

EXHIBIT B

Factual Examples of Compliance

Brian A. v. Haslam, No. 3:00-cv-00445

REDUCED CASELOADS + IMPROVED CASEWORKER TRAINING

MAY 2000	TODAY
1. “Dangerously high case loads [sic] make it virtually impossible to adequately monitor children’s needs and to ensure that they receive necessary services” (Complaint, Dkt. No. 1, p. 4).	1. “One of the most significant accomplishments of the Department’s reform effort has been the reduction of caseloads to manageable limits” (July 2015 Monitoring Report (“MR”), Dkt. No. 545-1, p. 160). Caseworkers are “able to provide the level of attention that children and families need and deserve” (May 2017 MR, Dkt. No. 578-1, p. 8).
2. Caseloads over 40 children were “not unusual,” and one region’s case managers had caseloads as high as 80 (Complaint, Dkt. No. 1, p. 70).	2. 94-96% of all case managers are within reasonable caseload limits (set between 10-20 children per worker depending on the type of worker) (April 2017 MR, Dkt. No. 576-1, pp. 143, 145).
3. Case manager supervisors “supervise too many case managers.... Overload also prevents supervisors from performing their jobs adequately” (Complaint, Dkt. No. 1, p. 71).	3. 92-98% of all supervisors are within reasonable staff limits (set at no more than five lower-level case managers per supervisor) (April 2017 MR, Dkt. No. 576-1, p. 148; April 2017 Modified Settlement Agreement, Dkt. No. 579-1, p. 13).
4. The Department was plagued by “grossly inadequate training” (Complaint, Dkt. No. 1, p. 4).	4. The Department has a full-time, qualified Director of Training, and all caseworkers “complete pre-service training and receive a competency evaluation that includes both knowledge and skills assessments” before assuming full caseloads. The Department tracks completion of these requirements in its data system, TFACTs, to “help ensure that no case manager is assigned more than a ‘training caseload’ prior to certification” (April 2017 MR, Dkt. No. 576-1, pp. 135-36, 138). All new case managers complete 160 hours of training prior to receiving a caseload, and 95% of existing case managers complete 40 hours of in-service training (April 2017 MR, Dkt. No. 576-1, pp. 137-38).
5. Case managers and supervisors “often lack even the most basic knowledge of child welfare issues, or supervisory skills[,]” and applicants “are not properly assessed by educational background or experience for the position” (Complaint, Dkt. No. 1, pp. 4, 71).	5. “[T]he Department provide[s] stipends and other incentives to support graduate work to enable the state to hire and retain case managers with undergraduate and graduate degrees in social work and related fields” (April 2017 MR, Dkt. No. 576-1, p. 139).

INCREASED CASEWORKER VISITATION

MAY 2000	TODAY
1. “Routinely, case managers fail to visit children and foster homes for which they are responsible for months and even years at a time.” This failure “hampers appropriate planning, allows [children’s] deterioration to go unnoticed and untreated, and allows threats to their safety to remain undetected” (Complaint, Dkt. No. 1, p. 60).	1. “Complaints about case managers not visiting the children on their caseloads...which were depressingly commonplace when the lawsuit was filed, are now rare. Workers now routinely visit the children on their caseloads on a regular basis” (May 2017 MR, Dkt. No. 578-1, p. 8).

<p>2. In 2004, there was not even data to report on caseworker visitation: "Much improvement is needed in performance on case manager contacts with children in placement although documentation lapses make it difficult to fully assess agency performance in this area" (October 2004 MR, Dkt. No. 219, p. 17). In 2007, only 75.9% of children received at least two face-to-face contacts per month by a case manager (September 2007 MR, Dkt. No. 275, p. 144).</p>	<p>2. 86-91% of children receive at least two face-to-face case manager visits per month (April 2017 MR, Dkt. No. 576-1, p. 198).</p>
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IMPROVED CASE PLANNING + ASSESSMENTS

