

Child and Family Services Reviews

Statewide Assessment

**[Minor formatting adjustments may have been made to this document for 508 compliance.
Content is unaffected.]**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to review state child welfare systems' performance related to child protective services, foster care, adoption, family preservation and independent living as well as their conformity to required child and family outcomes. Public reporting burden for this collection of information is estimated to average 120 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (45 CFR 1355.33(b)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970–0214 and the expiration date is 1/31/2025. If you have any comments on this collection of information, please contact the Children's Bureau at Danielle.McConaga@acf.hhs.gov

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process¹ is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

- 1) Ensure conformity with federal child welfare requirements
- 2) Determine what is happening to children and families receiving child welfare services
- 3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its Risk-Standardized Performance (RSP) relative to the national performance for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration

¹ Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy²

² As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?

- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."³ Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews

³ Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The statewide assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the *CFSR Procedures Manual* for additional information on completing the statewide assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSP state data profile transmitted to the state to use in completing the statewide assessment.

The Statewide Assessment template is available electronically on the CB website at <https://www.acf.hhs.gov/cb>.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the *CFSP Procedures Manual*, “Statewide Assessment” section (available on the CB website at <https://www.acf.hhs.gov/cb>, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States’ “Change and Implementation in Practice” series.⁴ The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state’s assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
 - PIP and PIP progress reports
 - CFSP and APSR
 - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
 - Most recent CFSP state data profile and supplemental context information, providing performance information on the CFSP statewide data indicators
 - State administrative data and aggregate performance information and measures
 - Case record review results
 - Other available statewide data, e.g., learning management system reports,

⁴ Capacity Building Center for States’ “Change and Implementation in Practice” series, available at <https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/>

administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups

- Review the *CFSR Procedures Manual*, “Capacity Building Collaborative Data Support Services” section, available on the CB website at <https://www.acf.hhs.gov/cb>, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide assessment of the state’s child welfare system and the state’s ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state’s child welfare systems’ processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state’s most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency’s investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state’s assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state’s observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment

Section I: General Information

Name of State Child Welfare Agency:

Tennessee Department of Children's Services

State Child Welfare Contact Person(s) for the Statewide Assessment

Name: Anthony Nease and Jamie Brennan

Program Director 3/ Program Director 1 (615) 927-7884

Anthony.nease@tn.gov jamie.brennan@tn.gov

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Alysia S. Knight	Tennessee Association of Mental Health Organizations	Partner
Anthony Bingham	Children's Bureau	Partner
Brent Robinson	TennCare	Partner
Claire Stohmeyer	Capacity Building Center	Partner
Craig Hargrow	Tennessee Commission on Children and Youth	Partner
Danette Mahabeer	Community-Based Child Abuse Prevention Advisory Board	Partner
Darlene Vastano	Foster Care Review Board and Child Advocacy Center	Partner
Daryl Chansuthus	University of Tennessee Social Work Office of Research and Public Service	Partner
Dianne Kelly	Children's Bureau	Partner
Elizabeth Reeve	Department of Mental Health and Substance Abuse Director of Juvenile Justice	Partner
Gwen Laaser	Department of Human Services - Child Care Services	Partner
Jeffrey Thompson	Citizen's Review Panel and Education	Partner
Jovanda Williams	University of Tennessee College of Social Work	Partner
Kathy Gracey	University of Vanderbilt Center of Excellence	Partner
Kelly Darnell	Capacity Building Center	Partner
Keri Virgo	Department of Mental Health and Substance Abuse	Partner
Laurie Messinger	University of Tennessee College of Social Work	Partner
Maddy Langlan	Capacity Building Center	Partner
Marie Williams	Department of Mental Health and Substance Abuse	Partner
Marina Boher	Department of Human Services Supplemental Nutrition Assistance Program	Partner
Mark Shults	JBS International	Partner
Mary K. Myers	Capacity Building Center	Partner
Mary Kilpatrick	Court Appointed Special Advocate	Partner - Northeast
Mary Shelton	Court Appointed Special Advocate Director of Behavioral Health	Partner
Matt Yancey	Department of Mental Health and Substance Abuse Deputy Commissioner	Partner
Michael Myszka	TennCare	Partner
Michelle Moser	East Tennessee State University Center of Excellence	Partner
Paula Buege	Capacity Building Center	Partner
Rebecca Vernon	Department of Human Services Temporary Assistance for Needy Families	Partner
Richard Kennedy	Tennessee Commission on Children and Youth	Partner
Steve Worner	Child Advocacy Center	Partner
Tasha Toebben	Capacity Building Center for States	Partner
Toni Lawal	Citizen's Review Panel	Partner
Andrea Gammon	Foster Care Review Board	Legal
Allen Barnes	Guardian Ad Litem	Legal
Anna Reid	Foster Care Review Board Facilitator	Legal - Southwest

Section I—General Information

Name	Affiliation	Role in Statewide Assessment Process
Anthony Jones	Foster Care Review Board Volunteer	Legal - East
Ardena Hicks	Guardian Ad Litem	Legal - East
Ashley Galloway	Foster Care Review Board Volunteer	Legal - East
Carrie Mason	Administrative Office of the Courts	Legal
Donna Jean Cherry	Foster Care Review Board Volunteer	Legal - East
Tracie Davis	Campbell County Child Advocacy Center	Provider - East
Tracy Plant	Child Advocacy Center	Provider - Upper
Virginia Stallworth	Child Advocacy Center	Provider - Shelby
Vonda McGill	Child Help	Provider
Willie Voss	TN Voices	Provider
Xuandra Scruggs	New Visions	Provider

Section /-Genera/Information

Name	Affiliation	Role in Statewide Assessment Process
Emily Brenyas	Guardian Ad Litem	Legal - East
Emily Carpenter	Foster Care Review Board Facilitator	Legal - Southwest
Fred Silverstein	Foster Care Review Board Facilitator	Legal - Southwest
Gerry Collins	Guardian Ad Litem	Legal - East
Gussie White-Mask	Foster Care Review Board Facilitator	Legal - East
Jack West	Guardian Ad Litem	Legal - South Central
Jasmine Newsom	Foster Care Review Board Facilitator	Legal - Shelby
Jay Boyd	Foster Care Review Board Facilitator	Legal - Southwest
Jeremy Armstrong	Guardian Ad Litem	Legal - Northwest
Jessica Robertson	Foster Care Review Board Member	Legal - Middle
Jill Overton	Safe Baby Court Coordinator	Legal
Jill Stott	Foster Care Board Facilitator	Legal - East
Joan Banks	Foster Care Board Facilitator	Legal - Southwest
Judge Sheila Calloway	Court	Legal - Davidson
Judge Jennifer Wade	Court	Legal - Davidson
Katie Nabors	Foster Care Review Board Facilitator	Legal - Middle
Kayla Eggleston	Foster Care Review Board Member	Legal - East
Leah Charland	Safe Baby Court Coordinator	Legal - Northeast
Lynn Banks	Foster Care Review Board Facilitator	Legal - Southwest
Lynn Farrar	Court Appointed Special Advocate	Legal
Mark Free	Birth Parent Attorney	Legal
Megan Frazier	Birth Parent Attorney	Legal
Megan Burruss	Safe Baby Court Coordinator	Legal - Knox
Natalie Pinner	Foster Care Review Board Facilitator	Legal - Southwest
Nicole Johnson	Foster Care Review Board Facilitator	Legal - Southwest
Per Thomas	Foster Care Review Board Volunteer	Legal - Davidson
Ryan Graham	Administrative Office of the Courts	Legal
Shannon Kern	Court Appointed Special Advocate	Legal
Sherry Mahar	Guardian Ad Litem	Legal - Knox
Stacy Lynch	Administrative Office of the Courts	Legal
Stephanie Ethridge	Administrative Office of the Courts	Legal
Tamiko Hardrick	Foster Care Review Board Facilitator	Legal - Southwest
Tiffany Tant-Shafer	Guardian Ad Litem	Legal - Middle
Travis Brasfield	Parent Attorney	Legal - East
Twyla King	Foster Care Review Board Facilitator	Legal - Southwest
Amber Whitten	Carl Perkins Center	Provider - Northwest
Amy Burke-Salyer	Ashley's Place	Provider - Middle

Section /-Genera/Information

Name	Affiliation	Role in Statewide Assessment Process
Amy Scott	Bethany Children's Safe Family	Provider
Angel Sexton	TN Department of Intellectual Disabilities	Partner
Benita Caldwell	The Center for Family Development	Provider - South Central
Bett Jewell	Carl Perkins Center	Provider
Brenda Stanton	Omni	Provider
Brent Hutchinson	Davis House	Provider
Brittany Ballard	TN Voices Nurturing Parenting	Provider
Brittany Farrar	Youth Villages	Provider
Carianna Johnson	Nurses for Newborns	Provider - Davidson
Carly Wheat	Carl Perkins Center	Provider
Carole Clements	Kindred Place	Provider
Carolyn Evans	Davis House	Provider - Middle
Cassell Galligan-Davis	Child Advocacy Center	Provider
Charmaine Kromer	Youth Villages	Provider
Chris Evans-Longmire	Child Advocacy Center	Provider
Cindy Powell	Child Advocacy Center	Provider
Crystal Guess	Junior's House	Provider
Darci Halfman	Tennessee Alliance for Children	Provider
Dawn Harper	Nashville Children's Alliance	Provider - Davidson
Dawn Raines	The Stephens Center	Provider
Delaine Bottoms	Carl Perkins Center	Provider - Southwest
Dennis Hobbs-Coker	The Family Center	Provider
Dennis Meehan	Executive Director Omni	Provider
Eddie Smith	Child Help	Provider - Knox
Emma Rowland	Helen Ross McNabb	Provider - Knox
Gena Frye	Sullivan County Child Advocacy Center	Provider - Northeast
Jamie Carr	Carl Perkins Center	Provider
Jennifer Vaida	Nurture the Next	Provider
Joel Alex	Relative Caregiver	Provider
Joyce Prusak	Coffee County Child Advocacy Center	Provider - South Central
Karen Seals	Omni Community Health	Provider
Karon Wilson	The Stephens Center	Provider - Upper
Kathryn Norbeck	Child Advocacy Center	Provider
Kelli Craig	Child Advocacy Center	Provider
Kelly Weber	The Hope Center	Provider
Kim Hendrix	Carl Perkins Center	Provider
Kris Crim	Memphis Child Advocacy Center	Provider - Shelby
Kristen Pavlic McCallie	Hamilton County Child Advocacy Center	Provider - TN Valley

Section /-Genera/Information

Name	Affiliation	Role in Statewide Assessment Process
Laura Lackey	Camelot	Provider
Laurie Hoffman	The Family Center	Provider – Davidson
Leslie Perry	Nurture the Next	Provider – Davidson
Lisa Healy	Catholic Charities of East Tennessee	Provider – East
Lisa Schmidt	Carl Perkins Center	Provider
Lynsey Stubbs	Bethany Christian Services	Provider
Madeline Looney	Hamilton County Child Advocacy Center	Provider – TN Valley
Maggie McNalley	Safe Harbor Child Advocacy Center of the Smokies	Provider – Smoky
Mary Katsikas	Helen Ross McNabb	Provider
Matt Robertson	Nurses for Newborns	Provider
Mckenna Conway	Sullivan County Child Advocacy Center	Provider – Northeast
Melissa Birdwell	Frontier Health	Provider – Northeast
Michael McSurdy	Family and Children Services	Provider
Michael Medoro	Child Help	Provider
Michelle Davis	Boys & Girls Club	Provider – Northeast
Michelle Whaley	Harmony Adoptions	Provider
Nicole Caldwell	Carl Perkins Center	Provider
Paul Ritter	Catholic Charities of East Tennessee	Provider – Knox
Phyllis Smith	Child Advocacy Center	Provider
Presley Hosford	Cannon & Rutherford County Child Advocacy Center	Provider – Upper
Rikki Harris	TN Voices	Provider
Samantha Prater	Child Advocacy Center	Provider
Sarah Long	Helen Ross McNabb	Provider
Sharon De Boer	Rutherford County Child Advocacy Center	Provider – Upper
Stephen Woerner	Tennessee Child Advocacy Center	Provider
Tabitha Damron	Blount Country Child Advocacy Center	Provider – Smoky
Tee Jay Glidwell	Carl Perkins Center	Provider
Teresa Gibson	Omni	Provider
These King	Relative Caregiver	Provider
Tim Malone	New Visions Nurturing Skills for Families	Provider – Davidson
Tim Perry	Frontier Health	Provider

Section /-Genera/Information

Name	Affiliation	Role in Statewide Assessment Process
Tee Anna Davis		Foster Parent
Alex Denis	TN Department of Children Services (DCS)	Chief Media Officer
Alisha Singley	DCS	Drug Team
Amanda Jones	DCS	Federal Programs Division
Amber Reaves	DCS	Program Specialist
Amy Savage	DCS	Director for CQI
Andy Verenski	DCS	Chief of Staff
Anna Wiginton	DCS	Director Child Programs
Annakiya Sauda	DCS Middle	Team Leader/Office of Child Safety
Anthony Nease	DCS	Director/Federal Program Division
Anthony Vandusen	DCS	Program Specialist
Assistant Commissioner El- Kaissy	DCS	Assistant Commissioner
Barbara Maners	DCS	Federal Programs Division
Brenda Carpenter	DCS	Preservice Training
Carla Aaron	DCS	Deputy Commissioner

Section /-Genera/Information

Name	Affiliation	Role in Statewide Assessment Process
Carol Beech	DCS	Deputy Regional Administrator/CFSR Reviewer
Carren Broadnax	DCS	Resource Linkage
Charles Baumgardner	DCS	Regional Administrator
Christina Keen	DCS	Drug Team Leader
Ciprian Boitor	DCS	Director of Psychology
Margie Quinn	DCS	Commissioner
Courtney Mathews	DCS	Director Independent Living
Courtney Weaver	DCS	Program Manager
Daniel Hess	DCS	OJT/Coach
Darren Goods	DCS	Deputy Commissioner for Juvenile Justice
Deb Owens	DCS	Drug Team Caseworker
Deborah Lowen	DCS	Deputy Commissioner for Child Health
Deshawn Harris	DCS	Acting Deputy Commissioner
Diane Coffield	DCS	Team Leader
Doug Diamond	DCS	General Counsel
Emily Gannon	DCS Shelby	Attorney
Eric Henderson	DCS	Federal Programs Division
Ericka Conwell	DCS	Director of Adoptions
Erin Beese	DCS	Foster Parent Support/CFSR Reviewer
Felicia Harris	DCS Upper	Regional Director
Frank Mix	DCS	Executive Director for Network Development
Haley Gilson	DCS	Federal Programs Division
Hayes O'Donnel	DCS	Deputy Legislative Liaison
Hubernetta Stuckey	DCS	Assistant to the Commissioner
Jamie Brennan	DCS	Federal Programs Division
Jamie Green-Lamb	DCS	Deputy Regional Director
Jeff Weidenbenner	DCS	OCS Director of Quality Control
Jennifer K. Watts	DCS Upper Cumberland	Regional Program Coordinator
Jerrisha Tinker	DCS	Independent Living

Section /-Genera/Information

Name	Affiliation	Role in Statewide Assessment Process
Jim Layman	DCS	Executive Director for Legislation & Policy
Jimmie Trice-Baylor	DCS Southwest	Placement Team Leader
Josh Dynes	DCS Northeast	Team Leader for Court Liaisons
Julie Rotella	DCS	Assistant Commissioner
Kelly Whitfield	DCS	Program Manager for Policy
Kim Garland	DCS Northeast/Smoky Mountain	Regional Investigations Director
Kim Wright	DCS	Federal Programs Division
LaShonda Randolph	DCS	Director Training/Racial Justice Workgroup
Laura O'Neal	DCS Smoky Mountain	Foster Care Team Leader/ CFSR Reviewer
Laurie Baker	DCS	STS Information Systems Director
Leigh O'Hay	DCS Shelby	Data Coordinator & CFSR Reviewer
Lindsay Coleman	DCS	Executive Director
Lisa Merritt	DCS	Federal Programs Division
Loretta Beard	DCS	Division of Federal Programs & Team Support
Lynnie Vaughn	DCS	Director of Safety Systems Analysis
Marjahna Hart	DCS	Director of In Home Services
Marcy Martin	DCS East	Regional Administrator
Marlene Hyman	DCS Shelby	Regional Administrator
Marquita Adam	DCS	Division of Federal Programs & Team Support
Martha Shirk	DCS	Human Resources
Mary Beth Duke	DCS Northwest/Southwest	Regional Investigations Director
Mary Lyell	DCS	Juvenile Justice
Meghann Stacy	DCS	Chief Information Officer
Michael Flanery-Fray	DCS	Office of Juvenile Justice
Michelle Reiter	DCS	Division of Federal Programs & Team Support
Mike Burnette	DCS	Executive Leadership
Misty Neeley	DCS	Federal Programs Division
Nate Hoffeditz	DCS	Federal Programs Division

