, will provide retraining to these workers, and then will re-evaluate their competence. The Department will need to give some attention to this issue over the coming months.

Finally, the Department is behind schedule in developing a competency based pre-service training and certification process for newly promoted or entering supervisors.

#### Partnership with University Training Consortium

The Department created a partnership with a consortium of thirteen public and private universities and colleges (referred to as the University Training Consortium) to provide and support curriculum development, training, and certification. While the Department has its own training unit with a full-time Director, the majority of training staff resources has been placed in this new Consortium. This step has significantly strengthened the Department’s training capacity and permitted the creation of more regional training sites, making access to training easier for staff in the field. The Department training leadership and Consortium leadership are working collaboratively on training design and implementation.

The Department has recruited a highly competent curriculum and training consultant to assist in the development and planning of training improvements. The Department and the Consortium have worked extremely effectively with the consultant as is reflected in the high quality of the work product.

Communication and coordination between DCS and the Consortium is now routine and includes interaction between senior Department staff as well as program and training specialists in DCS. The Commissioner has taken a strong personal interest in training development. She has reviewed training curricula and has had regular contact with Department and consortium training staff and with the lead consultant.

Hiring and Training of Trainers, OJT Coaches, and CFTM Facilitator Coaches

The Department estimates that thirty-six (36) trainers and twenty-eight OJT coaches are needed to deliver the new pre-service curriculum to new staff and the fifteen-day version to existing staff on the timeline established by the *Path to Excellence*. Twenty-four (24) trainers and fourteen (14) OJT coaches are on board as of the date of this report.

Development of new trainers is a significant challenge. While new trainers attend and observe the ongoing pre-service training, the new trainers are observing training that is largely delivered by trainers who are themselves relatively inexperienced in the delivery of this curriculum. Trainer development workshops, led by the skilled consultant who has assisted in curriculum design, have been held for new trainers to strengthen their classroom skills and mastery of the curriculum. However, these are relatively brief and do not encompass all of the modeling and training skills required by this curriculum. Instead of being primarily knowledge based, this curriculum is heavily practice based, which requires that trainers be able to competently demonstrate the required practice skills, observe participant demonstration of performance and provide coaching and feedback in the classroom. To master these abilities, trainers will need to observe several training deliveries provided by skilled and experienced trainers, to co-train with the expert trainers and be coached by the lead trainer. At this point, the Department does not have the capability to provide this level of developmental support.

There is also a need to provide specific training on the OJT process to the regional OJT coaches, including developing a formal OJT guide or manual for the coaches.

Finally, further planning is needed related to ongoing in-service training beyond the delivery of *Practice Model* training delivery for existing staff. Implementing this provision fully may require additional training resources.

As discussed further in subsection III, additional training and coaching resources are needed to implement Child and Family Team Meetings statewide. The Department is working on plans to provide additional assessment and coaching of the eighty-four CFTM facilitators, but has little staff capacity to support this plan. The training and coaching of these facilitators was brief, so it is likely that additional coaching will be necessary.

There also appears to be little or no capacity among Department staff or consortium trainers to actually deliver the CFTM curriculum that was developed. Without this, the Department is handicapped in supporting the development of additional facilitators or in implementing plans to train case managers in facilitation, a longer range plan.

The Department recognizes that a plan to develop internal training capacity to train and coach new facilitators is needed. The development and support of Child and Family Team Meetings, including CFTM curriculum development and training, has been led by the Department's permanency division, rather than the training division. The Department recognized that responsibility for CFTM training should lie with the training office rather

than the permanency division and has moved to shift that responsibility to the training division.

### Private Provider Training

The Department is meeting with the provider organization about provider training standards, but implementation of the settlement's provisions about oversight, review and monitoring has not yet reached the work plan stage. There is no Department timetable for completing this requirement.

The assumption by training staff of oversight responsibility for provider training is still in the planning stage. Considerable work will be needed to bring providers into conformity with the provisions of the settlement related to provider training. Additional resources may be needed as well, as the process of reviewing provider training, assuring conformity and monitoring delivery will require staff support.

### Goal 3: Employee Retention Plan

The strategies to accomplish this goal include: assessing employee satisfaction and issues affecting retention; developing a DCS employee recognition system; and improving and expanding the stipend program for employees.

The Department is behind schedule in this area. The Department is in the process of conducting an employee satisfaction survey of 1,000 randomly selected DCS employees. A little over 25% of those who have been surveyed have responded thus far. The survey design calls for a 40% response rate. Reminders have been sent to staff urging them to complete the survey (which can be answered "on line" in less than 10 minutes). Employee "speak-outs" will be held across the state as another way of gathering information related to employee satisfaction.

There has been similar delay in doing the work contemplated with respect to the other two strategies.

### **Domain III: Child and Family Team Meetings**

The commitment to developing Child and Family Teams and implementing Child and Family Team Meetings (CFTMs) as the vehicle for case planning, problem solving, and decision-making is in many ways the hub of the new *Practice Model*. The Department embraced family team conferencing very early in the reform effort. In the first years after the Settlement Agreement was entered, the Department made significant progress developing a training curriculum tailored to Tennessee; providing skills training for a core group of facilitators; and providing some broader orientation to Child and Family Team Meetings to others. While the general training efforts in other areas were foundering, a core group of champions of the Child and Family Team Meetings from

outside the training division effectively utilized external consultants to make significant progress.

Over the past year, the Department has moved to integrate the Child and Family Team Meeting curriculum into the overall training and shift responsibility for training in this area to the DCS training division and the training consortium. The Department has started to wrestle with the challenges of evaluating and enhancing the skills of the core group of facilitators, of expanding the coaching role in order to develop the team facilitating skills of case managers, and of starting to focus on the quality of Child and Family Team Meetings and their impact on the quality of practice.

The *Practice Model* and the policies related to Child and Family Team Meetings set appropriate expectations for creating and empowering the Child and Family Team. The *Practice Model* envisions teams whose members are actively engaged in developing the permanency plan and have ready access to the resources necessary to carry out the plan. In addition, the Child and Family Team has an ongoing role in supporting that plan in between meetings. Members of the team should often serve as resources to the child, family and case manager. And the team should be reconvened if the plan is off track or in need of adjustment or reconsideration.

While we know that Child and Family Team Meetings are occurring to some extent in every region, the TAC cannot make a judgment on how frequently these meetings, in contrast to the more traditional decision making processes (case staffings, case manager-supervisor conferences), are being convened, for what purposes and at what points during the life of a case they are convened, and the extent to which these meetings are actually driving case planning and service delivery. As with any significant innovation in the early stages of implementation, there is considerable variation in the quality of the Child and Family Team Meetings and the extent to which the teams function beyond the event of the team meeting. Staff are currently developing a database mechanism to track the occurrence of CFTMs, with the long-term goal of tracking quality as well.

The Department is at an important developmental juncture in its effort to bring practice in this area up to the standards envisioned by policy. Attention will need to be paid to: developing facilitator coaches and expanding the opportunities for case managers to develop their facilitation skills; implementing a strong functional assessment process that is integrated into the CFTM process; resolving issues around the placement process and lingering questions regarding the use of flex funds, both of which inhibit the ability of teams to develop and implement individualized, need focused, case plans; and ensuring that the work of the Child and Family Teams is not limited to the event of the CFTM meeting.

The Department needs to develop a reliable way of measuring how often Child and Family Team Meetings are being used, and for what purposes (at what points in the life of a case). It needs to break this data down by region, and within region by supervisory unit, so managers can see where the new policies are being implemented and where the old practices continue. While implementing processes to systematically evaluate the

quality of CFTM's will take some time, implementing a strong basic tracking system is an important and more quickly achievable first step.

The goals in this domain focus on: developing the regional capacity to conduct Child and Family Team Meetings statewide by March of 2005, conducting high quality meetings in a manner that increases regional permanency rates by January 2006.

*Goal 1: The Regional Capacity to Conduct Child and Family Team Meetings*

The strategies for accomplishing this goal include: providing skills-based training statewide to teach family-centered casework and case-planning; developing and implementing regional plans for Child and Family Team Meetings; and developing a system for coaching and mentoring support for those facilitating the meetings.

The Department has identified and trained eighty-four (84) staff to be dedicated CFTM facilitators. These staff are tasked with facilitating meetings in conformity to the meeting types specified in the settlement and secondarily at this stage, coaching and mentoring case managers in the CFTM facilitation process.

The Department recognizes that the training of these staff was minimal and that further skill development is needed. State level staff are working on further development plans for these facilitators and DCS held a planning retreat in February to flesh out the strategies to implement the skill development effort.

The Department has now field-tested, and will soon implement, a structured observation tool to assess the skills of full-time facilitation staff. It has clarified expectations regarding the specific CFTMs to be facilitated by full time facilitation staff, and developed a work plan reflecting additional activities in this area to be accomplished over the coming months. Included in the detailed work plan is the development and implementation of individual professional development plans for each identified dedicated facilitator, a process which will culminate in each dedicated facilitator passing a skills-based competency evaluation by the end of August 2005. Initial plans are for all eighty-four facilitators to be observed in the facilitation role, with the intention of crafting for each facilitator an individual development plan to strengthen facilitation skills.

The Department committed to developing two new curricula: Supporting and Achieving the Permanency Goal; and Advanced Child and Family Team Meeting Curriculum. Supporting and Achieving the Permanency Goal is a video training curriculum developed in partnership with Cornerstone Consulting. It is being revised, and the facilitator's guide will be completed by the end of August in partnership with consultants from Cornerstone and the Pew Commission on Foster Care. The training is scheduled for September.

The Advanced CFTM training curriculum is developed, and an initial group of five staff members, representing central office, three regions, and the university consortium, will go through the five day training beginning May 2.

Goal 2: High Quality Meetings that Improve Permanency Rates

The Department is developing an approach to improving the quality of Child and Family Team Meetings. The approach not only includes training and competency evaluations of CFTM coach facilitators, but also data collection (from observation, from case file reviews, from the QSR process, and from other types of review and reporting) to ensure that the CFTMs are being conducted in the manner envisioned by the *Practice Model* and that the CFTMs are driving the provision of services, monitoring the child's well being and the family's progress, reducing placement moves and moving children more quickly to permanency.

In an effort to provide feedback to the parties on the present quality of Child and Family Team Meetings, the TAC monitoring staff conducted a limited number of observations of Child and Family Team Meetings.

The monitoring staff viewed several excellent CFTMs where case managers and/or facilitators had recruited appropriate family and community members and had prepared the members thoroughly prior to the anticipated meeting. Most facilitators had a basic understanding of the structure of the CFTMs such as introductions, ground rules, confidentiality, and non-negotiables and explained these at the meetings. Most facilitators explained the purpose of the meeting so everyone would have a clear understanding. The monitor's staff found a number of facilitators very skilled in social work attending skills or people skills that enabled them to easily establish rapport, put the team members at ease, guide discussions in a productive manner, avert disruptive behavior, and comfort team members who were in emotional distress. These facilitators were able to guide the members in appropriate planning for the children and families within the meetings. With some exceptions, team members and especially family members were generally treated with respect.

In most of the cases observed, however, these CFTMs did not result in service plans that are substantially more individualized or better focused on the specific needs of the child and family. The majority of plans in the cases observed still consisted primarily of generalized non-specific services such as family counseling and parenting plans, most plans in the cases observed were still largely bound on generalized non-specific services such as family counseling and parenting skills training rather than identifying the specific skills that the parent needed help with in order to parent an adolescent and identifying a specific training or parent mentor who could help develop that skill. Monitoring staff did not observe any instance of a plan that identified a service that would go into the home and observe the parenting skills and be able to mentor and coach the parents in a real life situation, even though that appeared to be needed in some of the cases. And in one case, the plan had been drafted in advance of the Child and Family Team Meeting.

Consistent with the past practices of "staffings," the CFTMs observed by monitoring staff were generally held during normal DCS working hours, generally at DCS offices, with little effort to give the meeting space a more welcoming feel for family and community members, and with the majority of participants being DCS staff.

Other information received by the TAC about the CFTM process was consistent with the observations of the monitoring staff. At a recent meeting with a group of directors and staff of the private provider agencies, the private providers expressed enthusiasm for the Department's embrace of the Child and Family Team Meeting process, but confirmed the uneven implementation of that process. On the positive side, one provider attributed directly to implementation of the Child and Family Team Meetings the fact that the provider was receiving noticeably more complete and better information and background about children at the time of placement with the agency than in past and that the children and family members who participate in the meetings have a better understanding of the child's situation, reasons for placement, and expectations.

Problems identified by the private providers included: delays in scheduling Child and Family Team Meetings after a request is made; last minute notification of the scheduling of Child and Family Team Meetings; decisions made by the Child and Family Team being changed unilaterally by the case manager, supervisor, or team leader without reconvening the Child and Family Team Meeting; and holding something that is called a Child and Family Team Meeting, but that is conducted like the traditional department staffing.

While, as was expected, there was considerable variation in the quality of the meetings observed by the monitoring staff and reported on by the private provider group, the fact that CFTMs are being held across the state and that efforts are being made to include children and families in the decision making process indicates a commitment on the part of the regions to implementing Child and Family Team Meetings.

As discussed in subsection II, the Department recognizes that it will need to provide facilitators with more training as well as more coaching and mentoring and will need to provide that training and coaching over the next nine months in order to achieve the kind of quality in CFTM and the kind of impact on permanency rates that the *Path to Excellence* calls for by 2006.