<p>MAY 2000</p> <p>1. "The case plans reviewed failed to address child or family needs, were out of date, contained inappropriate goals, were not individualized, and at least 10% of the cases had no plan to address the needs of both the child and the family" (Complaint, Dkt. No. 1, p. 56).</p> <p>2. "DCS fails to provide adequate assessments of children entering care. As a result, children are being denied appropriate and essential treatment, and their time in custody is being unnecessarily prolonged." 27% of children had inadequate assessments (Complaint, Dkt. No. 1, p. 55).</p>	<p>TODAY</p> <p>1. There is a well-understood, statewide standard for structured, individualized case planning known as the Child and Family Team Meeting or CFTM (April 2017 MR, Dkt. No. 576-1, p. 103).</p> <ul style="list-style-type: none"> • In 2016, 99% of children entering custody had at least one Initial CFTM, an assessment that addresses the needs of both the child and the family (April 2017 MR, Dkt. No. 576-1, p. 24). • The Department produces daily reports, documenting children with overdue CFTMs (April 2017 MR, Dkt. No. 576-1, p. 232; for more information, see Appendices T, U, and V, pp. 539-546). 94% of these meetings are facilitated by people trained specifically to listen to the child and family's variety of needs (July 2015 MR, Dkt. No. 545-1, p. 230). <p>2. 99% of children entering custody receive an initial safety (CANS) assessment within 30 days, and 84-91% of children receive an initial health care (EPSDT) assessment within 30 days (April 2017 MR, Dkt. No. 576-1, pp. 73, 174).</p> <ul style="list-style-type: none"> • According to the most recent Quality Services Review of children in foster care, 98% of children in foster care in Tennessee received acceptable scores for Safety; 100% received acceptable scores for Health and Physical Well-being; and 89% had acceptable scores for Emotional/Behavioral Well-being (April 2017 MR, Dkt. No. 576-1, p. 25).
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PLACEMENTS: MORE CHILDREN IN FAMILY SETTINGS

<p>MAY 2000</p> <p>1. Bed-driven system: DCS "sticks children wherever there is a bed, regardless of the appropriateness" (Complaint, Dkt. No. 1, p. 54).</p>	<p>TODAY</p> <p>1. According to the most recent Quality Services Review of children in foster care, 99% of children are appropriately housed in placements that can meet their needs. The Department "is doing a good job of continually evaluating a child's placement to ensure that the placement meets the child's needs" (April 2017 MR, Dkt. No. 576-1, pp. 25, 178).</p>
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<p>2. Over-use of emergency and temporary group placements:</p> <p>a. “Children are routinely placed in emergency shelters and other temporary holding facilities for upwards of six months at a time because the state has nowhere else to place them. As of April of 1999, almost 400 children were on waiting lists for needed services and placements” (Complaint, Dkt. No. 1, p. 2).</p> <p>b. “[A]lmost 40% of children in temporary placements had been there beyond 30 days” (Complaint, Dkt. No. 1, p. 56). Between September 1998 and March 1999, “almost 500 children had been in emergency placements for more than 30 days” (Complaint, Dkt. No. 1, p. 59).</p> <p>3. In 2001, Tennessee placed nearly a quarter (22%) of the children in its foster care system in congregate care facilities (Children’s Program Outcome Review Team: 2003 Evaluation Results, <i>Brian A. v. Haslam</i>, Tennessee Commission on Children and Youth, <i>Brian A. v. Haslam</i> (No. 00-0445)).</p> <p>4. Failure to support resource parents</p> <p>a. DCS “routinely fail[s] to provide on-going support services for foster parents, many of whom go long periods—many months or up to a year or more—without ever seeing or hearing from a case manager. Requests by foster parents for assistance routinely go ignored or unaddressed. As a result, foster parents routinely suffer ‘burn out’ and withdraw from the system” (Complaint, Dkt. No. 1, p. 62).</p> <p>b. Rates paid to foster parents “are significantly below U.S. Department of Agriculture (USDA) figures” for “the cost of caring for a child in Tennessee,” meaning that “children in state custody have less money available for basic necessities, like food and clothing, than the federal government has determined is necessary” (Complaint, Dkt. No. 1, p. 62).</p>	<p>2. Dramatic reduction of emergency and temporary group placements:</p> <p>a. The Department “no longer uses shelter placements” (September 2015 MR, Dkt. No. 546-1, p. 17).</p> <p>b. Between January and June 2016, only 156 of approximately 6,800 (April 2017 MR, Dkt. No. 576-1, p. 30) children in foster care in Tennessee were placed in temporary placement facilities of any kind and only nine of those children remained in those facilities for longer than 60 days (May 2017 MR, Dkt. No. 578-1, p. 7).</p> <p>3. 85% of children are placed in family settings, meaning “Tennessee continues to be able to successfully serve a significant number of children with higher levels of need in [family] resource homes” (April 2017 MR, Dkt. No. 576-1, pp. 37-39). “This level of performance—generally placing around 85% of children in resource homes when they come into care and limiting congregate care placements to around 15%—continues to represent a significant achievement compared to other child welfare systems” (April 2017 MR, Dkt. No. 576-1, p. 35).</p> <ul style="list-style-type: none"> • Only one child under the age of six was placed in congregate care, which was demonstrated to be the least restrictive placement that could meet that child’s needs (April 2017 MR, Dkt. No. 576-1, p. 386). <p>4. Better treatment of and more thoughtful engagement with foster parents to facilitate increased placements in those homes</p> <p>a. DCS responds to 99% of inquiries from prospective resource parents within seven days (April 2017 MR, Dkt. No. 576-1, p. 271) and issues annual reports as to “why resource families leave DCS and to address what steps are necessary to ensure retention of resource families” (April 2017 MR, Dkt. No. 576-1, pp. 271-72).</p> <p>b. Increased payments above USDA guidelines for the cost of raising children within this region of the country and provision of specialized rates for resource parents providing services to special needs children (April 2017 MR, Dkt. No. 576-1, pp. 274-77).</p> <ul style="list-style-type: none"> ○ “Not only do kinship resource homes continue to receive the same board rate as non-kinship homes once they have been fully approved, but the Department is now able to provide a financial stipend for kinship resource parents pending approval” (April 2017 MR, Dkt. No. 576-1, p. 293).
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PLACEMENTS: KIDS CLOSER TO HOME