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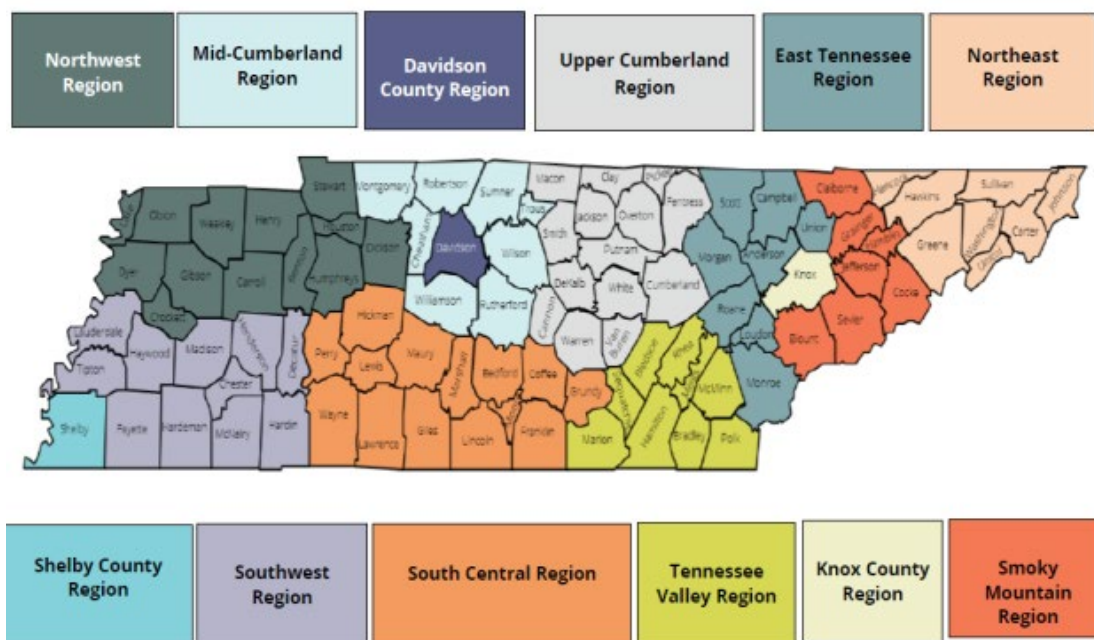
Name	Affiliation	Role in Statewide Assessment Process
Pierce Beckham	DCS	Director of Systems Integration & Innovation
Rebecca Bevans	DCS	Director of OCS Training & FFPSA Implementation
Rebecca Woods	DCS East	Foster Care Team & CFSR Reviewer
Ronya Faulkner	DCS	Executive Director Office of Professional Development and Training
Sammi Maifair	DCS	Deputy General Counsel
Shannon Romans	DCS	Regional Director
Sheri Strain	DCS	Director for Budget
Sheriee Cook	DCS	Juvenile Justice
Sophia Crawford	DCS	Deputy General Counsel
Stephanie Coleman	DCS Northwest	In Home Services/ Foster Care Team & CFSR Reviewer
Takajya Clayton	DCS	Division of Federal Programs
Tamera Coleman Bonds	DCS	Regional Director for Juvenile Justice - West
Tracy Watkin	DCS	Training/ SIM Lab
Venus Singleton	DCS	Assistant to the Deputy Commissioner for Juvenile Justice & Team Support
Vonetta Lewis	DCS Northeast	Legislative Liaison Team Leader
Wendy Foster	DCS Smoky Mountain	Regional Administrator
Nicole Conning	Harmony Adoptions	Provider
Nicole Young	Omni Community Health	Provider
Pam Meiners	Kindred Place	Provider
Danette Mahabeer*	Parent Leadership	Lived Experience
Derrick Keedy *	Safe Baby Court	Lived Experience
Kendra Keedy *	Safe Baby Court	Lived Experience

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Name	Affiliation	Role in Statewide Assessment Process
Amy Olson	TAMHO	Partner
Andrea Costillo	UT College of Social Work	Partner
Cecilia Hamilton	Freewill Baptist Ministries	Partner
Edwina Chappell	TDMHSAS	Partner
Jim Gregory	Children's Bureau	Partner
Rhonda Allen	Monroe Harding	Partner
Roger Waynick	Department of Finance and Administration – Customer Focused	Partner
Sarah Sanders	Department of Health	Partner
Angela Dingus	Free Will Baptist Family Ministries	Provider
Dustin Keller	Camelot	Provider
Monica Gilbert	Centerstone	Provider
Monica Schmidt	TN Voices	Provider
Shan Edmondson	Monroe Harding	Provider
Jennifer Wade	Davidson	Legal
Amy Koslick	DCS	Child Safety
Brett Donnals	DCS	Communications
Chad Lyons	DCS	Child Safety
Enzo Jonga	DCS	New employee Caseworker - Davidson
Grant Armstrong	DCS	New employee Caseworker - Northwest
James Mcclean	DCS	New employee Caseworker - Northwest
Jason Walker	DCS	Division of Federal Programs
Melanie Garner	DCS	Executive Director CQI
Wally Rose	DCS	Federal Programs Division
Katy Valensky *		Lived Experience
Kendra Knight*		Lived Experience

Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.



Stakeholder Involvement Methodology

Tennessee’s Child Welfare System is divided into twelve (12) service regions that make up East, Middle, and West Grand Regions. Tennessee stakeholders represented all 12 service areas and included internal Department of Children’s Services (DCS) Employees, External Service Providers, Partners, and/or Legal representatives, Foster Parents and People with Lived Experience. Stakeholders were actively engaged through five (5) methods including participating in 1.) systemic factor workgroups, 2.) focus groups, 3.) completing surveys, 4.) attending the Annual Joint Planning session and breakout sessions either in person or virtually. Some stakeholders were workgroup leads or a facilitator of a breakout session. Each methodology had a scribe to collect information from discussions or a data analyst to compile survey responses and other sources of data to prepare for the Statewide Assessment Outcomes and Systemic Factors Sections. The Capacity Building Center provided support and technical assistance in the planning of stakeholder involvement including developing questions for focus groups and Joint Planning breakout sessions and facilitated a focus group. DCS maintained communication with stakeholders throughout the Statewide Assessment process. 5.) Communication methods included ongoing email messages and a Basecamp virtual platform where information was posted to keep stakeholders updated and opportunity to post input. Please see a description of each method and demographics of stakeholders below:

Systemic Factor Workgroups:

Statewide Information System

The Statewide Information System Workgroup met 1/9/2023. The workgroup members were made up of Executive and Senior level internal stakeholders from different areas of DCS operations who are experienced users of the system in various ways. These workgroup members are also members of the information system committee responsible for development of the new system projected to roll out in late 2024. The workgroup members were able to complete discussions around strengths, limitations, and areas needing improvement in one meeting and did not require further discussions.

Group Members
Meghann Stacey, CIO (Chair)
Jamie Brennan, Director of Federal Planning & Reporting
Loretta Beard (Scribe) , Program Manager, Division of Federal Programs
Pierce Beckham, Director of Innovation and Systems Integration
Frank Mix, Executive Director of Office of Network Development
Laurie Baker, IT Director
Lindsay Coleman, Executive Director of Office of Child Permanency
Mohamed El-Kaissy, Assistant Commissioner for Budget and Finance
Andrew Verenski, Chief of Staff
Amy Savage, Director of Continuous Quality Improvement and Data Quality

Case Review

The Case Review Workgroup met on 1/20/2023 and 2/6/2023. The members included a mix of internal and external provider and legal stakeholders who were chosen based on their expertise and knowledge of Tennessee’s Case Review System and how it functions in different geographical areas. This group focused discussions around sources of data for each item and/or limitations in available data where focus groups were identified as a source to gain information.

Group Members
Sammi Maifair, Deputy General Counsel (Chair) Nate Hoffeditz (Scribe)
Doug Dimond, General Counsel
Sophia Crawford, Deputy General Counsel
Stacey Lynch, Administrative Offices of the Court

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Group Members
Carrie Mason, Administrative Offices of the Court
Frank Mix, Executive Director of Office of Network Development
Amy Savage, Director of Continuous Quality Improvement and Data Quality
Jamie Steele-McClanahan, Chapin-Hall
Rebecca Rucker, Director of Data Quality
Jamie Brennan, Director of Federal Planning & Reporting
Michelle Reiter, Director of Assessment Integration and Qualified Residential Treatment Programs
Meredith Worsham, Director of Permanency Planning
Joel Alex Relative Caregiver Program - Family & Children's Services of Nashville
Daryl Chansuthus University of Tennessee Social Work Office of Research and Public Services
Lynn Farrar - Court Appointed Special Advocates
Kayla Eggleston Foster Care Review Board Member - Eastern Third
Katie Nabors and Jessica Robertson Foster Care Review Board Member - Middle Third
Andrea Gammon Foster Care Review Board Member - Western Third
Sherry Mahar and Andy Anderson Guardian Ad Litem/ birth parent attorney
Antonette Johnson Foster Parent
Relative Caregiver
Parent Leadership Member
Juvenile Court - Eastern Third

Quality Assurance

A Quality Assurance Workgroup met on 1/6/2023. Members included all regional CQI Coordinators, Juvenile Justice Data Quality Coordinator, and Office of Child Safety Internal Quality Control Director. Members from the Federal Programs Division and a Chapin Hall representative also participated. The group representation was good and provided the expertise to discuss the functioning of the QA system. During the workgroup the workgroup lead asked the members questions on the strengths, limitations, and needs of the CQI/QA processes.

Group Members
Jamie Brennan, Director of Federal Planning & Reporting
Amy Savage, Director of Continuous Quality Improvement and Data Quality (Chair) Haley Gilson (Scribe)
Jamie Steele-McClanahan, Chapin-Hall
Loretta Beard, Program Manager, Division of Federal Programs
Rebecca Rucker, Director of Data Quality
Jeff Weidenbenner, Director of Internal Quality Control for Office of Child Safety
Stephanie Coleman, Program Coordinator for Office of Juvenile Justice
Eric Henderson, Executive Administrative Assistant 2, Division of Federal Programs
Rebecca Whiteside CQI Coordinator
Mary Rivers CQI Coordinator
Pierce Beckham, Director of Innovation and Systems Integration

Staff and Provider Training

The staff and provider training workgroup met on 1/27/2023 and 2/21/2023. Members were a mix of regional DCS staff, provider foster care staff, and foster parents who utilize DCS’s training curriculums. Discussions focused on the functioning of DCS staff and Provider Training for new hires, ongoing trainings for DCS and provider staff and foster parent training including trainings on how to mentor birth parents. Further discussion included how effective DCS is in measuring the effectiveness of trainings through surveys.

Group Members
Ronya Faulkner, Director of Training and Professional Development (Chair) Nate Hoffeditz (Scribe)
Martha Shirk, Executive Director for Human Resources
Laura O'Neil/Stacy Ruoff/Josh Hall/Dave Hall/Suzanne Keck/Talitha Freeman/Erin Beese Team Leader - Eastern Third
Christina Keen Team Leader - OCS
Kathy Shannon Team Coordinator - Middle Third
Merlene Hyman, Regional Child Programs Director
Kim Garland, Statewide Investigations Director
Antonette Johnson, Foster Parent/Parent Leadership Program
Lisa Earls, Regional Juvenile Justice Director
Julie Rotella, Assistant Commissioner for Administration
Rebecca Bevans - Director of Training for Office of Child Safety
Foster Parent
Foster Parent
LaShonda Randolph DCS Trainer
Brenda Carpenter, Training and Curriculum Director
Sirena Wilson DCS Trainer
Anna Wiginton, Director of Foster Care
Jamie Brennan, Director of Federal Planning & Reporting
Lillian Harmony Adoptions
Loretta Beard, Program Manager, Division of Federal Programs

Service Array/Agency Responsiveness

1/30/23 A Service Array Workgroup was developed. Thirty-two members were identified including (2) DCS staff responsible for managing the Network Development of services, (7) private providers from East, Middle, and West grand regions, (5) state agencies, (2) parent leadership members, (1) juvenile court Judge from the eastern part of the state, (1) foster care review board staff from the western part of the state, (4) University partners, (10) foster parents. Members from the Federal Programs Division and a Chapin Hall representative also participated. The group representation was good and provided the expertise to discuss the functioning of the service array system. During the workgroup the workgroup lead asked the members questions on the strengths, limitations, and needs of the service array.

Group Members
Tony Nease, Director of Federal Programs
Jamie Brennan (Chair) Loretta Beard, Program Manager, Division of Federal Programs Haley Gilson (Scribe)
Frank Mix, Executive Director of Office of Network Development
Lindsay Coleman, Executive Director of Office of Child Permanency
Kathy Gracey, Vanderbilt COE
Meredith Worsham, Director of Permanency Planning
Courtney Matthews Rep. Youth With Lived Experience
Leslie Perry Rep. Parent Leadership Member
Kristen Davis Nurture the Next
Delaine Bottoms Carl Perkins Center
Sara Long Helen Ross McNabb
Jennifer Balink Kindred Place
Pam Henson Pathways
TennCare
Madison Kuykendall Camelot
Judge Tim Irwin Juvenile Court - Eastern Third
UT SWORPS - Daryl Chansuthus
Kathy Gracey Vanderbilt Centers of Excellence
Michelle Moser ETSU Centers of Excellence
Andrew Berkley University of Tennessee College of Social Work
Andrea Gammon Foster Care Review Board - Western Third

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Group Members
Carren Broadnax, Resource Linkage Coordinator
Jamie Steele-McClanahan, Chapin-Hall
Matt Yancy Tennessee Dept. of Mental Health and Substance Abuse Services
Alyssa Knight Tennessee Association on Mental Health
Foster Parent
Gwen Laaser Tennessee Dept. of Human Services
Karen Seals Omni Community Health
Tennessee Dept of Health

Agency Responsiveness to the Community

The group met on 2/3/2023 and 5/12/2023. This workgroup occurred during the Community Based Child Abuse Prevention Services (CBCAP) Advisory Board meetings. During the meetings the board members were asked key questions on federal program partners and lived experience partner perspective in how DCS coordinates with them to meet the needs of families and children involve them in the CFSP/APSR updates.

Group Members
Tennessee Dept. of Human Services
Tennessee Dept. of Health
Parent with Lived Experience
Tennessee Dept. of Mental Health and Substance Abuse Services
TennCare
Jamie Brennan, Director of Federal Planning & Reporting (Chair)

Foster Parent Licensing Recruitment and Retention

This group met on 1/27/2023 and 2/21/2023. Members included internal and external stakeholders with expertise in specific items. Providers shared good information about equity of standards, background checks, and foster parent recruitment. In addition, an internal stakeholder shared recent improvements in the interstate compact on placement of children process.