The Department is still in the early stages of developing data analysis and a CQI process to improve the quality of Child and Family Team Meetings.

Finally, included within the strategies of this goal are a number of other activities designed to improve the likelihood that children will have a safe, stable family as quickly as possible. One key strategy is developing and implementing the "one worker, one child" approach to permanency planning. The approach is referred to as "one worker, one child" because it envisions that the case manager who works with the child upon entering care will continue to maintain responsibility for that child and family until permanency is achieved, whether by reunification or adoption.

As a first step to implementing "one worker, one child", the Department eliminated (effective October 1, 2004) the "hand-off" of a child from a "foster care worker" to an "adoption worker" in adoption cases. Those adoption workers who had children on their

caseloads as of October 1 have continued to work those cases, but have not been assigned new cases. The adoption expertise that had been the special province of the adoption workers is now to be made available to the child's case manager and the Child and Family Team responsible for that child by having those with special clinical expertise in adoption be available to the team in appropriate cases.

While each region has structurally eliminated the hand off to adoption, it is not clear how far the regions have implemented the other provisions of "one worker, one child."

The Department is now working with a consultant with Casey Family Services, to assess the approach each region has taken since eliminating the hand-off, not only with respect to the adoption work at the back end of the case, but with the family and extended family work contemplated by the *Practice Model* as soon as a child and family enter the child welfare system. This early case activity when properly done ultimately not only enhances the quality of case planning and the possibility of successful reunification with parents or extended family, but also makes it possible to move more quickly and effectively toward adoption in those cases in which reunification is not appropriate. The assessment, which will be conducted in Shelby, Northeast and South Central regions, will provide the feedback needed to move forward with implementing "one worker, one child," and the results of that assessment will be reported in the next monitoring report.

As a complement to the "one worker, one child" approach, the Department has committed to ensuring that an assigned full time facilitator remains consistent throughout the life of a case.

*Additional Observations: The Development of an Assessment Process that is Integrated into the Child and Family Team Process*

Effective casework with children and families requires a high quality assessment process that informs and guides case planning. The quality of all case decision-making is dependent on the quality of the information that is gathered and analyzed. Well-done initial and on-going assessments help children and families get what they need.

The tasks in the *Path to Excellence* related to the development of a high quality assessment process are articulated in Domain IV (Child Protective Services), perhaps because the assessment process begins with the Department's first contact with the family. However, both the *Path to Excellence* and the Stipulation contemplate the development and implementation of an assessment process for children and families that is integrated with the Child and Family Team Meeting process and that is ongoing throughout the life of a case. For that reason, the TAC includes a discussion of the assessment process in this part.

The settlement agreement requires the Department to provide an assessment for all children in DCS custody, using a standardized assessment protocol. The TAC was responsible for reviewing the Department's assessment protocol and making recommendations for any revisions, which the Department was then to implement. The

TAC reviewed examples of assessments in DCS cases, interviewed staff involved in the assessment process and examined existing tools. The TAC found that the Department's approach to assessment was poorly focused, fragmented and incomplete. The TAC concluded that the redesign of a child assessment tool alone would not yield accurate and useful assessment and understanding of the needs of children and their families. The TAC therefore recommended that the Department develop new assessment tools and a new assessment protocol. The TAC specified the areas of child and family functioning to be addressed, and made some recommendations regarding the format of the written assessment document.<sup>14</sup>

The Department made little progress in this area over the first three years of the settlement agreement, but there now appears to be the beginning of significant work in this area.

A new staff member was assigned lead responsibility for this task and functional assessment materials have been provided to the TAC for review and comment. A form has been drafted on which to record assessment information and conclusions. Part of the plan for implementation is to utilize some portion of the content of the assessment week in the pre-service training design as a foundation for training staff on the new assessment process.

At a meeting convened by the TAC on February 1, 2005 to focus on the issues related to the development and implementation of a functional assessment, it became clear that there are a variety of activities underway related to the assessment process, but that the efforts do not reflect a common vision of the overall approach to assessment. There is an insufficient appreciation of how the various efforts are related, and a potential that the various efforts will result in approaches to assessment that are fragmented and inconsistent with the *Practice Model* and Pre-Service and In-service training.

It is important that the Department develop a written work plan for implementation of the assessment process and that there be further discussion and a clear resolution of the questions that were raised but not fully answered at the February 1 meeting.

The assessment process must be linked to the Child and Family Team. Planning should be closely coordinated not only with training staff, which is now occurring, but also with staff implementing the use of Child and Family Teams. Structurally, the Department has

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<sup>14</sup> The areas of child functioning and need to be assessed and addressed include: strengths; safety; permanency; development; health; emotional and behavioral well/being; relationships (within the family and with peers and others); and education/vocational. The areas of parent/caregiver functioning and need that to be assessed and addressed include: strengths; attachment to and relationship with the child; awareness of the child's needs; family relationships; caretaking capacity and ability; employment and self sufficiency needs; stability; health; mental health; environmental stresses (domestic violence, substance abuse, disabilities, others); current services; and informal/community supports. The format should provide some guidance on completion and should permit a narrative assessment of functioning in these key domains. The format should also require a concluding summary of the immediate and intermediate needs within the family.

placed the responsibility for developing the functional assessment process in the division that is focused on Child Protective Services. The assessment process often begins with CPS staff, but extends well beyond that function. While it is not imperative that the responsibility for this process be relocated for that reason, there must be close coordination with the permanency leadership on the integration of permanency issues in assessment, planning and implementation.

The assessment process does not stand alone within the engagement of families, planning and intervention. The training design assumes that all staff will be trained/re-trained in a holistic approach to families and practice that integrates these elements. By rolling-out a new assessment process prior to a more comprehensive and integrated assessment approach, the mastery of the new process and its place in a larger practice framework will be even more challenging. Careful planning will be needed to help staff understand the new assessment context.

Finally, many staff will have a tendency to see assessment as an event and a form, not a continuous process of dialogue, analysis and conclusion. Care should be taken not to let the presence of a form reinforce this tendency and overshadow the primary purpose of continuously gathering the information needed for good service planning and evaluation of progress.

#### **IV. Child Protective Services**

Because the *Brian A.* class consists only of children in state custody, the Settlement Agreement does not legally bind the State to improving the quality and timeliness of child abuse and neglect investigations, other than those related to children in custody. Nevertheless, the State has appropriately determined that improving Child Protective Services (CPS) operations overall is essential to the success of the *Path to Excellence* and that failing to do so, will negatively impact the State's achievement of other legally mandated requirements of the Settlement Agreement. They have also correctly understood that the intake and investigations operations are in many respects, the most public face of the State's child welfare system. Ensuring prompt, appropriate and high quality response to allegations of abuse and neglect is essential if the public is to have confidence in the system's overall ability to appropriately protect children and support families in need.

The Commissioner has consistently acknowledged the critical importance of addressing long-standing problems in this area of DCS practice. Even when there are enough trained and experienced staff, this is challenging work and despite the best efforts of trained child welfare staff, mistakes will sometimes be made in assessing children's safety. However, a workload analysis conducted at the Commissioner's request identified a serious shortage of CPS workers in Tennessee that make the challenges of the work even more difficult. At least 142 additional CPS staff are needed, according to the workload analysis. The budget for next year includes funds for only 56 additional CPS staff.

The Department is in the process of implementing an approach to CPS risk and safety assessment that is a part of “Structured Decision Making (SDM),” an evidence-based CPS intervention model that is being implemented in a number of other states.

Achievement of the goals of this domain, including successful implementation of SDM, depends on having sufficient numbers of staff and providing them with adequate training and supervision specific to the special demands on CPS workers.

The *Path to Excellence* commits the DCS to significant improvements in the performance of child protective services. These commitments include:

- improving the Department’s performance in timely and high quality investigations of allegations of abuse and neglect;
- improving decision-making on children’s safety and meeting child and family needs identified as a result of an investigation; and
- assuring that children and families are provided with sufficient services and supports to prevent unnecessary placement into out-of-home care.

In addition, this section of the *Path to Excellence* addresses the State’s responsibilities to effectively operate a Special Investigations Unit (SIU) and to improve the timeliness, quality and results of investigations involving children in DCS custody.

The specific goals set forth in this domain are:

- increasing the number of CPS investigations that are initiated in a timely manner and completed within the required 60 days, by September 2005;
- ensuring that any allegation that a child who is in state custody has been abused while in state custody will be promptly investigated and the investigation completed within the required time frames, by December 31, 2004;
- improving the quality of the assessment and decision-making in CPS investigations, by September 2006;
- in collaboration with the CSAs, providing services and supports to prevent reoccurrence of maltreatment and to prevent entry/reentry into foster care, by July 2005.

*Goal 1: Increase the number of CPS investigations that are initiated timely and completed within the required 60 days*

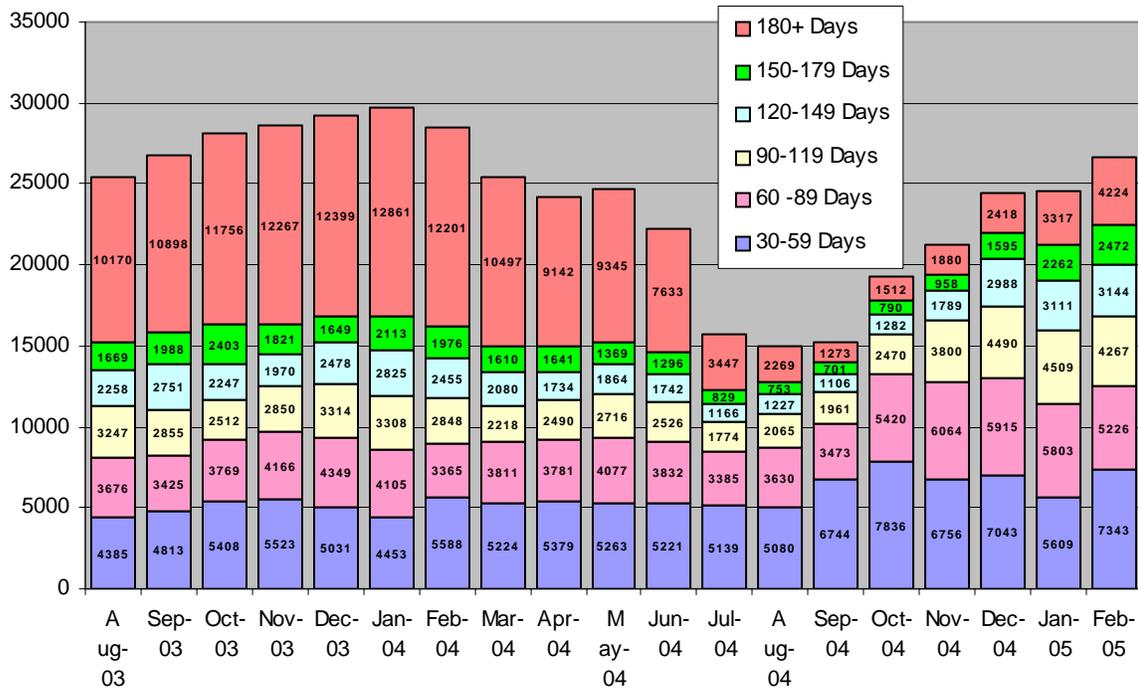
The strategies related to this goal include: deploying additional staff to regions to reduce and eventually eliminate backlogs of past due investigations; establishing a centralized Hotline and Intake process, beginning in four regions and eventually statewide;

conducting a workload analysis that will assist DCS in determining the appropriate number of investigative staff needed in each region; and developing the capacity to collect, analyze and use performance data to improve performance on timely initiation and completion of investigations.

During this period, DCS has been working both to understand the dimensions of the “past-due” problem (investigations that are not completed within mandated timeframes) and to assist Regional DCS leadership to reduce the number of past-due reports. The current DCS leadership has inherited a considerable backlog of past-due investigations numbering about 22,000 investigations by January 2004 that were beyond the required 60-day time frame for completion. The number of new reports that are accepted for investigation is typically close to 4,000 a month, ranging from a low of 3,718 in December 2004 to a high of 5,102 in September 2004. By the end of December 2004, DCS reported 17,406 past-due investigations statewide.

Figure 14 provides some historical data going back to August 2003 on past-due investigations.

**Figure 14: Number of Open Investigations  
August 2003 to February 2005**



Source: TN KIDS data, DCS Office of Information Systems

As the data show, DCS made some improvement from July through September 2004 in reducing past due investigations. However, since October, the number has once again begun to rise and remains at an unacceptably high level.

In order to reduce the number of past-due investigations, in the early summer and fall, DCS did several things. First, fourteen staff (14) that had been working in Central Office in Nashville had their positions reclassified and were deployed to regions that were most in needs of additional staffing. Also, during the summer of 2004, twenty-six (26) retired and contract staff were hired to assist regions in finishing work on the large and unacceptable number of cases with past-due investigations. This strategy produced some short-term improvement but once the contract staff left, the number of overdue investigations rose again. DCS has determined that additional short-term help is still needed to reduce the number of past-dues and that long term solutions are necessary. To deal with the short-term needs, twenty (20) additional contract staff will be hired by May 1, 2005 and are expected to be deployed to the five regions with the greatest problems for extensive work to clean up old cases.