<p>MAY 2000</p> <p>1. “Children are often placed at a great distance from their parents and siblings. As found in the Comptroller’s Report, children are routinely placed out of their county and 35% are placed out of their region, ‘making it more difficult for the home county case manager to stay in touch with the child, and for parents to participate in visitation, counseling and reunification efforts’ and ‘undermin[ing] treatment efforts and outcomes’” (Complaint, Dkt. No. 1, p. 65).</p>	<p>TODAY</p> <p>1. Children entering foster care are much more likely to be placed in or near their home communities: 86% of children were placed within region or 75 miles of the home from which they were removed (April 2017 MR, Dkt. No. 576-1, pp. 22, 45, 318).</p>
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IMPROVED DATA SYSTEM

<p>MAY 2000</p> <p>1. DCS was “an organization that had been largely unable to produce basic data about the children in its custody” (May 2017 MR, Dkt. No. 578-1, p. 9). The system could not even report children’s locations and prior placements, the case plan and permanency goal for each child, and the number of children in custody who were on waiting lists for services (Complaint, Dkt. No. 1, p. 73).</p> <p>2. In 2012, renewed data problems prevented DCS from accurately tracking and investigating child deaths throughout the state (June 2013 MR, Dkt. No. 492-1, p. 16).</p> <p>3. Data problems were also impacting accurate payments to foster parents (April 2013 MR, Dkt. No. 484-1, p. 9).</p>	<p>TODAY</p> <p>1. The “Department now benefits from a well-functioning automated information system and an extremely capable and customer-focused Office of Information Technology that is leveraging advances in web-based technology to support both front-line and management staff” (May 2017 MR, Dkt. No. 578-1, p. 9). The Data system “is in many ways a model for other child welfare systems” (April 2017 MR, Dkt. No. 576-1, p. 283).</p> <p>2. The Department now has an extensive review process for Child Death Reviews that responds “to any immediate concerns and recommend[s] cases for a more in-depth Systems Analysis” (February 2016 MR, Dkt. No. 552-1, p. 94). All cases referred by the Office of Child Safety are reviewed within 30 days of referral, and the monitors have determined that “child death cases and near death cases are being reviewed consistent with the Department’s well-designed Child Death Review protocols, including compliance with the established timelines, and that the Child Death Review process continues to ensure that those cases are being identified and appropriately reviewed” (February 2016 MR, Dkt. No. 552-1, p. 96).</p> <p>3. The current financial management system ensures “timely and accurate payments to resource families, adoptive homes, and private providers” (April 2017 MR, Dkt. No. 576-1, p. 306).</p>
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STRICT OVERSIGHT OF PSYCHOTROPIC DRUGS + RESTRAINTS