Group Members
Rosie Health, Director of ICPC

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Group Members
Anna Wiginton, Director of Foster Care (Chair) Loretta Beard (Scribe)
Lillian Harmony Adoptions -
Jamie Brennan, Director of Federal Planning & Reporting
Brenda Stanton and Teresa Gibson Omni Visions
Parent Leadership Member
Catrina Clark Foster Parent
Foster Parent
Erin Beese/FPS TL Northeast
Charmaine Kromer Youth Villages
Madison Kuykendall and Shelby Niedergeses Camelot
Frank Mix, Executive Director of Office of Network Development
Lindsay Coleman, Executive Director of Office of Child Permanency
Antonette Johnson, Foster Parent/Parent Leadership Program

Focus Groups

Quality Assurance/Information System

A Quality Assurance Focus Group was conducted on 1/23/23 with regional internal stakeholders. At least one person representing each of the three program areas (Child Programs, Juvenile Justice, and Child Safety) from all 12 regions were invited. Staff from different levels participated including Case Managers, Team Leaders, and Team Coordinators. All regions were represented either by a regional employee or a central office employee who represents all regions. The group attendance was a good representation that included a mix of expertise and involvement with the QA system and multiple level users of the TFACTS system. The group was sufficient to provide their experience and involvement in the QA system and TFACTS Information System across the state and at all staff levels. During the Focus Group the facilitator asked questions on the strengths, limitations, and needs of the CQI/QA processes and Information System in the regions.

DCS Employee	Role/Region or Location
Amy Savage,	CQI Director/ Statewide
Giovanna Gomez,	Juvenil Justice (JJ) Program Specialist/Statewide
Tony Nease,	Federal Programs Division/ Central Office
Talitha Freeman,	Program Coordinator/IH East/Knox

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DCS Employee	Role/Region or Location
Haley Gilson,	Federal Programs/Central Office/Program Specialist
Vanessa Addington,	Foster Parent Support/Cas Manager 3/Northeast
Angela C Smith,	JJ Team Coordinator/Upper Cumberland
Chris Griffy,	Data Coordinator/South Central
Amanda Hatcher,	JJ Team Leader/ Upper Cumberland
Becky Partin,	JJ Program Coordinator/Central Office
Jeffrey Weidenbenner,	Director of internal Quality Control for Office of Child Safety/Central Office
Ericka Crawford,	JJ Team Coordinator/South Central
Laurie Baker,	Information System Director/STS
Josh Dynes,	Case Manager 4/Northeast
Kathy Shannon,	JJ Team Coordinator/Mid Cumberland
Rebecca Whiteside,	CQI Coordinator/South Central
Kelly Dyer,	In-Home Team Leader/TN Valley
Stephanie Coleman,	JJ Data Coordinator/Office of Juvenile Justice/Central Office
Stacey Ruoff,	CQI Coordinator/Smoky
Kym Gethers,	In-Home Team Leader/Davidson/
Rebecca Woods,	Foster Care Team Coordinator/East
Kevin Ledden,	Child Safety Team Leader/East
Sandra Jones,	Foster Care Case Manager/Knox
Dave Hall,	Foster Care Team Leader/Knox
Kirsten Turner,	Team Coordinator/Shelby
Erin Beese,	Team Leader/Northeast
Mary Lane,	Case Manager/Smoky
Ashley Chipman	JJ Team Leader/Smoky/Knox

Service Array, Agency Responsiveness, Information System

A Provider Focus Group was conducted on April 25, 2023 with providers representing all three East, Middle, and West grand regions. A total of 17 out of 29 attended and were a mix of staff from different levels including Case Managers, Team Leaders, and provider leadership staff. In addition, providers represented included residential facilities, mental health services, In-Home services, and prevention. The group representation was sufficient to determine the provider’s perspective of the functioning of Tennessee’s service array and Information System. During the Focus Group the facilitator asked questions on the strengths, limitations, and needs of the service array system in Tennessee.

Provider	Location
Wayne Provision	West
Tennessee children’s home	Middle
Centerstone	Middle, West
youth villages	East, Middle, West
Florence Crittenton Agency	East
Springbrook Autism Behavioral Health	East
TN Children’s Alliance	East, Middle, West
Free Will Baptist Ministries	East
Chambliss center	East, Middle
Helen Ross McNabb	East
Upper Cumberland Human Resource Agency	East
Monroe Harding	Middle
Camelot care	East, Middle, West
Memphis recovery	West
Universal Health Services	Middle
Smoky Mountain Children’s Home	East
Child Help	East

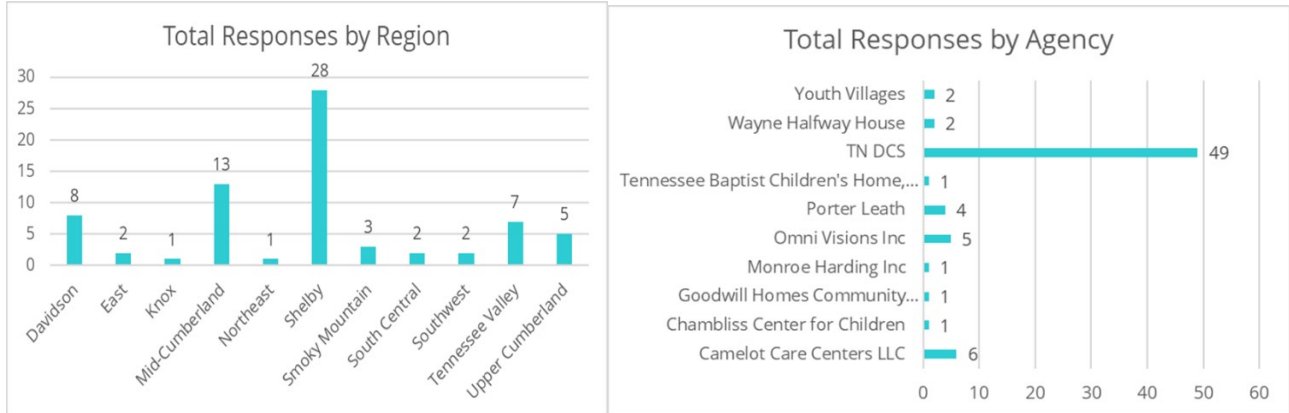
Surveys

Foster Parent CFSR Survey

Administered during the Spring Virtual Conference held Saturday, April 29, 2023
A total of 72 responses were collected from foster parents in attendance of the virtual conference. Foster parent surveys were distributed during the April 29, 2023, virtual DCS foster parent spring conference to both DCS and provider foster parents and remained open after to maximize opportunity to complete. These surveys were collected through a DCS online survey system.

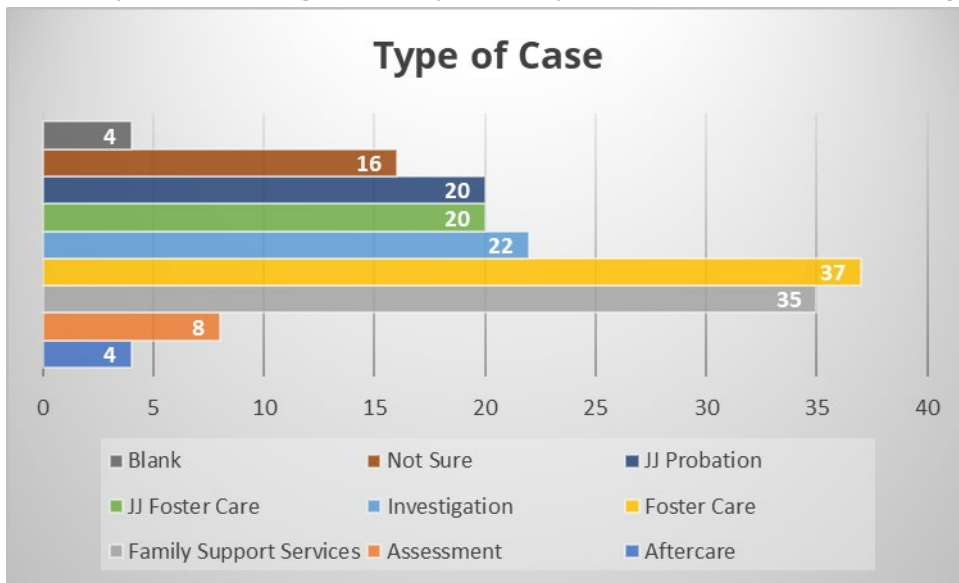
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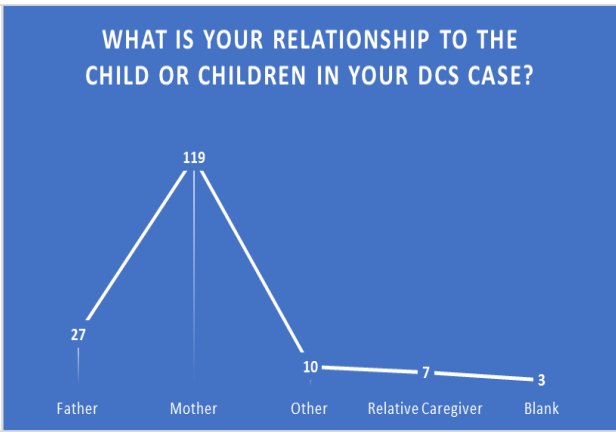
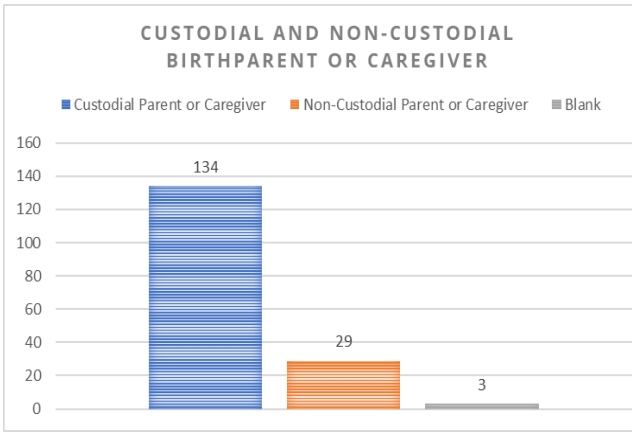


Birth Parent/Caregivers

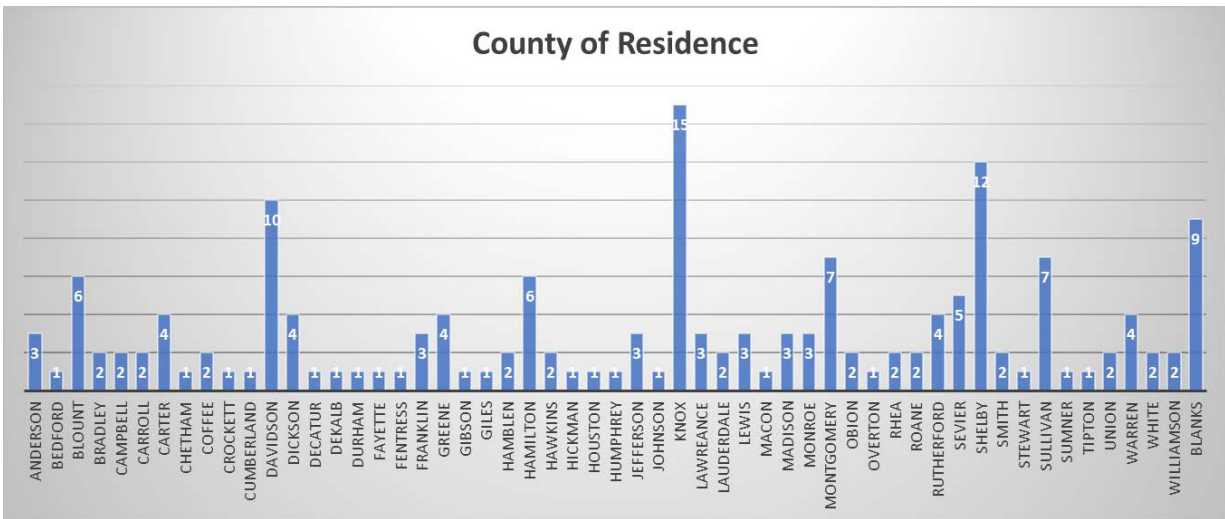
Parent surveys were distributed and collected through The University of Tennessee Social Work Office of Research and Public Service (SWORPS). The survey was distributed to 390 parents between April and May 2023. One hundred and sixty-three (42%) responses were collected. One hundred and ten (66%) had an open case during the survey and forty-five (27%) had closed case. Eight (5%) were not sure.



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Other:	
Grandmother	7
Friend of Family	1
Foster Mother	1
Foster Grandparent	1



Joint Planning Breakout Sessions

Stakeholders were also involved in the breakout sessions during the Annual Joint Planning Sessions on May 4, 2023. One hundred and twenty-nine (129) people attended either virtually or in person. Breakout session topics included Employee Retention; Foster Home Recruitment and Retention; Youth Voice; Equity; Service Array; Prevention; Quality Assessments; and Legal/Court. Everyone was assigned to breakout sessions that were areas of their expertise or experience and to ensure all geographical areas of the state were represented in the group discussion including underserved communities and populations. Each breakout session had two co-facilitators with specific questions to ask participants to initiate stakeholder discussions and ensure information was collected from different perspectives. One co-facilitator was a young adult with lived experience. In addition, two parents participated in a panel discussion to share their experience with support they received through Safe Baby Court and how it helped them recover from their drug addiction and maintain custody of their children.

Legal and Court Breakout Session

Legal and Court Joint Planning breakout sessions. Twenty-nine (29) out of Sixty-five (65) people who attended virtually participated in the legal and court breakout. Thirty-four (34) out of the Sixty-four (64) people attended in person participated in legal and court breakout session. The group representation was sufficient to determine the functioning of Tennessee’s legal and court. Please refer to the tables below for representative demographics of participants.

Legal and Court Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee		1			1
CBCAP Grantee & Child Advocacy Center			1		1
DCS - Child Programs	1				1
DCS - Child Safety	1				1
DCS - Federal Programs	1	2			3
DCS - Juvenile Justice			2		2
DCS - Legal		1			1
DCS - New Hire		1			1
DCS - Smoky Mountain Region	1				1
Federal Partner				1	1
Legal		6	1		7
Lived Experience		1			1
Mental Health Association	1				1
Other				2	2
Other State Agency		2			2
Parent Leadership Program		1			1
Provider Agency	1				1
University Partner		1			1
Grand Total	6	16	4	3	29

Legal and Court In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
DCS - Child Programs		2			2
DCS - Child Safety		1			1
DCS - Executive Leadership		11			10
DCS - Federal Programs	2				2
DCS - Juvenile Justice		1			1
DCS - New Hire			1		1
Federal Partner				4	4
Legal		7			7
Lived Experience	1	2			3

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Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
Other State Agency		1			1
Provider Agency	1				1
Grand Total	4	25	1	4	34

Employee Retention Breakout Session

Employee Retention Joint Planning breakout sessions. Thirty-two (32) out of Sixty-five (65) people who attended virtually participated in the employee retention breakout. Twenty-eight (28) out of the Sixty-four (64) people who attended in person participated in the employee retention breakout session. The group representation was sufficient to determine the functioning of Tennessee’s employee retention. Please refer to the tables below for representative demographics of participants.

Employee Retention Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee & Child Advocacy			1		1
DCS - Child Health	1				1
DCS - Child Programs	1	1	1		3
DCS - Child Safety	1	1			2
DCS - Executive Leadership	2				2
DCS - Federal Programs	1	1	4		6
DCS - Juvenile Justice	1		2		3
DCS - Legal		1			1
DCS - Legislative Liaison		1			1
DCS - New Hire		1			1
DCS- Policy		1			1
DCS - Smoky Mountain Region	1				1
Legal	1	2			3
Other State Agency		2			2
Provider Agency		2			2
University Partner	1	1			2
Grand Total	10	14	8		32

Employee Retention In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee, Provider, Community Mental Health & FFPSA Provider	1				1
DCS - Child Programs		1			1
DCS - Child Safety		2	1		3
DCS - Executive Leadership		8	1		9

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Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
DCS - Federal Programs	1	1			2
DCS - Juvenile Justice		1			1
DCS - New Hire		1	2		3
DCS - Office of Continuous Quality Improvement	2	1			3
DCS - Training & Professional Development		1			1
Federal Partner				1	1
Other State Agency		1			1
Provider Agency	1	1			2
Grand Total	5	18	4	1	28

Foster Home Recruitment & Retention Breakout Session

Foster Home Recruitment & Retention Joint Planning breakout sessions. Forty (40) out of Sixty-five (65) people who attended virtually participated in the Foster Home Recruitment & Retention breakout. Thirty-Three (33) out of the Sixty-four (64) people who attended in person participated in the Foster Home Recruitment & Retention breakout session. The group representation was sufficient to determine the functioning of Tennessee’s service array. Please refer to the tables below for representative demographics of participants.