While hiring contract and retired staff can provide short-term relief, sustainable progress will require increased permanent staffing, policy revision and training for CPS workers and supervisors. DCS decided to conduct an objective workload analysis to figure out the extent to which inadequate staffing is the root cause of the past-due problem. Toward that end, DCS commissioned the Children's Research Center (CRC) to provide a preliminary workload estimate for DCS Child Protective Services. This analysis was completed in November 2004.

Based on the workload analysis, CRC concluded that an estimated 507 positions were needed statewide to perform CPS intake and investigations work. Currently, 374 staff position are allocated to this work. After adjusting staff estimates by the amount of training required by position (new staff require more training), there is a deficit of 142 positions. Included in the CRC workload analysis was the time of twenty-nine (29) supervisors assumed to be doing direct investigative work, as opposed to only supervisory duties. If those staff were not allocated to work on completing investigations, the deficit is even higher, approaching 171 positions.

Some portion of the workload analysis includes time that is currently spent on finishing past due investigations, so it is possible that once the past-dues are eliminated, the total number of new permanent positions needed will be lower. However, in the near term, the need for additional staff devoted to CPS investigations is critical. In response to these workload and staffing estimates, as well as management's observations of the pressures in the field caused by excessive workload, DCS reports that the Governor has approved a request for fifty-six (56) new CPS staff. This is an important step toward addressing this critical problem, but clearly insufficient in relation to the size of the problem. Even if DCS were be able to put 56 additional CPS workers to work beginning July 1 (and given the delays inherent in the state hiring process and the need to train these new workers that is unlikely), there will need to be additional resources devoted to addressing the present (and growing) number of past-due investigations.

A third strategy the state has begun implementing is the creation of a centralized Intake system for the State, expected to be fully operational statewide by March 31, 2005. As

of early February, DCS has added nineteen (19) positions to centralized Intake, bringing the total number of Intake positions to sixty-five (65).

A final important strategy related to reducing past-due CPS investigations is the routine collection, dissemination and management use of data on CPS performance. DCS committed in the *Path to Excellence* to developing the capacity to collect, analyze, and utilize state and regional data on timely initiation and completion of investigations. Work to produce these reports has been ongoing in the past six months. As of early February, the Department reports that it now has the capacity to collect analyze and use the data on timely completion of investigations and that it is completing work to develop this capacity with respect to tracking and monitoring the timeliness of initiation of investigations. Monthly reports with all relevant data are expected to be available beginning in February 2005.

*Goal 2: All allegations that a child who is in state custody has been abused or neglected will be promptly investigated within 60 days (By December 31, 2004)*

Strategies to achieve this goal include: developing and providing training on new DCS policy on CPS investigations for children in custodial care; providing sufficient staff to promptly investigate allegations of abuse or neglect for children in custody; and implementing timely corrective actions plans for institutional, group, residential or contract agency providers where there is a pattern of abuse or neglect.

Allegations of abuse or neglect for children in DCS custody are now investigated by the Special Investigations Units. These staff units are responsible to a single DCS administrator in Nashville and are out-stationed in four areas of the State, with each area covering two to three regions. As of the end of January, there were twenty-four (24) SIU investigative staff, four supervisory staff (one for each group of six to seven workers) and two team coordinators. There were two (2) vacant SIU investigative positions.

During the monitoring period, there has been a serious backlog of past-due SIU investigations; however, in contrast to the CPS past-due investigations, DCS has made considerable progress toward in reducing the number of past-due SIU investigations.

Data provided by DCS as of February 14, 2005 show a total of 99 cases where an investigation of abuse or neglect of a child in DCS custody is past due (beyond 60 days). Table 9 shows the February 2005 data by region.

**Table 9: Number of SIU Investigations Over 60 Days Old  
as of February 14, 2005  
Brian A. Class**

<b>Region</b>	<b>Number of Investigations</b>
Davidson	4
East Tennessee	9
Hamilton	7
Knox	5
Mid Cumberland	29
Northeast	4
Northwest	5
Shelby	3
South Central	10
Southeast	12
Southwest	4
Upper Cumberland	7
<b>Total</b>	<b>99</b>

Source: DCS Report #CPSIN60DTL-010

Importantly, DCS is now able to produce a report that shows the number of past due Special Investigations Unit (SIU) investigations over 60 days old by Region, County, Team Leader and Case Manager, and should be able to use this information to target immediate corrective actions.

DCS has also developed of new policies on SIU investigations and conducted training of both SIU and licensing staff on the revised policies. The TAC has reviewed several draft versions of the policy and provided comments for consideration. The TAC has recommended that related protocols for implementing the policies be quickly developed and promulgated and that additional work is needed on overall CPS investigative policy development to insure that all investigations are comprehensive and of high quality.

Another area of DCS focus has been the development of a clearer process for reporting on, collecting, analyzing and taking action on Serious Incident Reports (SIR) about children in DCS custody. Some, but not all of those reports, rise to the level of alleged abuse or neglect and need to be reported both through an SIR process and to the SIU to initiate a formal investigation. DCS has been working to streamline and clarify the notification, reporting and analysis functions in this area so that all appropriate cases are investigated or reviewed and so that the information from the investigation or review is subsequently shared and used for decision-making on an individual child’s safety as well as for licensing, contracts and monitoring functions.

Whenever there is a documented incident or pattern of abuse or neglect in an institutional, group, residential or contract agency provider, it is critical that there be quick action to develop, implement and monitor corrective actions. Toward this end, DCS policy requires that information obtained as a result of the SIU investigation be

shared broadly. However, there do not appear to be any protocols establishing how this is to be done, and the TAC has no information regarding the disposition of SIU investigations, no data on how many such investigations are “indicated”, and no documentation regarding follow up.

*Goal 3: Improving the Quality of Assessment and Decision-Making in CPS Investigations*

To accomplish this goal, DCS committed to: implementing Structured Decision Making (SDM), first in two regions and moving statewide; implementing Child and Family Team Meetings as part of the CPS decision making process; and designing and implementing a functional assessment process for children and families, beginning in two regions and moving to statewide implementation.

As indicated in the discussion in Subsection III, the Department has made some recent progress in the development of a functional assessment process that addresses both child functioning and family functioning.

The Department has at the same time moved forward with the implementation of Structured Decision-making (SDM) as the approach to the CPS risk and safety assessment. The Department recognizes that they need to do a better job of assessing safety and risk at the front end so that children do not suffer the trauma of unnecessarily being brought into care when they can safely remain at home with appropriate services, and so that children who cannot safely remain at home are identified and removed.

As the Department moves forward with implementing SDM as part of its approach to CPS, it will be important to integrate SDM into the overall assessment process. Risk and safety are critical elements of any assessment process, but are only part of the broader assessment process required for developing and implementing an effective service plan.

As discussed in Subsection III, a first meeting raising some of the challenges to achieving the integration of SDM into the broader assessment process was held on February 1, 2005; however, the follow up discussions that were contemplated by those who participated in that meeting have not occurred and the TAC is therefore not clear whether the concerns that were raised during the February 1, 2005 meeting are being addressed.

There is a need for clarity of the roles of workers in the assessment process, particularly for the role of the CPS worker for a child who enters care, but also for others such as the private agency case manager for a child in a contract agency placement. Most critical is the need for clarity about the input of the Child and Family Team into the assessment process and the use by the Child and Family Team of the information generated by the assessment in team decision making around service plan content and placement.

Goal 4: Provide support services and supports to families to prevent reoccurrence of maltreatment and to prevent entry/reentry into foster care, in collaboration with Community Services agencies (CSAs)

When this goal and the strategies under this goal were developed, the Community Services Agencies (CSAs) were responsible for the prevention, family preservation and crisis intervention services designed to keep children out of custody or prevent reentry of children into custody after successful reunification. The achievement of this goal was therefore focused on establishing performance measures for CSAs.

After further study and analysis, the Department has decided to bring the CSAs functions within the Department. The implications of this decision are discussed in Sub Section VII.

## **V. Placement Process**

Domain V of the *Path to Excellence* encompasses strategies designed to improve the experience of children entering out-of-home placement. Historically, too many of the children coming into care have been placed in a particular setting because it is the only placement resource available, rather than because it is the best place in which to meet the child's needs. The Department now seeks to create a unified placement process that begins with an assessment of the strengths and needs of the child and family and continues with the Child and Family Team identifying the most appropriate placement and services. The Department is committed to making the placement process less traumatic for children, and to doing a better job of matching children with placement resources (usually foster families) that can meet their needs.

Other goals in this domain address critical aspects of well-being once children are in care: frequent visiting with parents and siblings; frequent contact of case managers with children and families; appropriate educational, medical, and mental health services; and protection from harm through careful monitoring of the use of psychotropic medications, restraints, and seclusion.

Goal 1: Redesign placement processes to integrate assessments, matching, utilization reviews, and resource expertise into a unified placement system (by April, 2006)

To achieve this goal, DCS proposed to create a joint working group ("cross-functional team") of Department and private provider representatives, charged with analyzing current placement processes; recommending improvements; piloting those improvements in three regions; analyzing the results; and then modifying the pilot for state-wide implementation. During this first monitoring period, the Department expected that it would convene the working group, conduct the analysis, and identify the pilot regions.

While several meetings have been convened, the Department's work in this area has not progressed as quickly as had been anticipated. DCS has not yet articulated how the

placement process is to work and what changes in current operations will be required. Important unresolved questions include how assessments of children and families will be done; what role the new Structured Decision Making (SDM) tools being deployed for protective services investigations will have in the assessment process, and how SDM will be implemented in a manner consistent with the Department's broader *Practice Model*; and what tools will assist staff in matching children with appropriate placement resources.

The Department has recently convened a placement process work group, which has developed a set of action steps to be taken over the next two months intended to culminate in the submission of a plan to the TAC in June. That plan is to address a variety of unresolved questions identified by the TAC regarding: the integration of SDM into the functional assessment and CFTM process; the Department's new approach to establishing recommended "service levels"; and the support that will be provided to the pilot sites for this redesigned placement process. The plan calls for the redesigned placement process to be up and running in Hamilton County by August of 2005 and in Mid-Cumberland either at that time or shortly thereafter.

Regional administrators across the state have been charged with identifying in their regional implementation plans how they will ensure that children are routinely placed in settings that are least restrictive and near their homes, siblings kept together, and relatives used as placement resources. They will be unable to achieve these critical goals without resolution of the outstanding questions regarding the placement process.

*Goal 2: Develop and implement protocols to reduce trauma experienced by children during the transition to placement (by August 2006)*

To achieve this goal, DCS planned to develop new protocols detailing how staff will work at each step of the placement process to reduce trauma. The Department planned to pay special attention to emergency removals and to the many placements that occur outside of normal business hours. DCS also committed to developing interstate border agreements to facilitate placements when a Tennessee child has relatives living in a nearby state.

Most of the actions to be taken with regard to this goal are planned for calendar year 2005. The work to be accomplished during the first monitoring period was limited to some preparatory activities: creating a workgroup; conducting a literature review of best practices related to trauma reduction; and getting technical assistance from national organizations about interstate border agreements.

The Department has made limited progress on this work. The literature review on best practices for reducing trauma has been conducted by Family and Children's Services as a part of their Trauma Debriefing Pilot effort and the draft of the review is being finalized. Implementation of trauma reduction "best practices" will be included as part of implementing the unified placement process in Hamilton County and Mid-Cumberland beginning in August.

DCS has arranged for technical assistance on interstate border agreements, and a multi-state meeting; however, a date for that meeting has not yet been set.

*Goal 3: Implement quality visitation for children in custody and the frequency of such visits (worker-child, worker-family, family-child, and sibling) sufficient to meet the requirements set forth in the Settlement Agreement (by March 2006)*

To achieve this goal, DCS plans to develop a “quality visitation process” based on best practices in the field, and to develop the data tracking, analysis, and quality improvement processes it will need to identify where it is meeting its visiting goals, where it is falling short, and what corrective actions are needed. During this first monitoring period, the Department planned to research best practices regarding visiting; identify a region that would pilot the new process, and address the resources needed and barriers to be overcome in order to make that process successful; develop new visiting guidelines for both DCS and private provider staff; and develop a tracking and monitoring plan regarding visits.

The literature review has been conducted and disseminated. The remaining actions related to this goal are several months behind schedule. However, the Northeast region has been identified as the pilot region for this effort. Steps for implementation are included in their Regional Implementation Plan and one of the leading national experts in this area, who lives in the region, is going to provide technical assistance to the region to support the implementation.

It is worth noting that a problem that private providers universally complained about in early meetings with the TAC—the widespread failure of DCS workers to visit and keep in contact with children on their caseloads who were placed with private agencies—was not the subject of complaints at recent meetings with private providers. One provider identified this area—DCS workers visiting more frequently with children and being more accessible to children and private agency staff—as an area of noticeable and welcomed improvement.

*Goal 4: Appropriately address issues critical to the well-being of children in care*

The strategies under this goal focus on three specific concerns related to well being:

- ensuring that every child receives a medical exam within 30 days of coming into care and, if appropriate, a psychological evaluation within thirty days, as well as any follow up medical or psychological attention that is appropriate;
- ensuring that newly promulgated “protection from harm policies” related to use of psychotropic medications, restraints and seclusion are being implemented;
- continuing to implement the education plan previously approved by the TAC and completing the external evaluation of the remaining in house schools

Medical and psychological evaluation and follow up:

The annual case file review conducted by the TAC in 2004 found documentation that over three-quarters of children reviewed had received medical assessments within 30 days of entry into custody, and an additional 14% had received medical assessments, although not within the first 30 days. Psychological evaluation occurred significantly less frequently, with almost three quarters of the children expected to have such an evaluation not receiving one. (Absent evidence to the contrary, reviewers judged that it would be appropriate for most children coming into custody to have a psychological evaluation. Cases in which reviewers judged that it would not be appropriate were instances in which children's custodial relatives were joining the kinship care program or in which children were too young.)