<p>MAY 2000</p> <p>1. Plagued by a “lack of clear and effective policies and procedures governing the use of psychotropic drugs for children in DCS custody” (May 2017 MR, Dkt. No. 578-1, p. 9), the Department consistently failed to “exercise professional judgment regarding, [sic] the health, safety</p>	<p>TODAY</p> <p>1. “The Department has implemented best practice policies and procedures governing [the] use of psychotropic medications” (May 2017 MR, Dkt. No. 578-1, p. 9) by implementing standards of the American Academy of Child and Adolescent Psychiatry (April 2016 MR, Dkt. No. 554-1, pp. 6-8).</p>
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and welfare of the Plaintiff children” with respect to the use of these drugs (Complaint, Dkt. No. 1, p. 53). The Named Plaintiff Amy D. illuminates what exactly this failure meant for the children in care: while in DCS custody, Amy was “grossly over-medicated.” As a result, she would “[slur] her speech and could barely form words,” and, although her weight exploded from 115 to over 240 pounds, her “obesity...[was] entirely ignored and unaddressed by the staff” (Complaint, Dkt. No. 1, pp. 41-42).

2. 33% of children receiving psychotropic medication did not receive adequate legal consent for the receipt of psychotropic medication (October 2004 MR, Dkt. No. 219, p. 18).
3. Incidents with children in residential placements are “often unreported or inadequately reported, so corrective action is not possible” (Complaint, Dkt. No. 1, p. 61).

- Creating “red flag teams,” consisting of “a nurse practitioner with special expertise in the appropriate use of psychotropic medications” and a child psychiatrist, who respond to “red flag” cases and bring them to the attention of the DCS medical director during weekly meetings (April 2017 MR, Dkt. No. 576-1, pp. 181-82).
- Hiring of an external consultant to bolster informed consent practices (April 2017 MR, Dkt. No. 576-1, p. 182).
- Implementing a peer-to-peer approach with prescribers (April 2017 MR, Dkt. No. 576-1, p. 182).
- Revising informed consent practices and comprehensive review of files to ensure proper consent (April 2017 MR, Dkt. No. 576-1, pp. 182-86).

2. The Department’s Program Accountability Reviews show that 90% of files have the required timely documentation of informed consent for every psychotropic medication the child is taking (April 2016 MR, Dkt. No. 554-1, p. 11; for more information on the Department’s extensive data capturing of psychotropic drug usage, see April 2017 MR, Dkt. No. 576-1, Appendix K, pp. 398-432).
3. “The current processes effectively ensure that every incident report of restraint or seclusion is appropriately reviewed—with the [mental health clinicians] and health unit nurses reviewing and responding to the higher level incidents directly and with the PQI staff reviewing the lower level incidents through a combination of the aggregate data tracking and quarterly sample reviews, and sharing the results with the MHCs and Psychology Director” (April 2017 MR, Dkt. No. 576-1, p. 189).

SUPPORTING REUNIFICATION

MAY 2000

1. Failure to provide services to help facilitate reunification, especially psychological evaluations and counseling (Complaint, Dkt. No. 1, p. 64).
2. “Reunifications are too often attempted without appropriate services or supervision, and children suffer additional abuse and neglect and must again be removed” (Complaint, Dkt. No. 1, p. 65).

TODAY

1. Over 40% of children entering foster care are found a permanent home within 12 months (overwhelmingly through reunification), exceeding the federal standard (April 2017 MR, Dkt. No. 576-1, pp. 83-84).
2. The Department provides six areas of core services and supports—substance abuse treatment, mental health counseling, parenting education, housing assistance, supervised visiting, and services to address domestic violence—to “address the family circumstances that are the obstacles to reunification” (April 2017 MR, Dkt. No. 576-1, p. 125). DCS also provides intensive, therapeutic in-home counseling and support to help children transition home (April 2017 MR, Dkt. No. 576-1, pp. 130-32).
 - The Department also requires children to have trial home visits (THVs) prior to being allowed to return to their families. 93-99% of children received required visits from case managers during their THVs to facilitate a safe reunification (April 2017 MR, Dkt. No. 576-1, pp. 240-43, 246).