Foster Home Recruitment & Retention Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee	1	2			3
CBCAP Grantee & FFPSA Provider			1		1
CBCAP Grantee, Child Advocacy Center, Provider, & Relative Caregiver Provider	1				1
DCS – Child Programs		1			1
DCS – Federal Programs	3	2	1		6
DCS - Legal		1			1
DCS - Legislative Liaison		1			1
DCS- Regional Staff	2				2
DCS- Policy		1			1
Federal Partner				2	2
Legal		6	1		7
Lived Experience		1			1
Mental Health Association	1				1
Other State Agency		4			4
Parent Leadership Program		1			1
Provider Agency	1	3			4
University Partner	1	2			3

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Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
Grand Total	10	25	3	2	25

Foster Home Recruitment & Retention In-Person Breakout Session

Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee, Provider, Community Mental Health & FFPSA Provider	1				1
DCS – Child Programs		1			1
DCS – Communications		1			1
DCS - Executive Leadership		7			1
DCS - Federal Programs	3	1			4
DCS - New Hire		1	1		2
DCS - Office of Budget & Finance		1			1
DCS - Training & Professional Development		2			2
Federal Partner				3	3
Legal		4			4
Lived Experience		2			2
Other State Agency		1			1
Provider Agency	1	1			2
Provider Agency & Foster Home Recruitment Provider	1				1
Grand Total	7	22	1	3	28

Service Array Session

Service Array Joint Planning breakout sessions. A total of one hundred-thirteen (113) people attended and were a mix of internal and external stakeholders in person and virtual. Participants represented state agencies, providers, DCS staff, partners, attorneys, judges, Administrative Office of the Court, and court staff, (1) youth, and (2) parents with lived experience from East (30), Middle (74) and West (17) grand regions. Forty-nine (49) out of Sixty-five (65) people who attended virtually participated in the service array breakout. Thirty-three (33) out of the Sixty-four (64) people attended in person participated in the service array breakout session. Representation of people who participated was sufficient in determining the functioning of Tennessee’s Service Array.

Service Array In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	(blank)	Grand Total
DCS - Child Safety		1	1		2
DCS - Federal Programs	3	1			4
DCS - New Hire			1		1
DCS- Child Safety		1			1

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Stakeholder Type	East	Middle	West	(blank)	Grand Total
DCS Senior Leadership	2	7	1		10
Federal Partner				2	2
Legal		1			1
Other State Agency		1			1
Child Advocacy Center		1			1
DCS - Communications		1			1
DCS - Juvenile Justice		1			1
DCS - OCQI		1			1
Federal Partner				1	1
Legal		1			1
University Partner	1				1
Grand Total	6	17	3	3	29

Service Array Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	(blank)	Grand Total
CBCAP Grantee	1	2			3
CBCAP Grantee & Child Advocacy Center			3		3
DCS - Child Programs	1	1	1		3
DCS - Child Safety	1	2	1		3
DCS - Federal Programs		2	1		6
DCS - Juvenile Justice	1	1	2		3
DCS - New Hire		1	1		2
DCS - Office of Budget & Finance		1			1
DCS- Child Safety		1			1
DCS- Federal Programs		1			1
Federal Partner				4	4
Legal		8	1		9
Mental Health Association		1			1
Other State Agency		6			6
Provider Agency		1			1
University Partner		3	2		5
CBCAP Grantee & FFPSA Provider			1		1
CBCAP Grantee, Child Advocacy Center, Provider, & Relative Caregiver Provider		1			1
DCS - Child Health		1			1
DCS - Communications		1			1
DCS - Northeast region		1			1
DCS - OCQI		1			1

Section I—General Information

Stakeholder Type	East	Middle	West	(blank)	Grand Total
DCS Senior Leadership	1	4	1		6
Lived Experience		1			1
Parent Leadership Program		1			1
Grand Total	14	34	12	4	64

Equity Breakout Session

Equity Joint Planning breakout sessions. Twenty-seven (27) out of Sixty-five (65) people who attended virtually participated in the equity breakout. Forty-seven (47) out of the Sixty-four (64) people who attended in person participated in the employee retention breakout session. The group representation was sufficient to determine the functioning of Tennessee's employee retention. Please refer to the tables below for representative demographics of participants.

Equity In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	(blank)	Grand Total
DCS - Federal Programs	1	1			2
DCS - New Hire		1	1		3
DCS - Office of Continuous Quality Improvement	1	1			2
DCS - Training & Professional Development		3			3
DCS Executive Leadership		5			5
DCS- Federal Programs	1				1
Federal Partner				3	3
Provider Agency		2			2
Provider Agency & Foster Home Recruitment Provider	1				1
University Partner	1				1
DCS - Child Programs		1			1
DCS - Child Safety		2			2
DCS - Juvenile Justice		1			1
Lived Experience	1				1
Grand Total	6	17	1	3	27

Equity Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	(blank)	Grand Total
CBCAP Grantee & Child Advocacy Center			1		1
CBCAP Grantee & FFPSA Provider			1		1
DCS - Child Programs	1	4			5
DCS - Federal Programs	2	2			4
DCS - New Hire		1	1		2

Section I—General Information

Stakeholder Type	East	Middle	West	(blank)	Grand Total
DCS - Northeast Region	1				1
DCS - Office of Continuous Quality Improvement	1	1			2
DCS - Training & Professional Development		3			3
DCS Executive Leadership	1	5			6
Federal Partner				5	5
Legal			1		1
Lived Experience	1	1			2
Provider Agency		3			3
Provider Agency & Foster Home Recruitment Provider	1				1
University Partner	1	2			3
DCS - Child Health	1	1			2
DCS - Child Safety		1			1
DCS - Juvenile Justice		1			1
DCS - Legal		1			1
DCS - Office of Budget & Finance		1			1
DCS - Policy		1			1
Grand Total	10	28	4	5	47

Youth Voice Breakout Session

Youth Voice Joint Planning breakout sessions. One (1) out of Sixty-five (65) people who attended virtually participated in the Youth Voice breakout. Twenty-Five (25) out of the Sixty-four (64) people who attended in person participated in the Youth Voice breakout session. The group representation was sufficient to determine the functioning of Tennessee’s service array. Please refer to the tables below for representative demographics of participants.

Youth Voice Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	Stakeholder Type Total
CBCAP Grantee & Child Advocacy Center			1	1
Grand Total			1	1

Youth Voice In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
Child Advocacy Center		1			1
DCS – Child Programs		1			1
DCS - Executive Leadership		4			4
DCS - Federal Programs	3	1			4
Federal Partner				4	1

Section I—General Information

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
Legal		4			4
Lived Experience	2	2			4
Other State Agency		1			1
Provider Agency		2			2
University Partner	1				1
Grand Total	5	16	0	4	25

Quality Assessment Breakout Session

Quality Assessment Joint Planning breakout sessions. Thirty-Four (34) out of Sixty-five (65) people who attended virtually participated in the Quality Assessment breakout. Twenty-Eight (28) out of the Sixty-four (64) people attended in person participated in the Quality Assessment breakout session. The group representation was sufficient to determine the functioning of Tennessee’s service array. Please refer to the tables below for representative demographics of participants.

Quality Assessment Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	Stakeholder Type Total
CBCAP Grantee	1	1		2
CBCAP Grantee, Child Advocacy Center, Provider, & Relative Caregiver Provider	1			1
DCS - Child Health	1			1
DCS - Child Programs		1	1	2
DCS - Federal Programs	2	2	5	9
DCS - Juvenile Justice	1		2	3
DCS - New Hire		1		1
DCS - Policy		1		1
Legal		5		5
Mental Health Association	1			1
Other State Agency		3		3
Provider Agency		2		2
University Partner	2	1		3
Grand Total	9	17	8	34

Quality Assessment In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee, Provider, Community Mental Health & FFPSA Provider	1				1

Section I—General Information

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
Child Advocacy Center		1			1
DCS - Child Programs		1			1
DCS - Child Safety			1		1
DCS - Communications		1			1
DCS - Federal Programs	2		2		4
DCS - New Hire		1			1
DCS - OCQI		1			1
DCS Executive Leadership	2	3			5
Federal Partner				3	3
Legal		2			2
Other State Agency		2			2
Provider Agency	1	2			3
Provider Agency & Foster Home Recruitment Provider	1				1
University Partner	1				1
Grand Total	8	14	3	3	28

Prevention Breakout Session

Prevention Joint Planning breakout sessions. Thirty-one (31) out of Sixty-five (65) people who attended virtually participated in the prevention breakout. Thirty-one (31) out of the Sixty-four (64) people who attended in person participated in prevention breakout session. The group representation was sufficient to determine the functioning of Tennessee’s prevention. Please refer to the tables below for representative demographics of participants.

Prevention Virtual Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee	1	2			3
CBCAP Grantee & Child Advocacy			2		2
CBCAP Grantee, Child Advocacy Center, Provider, & Relative Caregiver Provider	1				1
CBCAP Grantee & FFPSA Provider			1		1
DCS - Child Programs		1	1		2
DCS - Child Safety	1	2			3
DCS - Executive Leadership	1				1
DCS - Federal Programs	3		1		4
DCS - Juvenile Justice	1				1
DCS - Northeast Region	1				1
DCS - Smoky Mountain Region	1				1

Section I—General Information

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
Federal Partner				1	1
Legal		1			1
Other State Agency		4			4
Parent Leadership Program		1			1
Provider Agency	1	1			2
University Partner	2				2
Grand Total	13	12	5	1	31

Prevention In-Person Breakout Session Demographics

Stakeholder Type	East	Middle	West	Blank	Stakeholder Type Total
CBCAP Grantee, Provider, Community Mental Health & FFPSA Provider	1				1
Child Advocacy Center		1			1
DCS - Child Safety		1	1		2
DCS - Communications		1			1
DCS - Executive Leadership		7	2		9
DCS - Federal Programs	5	2			7
DCS - New Hire		1	1		2
DCS - Office of Continuous Quality Improvement	1				1
DCS - Training & Professional Development		1			1
Federal Partner				2	2
Legal		1			1
Lived Experience		2			2
Other State Agency		1			1
Grand Total	7	18	4	2	31

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We encourage states to consider the experiences of populations within the state that may experience bias, inequities, or underservice—either in their communities or by the systems seeking to serve them—with a focus on variations in outcomes for members of those populations, and how their child welfare system processes, practices, and procedures may either exacerbate or seek to ameliorate any inequities.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

New Mission & Vision

The Executive Leadership Team met in April 2023 to revise the Department’s Mission, Vision, and Values statements. The purpose of the revision was to streamline the mission and vision statements in a way that demonstrates the primary purpose of the organization. The new mission of Tennessee Department of Children’s Services is “Act in the best interest of Tennessee’s children and youth.” The new vision is “Children First!” The organization is currently finalizing the new Values statements. The four value statements have been developed with Executive Leadership Team in consultation with Department of Human Resources and will be announced to the public and DCS employees in August 2023. DCS is also in the planning stages for a media campaign that will highlight the new vision of the agency to the citizens of Tennessee. This new mission and vision are in line with the DCS Practice Model.

The Practice Model is a set of guidelines that capture the organizational values, structures, mechanisms, tools, and skills needed to successfully implement the mission of the Department. It is driven by the Department of Children’s Services’ (DCS) overarching mission, vision, values, and professional ethics. The Practice Model represents DCS’s expectations for best practices in serving children and families, internal and external partners, and the public in Tennessee. The purpose of the Practice Model is to articulate the tenets of best practice across all areas of child welfare practice in Tennessee, including:

- Daily practices that promote the safety, permanency, and well-being of Tennessee’s children, families, and communities through in-home and out-of-home services.
- Effective support and professional development of child welfare staff.
- Promotion of teamwork across all child and family serving agencies.
- Use of data to track outcomes and influence innovations in practice, and.
- Transparent communication with all Tennesseans.

Primary & Secondary Prevention (C-BCAP/Resource Linkage)

The Department’s Division of Federal Programs administers the Children’s Trust Fund and Community-Based Child Abuse Prevention (C-BCAP) program. Through this program grantees, mostly Child Advocacy Centers, are awarded grants to provide primary prevention services such as Darkness to Light’s Stewards of Children Program and Child Help USA’s Speak Up – Be Safe Program. These primary prevention programs provide child abuse awareness education for the citizens of Tennessee. The C-BCAP program also funds secondary prevention services across the state such as the Nurturing Parent Program, Nurses of Newborns Program, and Safe Families Respite Program. Tennessee recently expanded funding for the Parent Leadership Program.

The Parent Leadership program allows parents and practitioners across the state to advocate for programs and policies that strengthen families and communities. Using their unique experiences,

Section II—State Context Affecting Overall Performance

parents are informing decisions impacting children and families and transforming community practice. The Parent Leadership Team includes parents and practitioners representing the Tennessee Department of Children's Services' 12 regions. The leadership team advocates for policies that positively impact children and families across Tennessee through monthly training, advocacy, and community involvement.

The Department operates a Resource Linkage Program in each of the 12 service regions. The Department of Children's Services utilizes Resource Linkage (RL) to safeguard and enhance the welfare of children, preserve family life, prevent harm and abuse to children by strengthening the ability of families to parent, provide for and protect their children effectively using available community-based, faith-based, and public and private resources and services. By utilizing and building existing strengths within the communities and families, Resource Linkage can support all families in providing a healthy, safe, and loving environment for their children.

Referrals for Resource Linkage come from one of three sources:

- Child Abuse Hotline
- DCS Program Staff
- Community

Resource Linkage staff identify the referred family's service needs and gaps and act as liaisons with community, private and faith-based agencies that offer services to families in need of assistance. Resource Linkage intervention services provided may assist the family in their efforts to prevent further DCS involvement by establishing self-sufficiency.

Child Safety (Child Protective Services/Drug Teams/Safe Baby Court)

The Office of Child Safety (OCS) Division oversees Child Protective Services and the Child Abuse Hotline. The Child Abuse Hotline receives referrals of child abuse, neglect, and abandonment twenty-four hours each day and uses a standardized screening tool to assign cases using a three-priority level system. The Department has an Alternate Response System. Cases are assigned to the Investigation track or the Family Protection and Prevention (FPP) track. OCS also has specialty Drug Teams that work with families that when children have been born drug exposed. The Caseworkers that are assigned to Drug Teams receive specialized training on working with families with addiction. OCS Drug team cases are then assigned to a specialized Drug Team - Family Support Services team for ongoing services.

Tennessee Safe Baby Court, like other problem-solving courts, addresses the root causes of justice system involvement with infants and toddlers, through 3 years of age, and their families through specialized dockets, multidisciplinary teams, and a non-adversarial approach. Offering evidence based, trauma-informed treatment, judicial supervision, and accountability, problem-solving courts provide individualized interventions for participants, thereby reducing recidivism and promoting confidence and satisfaction with the justice system process. This approach ensures the most efficient use of court and community resources as well as the most effective solutions that promote long-term stability for families. A unique tenet of Safe Baby Court is the focus on community involvement in reestablishing familial supports for our infants and toddlers.

Child Programs (In Home Services/Kinship Care/Foster Care/Adoptions/Extension of Foster Care)
The Tennessee Department of Children's Services (DCS) is strengthening services delivered to non-custodial families through increased direction and support of the Family Support Services (FSS) program area. Cases are referred to FSS from other DCS program areas, juvenile court, or a self-referral. Family Support Services are provided to children and their families with the purpose of minimizing risk to children by addressing identified needs within the family, thereby enhancing well-being and permanency.

FSS is not only an immediate intervention to prevent a custodial episode, but it also provides a long-term intervention by helping families reach a level of self-efficacy and stability.

One of the key components of intervention is the relationship that is built between the case manager and family. This trusting relationship creates opportunities for difficult conversations which allows the case manager and family to assess for safety and progress, as well as identify additional needs and supports to meet desired outcomes. The case manager collaborates with the family to help them to recognize unsafe situations and alternatives to improve safety. Families are also challenged to identify the circumstances and influences that impact the family both positively and adversely. The case manager works with the family to build on the strengths to create the resiliency practice that will continue to be used beyond DCS involvement.