The DCS aggregate data regarding annual EPSDT screenings is consistent with the Case File Review finding that approximately 90% of children receive medical assessments (although not necessarily within their first 30 days in custody). A DCS report of EPSDT appointment completion rates for children in DCS custody in the "*John B. class*" (*John B. v. Menke*), which includes, but is not limited to, *Brian A.* class members, indicates that for calendar year 2004 95% of the children in care received an annual EPSDT screening, with regional rates ranging from a low of 93% to a high of 99.7%. That same report reflects that 65% of those children received an EPSDT screening within the first 30 days of coming into custody, with regional rates ranging from a low of 44% to a high of 78%.

The TAC will continue to monitor the Department's reporting in this area and will look to see the extent to which this year's Case File Review, scheduled to begin in the spring, shows improvement in this important area.

Psychotropic medication, restraints and seclusion:

The Department's "protection from harm policies" include those that focus on the often interrelated issues surrounding the administration of psychotropic medication and the use of seclusion and restraint. The policies establish appropriate standards, practices and procedures and the Commissioner has expressed her special concerns about this particular area.

The Department has worked closely and effectively with an external consultant in the development of the policies and in the development of an implementation plan that will provide the kind of training and oversight needed to make sure that medication is appropriately prescribed, reviewed and monitored and that seclusion and restraint are only used in appropriate situations and in an appropriate manner.

Among the positive steps that have been taken in this regard, the Department has:

- recently hired of a highly qualified part time child psychiatrist to supplement and support the work of the present team of a psychologist medical director and staff of health unit nurses;

- developed a web-based data system to track medication usage (as an interim monitoring method) and a plan to “fold” that system into the TN KIDS system in the September 2005 build;
- oriented private providers to the new expectations regarding practice around medication, restraints and seclusion, and analyzed a “self assessment” that private providers were required to conduct as part of that orientation;
- conducted a series of unannounced site visits to residential facilities by a multi-disciplinary site visit team, with the team conducting interviews with staff and children as well as record reviews to determine whether the programs were actually implementing the policies.

A critical aspect of the implementation plan is the training of case managers to be informed consumers when it comes to issues of medication involving children on their caseloads. Given the number of children who receive psychotropic medications while in state custody (25% of the children in the last Case File Review had been administered psychotropic medications during the nine month period covered by the review), every worker needs to have the understanding of an informed parent, needs to know what questions to ask, and needs to know when and how to involve the DCS health nurses, psychologist and/or psychiatrist in particular cases.

The Department has committed to the expedited development of a training curriculum and technology enhanced delivery method to allow broad scale training of case managers. This training was to begin in June or July; however, contracting delays have jeopardized this starting date for training.

While the Department is increasing its ability to gather accurate and relevant information, it is not clear that the Department as it is presently organized and staffed is able to take this information and use it to ensure the safety and well-being of the children affected. The Department has been receiving and recording 18,000 “serious incident reports” annually, including reports of misuse of medication, use of restraints and seclusion.

The system for reviewing, prioritizing, investigating, responding, and conducting follow up activities has long been fragmented. While some efforts have been made to restructure and revise the system, there remains a variety of investigators, licensing staff, specialized SIU staff, as well as those working with the medical director, who might be involved in some way with the broad range of “serious incidents” and related issues. The Department recognizes the need for a more systematized approach to this area that ensures that there is a principled and prioritized response, that the information about an incident gets to all those who may need to take action on that information (whether it be to protect an individual child, to determine whether other children are at risk, to sanction an agency, or take other appropriate action) and that the feedback loop is closed with the reporting back including not just that a corrective action plan has been developed, but

that the plan has actually been implemented and monitored to the extent necessary to assure the desired result.

Without a well-structured and clearly articulated process in place, it is hard to know whether the number of staff and type of staff available to respond to the information being gathered is sufficient. Based on the TAC's present level of understanding of the current process, the TAC cannot say whether the persons involved, as conscientious and capable as they may be, are presently able to handle and respond appropriately in all cases to the information generated from serious incident reports, web-based computer tracking of medication, site visits, and other sources.

### Completion of In House Schools Evaluation

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

The Settlement agreement also required the Department to undertake an evaluation of all in-house schools located within group, residential or institutional facilities, to determine if such schools are providing children in foster care with access to a reasonable and appropriate education, including special education.

In contrast to other areas of the Settlement, the Department made considerable progress in this area during the early years of the reform. The Department developed and implemented a work plan that focused first on moving all children in level one facilities into public school settings, then on establishing an approach to ensuring that children in level two and level three facilities were not inappropriately retained in in-house schools. The work plan called for an evaluation of the in house schools to be done in two stages. The first stage was an initial review of all of the in house schools operating at the time the Settlement Agreement was signed and looked at very basic issues regarding those schools and the children they served. The second stage was to be conducted once the Department was further along in its efforts to move students into the public schools.

The Department's work in this area has generally proceeded in accordance with the Education Work Plan. The Department believes that the shift of large numbers of children from in house schools to more normalized public school settings has been a significantly positive development for most of the children involved.

In conversations with a group of private providers who have operated or presently operate in house schools, the reviews were mixed. On the positive side, one provider acknowledged that the shift to public school had been positive for many of their children who, before the policy change, would simply have gone to the in house school as a matter of tradition and convenience, rather than educational need. Another private provider attributes her agency's successful experience with sending children to public school who would previously have been kept in the in house school to the involvement of the local

school principal in the educational planning for each of the agency's children who are being transitioned to public school.

Other agencies expressed concern about the lack of preparation of their students for success in public school, the negative attitude of public school officials towards the foster children, the poor planning and lack of coordination with respect to some of the moves to public school, and the loss of opportunities for children to advance at a quicker pace (and catch up in their grade levels) –something that they believe a number of in house schools were able to do that the public schools are not.

In an effort to shed some light on these issues, the monitoring office will be conducting some targeted case reviews during the next monitoring period focused on the educational experiences of children in care.

With respect to the completion of the required evaluation of in-house schools, the Department has indicated that it is proceeding with the second stage of the evaluation. The Settlement Agreement requires that the evaluation be designed in close collaboration with the TAC and that the educational experts involved be approved by the TAC. The TAC has requested that the Department furnish information regarding the person or persons DCS is proposing to design and conduct the final evaluation and some detailed description of the design of the evaluation. Some of this information has recently been provided.

## **VI. Foster, Kinship and Adoptive Home Development and Support**

Of all of the commitments that Tennessee has made to children who are neglected or abused, none is more central to the reform than the commitment that every child have a family. Toward that end, the Department is committed to provide supports to families and children to prevent the necessity of them coming into care or to allow safe reunification within the shortest possible time; to support relative resources as a preferred alternative when children cannot safely remain with their parents; to utilize foster homes, rather than institutional and group care, as the preferred placement for those who must come into custody and have no relative resources; and to find adoptive homes for those children whose families of origin prove incapable of providing for them.

The *Path to Excellence* is focused on improving supports for current foster and adoptive parents; increasing the appropriate use of and improving supports for relative caregivers; recruiting a significant number of additional resource families, primarily in the communities from which the largest number of children are entering foster care; placing a special emphasis on families interested in accepting teenagers and special needs children; increasing the use of child-specific recruitment efforts for foster and adoptive placements; and improving the adoption process and integrating it into the rest of the agency's work.

This part of the implementation plan has in effect been supplemented by the issuance by the TAC of the findings and recommendations of the second *Brian A.* Needs Assessment (which focused on needs related to recruitment and retention of foster and adoptive parents) and by the Department's recent development of an additional set of strategies and action steps to implement those recommendations (as is required by the Settlement Agreement). This supplemental implementation plan is consistent with the provisions of the *Path to Excellence* reviewed in this sub-section, and the TAC will be reporting on the progress under that supplemental plan as part of the next monitoring report. (The Executive Summary of the second Needs Assessment is attached as Appendix B to this report.)

The goals of Domain VI include:

- Actively implementing comprehensive regional foster care and adoption recruitment and retention plans by December 2004
- Developing regional capacity to promote targeted and child specific recruitment efforts and undertaking those activities for children with permanency goals of adoption, but no identified adoptive family by July 2005
- Increasing placement options through early identification and support of relative resources by January 2006
- Increasing departmental and regional capacity to support and retain resource families.

*Goal 1: Implementing regional foster care and adoption recruitment and retention plans*

The strategies for accomplishing this goal include: developing and implementing initial regional recruitment and retention plans based on ongoing assessment of needs and resources; developing and implementing a policy that combines recruitment, training and licensing functions for foster and adoptive families ("dual certification"); and developing data analysis and CQI processes to support resource family recruitment and retention work.

For a variety of reasons, the Department is somewhat behind schedule in its efforts to develop and begin implementing regional resource parent recruitment and retention plans. Nevertheless, work on these plans is ongoing, a number of well-crafted plans have been completed, and much has been learned in the process about the challenges and opportunities in moving toward greater reliance on regional planning.

The Department provided some initial regional data to the regions as part of the planning process and the regions produced some initial drafts for the Commissioner's review. As a result of that process, the Commissioner identified the need for additional technical assistance to help the regions engage in a more strategic planning process and create

documents that had the specificity (in terms of strategies, tasks, responsible persons, and time lines) to drive the recruitment and retention effort and monitor progress.

The findings and recommendations of the second Needs Assessment have provided some additional focus, guidance, and resources for this effort. The most recent drafts of a number of the regional implementation plans contain the quality and level of specificity that the Commissioner and the TAC had envisioned. It is anticipated that the remainder of the plans will be completed in the next several weeks. The plans, which appropriately use a format that parallels the *Path to Excellence*, represent the first set of regional documents that integrate data provided by both Chapin Hall and the *Family to Family Initiative*, that connect funding and resources to prioritized strategies, that identify activities and those responsible for them, and that specify how results will be measured.

The Settlement Agreement requires the state to allocate additional funding (the equivalent of four to six million dollars a year over a five year period) specifically for implementing the recommendations of the Needs Assessments. Examples of some of the additional resources that are included in the implementation plans in response to the recommendations of the most recent Needs Assessment are: transportation services (to allow children placed in foster homes out of their school zones to continue to attend their old school, to assist caregivers who are not able to provide transportation, or to meet some special transportation needs for children or family members); placement support and stabilization services (crisis intervention by behavior specialists to respond to DCS resource parents experiencing difficulties managing behavior of a child in the home, special mentoring and transition support services for older youth approaching adulthood); and access to supplemental resource parent recruitment support (contract agency staff to conduct diligent searches for relatives, complete expedited home studies for potential relative placements, and provide additional PATH classes on an “as needed” basis).

The Department continues to be hampered by the disappointing results of their effort over the past two years to develop a web-based Foster Home Approval and Child Placement data base, referred to as the FHACP. This database was supposed to provide up to date information on the pool of resource parents (both Department and private provider resource parents). Without this information, DCS cannot produce reliable, timely aggregate data, about either present utilization (which kids are in which homes; are the homes over or under capacity) or resource parent characteristics (how many homes do we have who are willing to take teens, large sibling groups, etc. It is difficult to envision a well functioning placement process, so critical to placing kids near their home communities, when there is no such functioning database.

The Department believes that its disappointing experience with the FHACP database has helped inform the process for building the capacity of TN-KIDS to provide the needed data. The process for the “retirement” of the FHACP data base and the assumption of resource family data reporting by TN-KIDS has begun. While the process may take until January of 2006 to complete, beginning in June, through an interface of FHACP and TN-KIDS, the Department believes that it will be able to provide regular, up to date reporting to the regions. Much of the data that the regions need for tracking recruitment, training

and retention efforts will be in those reports. If the Department is not able for some reason to provide this information in a readily accessible and usable format by the beginning of July, it will be a significant setback for the agency in this critical area.

The information that the Department believes it will be ready and able to produce in July does not at this point include data on the earliest parts of the recruitment process (the initial inquiry) or on some aspects of the retention process (specific reasons that resource families choose to stop serving as resource parents). The Department recognizes this and is committed to developing the capacity to report on these areas.

The Department's policies now provide for dual certification of foster and adoptive parents. In the fall of 2004, consultants provided by the *Family to Family Initiative* provided feedback on the PATH (Parents and Tender Healers) curriculum, which is Tennessee's foster and adoptive parent certification training curriculum. They recommended that the PATH training be revised to: increase cultural competency of resource parents; provide additional training on working directly with birth parents; and prepare resource parents for their role on the Child and Family Team. In addition to the curriculum revisions, the consultants identified the quality of the PATH trainers as a major concern. Little action has been taken since these recommendations were made and as a result the Department is not as far along as it should be in revising the curriculum and implementing the new PATH training.

Nevertheless, there have been some positive developments related to resource parent training. In January, the Department developed a comprehensive list of pre-service and in-service training available for resource parents, including a calendar showing the dates and locations of that training and the Department is committed to updating that list regularly.