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| | <p>3. “When children are returned to their families, reunification is generally successful. For the most recent monitoring period (using the measure of reentry established by the Settlement Agreement), just 4% of children reentered DCS custody within 12 months of discharge, a percentage point better than the performance target of 5% established by the Settlement Agreement” (May 2017 MR, Dkt. No. 578-1, p. 6; April 2017 MR, Dkt. No. 576-1, p. 21).</p> |
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INCREASED PARENT-CHILD VISITATION

MAY 2000

1. “Another systemic problem, which creates a further barrier to reunification, is the lack of visitation between parents and children with a goal of return home” (Complaint, Dkt. No. 1, p. 64). “Thirteen percent of children with a goal of reunification had no documented visits with their parents in the nine-month review period and an additional 41% had less than monthly visits” (October 2004 MR, Dkt. No. 219, p. 17).

TODAY

1. 97-100% of children who are on a track towards reunifying with their parents are now visiting with their parents at least once per month and 76-81% are visiting at least twice per month (April 2017 MR, Dkt. No. 576-1, p. 21; for more information, see Appendix G, pp. 373-77).
 - According to recent quality assurance reviews of children in foster care, acceptable scores for Family Connections work—reflecting “the degree to which relationships between the child and family members from whom the child is separated...are maintained through appropriate visits and other means”—have increased from a low of 41% in 2005-2006 to 71% in 2015-2016 (and 78% in 2014-15) (September 2007 MR, Dkt. No. 275, p. 47; April 2017 MR, Dkt. No. 576-1, pp. 25, 65).

INCREASED SIBLING PLACEMENT + VISITATION

MAY 2000

1. “Children are often placed at a great distance from their parents and siblings” (Complaint, Dkt. No. 1, p. 64).
2. “Defendants routinely fail to provide child-sibling visits” (Complaint, Dkt. No. 1, p. 64). As of 2004, “44% of [children separated from their siblings] had no documented visits with all of their siblings during the nine-month review period and an additional 42% had less than monthly visits” (October 2004 MR, Dkt. No. 219, p. 17).

TODAY

1. “Children entering foster care in Tennessee are now...much less likely to be separated from their siblings” (May 2017 MR, Dkt. No. 578-1, p. 7). In the most recent entry cohort, 82% of siblings were placed together (April 2017 MR, Dkt. No. 576-1, pp. 21, 58, 160), making “the percentage of sibling groups placed together...a significant strength for Tennessee’s child welfare system” (April 2017 MR, Dkt. No. 576-1, p. 53).
2. For siblings not placed together, 85-87% have at least one visit with all of their siblings at least once per month. 90-92% of children have visits with at least one sibling at least once per month (April 2017 MR, Dkt. No. 576-1, pp. 21, 63; for more information, see Appendix I, pp. 339-93).

PERMANENCY FOR CHILDREN WHO CAN'T RETURN HOME

MAY 2000	TODAY
<ol style="list-style-type: none"> 1. Kids languishing in care: “Once DCS determines that a child’s return home is not safe and in the child’s best interests, DCS is required to promptly determine how best to secure a permanent home, which is usually accomplished through adoption. However, numerous systemic deficiencies in the adoption process prevent or delay children from being adopted, and unnecessarily and unlawfully extend children’s time in state foster care custody” (Complaint, Dkt. No. 1, p. 65). 2. Delays after termination of parental rights (“TPR”): 800 foster children for whom parental rights had been terminated were awaiting adoption (Complaint, Dkt. No. 1, pp. 2, 67, 77). 3. There were only 425 adoptions in 2000 (April 2005 MR, Dkt. No. 244, p. 31). 	<ol style="list-style-type: none"> 1. “[T]he Department does a very good job of identifying adoptive families and moving those children to permanency” (April 2017 MR, Dkt. No. 576-1, p. 264). 2. 92% of children for whom TPR filed in 2014 had court order obtaining guardianship in 12 months or less (April 2017 MR, Dkt. No. 576-1, p. 259; for more information re: departmental strategies for kids for whom adoptive families have and have not yet been identified, see April 2017 MR, Dkt. No. 576-1, pp. 263-66). 3. There were between 1,105 and 1,223 adoptions per year between 2012 and 2016 (April 2017 MR, Dkt. No. 576-1, p. 93). To facilitate faster adoptions, the Department has also: <ul style="list-style-type: none"> • “[I]mplemented ‘dual licensing’ so that all resource parents are potential adoptive parents from the standpoint of training and approval requirements” (April 2017 MR, Dkt. No. 576-1, p. 171). • Established a statewide subsidized permanent guardianship program as a permanency option that provides subsidized permanent guardianship for children in foster care without the need to terminate parental rights (April 2017 MR, Dkt. No. 576-1, p. 292).