Intervention with the family will be family-centered and strengths-based, and a Family Permanency Plan

Section II—State Context Affecting Overall Performance

(FPP) will be developed or revised to capture the collaborative actions and goals identified to direct and support the family.

The FSS practice model is expected to improve DCS' preventative efforts by helping case managers better engage families, identify services and resources specific to the needs of each family, and utilize formal and informal assessments for case planning. FSS workers are involved in the family home, child's school, court, and other sites to best meet the needs. FSS can refer the family to services through community referrals and through Case Service Requests for departmental financial assistance. FSS will continue to work with and support the family until FSS involvement is no longer warranted.

In Tennessee children placed into the care of the Department can be adjudicated Dependent/Neglected; Unruly; or Delinquent. The Department maintains a network of foster homes across the state for children and contracts with provider agencies for therapeutic, medically fragile, and assessment foster homes. The Department also maintains a network of residential provider agencies across the state. A performance-based contracting system is in place in Tennessee. During 2022 the state began contracting with a provider agency for foster parent recruitment to increase the number of foster homes in the state.

The Department operates a Relative Caregiver Program (RCP) to support caregivers that have taken on the responsibility of caring for children that are related to them. This act of kindness helps to keep children out of foster care, while also allowing children to remain within the acquaintance of family. RCP is available in each of TN's 95 counties, and the services are rendered through DCS contract agencies. Beginning in January 2023, a change in legislation afforded the opportunity for qualifying families to receive a RCP stipend throughout the duration of care for the child(ren).

Tennessee has a robust adoption program and offers post-adoption support for families through a contract agency when children are not able to be reunified with family. Subsidized Permanent Guardianship is also available when that is in the best interest of the child/youth.

Tennessee has two strong programs for youth who are aging out of care. The LifeSet Program allows youth to receive ongoing services and support through a provider agency when the youth decide not to enter the Department's Extension of Foster Care Program (EFC). The EFC program allows youth to continue to receive services and support while finishing their education and/or while working and deciding what career path they may choose. Several post-secondary education institutes in the state have a liaison that help support EFC youth while finishing their education.

Family First Prevention Services Act

Tennessee has an approved Five-Year Prevention Services Plan. The Division of Federal Programs is in process of implementing the plan. Currently Intercept, Multisystemic Therapy (MST), and Parent Child Interaction Therapy (PCIT) are FFPSA services available in all 12 regions. HomeBuilders Intensive In-Home Services, Parents as Teachers (PAT), and Brief Strategic Family Therapy (BSFT) are additional services that are in the plan that will be implemented over the next twelve months. The Department is using FFPSA as a platform to rebuild our vision for child welfare in Tennessee and increase the quality of services to help keep children safely with their families and in their communities. With the integration of primary and secondary prevention programs, and the tertiary prevention programs, such as those within FFPSA, Tennessee is set to have a stronger prevention network within the state to help prevent children from coming into foster care.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Workforce

During the pandemic and "great resignation" the Department saw unprecedented turnover in staff. Much effort has been placed on this challenge over the past ten months. Caseworker salaries have been increased to \$50,600 annually for Case Manager 1 positions. This is approximately an increase of \$18,000. Salaries for all other frontline Caseworker and supervisor positions were also increased significantly. Along with the increase in salary a new pre-service program was initiated for new hires. This new program lengthens the training period and encompasses more coaching and mentoring for new hires. New Caseworkers now have a caseload cap of 10 cases for one year upon completion of pre-service. There was an intensive review to determine what the average caseload was over a period of time. Based on this research it was determined in order to cap at 10 cases five regions will need

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privatized case management in order to make this cap size realistic. The contract was awarded to Youth Villages in order to keep experienced case managers below the cap of 20 and new case managers who complete pre-service at or below the cap of 10 cases. The contract will be executed August 1, 2023, and the first group of new hires will exit pre-service in August 2023. Data will begin to be collected at that time. With these changes the Department has already seen an increase in the number of new hires and a reduction in the rate of turnover. The Department continues to focus on employee recruitment, engagement, and retention. The Tennessee State Legislature and the Office of the Governor have been very supportive of the Department in this effort.

Resources

The pandemic also created a challenge for the Department around available placement resources. Many foster families decided to close their homes during the pandemic. Residential providers suffered from employee turnover and had to reduce the number of youth they could serve due to staffing/safety issues. Complicating this was the increasingly complex needs of the children entering care. Many of the children and youth now being served by the Department have severe mental health issues, have experienced much trauma, and many have developmental issues. These complex needs require a much higher level of care, often specialized care that was not seen in the past. The Department has been working with providers to develop new programs and increase the board rates for care. Several new facilities have been or are in process of opening to care for the needs of these children.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Quality Assessments

During Round Three of the CFSR one of the root causes identified impacting performance was the quality of the assessments, both formal and informal, that were being conducted by Caseworkers. Much effort was put into helping Caseworkers understand how each face-to-face visit an opportunity for informal assessment which would then help develop the formal assessments. Numerous checklists and guides were developed around quality assessment and quality caseworker visits. Training and mentoring occurred with staff to help them better understand the purpose of the assessments.

Within the Five-Year Prevention Services Plan the Family Advocacy and Support Tool (FAST) and Child and Adolescent Strengths and Needs (CANS) assessments are mechanisms to determine candidacy for prevention services. CANS completion is one of the steps for Qualified Residential Treatment Program (QRTP) eligibility requirements. Therefore, there is an even greater push to ensure the quality of these assessments. The Department is currently in process of contracting FFPSA consultants that will work in each of the 12 service regions. These consultants will help Caseworkers and supervisors improve the quality of the FAST and CANS, as well as consult with them on the most effective prevention service within the Plan for the family based on the assessment.

Quality Face to Face Visitation

The Department has continued to work with Caseworkers on improving the quality of face-to-face visits with children and birth parents. The Quality Contacts initiative during the Round Three Program Improvement Plan provided training and checklists for Caseworkers to help them realize the importance of the visits and improve the quality and documentation. The Sim Lab program became a very useful tool in this process. Sim Labs have been expanded since the PIP and are now embedded into pre-service for new employees to set them on a course to apply skills learned in practice.

Intentional Collaboration

Much effort has been placed into strategically collaborate with internal and external stakeholders since Round Three of the CFSR. Stakeholders are involved in many advisory boards and committees within the Department. Engagement of those with lived experience has been an increasing area of focus. The Parent Leadership Program was expanded during 2022 to involve more birthparents, kinship caregivers, and foster parents. The Annual Joint Planning Sessions were expanded in 2019 to include multiple external stakeholders. During the 2019 Joint Planning Session stakeholders helped to craft the new Child and Family Service Plan. This included a youth with lived experience, juvenile court, providers, community partners, parent attorneys, Guardian ad Litems, Foster Care Review Board members, Eastern Band of Cherokee Indians, and Court Appointed Special Advocates. During the 2021 Joint Planning Session the Department began inviting birthparents to participate. During the 2022 and 2023 Joint Planning Sessions youth with lived experience were presenters and facilitated breakout sessions. Two birthparents who had received services through the Safe Baby Court program were part of a panel discussion during the 2023 Joint Planning Session.

Section III: Assessment of Child and Family Outcomes

Note: *For all Outcome items, please see Regional Comparisons 2021 and 2021 – 2022 extended Season attachments.
****All CFSR Data tables for outcome items represents case reviews conducted by DCS staff annually between April 1, 2019- September 30, 2022 using the federal OSRI case review instrument.**

A. Safety

Safety Outcomes 1 and 2

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

Item One: Were the agency's responses to all child maltreatment reports initiated, and all face-to-face contact with the children made, within time frames established by agency policies or state statutes.

State Response:

Safety Outcome 1 is not in substantial conformity for Round 4. Based on administrative data and Child and Family Services Review (CFSR) results timely response does not meet the federal threshold of 95%.

Item 1 Child and Family Services Review (CFSR) Results compared to TFACTS

The table below shows Tennessee has been trending down over the last three years and is below the federal threshold of 95%. CFSR item 1 results for FY 2023 will be available in Round 4.



Item 1. Figure 1 Data Source: Round 3 CFSR State Rating Summary April - September 2020-2022 compared to TFACTS administrative data July - April 2020-2023

Measure of Progress	FY 2020	FY 2021	FY 2022	FY 2023	Target Goal	Target Date
CFSR Performance (Item One)	78.95%	87.84%	79.17%	N/A	95%	6/30/2024
Timeliness of Investigations	60/76	130/148	57/72			
Timeliness of Response – Priority One	10192/10620 96.0%	10728/11218 95.6%	10231/11280 90.7%	8351/9244 (90.3%)	95%	6/30/2024
Timeliness of Response – Priority Two	21590/22529 95.8%	19337/20335 95.1%	15973/18120 88.2%	15079/17138 (88.0%)	95%	6/30/2024
Timeliness of Response – Priority Three	50915/53180 95.7%	50060/52448 95.4%	47322/54347 87.1%	44691/51838 (86.2%)	95%	6/30/2024

Note: The denominator is the total number of applicable cases reviewed during the given time period. The numerator is the number of cases where this item is found to be a strength.

Item 1. Figure 2 Source: Round 3 Tennessee CFSR Statewide Data Indicators February 2023.

****Data years, October through September**

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (2017)	TN Risk Standardized Performance (2018)	TN Risk Standardized Performance (2019)	TN Risk Standardized Performance (2020)
Incidence of Maltreatment while in DCS Custody (Using new CFSR Round 3 Measure)	9.07% 	12.63%	10.69%	11.48%	12.56%
Statewide Data Indicators	National Performance	FY 17-18	FY 18-19	FY19-20	FY 20-21
Recurrence of Maltreatment (Using new CFSR Round 3 Measure)	9.7% 	4.9%	5.3%	5.6%	5%

Explanation: A lower RSP value is desirable for both data indicators. Incidence of maltreatment while in DCS custody according to the Data Profile Tennessee’s performance is currently statistically worse than the national performance; however, this is not accurate due to allegations of past abuse prior to being in custody children/youth make while in custody is captured in these results. Please see item 34 figures 2 – 5 for more accurate results. Item 34 figure 2 shows between 2019 – 2021 between .17% and .3% of children experience maltreatment while in care. Recurrence of Maltreatment according to the Data Profile Tennessee’s performance has continued to be statistically better than the national performance.

Strategy: Ensure timely investigations per DCS policy.	Responsible Party
This strategy will be monitored through Leadership monthly conference calls with all Investigations Coordinators/Team Coordinators to discuss percentage of cases not meeting assigned response priority and identify trends to barriers to be addressed through the CQI process. In addition, this strategy will be monitored through ongoing CFSR Reviews.	OCS Quality Control Regional Investigations Directors Regional Administrators Investigations Coordinators/Team Coordinators

Ensure timely investigations per DCS Policy

[Policy 14.3.pdf](#) Section B. Priority Response provides guidance for investigation/special investigation and assessment caseworkers on requirements on number of days to meet response based on priority assignment. Overall, the decline in performance over the last three years is due to the significant staff shortage DCS experienced. This in turn caused significantly high caseloads for investigation and assessment workers and limited their ability to meet response or make concerted efforts. Additionally, “Good Faith” attempt efforts by staff have also declined. Current strategies to build incentive to improve the frontline workforce pool is expected to have a positive impact on DCS practice performance for timely response.

This strategy continues to be monitored through regional leadership as well as senior leadership. Goals for improving response times are integrated in employee performance plans and addressed in the performance cycle and yearly evaluations. Additionally, Safe Measures reports provides data points for the supervisors and case managers to utilize through a dashboard that is available at any point in time that track priority response compliance. Please see Quality Assurance Section for an example report. Rapid Response and the Special Investigation Unit have also provided resources in areas that are impacted by high caseloads, vacancies, or other issues that impact caseloads.

The Child Protective Services (CPS) Redesign brought under one chain of supervision the approximately 1,000 frontline staff. During the process, the Multiple Response System shifted to allow for more specialized teams throughout the state. These teams focused on addressing additional severe abuse cases, teams focused on newborns born drug exposed, and a team focused on gathering information directly from the child and family before making a decision on the type of child welfare response needed to best meet the needs of the family. These teams supplemented the existing teams providing investigative and service responses already established in Tennessee. The CPS Redesign also resulted in multiple changes to policies and protocols, new data reporting as well as multiple waves of training to align all staff with the new roles and expectations of the Office of Child Safety. Due to a change of resources directly impacted by the COVID-19 pandemic, the CPS Redesign has been tracked and adjusted to account for internal and external challenges. Throughout the entire process, DCS has partnered with Casey Foundation and Public Knowledge for evaluation of the process.

To adapt to changing workforce and increased vacancies, CPS incorporated:

Part time positions

Flexible shifts/work hours

Reassignment of staff for weekend/on-call coverage

Retirees returning on 120-day contracts

Geo-assignment for Davidson/Mid Cumberland Region adjoining counties

Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

Item Two: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Item Three: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care?

State Response:

Safety Outcome 2 is not in substantial conformity for Round 4. Although the CFSR Round 3 PIP measurement plan goals were met in 2021 for both items 2 and 3 continue to fall below the Federal threshold of 90%.

Item 2 Safety Services CFSR Results

The table below shows results for the last three Tennessee review seasons pulled from the CFSR portal onsite review instrument (OSRI) statewide state rating summary report. Although results do not meet the target federal threshold of 90%, results trended up with significant improvement. This item was included in the Round 3 PIP and strategies developed for improvement were successful in better practice to ensure families received effective safety services to prevent removal/re-entry or DCS made concerted efforts when families chose not to engage in safety services.

Item 2 Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary April - September 2019-2022

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item Two): Services to Prevent Removal or re-entry into foster care	33.82% 23/68	45.76% 27/59	74.79% 89/119	79.45% 58/73	90%	6/30/2024

Quality Assurance Review (QAR) Results

The table below shows results through the quarterly QAR process for investigation and Assessment Cases. Results are trending toward favorable results for services initiated timely and are appropriate to meet the safety needs of the family.

Item 2. Figure 2 Investigation and Assessment Cases

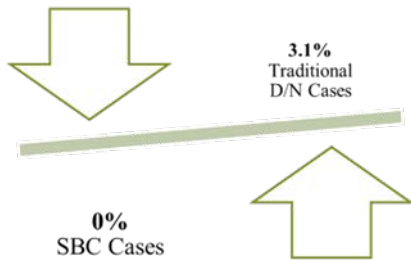
Qualitative Measurement - Meets or Exceeds Expectation	FY 2020	FY 2021	FY 2022
Identifies & Initiates Services Appropriately & Timely	77.2%	81.08%	86.2%

Safe Baby Courts (SBC's)

There are currently 14 established SBC sites in Tennessee. Implementation and onboarding have begun for two new sites, with the expectation that those sites will be fully operationalized in 2022. Every established SBC site has received the Best Practice Standards training and training on aligning individual site practices with the Best Practice Standards. In 2021, the SBC Statewide Leadership Team conducted eighteen (18) trainings on the Best Practice Standards, with a total of 498 participants. Audiences included judicial leaders, SBC Coordinators, attorneys, DCS staff, service providers, and other key stakeholders. During Round 3 CFSR cases involved with safe baby court overall had strength ratings for item 2.

The contract with Strongwell 180 Health Partners has continued to provide support to SBC families and families involved with the Drug Teams through providing much-needed wraparound comprehensive services. In 2021, Strongwell served 172 families, with 625 individual parents or caregivers receiving services. Since SBC's inception 412 children were served through non-custodial services. Results in FY2020 for children that experienced re-entry compared to traditional dependent and neglect (D/N) cases:

Item 2. Figure 4 Safe Baby Court re-entry results



Item 3 Safety and Risk Assessments CFSR and Case Process Review (CPR) Comparison Results

The table below shows CFSR results for three review seasons pulled from the OSRI statewide state rating summary report. Although Tennessee met the Round 3 PIP measurement plan goal and results are trending up it still falls well below the federal threshold of 90%. Results in CFSR reviews showed case workers not assessing all members of the home, lack of updated assessments at critical junctures of the case, lack of monitoring safety plans, lack of drug screens and change in caseworkers are challenges of the agency. Overall, results were not favorable more for parents/caregivers. Safety assessments on children/youth in foster care were typically noted a strength. However, the quarterly case process review results show highly favorable for informal assessments completed through face-to-face observations in custody and juvenile justice in-home cases. CPR results more favorable results may be attributed to the larger sample size and a better reflection of Tennessee practice based on the Quality Contacts PIP strategy.