DCS is in the process of shifting the PATH training provision from UT SWORPS to the newly formed Training Consortium. The shift of responsibility for the resource parent training will begin on July 1, 2005, with the Consortium to fully take over all aspects of PATH and other resource parent training by September 1, 2005.

*Goal 2: Targeted and child specific recruitment to find adoptive homes*

The strategies for accomplishing this goal include: providing training, consultation, and technical assistance on child-specific and targeted recruitment; and developing and implementing regional and statewide plans to reduce the number of children with permanency goals of adoption who are waiting for a permanent family.

The Department is receiving some technical assistance in this area from *Family to Family* and is seeking additional assistance in this area. The Department has chosen one recruitment liaison for each region from among those staff whom they believe are their strongest recruiters, whose role is develop regional expertise in this area, serve as regional coaches, and help identify regional support needs. A *Family to Family* consultant conducted a statewide training for the liaisons on targeted recruitment in early

March. Two other *Family to Family* consultants will be doing an additional three days of statewide training in mid April for this same group on child specific recruitment.

The Department engaged a number of private providers in a statewide cross functional team that identified children who were in the care of private agencies and who had goals of adoption and developed a strategy for engaging the providers in a concerted effort to find permanent homes for these children. As part of this effort, a regional cross-functional team was brought together in Shelby County. As a result of both the statewide cross-functional team and the Shelby cross-functional team efforts over a two-month period, 452 of these children have been adopted, including 87 children in Shelby County alone.

Finally, in response to regional requests and the recommendations of the second Needs Assessment, the Department has begun developing and providing standard recruitment materials and tools to the regions, which previously each of the regions would have to develop on their own with little financial support.

*Goal 3: Improved utilization of relative placements*

The strategies for accomplishing this goal include: developing and implementing policies that support appropriate use of relatives as alternatives to state custody or as approved kinship foster parents for children in state custody and clarify the variety of issues regarding the identification and support of relative caregivers; developing and providing to families accurate and easy-to-follow information regarding available support; and implementing a statewide relative caregiver program; and exploring subsidized guardianship.

The Department has revised old policies and developed and promulgated new policies related to this goal; however, this has been an area of practice in which there has been significant variation from region to region and worker to worker. It is therefore very important that the Department monitor the implementation of these policies to ensure that practice is uniformly consistent with these policies.

A relative caregiver brochure has been developed by the Legal Aid Society of Middle Tennessee and the Cumberland that provides basic information in simple language and easy to read format about the variety of legal options presently available to relative caregivers. This brochure has been made available to the Department for use either on an interim basis (until it develops an alternative brochure) or for use as the DCS brochure or as a supplement to the DCS brochure.

At present, there are relative caregiver support programs operating in three regions: Upper Cumberland, Davidson and Shelby. The Governor's budget for this coming year includes \$2.75 million ear-marked for the relative caregiver program support that would establish funds for relative caregiver programs in every region. The Department plans to issue RFP's in two phases. Appropriately, with the funding of a statewide relative caregiver program, the Department will be soliciting new proposals from every region,

including those that have served as “pilot regions.” The first phase will include Knox, Hamilton, East and Northwest Regions as well as Shelby, Davidson and Upper Cumberland.

DCS has been working with Mark Testa, one of the leading national experts on subsidized guardianship, and has prepared a Title IV-E waiver proposal to be submitted to HHS to move forward with a demonstration project on subsidized guardianship. The Governor will be introducing permanent guardianship legislation to establish a guardianship option in Tennessee, a prerequisite to being able to establish subsidized guardianship as an option.

Because the additional support for relative caregivers that subsidized guardianship and kinship foster care provide are only available when children come into state custody, the Department, in collaboration with the Department of Human Services, is also piloting an “enhanced Temporary Assistance for Needy Families (TANF) option” for relatives that would provide some additional support for relative caregivers beyond the TANF payment (although still less than a foster care or subsidized guardianship board payment) without forcing children to come into DCS custody. This pilot project, which will involve up to 225 children, is known as Families First Kinship Care, and will run for an initial six month period (beginning April 1, 2005) in Shelby, Davidson, Macon, Smith, Dekalb, Cannon, Fentress, Van Buren, Warren, White, Overton, Putnam, Jackson, Clay, Pickett and Cumberland counties.

While the Department is appropriately seeking to expand the options and supports available to relative caregivers, it is clearly the Department’s intent that only those options appropriate to each individual child’s circumstances will be made available. Children who need to be in DCS custody because they have been victims of child abuse and neglect and need the protective oversight of the courts should not be informally placed with relatives with no ongoing monitoring, support, or attention to permanency. Monitoring the impact of the expansion of relative supports and relative options will therefore be important.

*Goal 4: Increasing regional capacity to support and retain resource families*

The strategies to accomplish this goal include: providing a comprehensive, relevant and timely pre-service training and approval process for prospective resource parents; developing and implementing a comprehensive support system for resource families

The Department has done some work in revising the PATH curriculum in response to feedback from foster parents and others about areas needing more coverage.

A workgroup of resource parents and DCS staff has been developing a proposal for providing mentoring and advocacy services statewide for resource parents. The proposal will be submitted to the Commissioner by the end of March.

The Needs Assessment identified difficulties in ensuring sufficient PATH classes and in getting home studies and background checks necessary for certification. The recommendations of the Needs Assessment call on the Department to create additional capacity to respond quickly when regularly scheduled regional training and regional home study resources are not able to accommodate the demand by deploying additional trainers to supplement the regional training and to assign additional DCS or contract staff to expedite the home study and background check process.

In response to this, the Department has recently entered into a statewide contract with a private provider to provide additional PATH training, conduct diligent searches for relatives, and conduct home studies, on an as needed basis for any region in need of this additional support.

## **VII. Resource Development**

Domain 7 of the *Path to Excellence* addresses a broad set of issues related to resource development and utilization. These include obtaining the financial resources needed to fund an effective child welfare system; making those resources available to support individualized, flexible service plans for children and families; locating or developing additional services in rural areas and recruiting and supporting minority and community-based vendors; and clarifying expectations of contract providers, better evaluating those providers, and using the results to drive system change (“performance-based contracting”).

*Goal 1: By August 2005, DCS will have a fiscal management plan to maximize resources needed to implement the Path to Excellence and the Brian A. Settlement Agreement and begin securing necessary resources*

The strategies to achieve this goal include: identifying appropriate funding streams; conducting a fiscal analysis of the *Path to Excellence*; and assessing and simplifying the flex funding and needs assessment funding processes.

To achieve this goal, DCS was to analyze current and required funding, with special attention to maximizing Federal reimbursement. It also planned to review existing policies and procedures for “flexible funding.”

DCS has conducted a number of fiscal analyses, and others, including work by a consultant expert in Federal revenue maximization, are underway. The Department has provided training for budget staff and regional administrators to support the decentralization of some budget management to the regions. This work is continuing and it is too early to reach a judgment about the overall success of the Department’s work in this area.

With regard to flexible funds, the Department took an important step during this monitoring period. There are many different budget lines associated with the purchase of

goods and services for clients. In the past, staff in each region had to determine which budget line should be used for each expenditure, and this led to delays in having funds approved. Under the new procedure, the regions can purchase what they need and the DCS budget division will later determine which budget line to charge for the expense. DCS has supplemented this change in policy with weekly follow-up phone calls in which flex funds expenditures can be discussed and clarified.

This policy change is useful both in itself (it makes it easier for staff to do their jobs and get services to clients) and as an indicator of the Department's commitment to developing a new relationship between central office and the regions, in which the central office units provide support and monitor regional performance but give the regions considerably greater authority to act. During the next monitoring period, the TAC will review the use of flexible funds, to see whether the policy change has had its intended effects in practice.

Goal 2: By July 2005, DCS will identify cultural and demographic resource barriers and increase its capacity to provide services in rural jurisdictions

The strategies under this goal include conducting a targeted symposium on improving service provision in rural areas and recruiting and supporting minority and community based vendors.

Tennessee committed to undertake some preparatory activities with regard to this goal during the first monitoring period. There have been some preliminary planning discussions with regard to the regional symposium on rural service delivery, with the intention to hold the conference in May 2005. An internal work group on Multi-Cultural Affairs was to present recommendations to the Department's leadership, but has not yet done so.

Goal 3: By September 2004, DCS will develop mechanisms and tools to clarify expectations of and to improve communication with contract providers and system partners

The strategies to achieve this goal include: revising the private provider policy manual; reviewing and revising the PAR (Performance Audit Review) process; identifying and incorporating performance indicators into private provider contracts and establishing baselines for those indicators; revising DCS/CSA contracts to include clear performance measures; and tracking the expenditures and uses of flex and needs assessment funds for in home and preventive services.

It is important to see the issues addressed by these strategies in their broadest context. DCS is legally responsible for the safety, permanence, and well-being of thousands of children, but it relies on private providers to do the work needed to help many of these children and their families. The Department's success therefore depends on its ability to clearly articulate the results it expects from its private partners; measure the extent to which those results are achieved; and act on the results, for example by expanding its

contracts with successful agencies and reducing or eliminating its reliance on weaker providers.

A good deal of work is underway with regard to evaluating provider performance. DCS has worked with expert consultants from the Chapin Hall Center for Children to establish baseline data on each private provider's historical performance on critical indicators such as the time it takes for a child to be safely reunified with family or adopted. DCS has also conducted an internal analysis of the roles of many different organizational units that interact with private agencies. Finally, the Department revised the provider policy manual on schedule, and is contemplating a second round of revisions later this year.

The next few months represent a critical period in the development of this initiative. The hardest work lies ahead: establishing clear performance expectations for contractors; addressing the changes that are sure to be needed within DCS to make possible improved performance by private agencies; and greatly simplifying the overlapping and confusing responsibilities across DCS units, so providers will know whom they should relate to on what issues and who within the Department has the overall responsibility for private provider relations. By the time the TAC issues its next monitoring report, the TAC hopes to be able to conclude that the Department has effectively met these challenges.

With regard to Community Service Agencies, as discussed 4/12/2005 earlier in this section, DCS has reached a major decision that departs from what it originally envisioned when the *Path to Excellence* was developed. Rather than clarifying contract expectations with CSAs, the Department has decided to integrate the CSAs into DCS. Towards this end, the staff of the CSAs will be absorbed into DCS over the course of the next year.

The TAC has reviewed the history behind the Tennessee's *Children's Plan*, the initiative that resulted in, among other things, the creation of the CSAs and Assessment Care and Coordination Teams (ACCT). At the time of that very positive reform, four different state agencies had custody of children, and the inability of those agencies to cooperate resulted in placement disputes among agencies, duplication of services, inefficient allocation of scarce state resources, and poor service to children and families. The custodial departments were highly centralized and failed to recognize the benefits of providing regions with responsibility, flexibility, and accountability for allocating their resources to address the needs of children and families in their specific regions. There were a paucity of home based, crisis intervention and other family preservation services. Not only did the CSAs and the ACCTs dramatically improve this situation, but there were financial incentives that flowed from the establishment of the CSAs, greater flexibility in the development and purchase of specialized services, and a greater openness to innovation and best practice.

Now that there is a single custodial department, committed to a *Practice Model* that embraces the principles and spirit that gave rise to the CSAs at an earlier time, the Department has concluded that the rationale for continuing the CSAs as separate contract providers no longer exists and has decided that bringing these services "in-house" is a more efficient and more effective way to ensure quality prevention services for families.

In the TAC's view, this decision makes sense. If handled thoughtfully and effectively, the integration of the CSAs into DCS creates an opportunity for the Department to establish uniform standards for these services, and to work more closely with organizations it is relying on. Over time, it should also be possible for DCS to create far greater continuity of services for individual clients, as a DCS worker should be able to stay with a family regardless of whether the family is intact and receiving supportive services or one or more children have to be placed in out-of-home care.

However it is critical that the consolidation be designed and implemented in a way that preserves the achievements of the CSAs, including the fiscal flexibility related to contracting for services and utilizing flex funds for goods and services that the CSAs have provided. The prevention, family support, and aftercare services historically overseen by the CSAs are essential components of an effective child welfare system. Many of those services are actually provided to clients by non-profit community organizations, which will now deal with DCS directly. The Department has not historically been able to administer contracts of the sort developed by the CSAs: contracts that allow the kind of prompt response to immediate family needs that has been characteristic of the better functioning CSAs.

The integration of CSA services into DCS will bring with it some additional challenges. DCS regional offices will have to get to know and work closely with providers who have dealt with the CSAs, and more generally will have to learn to work more closely with the communities in which the largest numbers of children need help. In those counties in which the CSA staff have worked well with local juvenile courts to connect children and families with services and keep those children from unnecessarily entering foster care, it will be important for DCS staff to assume and sustain that good working relationship. The Department will also need to develop a new approach to contracting for "flexible funds," as these contracts have been administered by CSAs. As we noted in our discussion of provider evaluation, the next six months will be a critical period for the establishment of a more effective service delivery system.

### **VIII. Quality Assurance, Continuous Quality Improvement and Data Management**

The *Path to Excellence* reflects the importance placed by DCS leadership on transforming DCS into an organization that is committed to and capable of collecting and using both quantitative and qualitative data to monitor performance, identify strengths and weaknesses and continually improve practice and outcomes for children and families.