MORE STABLE PLACEMENTS + SHORTER STAYS IN CUSTODY

MAY 2000	TODAY
<ol style="list-style-type: none"> 1. 36% of children in custody for over two years, and 17% in custody for over four years (Complaint, Dkt. No. 1, p. 2). 2. Children languished in care under the status of “permanent foster care” or “long[-]term foster care” (April 2017 MR, Dkt. No. 576-1, p. 101). 3. “23%—over 2,000 children—experience 10 or more placements” (Complaint, Dkt. No. 1, p. 58). 4. Before 2006, the Department could not even track data regarding placement changes, as shown by its admission: “[I]t is not possible to make a determination regarding compliance with this outcome measure” (October 2004 MR, Dkt. No. 219, p. 30.) 	<ol style="list-style-type: none"> 1. 78% of children exit in two years or less, and only 9% are in custody for more than three years (April 2017 MR, Dkt. No. 576-1, p. 20). 2. Permanent foster care and long-term foster care are no longer goals for youth in foster care (April 2017 MR, Dkt. No. 576-1, pp. 101-02). 3. 1% of the children in care—46 children—experience 10 or more placements (May 2017 MR, Dkt. No. 578-1, p. 7). 4. 90% of children had two or fewer placements within past 12 months (April 2017 MR, Dkt. No. 576-1, p. 36).

BETTER EDUCATION + SERVICES FOR OLDER YOUTH IN CARE

MAY 2000

1. “The education available to children in DCS custody is routinely inadequate[,]” and DCS fails to ensure that children receive appropriate educational services (Complaint, Dkt. No. 1, p. 62).
2. “[T]here was frequently a lack of curricular alignment between the schools that the children attended while in DCS custody and the schools in the child’s home community. Few school systems made special efforts to accommodate children transitioning from foster care, and some school systems were resistant to serving these students. And there was no structure for ensuring coordination and cooperation between the Department and the school systems” (February 2016 MR, Dkt. No. 552-1, p. 70).
3. Poor quality on-site schools: “Children in emergency placements, such as shelters, frequently receive inadequate schooling in single ‘classrooms’ with one or two teachers overseeing large numbers of children, despite wide variations in age, educational development and ability among the children. In some group homes, ‘school’ involves little more than three hours in the morning and afternoon doing crossword puzzles, with a lunch recess in between. ‘Teachers’ are too often little more than babysitters” (Complaint, Dkt. No. 1, p. 63).
4. Meaningful services for older youth were “virtually non-existent,” which rendered children completely ill-equipped to live on their own after exiting DCS custody (Complaint, Dkt. No. 1, p. 4). Services were so dismal that “DCS considers that a child is receiving independent living training if the child simply is attending high school” (Complaint, Dkt. No. 1, p. 68).

TODAY

1. According to Quality Service Reviews of children in foster care, 90% of children—including children with exceptional needs that require a current and appropriate Individualized Education Plan—are enrolled in educational programs appropriate to meet their needs (April 2017 MR, Dkt. No. 576-1, pp. 25, 79, 179).
2. DCS now has good working relationships with most school systems due to the “extremely effective work” of its education specialists—positions that did not exist at the time of the original Settlement Agreement. These specialists also help case managers ensure that individual children’s educational needs are being met (February 2016 MR, Dkt. No. 552-1, p. 71).
3. Children are much more likely to be enrolled in public schools (May 2017 MR, Dkt. No. 578-1, p. 7): Tennessee’s *Learning and Development* score of 90% demonstrates that the large majority of children are “enrolled in at least a minimally appropriate educational/vocational program, consistent with the child’s age and ability” and “experiencing somewhat age-appropriate physical, intellectual, emotional, and social development” (April 2017 MR, Dkt. No. 576-1, pp. 25, 79).
4. Due to the Department’s emphasis on securing permanency for all youth in care, fewer young adults “age out” of the system. Those who do have a far more comprehensive array of service options than they did at the time of the Settlement Agreement:
 - DCS created Extension of Foster Care (“EFC”) in 2011. It now provides services to 48% of children in foster care turning 18 until they’re 22 (July 2012 MR, Dkt. No. 441-1, p. 28; April 2017 MR, Dkt. No. 576-1, pp. 81-82, 192; for additional Independent Living and Extension of Foster Care Information, see Appendix R, pp. 515-32).
 - “[T]hrough a partnership with Youth Villages, any young person transitioning from foster care, irrespective of whether he or she opts into EFC, can receive case management services and supports through the Transitional Living Program, which helps foster youth and former foster youth ages 17-22 find safe housing, achieve stable employment, continue their education or get job training, reunite with birth families if possible, build healthy adult support systems and learn to manage their physical and mental health” (January 2015 MR, Dkt. No. 535-1, p. 52).