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Item 3. Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary April - September 2019-2022

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item Three): Safety and Risk Assessments	24.34%	53.62%	49.34%	90%	6/30/2024
	37/152	163/304	75/152		
CPR Were informal safety assessment completed through face-to-face observations?	Custody 775/812 95% JJ In home 132/148 89%	Custody 780/823 95% JJ In home 131/133 98%	Custody 802/872 92% JJ In home 149/156 96%		

Item 3 Areas Needing Improvement

A deeper review of the quarterly CPR results informs more opportunities in safety assessment practice includes ensuring all children in the home are included in safety assessments. The table below includes Juvenile Justice and foster care custody cases and juvenile justice In Home cases reviewed between April - September for three years. Limitation - this data is not available for In-Home, Investigation and Assessment cases.

Item 3. Figure 2 Custody Cases

Did the worker make concerted efforts to assess safety and risk for all children in the removal home?			
	Yes	%	Total
JJC 2020	18	58%	31
JJC 2021	16	80%	20
JJC 2022	19	70%	27
JJ Total	53	68%	78
FC 2020	173	43%	399
FC 2021	186	42%	444
FC 2022	168	44%	380
FC Total	527	43%	1223

item 3. Figure 3 Custody Cases

Did the worker make concerted efforts to assess safety and risk for all children in the family home?			
	Yes	%	Total
JJC 2020	31	53%	58
JJC 2021	42	75%	56
JJC 2022	29	60%	48
JJ Total	102	63%	162
FC 2020	252	53%	473
FC 2021	256	52%	490
FC 2022	238	53%	450
FC Total	746	53%	1413

Item 3. Figure 4 JJ In-Home Cases

Did the worker make concerted efforts to assess safety and risk for all children in the removal home?			
	Yes	%	Total
JJ IH 2020	16	73%	22
JJ IH 2021	8	73%	11
JJ IH 2022	15	83%	18
Total	39	76%	51

Quality Assurance Reviews (QAR)

Below are results for safety and risk assessments from investigation and assessment cases reviewed through the quarterly QAR process July - June. QAR results are trending up and are significantly better compared to CFSR results. This includes siblings in interviews or observations results show significant improvement in FY 2022 as seen in item 3. Figure 6 below.

Item 3. Figure 5 Investigation and Assessment Cases

Qualitative Measurement – Meets or Exceeds Expectation	FY 2020	FY 2021	FY 2022
Assessment of Safety	78.8% 998	80.74% 1163	84.97% 1065
Assessment of Risks	72.8% 998	79.52% 1163	81.6% 1065

Item 3. Figure 6 Investigation and Assessment Cases

Quantitative Measurement – Yes answers	FY 2020	FY 2021	FY 2022
Were all siblings interviewed and/or observed?	56% 998	55.91% 1163	83.98% 1065

Improvement Efforts in Round 3:

Tennessee is using several initiatives and strategies to address the increase safety concerns and risks of families through Safe Baby Court and ongoing collaboration with judges and the courts to improve knowledge of services. The department also has a racial justice workgroup that works to improve caseworker’s understanding of cultural differences and how to approach families to ensure children can remain safely in their homes. This workgroup also uses the FAST data to identify disparity in services and gaps in geographical areas.

Quality Contacts

Quality Contacts with children/youth and families continues to be monitored through quarterly case process reviews, quality assurance reviews, and CFSR reviews. Results are reviewed with case managers during monthly performance briefings. If trends are identified region wide that require improvements the region develops a program improvement plan (PIP) that identifies strategies the regions will implement for improvement. In calendar year 2021, quarterly Quality Assurance Review (QAR) results determined 83% of cases demonstrated effective engagement with the child & family.

Assessment Integration

The work with frontline staff to improve use of the Formal Child and Adolescent Needs and Strengths (CANS) Assessment for custody cases and Family Advocacy Support Tool (FAST) for non-custodial cases has continued. The assessment consultants updated the CANS/FAST recertification training curriculum to improve by integrating information relevant to other areas of their work, such as, information regarding CFSR requirements for assessment. The goal is to continue to connect the dots for staff of all the tasks they are required to do. Additionally, another approach to improving assessment quality and integrating assessments, an assessment training specific to supervisors was developed and being utilized.

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All frontline supervisors are required to participate in this course to meet their yearly CANS/FAST recertification requirements. During this training, the basics of scoring the CANS/FAST are reviewed, but the trainers spend the bulk of the training time teaching the supervisors what to look for from a supervisory perspective when reviewing the CANS/FAST and how to work with those they supervise to get a quality assessment. Training sessions for both case managers and supervisors is ongoing and to ensure timely assessments

based on DCS protocol this strategy continues to be monitored through regional leadership as well as senior leadership. Goals for assessments are integrated in employee performance plans and addressed in the performance cycle and yearly evaluations. Please see protocol links below.

<https://files.dcs.tn.gov/policies/chap31/CANSProtocol.pdf>

<https://files.dcs.tn.gov/policies/chap14/FASTProtocol.pdf>

Monitoring Safety Plans

Tennessee implements several strategies to monitor safety plans. The Office of Child Safety continues to monitor Plans of Safe Care by program coordinators in Central Office and issues are addressed through training or supervisory monitoring. DCS Legal Department and Regional Administrators monitor Immediate Protection Agreements (IPA) to ensure children and youth are safe while they are in effect. In addition, Tennessee’s Family First Five-Year Prevention Plan identified The FAST will be used to monitor child safety and address the needs of families who are at risk of child welfare involvement and determine the level of intervention needed including development of a safety plan and the frequency of monitoring. Collaboration with the Data Quality Team to ensure monitoring safety plans will be added to the Case Process Review (CPR) Tool to provide a process to track and monitor improvements in monitoring safety plans will continue.

The table below shows results of CFSR cases reviewed from the Onsite Review Instrument (OSRI) Tennessee Performance Practice Report for development and monitoring safety plan results for Review Season April - September 2020-2022 combined shows there is opportunity for improving safety planning practice in all program areas.

Item 3. Figure 7 Safety Plan Results

Item 3: Risk and Safety Assessment and Management CFSR Results 2020-2022 Combined					
Practice Description	Data Source(s)	Performance (of applicable cases)			
Question Item 3.C		Foster Care	In-Home Services	In-Home Services - DR/AR	All Case Types
When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services.	3.C – Yes	55.56% (50) of 90	62.61% (72) of 115	21.05% (4) of 19	56.25% (126) of 224

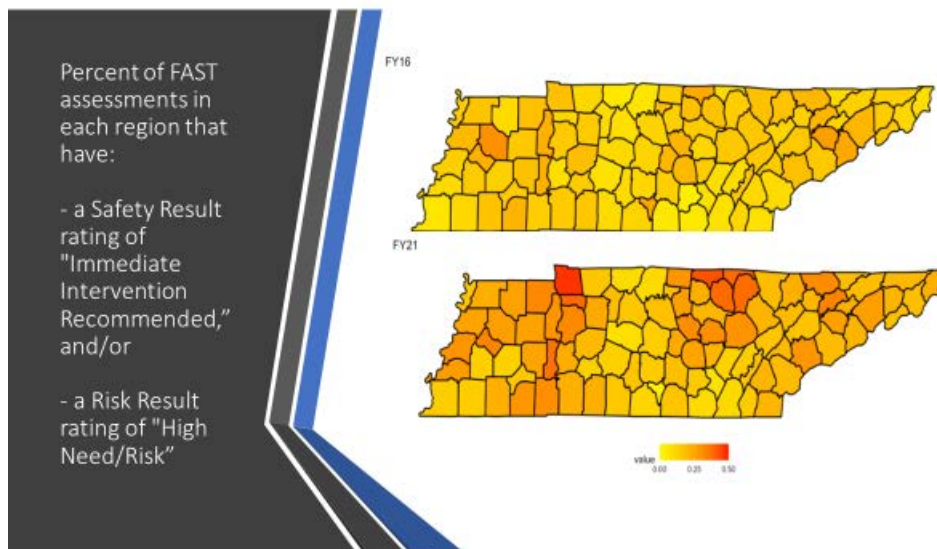
Services identified by the FAST

The severity and complexity of the cases have increased over the past 3 years. Severe abuse allegations increased from 2019 (10%), 2020 (12%) and 2021 (14%). Drug Exposed Child, Physical Abuse and Sexual Abuse is the highest for the severe abuse category.

A domestic violence allegation was added in October 2021. There have been 11,381 allegations from 10/2021-4/2022. The Family Advocacy Support Tool (FAST) is the formal assessment tool the department uses to match the service needed based on the family needs and to guide case planning.

The chart below shows that more families currently require immediate action or intervention based on safety results of the FAST in 2021 compared to 2016:

Item 3. Figure 8 FAST Results geographic comparison

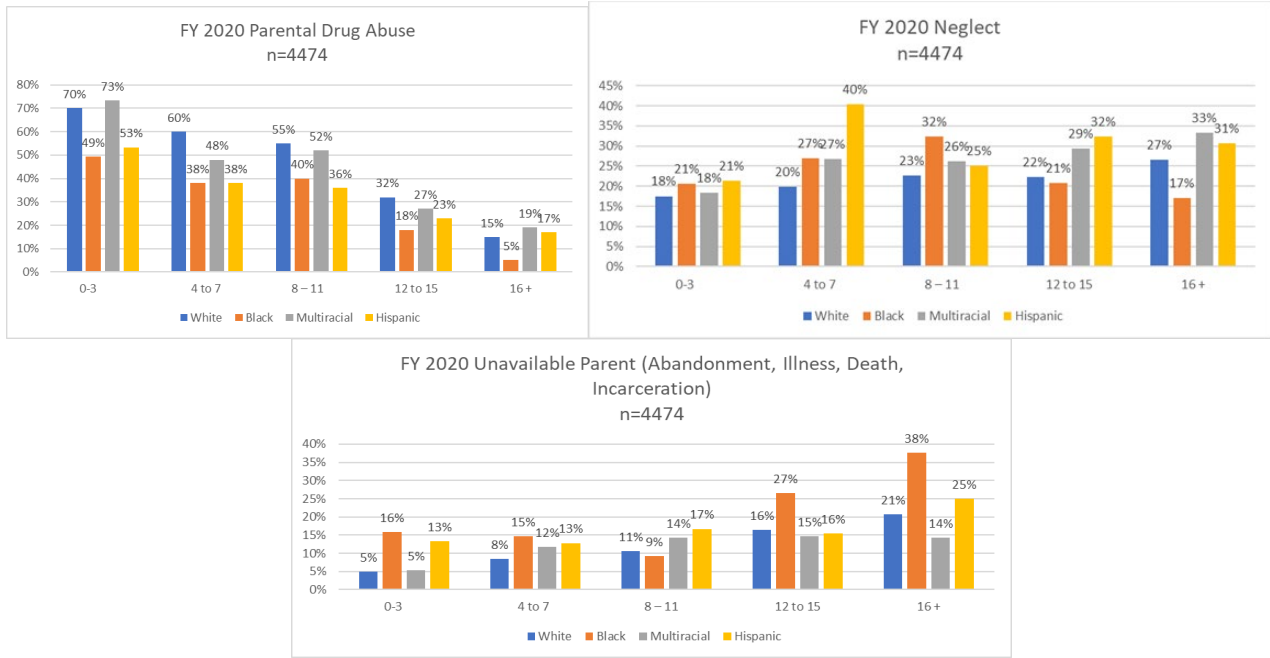


Safety Reasons for Custody Demographic Analysis

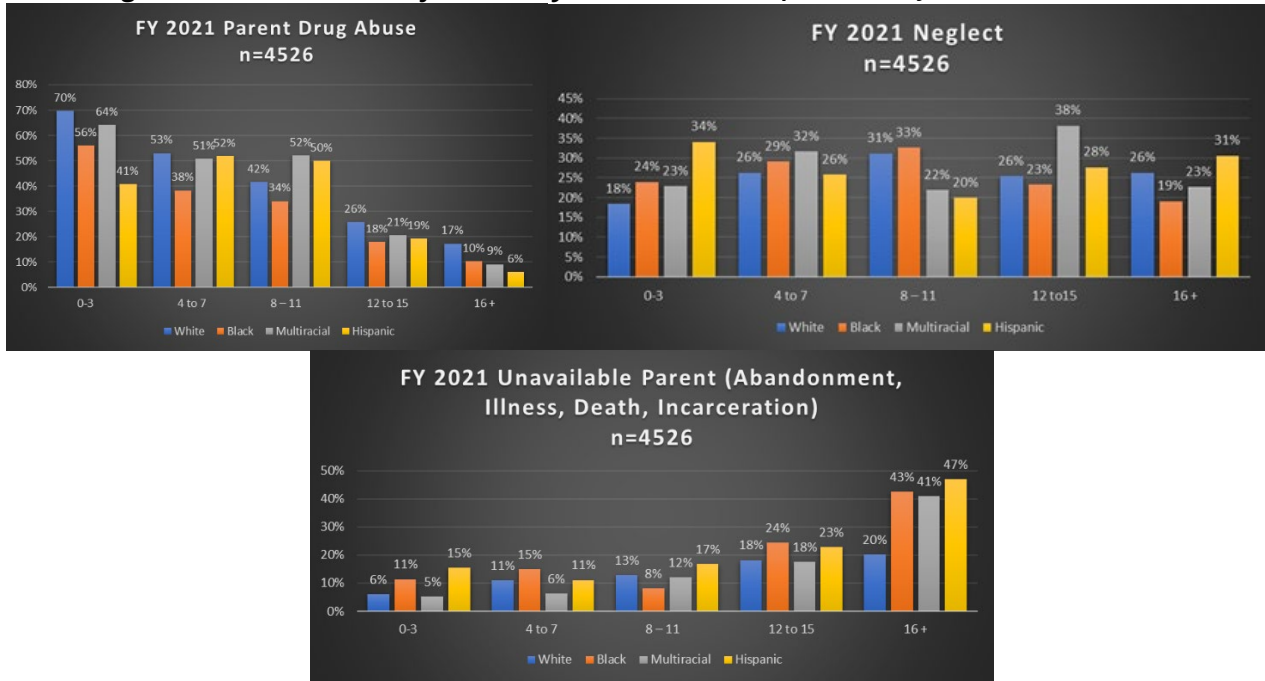
A deeper review of TFACTS administrative data provided by Chapin Hall in the charts below provide results of the highest reasons for custody by age group, race and ethnicity. Results are from July through June for 2020, 2021, and 2022. Over the last three years the three highest reasons for custody have been parental substance abuse and neglect for younger age groups and Unavailable parent and neglect for older age groups. There does not appear to be any significant disproportionality between races and ethnicity.