Toward that end, the *Path to Excellence* commits the State to ten strategies to achieve two essential goals: the creation of a sound and well supported DCS infrastructure to support an ambitious and wide ranging continuous quality improvement agenda; and the development of the information, tools and capacities needed for full implementation. The complete achievement of these goals is not expected until May 2005 but many of the

foundational elements of the strategies were expected to be completed during this review period.

On the whole, the Department has made significant and commendable progress in this domain. Both Data Management and CQI activities have received priority attention from DCS leadership and a considerable amount of foundational work has occurred. The leadership understands the critical importance of quality assurance to the success of the entire reform plan. Most significantly, the Department has created a functional Quality Assurance structure, both in Central Office and in the regions. DCS has also crafted a comprehensive and far reaching QA plan that includes both quantitative and qualitative assessments of progress. The QA Plan developed by the State was subject to review and approval by the TAC. An initial draft was completed in November 2004. With modest revisions and a more detailed explication of resources devoted to QA/CQI activities, the TAC has approved the Plan as of February 2005.

QA/CQI processes activity at the state and regional level will be focused in this first year on nine critical outcomes and other key performance areas related to *Brian A.* requirements and/or high priority areas for agency improvement (e.g. Child Protective Services). The nine outcomes include:

The Department will be tracking progress related to the following targeted outcomes:

- Reducing the rate and number of children placed away from their birth family.
- Increasing the number and rate of children entering state custody who are placed in their own neighborhoods and communities.
- Reducing the number of children served in congregate care and shift resources from congregate care to kinship care, family foster care, and family-centered services.
- Decreasing the length of stay of children in state custody.
- Increasing the number and rate of children exiting custody through reunification and adoption.
- Decreasing the number and rate of children reentering state custody.
- Increasing placement stability for children in state custody.
- Increasing the number and rate of brothers and sisters placed together.
- Reducing any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

In general, the plan for the first year involves intensive work to establish the infrastructure and to provide technical support to staff, both centrally and regionally to increase internal capacity to use data to assess progress and promote quality change in practice.

The remainder of this section reports on the specific strategies that were to have been completed by December 31, 2004.

Goal 1: By May 2005, DCS will have the necessary infrastructure to support statewide continuous quality improvement

There were four interrelated strategies identified in the *Path to Excellence* to achieve this goal. These include:

- Creating a learning environment of continuous quality improvement within DCS;
- Developing a plan, subject to review and approval by the TAC for implementing quality assurance and CQI activities;
- Creating and appropriately staffing a Division of Continuous Quality Improvement with DCS's Office of Performance Enhancement; and
- Providing both a structure and sufficient resources for the integration of CQI throughout DCS.

Significant progress has occurred in each of these strategies.

The State's QA/CQI Plan was submitted to the TAC for review and approval at the end of November 2004. In crafting the Plan, the Department solicited advice from both the TAC and from Peter Watson of the National Child Welfare Resource Center for Organizational Improvement. The QA/CQI Plan lays out ambitious goals based on the infusion of a range of CQI/QA processes and activities at both the central office and regional levels. The Plan is built around the creation of multiple CQI teams throughout the Department—at the Central Office core leadership level, within DCS Central Office Divisions and at the Regional Offices. CQI activities in the regions are expected to be integrated with the priorities of the regional implementation plans currently under development. Regions are currently in the process of drafting these first regional implementation plans with technical support from central office staff and consultants. The regional planning processes have been informed by available data on regional demographics and performance against key outcomes. Technical assistance has also been provided to regional staff in the use of data for strategic planning.

A second related focus of the QA Plan is on Outcome-based Performance Evaluation and Reporting. Tennessee is effectively utilizing technical help from the Chapin Hall Center for Children to develop an Outcomes Management Report that will produce data for the state as a whole, and by regions and counties on key outcomes. Additional data for outcomes monitoring will also be drawn from reports that have been developed over the past few years for *Brian A.* compliance monitoring. The QA Plan further commits the State to additional QA activities such as structured observation of key practices (e.g. Child and Family Team Meetings) and a variety of internal and external reviews including a case file audit conducted in January 2005, developing a process for peer review at the regional office level, and holding community forums to solicit feedback from external stakeholders.

The Department's commitment to and ambitions for QA/CQI are significant. To carry them out, DCS has created and staffed a central office Division of Quality Improvement and a regional infrastructure. Current staffing at the Central office level includes a well qualified Director and three central office QA staff. One additional position is expected to be filled in March 2005 and there remain two additional vacant positions. Given the scope of activity under the QA plan, it is essential that sufficient qualified staff be promptly recruited and hired for the vacant positions. In addition, even when the vacant positions are filled, serious consideration must be give to whether additional staff will be needed to carry out the QA/CQI responsibilities.

Additionally, CQI coordinator positions have been created and filled in each of the state's 12 regions. These staff will be responsible for establishing and supporting the QA/CQI structure at the regional level. They will continue to be supported in this work by the central office CQI staff and have already received technical assistance from the National Child Welfare Resource Center for Organizational Improvement. The goal is to provide a framework, and support throughout the DCS organization for ongoing quality assurance and quality improvement activities that are responsive to the needs of core leadership and to each region.

*Goal 2: By April 2005, DCS will have the information, tools and capacities needed to implement quality assurance and continuous quality improvement activities and processes*

The *Path to Excellence* identified six strategies to achieve this goal. Progress has been made in each of them during this period although continued and accelerated work on data integrity and management is needed.

The first critically important strategy is the implementation of a data management plan to support the collection, improvement and use of data on key indicators of progress. To achieve this, accurate and timely data needs to be available to the core leadership team and regional managers, include both statewide and regional data as well, as data broken down to the level of teams and individual workers. While the Department understands the importance of using data for decision making and has made progress in identifying data needs and improving data integrity, they are still far from able to routinely access data for performance management. The Department has not been meeting its benchmarks in this area. A number of personnel changes have been made and responsibilities are still being shifted. Work must be accelerated to produce a core set of coherent, accurate and timely and accessible management data reports that leadership can routinely use to track progress.

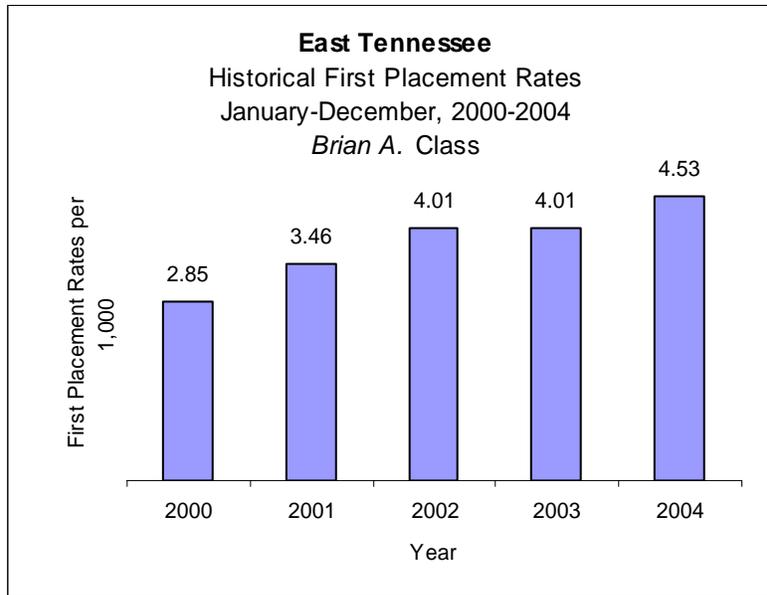
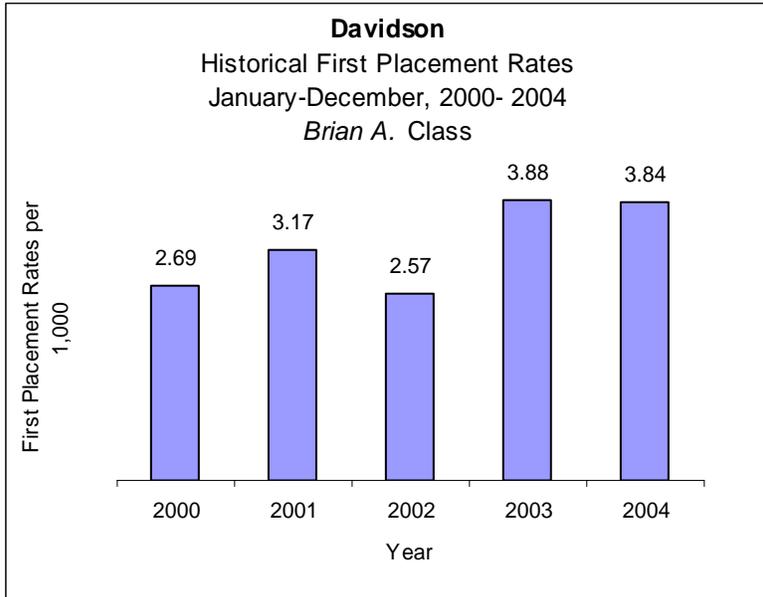
It appears that the Department is pursuing a variety of appropriate strategies to improve data entry accuracy; promptly identify and correct data that is either not entered or entered incompletely or inaccurately; and monitor progress in improving data quality in areas in which audits reveal weaknesses. The next monitoring report will include information on data accuracy from the annual case file review. Based on its work over

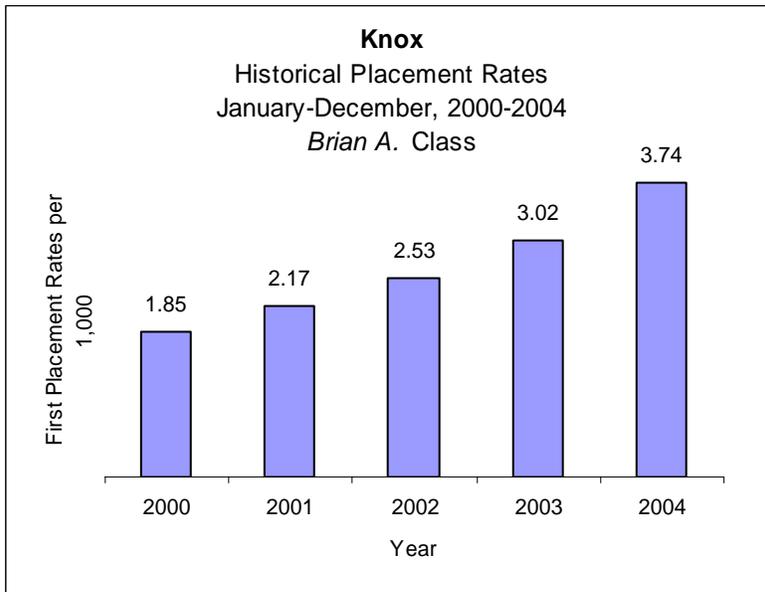
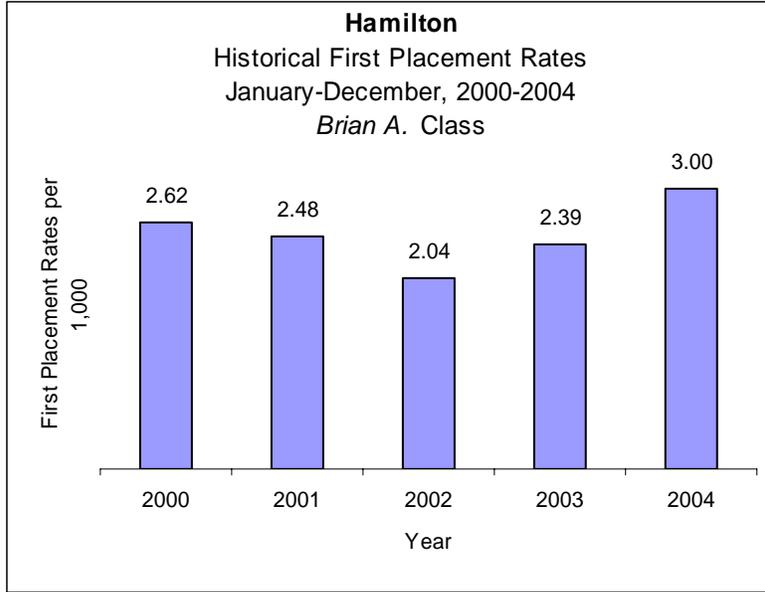
the past year, the Department expects to show improvement in data accuracy in key fields in comparison to the error rates highlight in last year's case file review.