<p>5. “Most areas of the state have no programs specifically for independent living training, and those few programs which do exist have few openings” (Complaint, Dkt. No. 1, p. 68).</p>	<p>5. DCS has created resource centers to help older youth cultivate critical skills through a range of services and supports, including: financial planning, GED classes, Life Skills training, youth leadership training, activities to build social skills and civic engagement, job skills training, internship placements, career counseling, and networking (January 2015 MR, Dkt. No. 535-1, p. 56; April 2017 MR, Dkt. No. 576-1, p. 193).</p>
<p>6. Achievement measures upon discharge: “Young people are regularly discharged from the foster care system lacking the education, training and life skills necessary to live independently” (Complaint, Dkt. No. 1, pp. 68-69).</p>	<p>6. 94% of youth exiting care now meet at least one of the following achievement measures upon discharge: being enrolled in high school or a GED program, obtaining a high school diploma or GED, pursuing Adult Service Transition, obtaining Full-Time Employment or Vocational Training, and enrolling in post-secondary education (April 2017 MR, Dkt. No. 576-1, pp. 21, 81, and 314).</p>

ADDRESSING RACE DISPARITY

<p>MAY 2000</p> <p>Outcomes for African-American children were even worse than for other children in Tennessee’s foster care system: “Defendants make even less effort to secure appropriate placements and services, and to make reasonable efforts to secure a permanent home for African-American children in state custody, than they do for Caucasian children” (Complaint, Dkt. No. 1, pp. 75-76).</p> <p>To address this disparity, the original Settlement Agreement mandated that DCS conduct a Racial Disparity Study, which recommended that the Department: 1. Develop its capacity to collect and analyze data to identify areas having a disparate impact on minority children and families (March 2007 MR, Dkt. No. 262-1, p. 13); 2. Recruit more foster homes through targeted regional recruitment plans (March 2007 MR, Dkt. No. 262-1, p. 20); 3. Bolster relative and kinship caregiver supports (March 2007 MR, Dkt. No. 262-1, pp. 22-23); and 4. Increase staff diversity (March 2007 MR, Dkt. No. 262-1, p. 29) and implement cultural competency training (March 2007 MR, Dkt. No. 262-1, p. 31).</p>	<p>TODAY</p> <p>The Department is intentional about addressing race disparities, as shown by the extent to which it has implemented the recommendations of the Racial Disparity report:</p> <ol style="list-style-type: none"> 1. DCS “has built its capacity to produce and analyze data by race and ethnicity” (May 2017 MR, Dkt. No. 578-1, p. 10; see April 2017 MR, Dkt. No. 576-1, Appendix E, pp. 350-63). 2. “The Department now regularly engages in targeted recruitment efforts to increase African American resource homes” (May 2017 MR, Dkt. No. 578-1, p. 10). 3. The Department “supports relative caregiver programs in every region, provides a ‘subsidized permanent guardianship’ permanency option, and ensures that kinship resource homes receive financial and other support comparable to non-relative foster homes” (May 2017 MR, Dkt. No. 578-1, p. 10). 4. DCS “recruit[s] and maintain[s] a diverse workforce and continues to ensure that staff receive cultural competency training” (May 2017 MR, Dkt. No. 578-1, p. 10). <p>As reflected in the work plan for the External Accountability Center (Dkt. No. 579-2), the Department plans to continue to use its “robust data capacity” to continue to “fashion and implement strategies to reduce racial disparity” and “understand the extent to which race and other factors contribute to the differences in outcomes between minority and white children” (May 2017 MR, Dkt. No. 578-1, pp. 10-11).</p>
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