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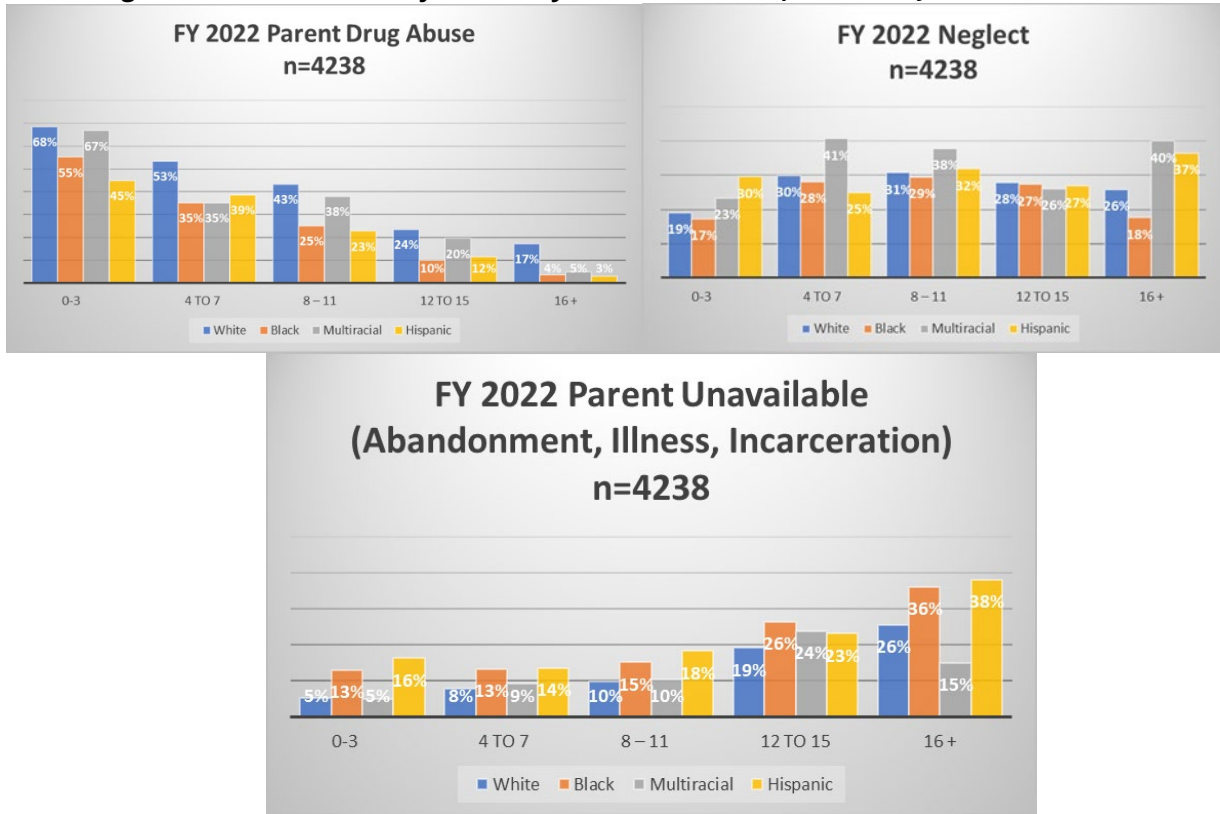
Item 3. Figure 9 FY 2020 Reason for Custody Source: TFACTS Chapin Hall Analysis



Item 3. Figure 10 FY 2021 Reason for Custody Source: TFACTS Chapin Hall Analysis



Item 3. Figure 11 FY 2022 Reason for Custody Source: TFACTS Chapin Hall Analysis



Strengthen Resource Linkage Program

Throughout fiscal year 2021-2022, the Resource Linkage (RL) program area experienced TFACTS modifications to support and enhance the RL work. The TFACTS enhancements allow for a more streamlined entry of RL case information. TFACTS enhancements allow improved tracking of RL work and performance, which ultimately afford better opportunities to analyze the program’s efficacy and prevention efforts. These enhancements create a platform to help RLCs serve families who do not have an open DCS case with another program area and record that information into the TFACTS system. RL coordinators (RLCs) maintain awareness of available services and resources in Tennessee’s communities, rural and urban. Central Office staff encourages that RLCs maintain the upkeep of community resources either through departmental resource guides or other avenues via an external partner. Resource awareness proved to be especially beneficial during the COVID-19 pandemic. Community Advisory Boards (CABs) are providing RL staff with updated resources designed to help families to overcome the impacts of COVID-19 financial stressors. RLCs have started to return to the communities with a physical presence to provide tangibles and other essential goods, including having some in person CABs. To help strengthen CABs and community engagement, Central Office has been in communication with an external partner who has a long history with CABs and community work. This partner is passionate about strengthening the community engagement and relationships between DCS and quality resources to better serve families.

Challenges

Due to staffing shortages mentioned in this report, RLCs have also stepped into a case management role in many regions. They have maintained their RLC role as well and Central Office continues to advocate for the RLC role to be primarily service provision, resource and service attainment, and DCS/community liaison. Several RLCs also serve as the volunteer and intern coordinator. They coordinate the experience of interns who are seeking experience and possibly future employment with DCS. Volunteer coordinators are also tasked with coordinating the volunteers who serve in the Isaiah 117 House, along with numerous other capacities that serve children and families in their respective communities.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

Permanency Outcome 1

Children have permanency and stability in their living situations.

Item Four: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goals?

Item Five: Did the agency establish appropriate permanency goals for the child in a timely manner?

Item Six: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

State Response

Permanency Outcome 1 continues to not be in substantial conformity for Tennessee. All three items (4, 5, and 6) in this outcome are areas needing improvement. More time is needed to improve foster parent recruitment to meet the unique needs of children in foster care for item 4. In addition, Tennessee has made significant improvements that have resulted in an increase in the number of regional frontline case managers. Once staff are fully trained, it is expected that these concerted efforts will improve child welfare practice, including items five and six.

In Round 3 Tennessee received a rating of area needing improvement for all three items in Permanency Outcome 1. During the Program Improvement Plan process Tennessee exceeded the measurement plan goals in 2021 CFSR review season for items 5 (50%) and 6 (43.9%); however, was not able to meet the measurement plan goal for item 4 (88.4%).

Improvement Strategies for items 4,5, and 6 (see details further below):

- Collaborate with courts and stakeholders to ensure that quality services provided to families meet their unique needs to improve time to permanency.
- Safe Baby Court: Key to assessing needs (item 30) and achieving permanency (item 6) for children under 4 years old.
- CFTM Revitalization: Critical component to developing permanency goals (item 5) and achieving permanency (item 6)
- Foster Parent Recruitment and Retention Plans
- Court Improvement -Services identified by the FAST
- Incorporate Children's Bureau "Foster Parents as a service to families, not a substitute" vision into recruitment and training of Foster Parents, both DCS and provider agency.
- DCS and provider agencies will collaboratively conduct an analysis of the types of Foster Homes available in each county that meet the demographics and unique needs of the children from those counties in order to obtain a true picture of recruitment needs.
- Assessment Foster Homes

Challenges

Round 3 Improvement strategies were intended to support improved permanency practice performance. However, the timing of the pandemic shutdown and restrictions and the latent effects of the significant staff shortage created multiple barriers in Tennessee’s ability to implement tracking and monitoring processes of the improvement strategies. Although, the strategies were completed during the PIP process and initial stages of evaluating progress was beginning most of this effort stopped to focus on immediate and emergency procedures caused by the pandemic. Tennessee is currently showing improvements in rebuilding the workforce and during Round 4 may need to re-examine the improvement strategies above to consider if strategies can be built from the steps that were completed in Round 3.


Tennessee Statewide Data Indicators

Source: Tennessee CFSR 4 Data Profile February 2023.

***Note: The arrow represents preferred performance. Green shading indicates that Tennessee’s performance (using risk adjusted performance interval - RSP) is statistically better than the national performance. No shading indicates that TN’s RSP is statistically no different than the national performance. Red font indicates that TN’s RSP is statistically worse than national performance

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (4/1/19-3/31/20)	TN Risk Standardized Performance (10/1/19-9/30/20)	TN Risk Standardized Performance (4/1/20-3/31/21)	TN Risk Standardized Performance (10/1/20-9/30/21)	TN Risk Standardized Performance (4/1/21-3/31/22)	TN Risk Standardized Performance (10/1/21-9/30/22)
Permanency in 12 months for children entering foster care	35.2% 	38.7%	39%	38.8%	-	-	-
Permanency in 12 months for children in foster care 12 to 23 months	43.8% 	45.2%	47.5%	44.8%	46.4%	45.3%	45.7%
Permanency in 12 months for children in foster care 24 months or more	37.3% 	37.5%	38.7%	38.8%	38.5%	40%	35.1%
Re-entry to foster care in 12 months	5.6% 	9.2%	9%	7.8%	6.7%	7.8%	8.7%

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Statewide Data Indicators	National Performance	TN Risk Standardized Performance (4/1/19-3/31/20)	TN Risk Standardized Performance (10/1/19-9/30/20)	TN Risk Standardized Performance (4/1/20-3/31/21)	TN Risk Standardized Performance (10/1/20-9/30/21)	TN Risk Standardized Performance (4/1/21-3/31/22)	TN Risk Standardized Performance (10/1/21-9/30/22)
Placement Stability	4.48 	7.67	7.57	5.86	6.14	6.59	7.04

Explanation: A higher Risk Standardized Performance (RSP) value is desirable for the permanency indicators. According to the data profile, Tennessee’s performance has been steadily statistically at or better than the national performance in two permanency indicators. However, Permanency in 12 months for children in foster care 24 months or more dropped slightly below the national performance in FFY 2022.

A lower RSP value is desirable for rates of re-entry. Tennessee’s rates of re-entry are statistically worse than the national performance of 5.6. Tennessee made some improvement in FY 2020, but the numbers increased in the most current FFY 2022 to 8.7 compared to the national performance of 5.6. Tennessee continues to track this indicator through CFSR regional reviews and through improved safety assessments and monitoring safety plans.

A lower RSP value is desirable for Placement Stability and Tennessee’s performance reflects Tennessee’s as statistically worse compared to the national performance. Tennessee continues to monitor permanency and placement stability through the CFSR regional reviews, ChildStat, and regional initiatives. Service delays and parents who make minimal progress that cause courts to keep reunification as a goal may contribute to drop in FFY 2021-2022 Permanency in 12 months for children in foster care 24 months or more.

Placement Stability (Item 4) - The target goal is based on the federal threshold of 90% for substantial conformity.

Tennessee showed improvement in CFSR case review results over the last four years as shown in the table below even though the PIP measurement goal was not achieved. Tennessee found that overall, what pulled results down was not having the appropriate first placement and no concerted efforts to prevent disruption. Most of the cases were a strength with the question “is the most recent placement stable?”

Tennessee Case Review Results: Item 4, Stability of Foster Care Placement

Item 4. Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary, case reviews conducted 2019-2022

Data represents case reviews conducted by DCS staff annually between April 1, 2019-September 30, 2022.using the federal OSRI case review instrument.						
Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 4): Placement Stability	64.29%	69.05%	71.43%	72.62%	90%	6/30/2024
	54/84	58/84	120/168	61/84		

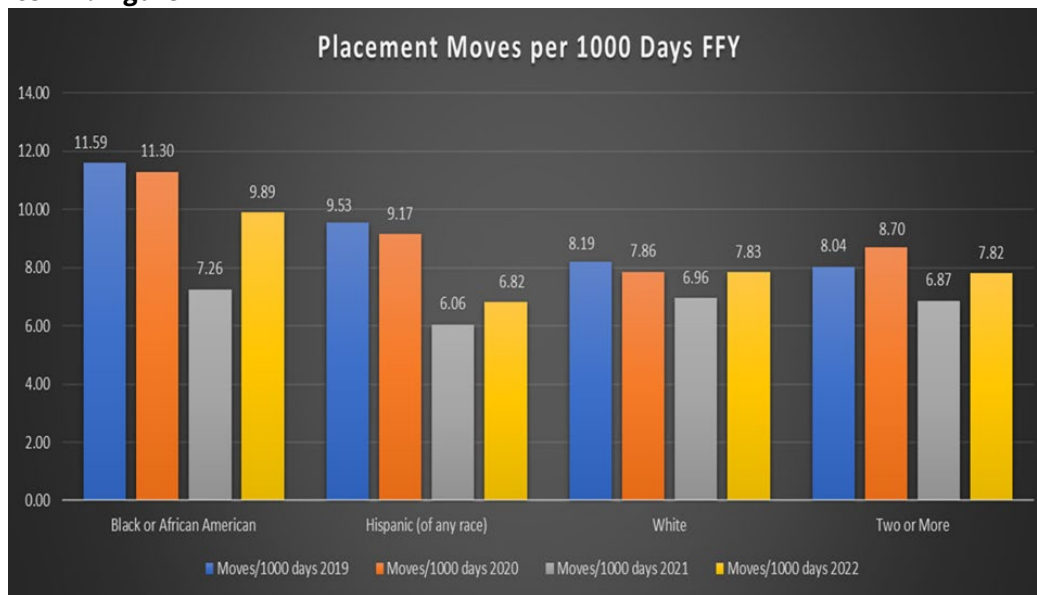
Note: The denominator is the total number of applicable foster care cases reviewed during the given time period. The numerator is the number of cases where this item is found to be a strength.

Challenges

Tennessee did not meet the CFSR Round 3 PIP measurement plan target goal for placement stability in Round 3. Regional and statewide non-Overlapping presentations on item 4 were conducted in partnership with the Children’s Bureau. Reasons why the state did not meet the standard included: 1.) staff retention and recruitment concerns; 2.) decreases in foster home availability and increased use of temporary homes; 3.) an increase in child behavior issues; and 4.) delays in assessments and services due to provider staffing concerns. This resulted in more placement moves for Tennessee’s children over the last 3 years.

The graph below illustrates Tennessee’s observed performance regarding placement moves, by race and ethnicity. This metric tracks the number of placement moves within the first 365 days of foster care, for all children who entered care in a 12-month period. Results show Black or African American children show higher rates of moves over the last 4 years compared to the other races and Hispanic ethnicity.

Item 4. Figure 2



Source: February 2023 TN Supplemental Context Data File, observed performance.

Strategy - DCS and provider agencies collaboratively conduct an analysis of the types of Foster Homes available in each county that meet the demographics and unique needs of the children from those counties in order to obtain a true picture of recruitment needs.

Challenges and Area Needing Improvement:

The pandemic had a negative impact on Tennessee’s available foster homes and ability to recruit foster homes to meet children and youth’s unique needs. Many foster parents closed their homes due to concerns for their own family’s health and the shutdown and restrictions created challenges to publicly recruit.

Strength

Foster Parent Recruitment and Retention Plan:

Improvement Efforts: DCS contracted with Harmony, effective 7/1/22, to take on the responsibilities of statewide recruitment. Harmony is tasked with ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity for whom foster and adoptive homes are needed. Their overall goal is to have, on average, 140 statewide foster family recruits enter TN-KEY training each month with no less than 60% completing the certification and approval process. Please see Staff Provider Training Section for details.

Harmony uses statewide demographic information to recruit families that reflect the ethnic and racial diversity of the children who need foster and adoptive homes. The statewide recruitment plan identified needs are African American, Hispanic, Asian, American Indian/Alaskan Natives, Multi race, and LGBTQ families. Please see recruitment Plan Item 35 Appendix 1.

Assessment Homes:

During the Round 3 PIP analysis it was discovered that Tennessee did not perform well in item 4 due to not being able to stabilize the first placement with certain child/youth populations. One population type in particular is children/youth DCS has no history with such as children bench ordered into custody and no Investigation/assessment history. A strategy to develop assessment foster homes was developed. Assessment Foster Homes are licensed and provide supervision and support to children and youth who present with varying degrees of behaviors/functioning and who would benefit from an additional period of observation and assessment to effectively determine the most appropriate service level and placement setting to meet their needs. The assessment foster home is a trauma-informed, structured environment. The foster parent provides informal assessments of behaviors and relational interaction as part of the overall assessment process for each child. Length of stay in an assessment foster home is between 14 – 30 days but should not exceed thirty (30) days. A CFTM is convened to discuss assessment results, treatment recommendations and level of care placement as soon as they are available. A CFTM occurs prior to the child’s discharge from the assessment home to plan for the transition. More time is needed to see if this strategy will improve placement stability performance in Round 4.

Item 5 (Appropriate and Timely Permanency Goals) The target goal is based on the federal threshold of 90% for substantial conformity.

Tennessee saw improvements in item 5 over the last four years as reflected in the table below. Tennessee found that most of the time goals were established timely, but what pulled results down was that not all goals were always appropriate and/or Termination of parental rights not always filed timely when reunification was no longer a viable option.