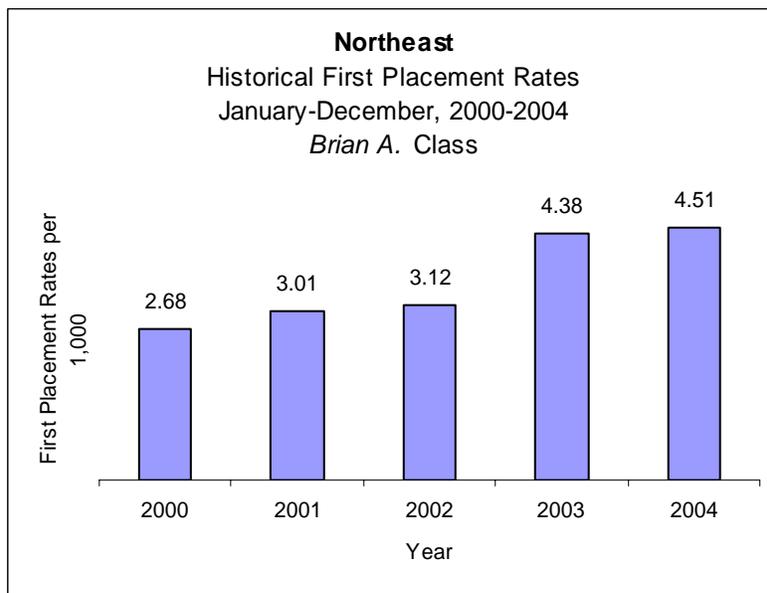
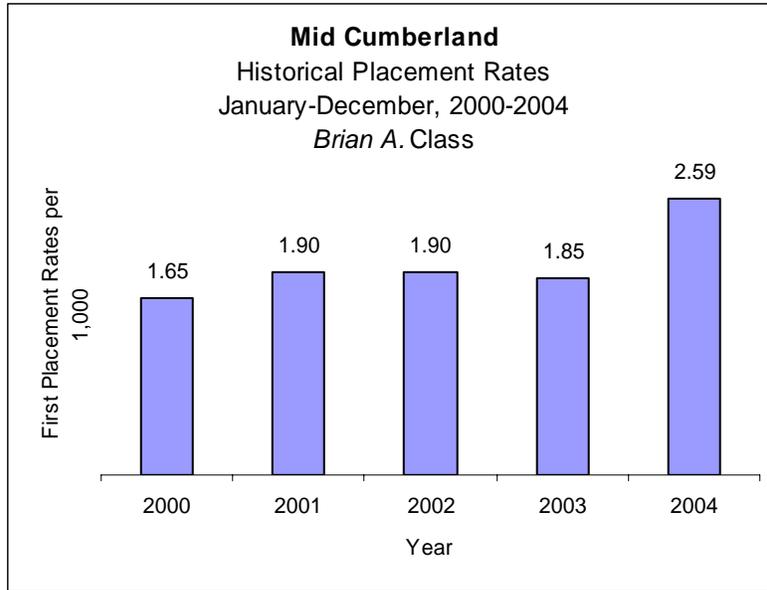
A second important strategy is the work to develop a consistent approach to reviewing the quality of service delivery. During this period, work has begun with the Tennessee Commission on Children and Youth to integrate the CPORT review process with the developing qualitative review process (QSR) at DCS. DCS has committed to implement a qualitative review process as an essential part of their quality assurance plan and has sought the assistance of Human Services and Outcomes, Inc. (HSO) and the TAC to design the Tennessee process. HSO worked with the Tennessee Commission on Children and Youth in creating the CPORT process. The goal now is for DCS to work in collaboration with the Commission to develop an integrated approach to qualitative review. Current commitments involve joint planning on the protocol design, joint training of reviewers and modifications to the CPORT processes to promote greater sharing and use of findings by DCS leadership and staff. These first steps toward integration of CPORT and the QSR process are encouraging. As the design work proceeds, careful attention will need to continue to be paid to the importance of this integration so that Tennessee has a single qualitative review process that is based in DCS' *Practice Model* and can provide ongoing and useful information for continuous quality improvement.

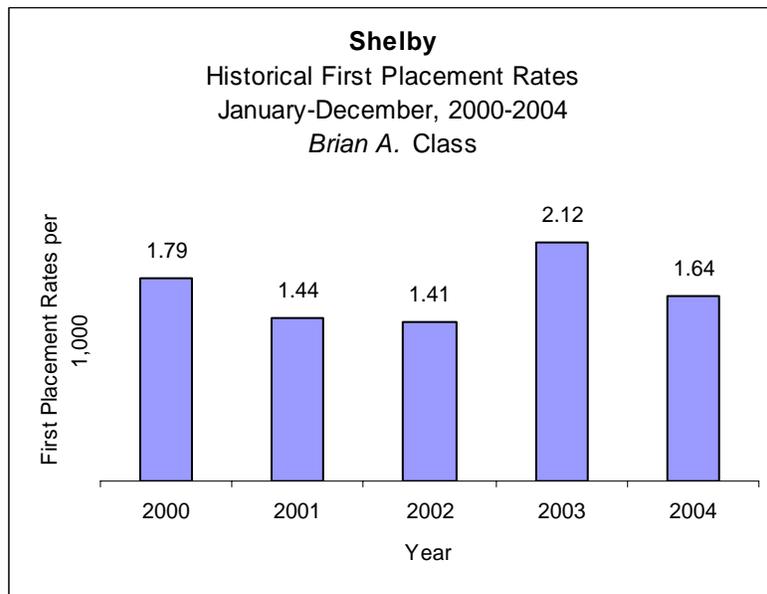
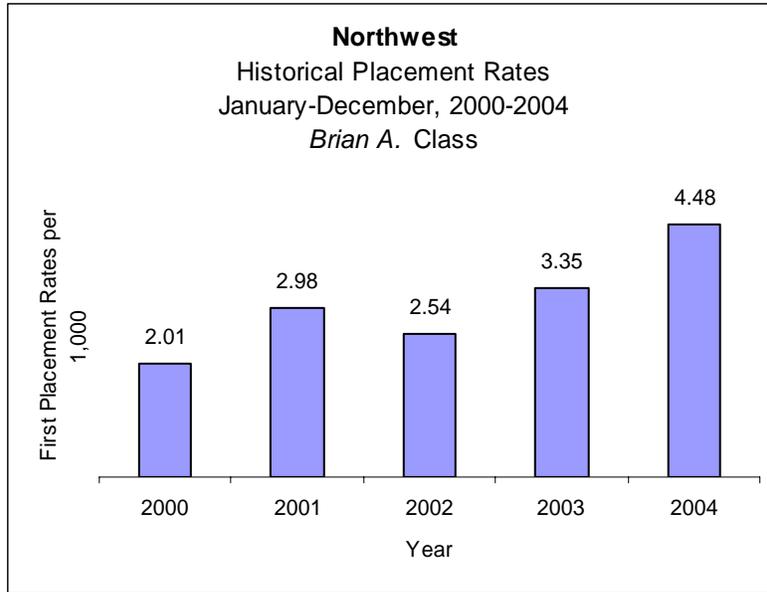
## APPENDIX A

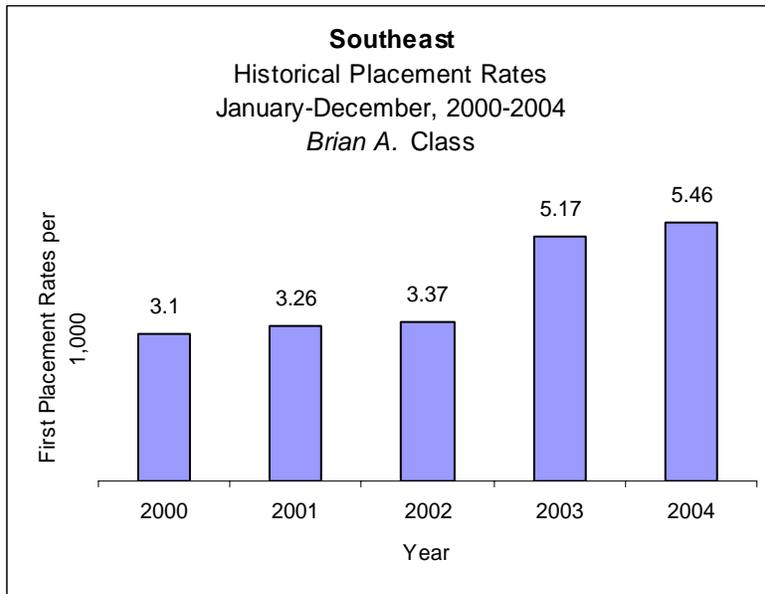
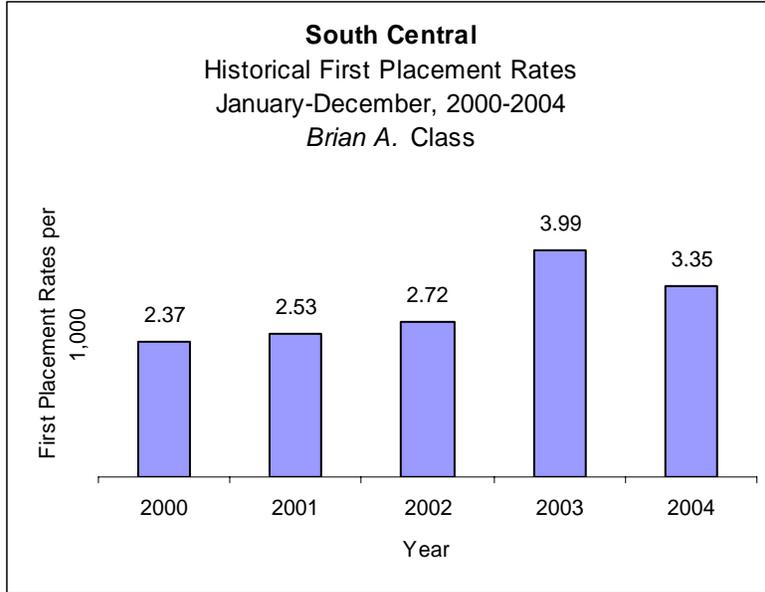
### Regional First Placement Rates

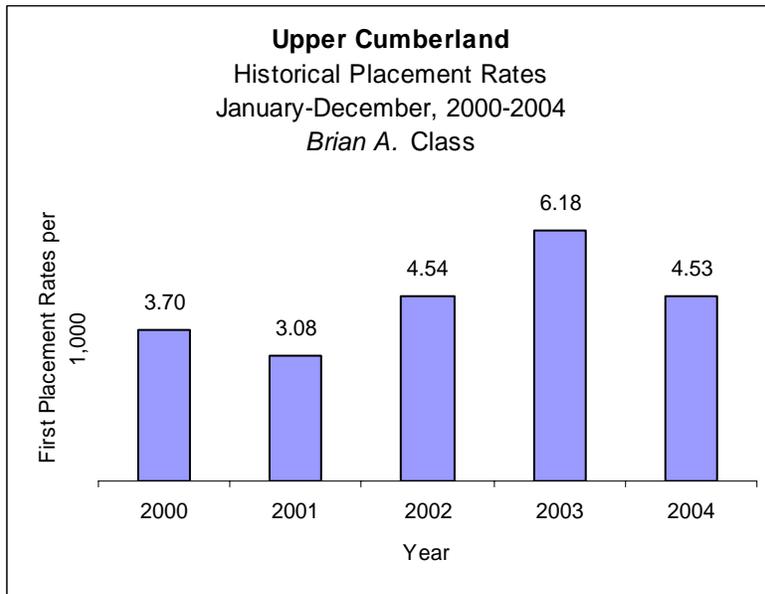
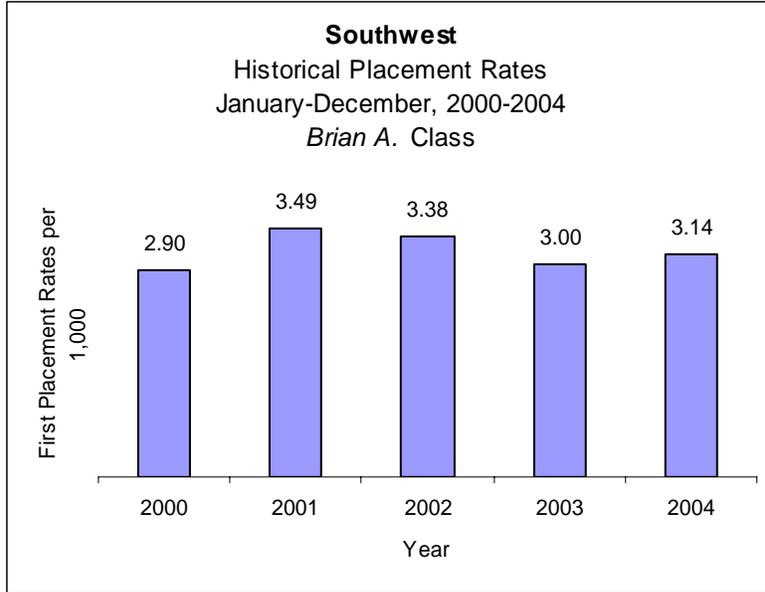












## **APPENDIX B:**

### **BRIAN A. NEEDS ASSESSMENT II EXECUTIVE SUMMARY**

The Brian A. Settlement Agreement provides for an annual Needs Assessment, conducted under the supervision of the Brian A. Technical Assistance Committee. The Needs Assessment is intended to determine the need for new and/or different placement and service resources and where those placements and services should be located. The Department of Children's Services (DCS) is required by the terms of the Settlement Agreement to implement the recommendations of the Needs Assessment. The Settlement Agreement establishes additional funding specifically dedicated to implementing those recommendations.

The first Brian A. Needs Assessment attempted to provide a comprehensive analysis of the organizational structures, policies, practices, and skills that comprise the capacity of DCS to efficiently utilize placements and services. Brian A. Needs Assessment II addresses placement, service and support issues related to two critical areas: (i.) the recruitment and retention of qualified resource homes (foster and adoptive; kinship and non-kinship) and (ii.) the provision of independent living services and transitional assistance to older youth.

#### **Overview and Core Themes**

Brian A. Needs Assessment II presents findings and recommendations in six areas:

- Staff performance and staff capacity related to resource home retention and recruitment;
- Resource parents as recruiters, trainers, and team members;
- Services and supports that promote retention of resource homes;
- Impact of placement practices on effective resource home utilization;
- Independent living and transition services for youth; and
- Utilizing and managing data to recruit and retain resource homes and provide independent living and transitional services.

There are a number of recommendations that the Department can and should implement which are low cost, no cost or cost neutral, and are fairly simple to implement. There are other recommendations that are more costly and are appropriate for funding, at least in part, with Needs Assessment dollars. These recommendations revolve around the findings related to five core needs:

#### **1. The Need for Supporting the Development of Regional Recruitment Plans**

In order for DCS to recruit and retain sufficient numbers of resource parents, DCS regional staff need assistance in developing their skills in targeted and child-specific recruitment and in structuring their resource parent recruitment budgets to invest in the appropriate mix of

general, targeted and child-specific recruitment activities. Investing more recruitment resources to support the traditional recruitment methods is not likely to result in an increase in the specific kinds of resource homes that DCS needs and will continue to need. However, in order to develop and implement effective regional recruitment plans, the regions must have budgetary support beyond what they have received in the past.

## **2. The Need for Transportation Services**

Lack of readily accessible transportation services and supports for children in resource homes and their families create burdens not only on the children and their families, but on the resource families and DCS case managers. It is universally and uniformly identified as an obstacle to resource families and case managers being able to work effectively and efficiently with children and families, especially in rural areas.

## **3. The Need for a Range of Placement Support and Stabilization Services**

Provision of a range of readily accessible support services for resource families and the children in their care -- from adequate support for basic needs appropriate to the child's developmental stage (including independent living and transition services) to crisis management and placement stabilization services -- is critical to allowing resource families to succeed and is likely to improve both placement stability for children and retention rates for resource families.

## **4. The Need to Address Unnecessary Delays in the Resource Home Approval Process**

There are "log jams" in the recruitment, training and approval process that unnecessarily delay resource homes being able to receive children that might be significantly reduced through a combination of: relatively modest investments in technology; establishment, through contract or otherwise, of a cadre of additional Parents As Tender Healers (PATH) trainers and staff to conduct home studies; and improved collaboration with the Tennessee Bureau of Investigation regarding criminal background checks.

## **5. The Need for Accurate and Easily Accessible Information about Available Resource Homes**

The Department is hampered by the lack of a functional resource home database, both in responding to the needs of individual children and in managing and monitoring its resource home recruitment and retention efforts. For example, without twenty-four hour a day, ready access to information about available resource homes, the ability to make the appropriate first placement for a child coming into care is very difficult. And without aggregate information that allows the Department to understand the profiles and locations of the homes that it has, it is difficult to adjust recruitment efforts to focus on increasing the types of resource homes that are needed in the regions in which they are needed. It is important for the Department to make sure that it has allocated sufficient resources to getting this part of its database up and running.

## Implementation and Funding of Recommendations

Brian A. Needs Assessment II is to include a plan and timetables within which the findings of the Needs Assessment shall be implemented, beginning immediately after the completion of the Needs Assessment. Consistent with the way in which the Brian A. Technical Assistance Committee has approached development and formal adoption of similar plans which require the Department to implement recommendations, the Brian A. Needs Assessment II calls on the Department to present to the Technical Assistance Committee a proposed plan, which would then be approved by the Brian A. Technical Assistance Committee with whatever modifications the Technical Assistance Committee would deem appropriate.

In developing its proposed implementation plan with respect to those issues related to resource family recruitment and retention, Brian A. Needs Assessment II asks the Department to prioritize funding of those recommendations which are likely to have a significant impact on resource parent recruitment and retention because the expenditure of funds would either: (a) provide new or significantly expanded access to goods and services that are important to successful support of resource families and the children they serve; or (b) address a critical infrastructure or technical support need that is a prerequisite to effective expansion of resource homes and resource family supports.

## Summary of Key Findings and Recommendations

Brian A. Needs Assessment II presents a set of recommendations in each of six categories. Each recommendation is followed by text setting forth the data supporting the recommendations and provides context for understanding the recommendations. The following summary highlights the key findings and lists all of the recommendations.

### 1. Staff Performance and Staff Capacity Related to Resource Home Recruitment and Retention

#### *Key Findings:*

- DCS and Private Provider Resource Family Recruitment and Support Units (or their equivalents) need additional training and technical assistance to develop subject matter expertise and competencies associated with successful recruitment and retention strategies.
- DCS Regional Recruitment and Support Units lack fiscal and human resources to achieve expected outcomes.

**Recommendation 1.1:** DCS should deploy sufficient technical assistance resources to provide Resource Family Recruitment and Support staff with intensive and individualized assistance in recruiting and retaining resource families.

**Recommendation 1.2:** DCS should work with a qualified technical assistance provider and the Tennessee University Consortium to develop a pre-service training component to

provide field staff with basic recruitment competencies and an advanced in-service training component to provide recruitment staff with advanced competencies.

**Recommendation 1.3:** DCS Regional and Central Office staff should work with a qualified technical assistance provider to develop region-specific recruitment and retention plans that contain measurable goals and are outcome based.

**Recommendation 1.4:** DCS Regional and Central Office staff should work with a qualified technical assistance provider to review and adjust the recruitment budgets to match general, targeted and child-specific recruitment activities.

**Recommendation 1.5:** DCS should provide a virtual “supply store” of standard, generally applicable recruitment and retention materials that can be readily accessed by regional recruiters and family support staff.

**Recommendation 1.6:** DCS should work with a qualified technical assistance provider to complete a business process map of recruitment and retention activities, conduct a workload analysis of staff doing resource family recruitment and support functions and assign sufficient staff to perform the functions outlined in the business process map.

## **2. Resource Parents as Recruiters, Trainers and Team Members**

### *Key Findings:*

- Tennessee resource parents are not recognized, trained and utilized as critical members of the permanency planning team for children in their care.
- Tennessee resource parents are underutilized as recruiters, trainers and supports to their peers.
- DCS resource parents are experiencing serious and unnecessary delays in completion of the approval process.

**Recommendation 2.1:** DCS should provide financial incentives to resource families that find new families to foster/adopt children in custody.

**Recommendation 2.2:** DCS should significantly increase the use of experienced resource family members as PATH co-trainers and mentors for newly approved resource families by putting in place clear protocols and supports for use of resource families as co-trainers and mentors.

**Recommendation 2.3:** DCS should redesign the Foster Parent Advocate Program to emphasize mentoring, coaching and advocacy responsibilities, and collaborate with the Tennessee Foster/Adoptive Care Association to promote resource parenting which is consistent with the DCS Practice Model.

**Recommendation 2.4:** DCS should provide Regional Offices with onsite capacity to process fingerprints, resources to track and monitor Tennessee Bureau of Investigation criminal background checks, and procedural guidelines and decision-making criteria for handling ambiguous criminal background reports.

**Recommendation 2.5:** DCS should develop and deploy an emergency strike force to conduct home studies, deliver PATH training and provide specialty training (juvenile justice, medically fragile, etc.) whenever delays or backlogs reach designated threshold levels established by DCS and approved by the Brian A. Technical Assistance Committee.

**Recommendation 2.6:** DCS should create a voucher system that enables resource families to receive free and timely medical examinations required under the approval process.

### **3. Services and Supports That Promote Retention of Resource Homes**

#### *Key Findings:*

- Normal, developmentally triggered needs of foster children in Tennessee's resource homes are not being met due to a lack of specific and accessible services and supports.
- DCS resource parents and case managers need additional assistance and support in providing transportation for children in resource homes to visits, appointments, Child and Family Team Meetings and other critical activities.
- Specialized mental health resources are inadequate to meet the needs of children and families in resource homes.
- Tennessee resource parents lack systematic and reliable supports to assist with in-home crises and stabilization of child placement.

**Recommendation 3.1:** DCS should pilot different methods of providing appropriate transportation services.

**Recommendation 3.2:** Working with the Tennessee Foster/Adoptive Care Association and the University Consortium, DCS should develop and maintain an Internet Listserve for resource families.

**Recommendation 3.3:** DCS should provide increased access to mental health-oriented crisis management and placement stabilization services to supplement ongoing placement support services.

**Recommendation 3.4:** DCS should reorient its in-service training for resource parents so that it is responsive to specific day-to-day challenges that resource families face.

**Recommendation 3.5:** DCS should increase and expand clothing allowances for children in care.

**Recommendation 3.6:** DCS should develop a uniform exit interview protocol for gathering information relevant to recruitment and retention practices from resource families who quit fostering.

#### 4. Impact of Current Placement Practices

*Key Findings:*

- DCS has an insufficient number of resource homes to meet the placement needs of children in care.
- Reliance on “level of care” categories to drive placement decisions creates an artificially bifurcated system for placing children with resource families and inhibits targeted recruitment efforts.
- Matching children and resource families is virtually nonexistent in emergency placement situations.
- Communication barriers between DCS and private providers impede placement decisions and the matching process.
- Intake/assessment tools and information provided to placement teams responsible for facilitating placements vary by region.
- Placement referrals to private providers are not guided by objective criteria or assessment protocol.
- Placement decisions are often made based on inaccurate or incomplete information.

**Recommendation 4.1:** DCS should, within 30 days, devise and begin implementing a plan for assessing the status of all approved resource homes that presently do not contain foster children.

**Recommendation 4.2:** DCS should redesign the placement process to ensure that placement decisions are made only after input is received from case managers and other individuals possessing direct information about the children and their families.

**Recommendation 4.3:** DCS should develop an up to date and readily accessible database that will allow DCS field staff, at the time that a placement of a child must be made, to view and assess available placement resources and options.

**Recommendation 4.4:** DCS should fully implement the recommendations from the *Brian A. Technical Assistance Committee Report on Continuum Contracts* issued in May 2003 and align provider incentives to correspond to DCS placement goals.

**Recommendation 4.5:** DCS should, within 90 days, purchase and install at least one operable poly-com communication device in each region and in each Youth Development Center and have policies in place to make the devices available to youth (and Child and Family Team members) in DCS group homes.

**Recommendation 4.6:** DCS should pilot the use of telephonic placement conferences for off-hour emergency placements that include private agency on-call intake workers.

**Recommendation 4.7:** DCS should purchase specialized placement services for difficult to place children.

**Recommendation 4.8:** DCS should establish protocols to guide Child Protective Services investigative staff in conducting comprehensive and systematic searches for relative placements for children requiring immediate out of home care.

**Recommendation 4.9:** DCS should redesign the protocol and tracking instrument used when administrators approve child placements that do not comport with the presumptive guidelines outlined in the Brian A. Settlement Agreement and should ensure that the information is used for resource allocation and management.

## **5. Independent and Transitional Living Services for Youth**

### *Key Findings:*

- Transitional and independent living resources and funding are inadequate to meet the needs of neglected, unruly and delinquent youth served by DCS.
- There is a lack of uniformity and consistency across the state in assessing the needs of adolescents to develop life skills and relationships and in providing services that promote permanency, safety and well being for adolescents transitioning to adulthood.
- Providers, staff, and youth are not equipped to effectively utilize available independent and transitional living tools and resources.
- Access to currently available independent and transitional living services is limited because of transportation obstacles encountered by youth and their support networks.
- Youth in, and transitioning out of, custody of the Department are not receiving assistance in building ongoing networks of support.

**Recommendation 5.1:** DCS should work with a highly qualified technical assistance provider to redesign the structure and delivery of independent and transitional living services.

**Recommendation 5.2:** DCS should implement protocols and financial support to assist youth in obtaining driver's education and vehicle liability insurance.

**Recommendation 5.3:** DCS should revise pre-service and in-service training for front-line staff and resource parents in order to strengthen knowledge and skills development related to independent living and transitional living.

**Recommendation 5.4:** DCS should offer youth receiving services under a voluntary services agreement the opportunity to receive board payments directly rather than from an adult acting as a pass-through agent.

**Recommendation 5.5:** Working with other state agencies that serve adults with disabilities and with the Children's Cabinet and Governor's Office of Children's Health, DCS should establish an interagency agreement for timely transfer of cases for young adults needing services and supports from the Department of Mental Health and Developmental Disabilities, and from the Department of Human Services Divisions of Vocational Rehabilitation Services and Adult Protective Services.

## **6. Utilizing and Managing Data to Recruit and Retain Resource Homes and Provide Independent and Transitional Services**

### *Key Findings:*

- DCS and Private Provider staff need assistance generating and accessing region-specific data that will assist them in recruiting, utilizing and retaining resource homes to meet the needs of children in foster care.
- Tennessee currently lacks a comprehensive information management system that supports the placement of foster children in community-based resource homes.
- Data is not being used effectively in evaluating resource home recruitment, utilization and retention strategies and practices.

**Recommendation 6.1:** DCS should work with in-house experts and/or contract with technical assistance providers to enhance/modify the data contained in the FHACP application (or its successor TN Kids build) so that it provides accurate, timely and useful reports to front-line staff and their supervisors in the regions.

**Recommendation 6.2:** DCS should work with in-house experts and external technical assistance providers to coordinate, consolidate and monitor all databases containing information on resource homes and the children they serve (TN Kids, FHACP, REACT, ChipFins, etc).

**Recommendation 6.3:** DCS Central and Regional Offices should have access to and employ geo-mapping technology to recruit, utilize and retain appropriate resource homes located within each child's immediate community.

**Recommendation 6.4:** The Department should develop and implement a plan for gathering and assessing data about youth and young adults receiving independent living and transitional living services.