Tennessee Case Review Results: Item 5, Permanency Goal for Children in Foster Care Placement
Item 5. Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary 2019-2022

Data represents case reviews conducted by DCS staff annually between April 1, 2019-September 30, 2022.using the federal OSRI case review instrument.						
Measure of Progress	Baseline 2019	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item 5):	46.43%	47.62%	60.37%	60.71%	90%	6/30/2024
	39/84	40/84	99/164	51/84		

Section III—Assessment of Child and Family Outcomes

Timely and Appropriate Permanency Goals						
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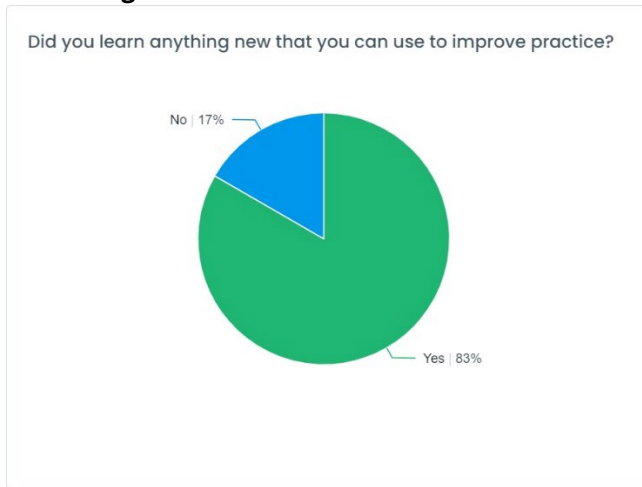
Note: The denominator is the total number of applicable foster care cases reviewed during given time period. The numerator is the number of cases where this item is found to be a strength.

Strength

Child and Family Team Meeting (CFTM) Revitalization

The CFTMs are the vehicle for team decision-making on each case, which drives the development of permanency plans and establishing permanency goals. During the Round 3 PIP process it was identified that CFTMs were not being facilitated as intended and had lost effectiveness to serve families and children in moving the case forward timely. Therefore, a strategy was developed to revitalize the process and bring back the focus on the practice wheel (Engagement, Assessment, Teaming, Planning) through a training of all staff. A CFTM guide was developed to provide additional support [CFTMGuide.pdf](#). In 2018 twenty-four (24) CFTM facilitators were surveyed to measure how effective the revitalization training was. This is the only and most recent data available but shows very favorable for the CFTM revitalization training.

Item 5. Figure 2 CFTM Results



Qualitative Key Themes

question "What part of the training did you find most helpful" The majority of responses included:

- Having an opportunity to be with other facilitators from different regions and sharing ideas and learning from each other.
- Feeling supported. Most responses stated facilitators often feel forgotten.
- Learning how to improve the facilitator role using a coaching/mentor approach.

Data supports Tennessee establishes permanency goals timely. The opportunity for improvement is to ensure all goals are appropriate and updated timely. Please see Case Review Section for details. SafeMeasures pulls permanency plan data from TFACTS on to a dashboard that provides leadership and caseworkers with information about the upcoming or overdue status (which is considered not current) of a permanency plan. Statuses include due within 30, 60, 90, or 90+ days, as well, as overdue plans. The table and chart below provide the status of permanency plans and goals. The "pending

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initial” are not due yet, or they are within the timeframe for the initial perm plan to be completed. Once the timeframe passes if the initial is not completed, it moves to the ‘not current’ list instead of pending. Overall, permanency plans in current status averages 79% to 80%. Permanency plans and goals that have been established but considered overdue to be updated (not current) hovers around 16% between July 2022 – April 2023. Please see graph item 20 Figure 1 for percentages.

Permanency Plan Completion Status:

Item 5. Figure 3 Data Source: SafeMeasures TFACTS Permanency Plan Completion Status data as of April 2023

Permanency Plan Status April 30 2023	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Current	7,125	7,161	7,148	7,013	7,015	6,825	6,946	6,899	7,081	6,964
Not Current	1,453	1,467	1,431	1,476	1,433	1,571	1,424	1,432	1,391	1,454
Pending Initial	335	344	348	290	316	219	376	358	338	317
Exempt-Exit Custody	26	23	39	35	40	28	20	31	39	26
Total	8,939	8,995	8,966	8,814	8,804	8,643	8,766	8,720	8,849	8,761

Item 6 (Achieving permanency timely)

Tennessee showed very little improvement in achieving permanency as reflected below except in 2021 when the CFSR Round 3 PIP measurement plan goal was achieved. During Round 3 CFSR Tennessee results showed for most cases permanency was not achieved timely based on lack of concerted efforts by DCS. Most cases showed good, concerted efforts by the courts (There was some negative impact during court shutdowns but good concerted efforts through virtual court hearings and longer court hours to reduce the docket back log.). Most of the lack of concerted efforts was around reunification achievement. Sometimes this was correlated with item 5 and item 12B when reunification was no longer a viable goal.

Tennessee Case Review Results: Item 6, Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement. The target goal is based on the federal threshold of 90% for substantial conformity.

Item 6. Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary 2019-2022

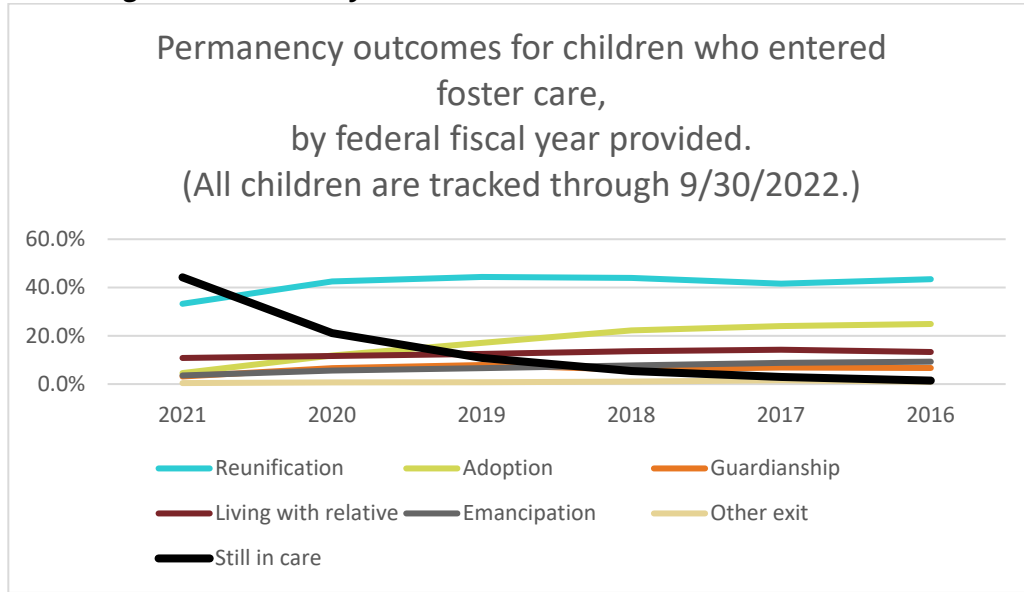
Data represents case reviews conducted by DCS staff annually between April 1, 2019-September 30, 2022.using the federal OSRI case review instrument.						
Measure of Progress	Baseline 2019	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item 6): Achieving Permanency	36.90%	35.71%	52.98%	30.95%	90%	6/30/2024
	31/84	30/84	89/168	26/84		

Strength

During Round 3 concerted efforts by the court to achieve permanency performed well. DCS policy gives guidance with Foster Care Review and Progress Reports which provides procedures to ensure that all children in DCS custody participate in Foster Care Review Board (FCRB) or the local court review of progress of the permanency plan. This policy applies to all children/youth/young adults, including

those who are or may be subject to compliance with the Interstate Compact on the Placement of Children (ICPC). Please see policy 16.32 details in Case Review Systemic Factor Section.

Item 6. Figure 2 Permanency Outcomes



The graph above shows reunification is consistently the most frequent and timely exit type, with 1/3 of the children exiting to reunification in up to 2 years from admission. Regarding adoption, we see that nearly 1/5 (17.1%) of the children who entered foster care in FFY 2019, have been adopted by the end of FFY 2022. It is concerning that nearly 10% (9.3%) of the children coming in to foster care might eventually exit to emancipation.

Additional analysis is needed to understand factors that impact delayed adoption, limited guardianship exits, and the number of children who eventually age out of the foster care system.

Child and Family Team Meetings (CFTM)

A focus on improving the quality of decisions made within the team format include identifying appropriate application of current plans to achieve permanency. Please see detail in Case Review Section.

Court Improvement /Services identified by the FAST

Strategy - Improve the match of service availability based on the family needs identified through the FAST for In Home cases by strengthening assessment quality to guide case planning, and increasing collaboration with court staff and service providers

A small test of change was done in Blount and Dickson County jurisdictions. These counties were selected based on positive relationships between the respective Courts and DCS; some systemic challenges reported by the region; opportunities for engagement with the Courts and the Bar; Dickson County’s Safe Baby Court; and challenges with rural service delivery. The strategy provided an opportunity to create a shared understanding of the assessment, service planning, and service array support needs. The pie charts below are an analysis of CFSR assessment items results for Blount and Dickson counties. The sample includes all type cases reviewed between April – September 2020, 2021,

Section III—Assessment of Child and Family Outcomes

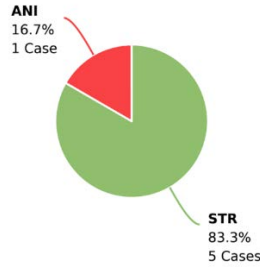
and 2022. Results do show a 50% improvement in assessments of parents needs for services in 2021 and 2022 which could be related to this improvement strategy. Data Source: OSRI Multi-level data analysis.

Item 6. Figure 3 2020 Dickson and Blount County Results

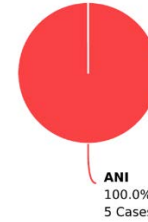
2020 item 3 children and family



item 12A children and youth



item 12B Parents

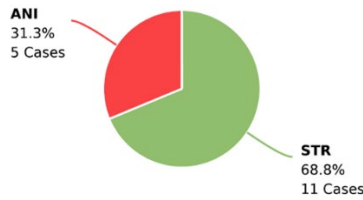


Item 6. Figure 4 2021 Dickson and Blount County Results

2021 item 3 children and family



item 12A Children/youth

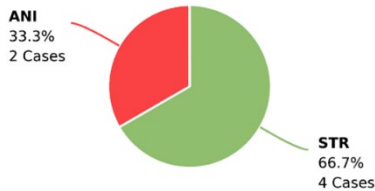


item 12B Parents



Item 6. Figure 5 2022 Dickson and Blount County Results

2022 item 3 children and family



item 12A Children/youth



item 12B Parents



Court Improvement Action Steps

- DCS gathered the relevant FAST data and CFSR and resource/services inventory to share with the Courts. Relevant data included FAST scores/greatest needs specific to the In Home families, resource linkage inventory/information around resources and services (availability, quality, gaps), and CFSR scores – strengths and opportunities for improvement.
- A meeting with the Courts was held to explore FAST, CFSR, and resource data, as well as engage in discussion about the Department's use of assessments to plan with families, relevant data described above, and to collect input from courts about their experience with services in those counties.
- Develop plan for ongoing engagement activities around FAST, planning, and service delivery/array with input from the Court, including the frequency of these collaborations.
- Assessment Consultants provided FAST training or other consultation to Court staff to enhance their understanding of the tool.
- During the annual Juvenile Court Conference DCS partnered with conference officials to offer training for Judges and court personnel on the basics of the FAST assessment and its role in case planning and service delivery.
- Guardian ad Litem, Parent Attorney's, and Juvenile Court staff received information about the FAST and case planning, as well as other relevant information through quarterly newsletter produced by DCS.

All key activities of this strategy have been completed. Quarterly calls between DCS, the AOC, and the executive committee of the Council of Juvenile and Family Court Judges (TCJFCJ) are ongoing and continue to find benefits in partnership opportunities and data sharing. In addition, DCS continues to collaborate with courts as Safe Baby Courts continue to expand in new jurisdictions which in turn will continue to improve the use of assessments across the state.

ChildStat

ChildStat continues to be a data driven resource for the state. It is focused on helping regions move children to permanency as quickly and safely as possible. There are currently 19 indicators being tracked around entries, exits and longevity in foster care. The indicators are tracked monthly and segmented by region and statewide results. By focusing on these indicators, regional leadership can develop and implement strategies to improve timely permanency and track progress over time. Some examples of strategies leadership in the regions identified

Increase percentage of Trial Home Visits (THV) when safe to increase number of children exiting.

A focus on meeting with parents monthly during permanency reviews which had success at getting THVs by agreed orders as well as doing the 15-day notice for THVs which allows to move forward even if courts have delays.

Strategies to reduce entries and increase exits continue to be utilized and modified to meet the specific needs of the communities across Tennessee. In addition, all regions develop strategies to improve timely Termination of Parental Rights (TPR) when reunification cannot be achieved. Please see Case Review System sections for challenges identified by regions in timely TPR. Please see item 25 Appendix 2 ChildSTAT tracker excel spreadsheet for the most current data.

Safe Baby Court Time to Permanency Outcomes for children 0 - 3 years old with parents impacted by substance abuse

There are currently 14 established Safe Baby Court sites in Tennessee. Sumner and Maury counties are the two newest sites, implemented in 2022. There are seven more sites slated to be implemented. The goal is to have a safe baby court in all 95 counties. These courts have their roots in the Tennessee Infant and Early Childhood Mental Health Initiative that began in 2010. Please see map that identifies where the SBC courts currently operate in Tennessee in Service Array Section.

Tennessee sees many infants born exposed to drugs. To address the issue, Tennessee uses specialized drug teams that provide a more comprehensive and timely intervention and engagement with parents impacted by substance abuse. This effort has increased and strengthened relationships with local hospitals, substance abuse providers, mental health agencies and others that can support families in recovery. It also provides a team of Family Support Services (FSS) that can provide long term case management due to the complexity of substance abuse and the recovery cycle. Safe Baby Courts focus on the needs of the vulnerable population of children under the age of four years. The courts work closely with DCS, the AOC and the TDMHSAS for support and guidance as well as with Zero to Three as an external consultant.

Out of the 336 children served, 127 (37.8%) entered custody. The average length of stay (days) for custodial cases that successfully completed the program was 470 days and 490 days for custodial cases still in progress which is better than traditional Dependent and neglect cases not in the program. Traditional D&N (Average days youth in custody in cases closed each calendar year):

CY20: 522.8

CY21: 550.4

Item 6. Figure 6 Data Source: Safe Baby Court Annual Report 2022

Safe Baby Court Average Length of Stay (Days) Calendar Year 2022	
Status	Days
Successfully Completed	470
In Progress	490

Item 6. Figure 7 Reduction in time to permanency for SBC cases versus traditional Dependent and Neglect cases:

Traditional D&N (Average days youth in custody in cases closed each calendar year):
CY20: 523
CY21: 550
CY22: Not available
SBC (Average days that case remains in the SBC intervention):
Custodial:
CY20: 386
CY21: 420
CY22: Not available

Safe Baby Court Annual Report 2021

Challenges to Achieve Permanency Timely

The workforce turnover rate at DCS has continued to play a role in impacting this outcome area. Changes in Caseworkers often can lead to a delay in permanency for the child, as the new Caseworker must re-engage the family and begin building relationships. DCS has implemented multiple initiatives to address Caseworker turnover, such as better salary structures, better training, and more

engagement between Leadership and Caseworkers. Service array has also played a role in impacting this outcome. When children were placed in temporary placements upon coming into care due to not having an identified placement resource or when children were placed a greater distance from family, time to permanency was increased because assessments for services and services themselves were delayed.

Stakeholder Experience

Joint Planning Legal and Court Breakout Session:

Challenges

- It is a hinderance when GALs are not heavily involved or not prepared by meeting with the client.
- With more parties getting involved with the process at court, scheduling conflicts and continuances are a concern because this could affect the speediness of hearings.
- There is a disconnect between what the court wants to happen and what services are available or can be funded for the families. Resources are limited, and it needs to be clearer to the court what services can be provided.
- Turnover or unavailability of GALs, DCS caseworkers or other stakeholders makes it difficult to establish a solid relationship and truly develop trust with the children.
- Allowing all parties, including the youth and parents, to have a voice in the hearings.
- Holding youth in custody to a higher standard than typical teenagers or not showing grace to families involved in juvenile custody matters.

Factors to Consider in Round 4 PIP Analysis:

Item 4 – Engage providers to collaborate and analyze the number of homes available in each county that can serve the children from those counties based on the age of the child, size of the sibling group, and unique behavioral needs for the children. Ongoing and collaborative work with provider agencies and DCS to ensure that recruitment strategies match the needs of each county.

Monitor the “foster parents as a service, not a substitute” philosophy for improved stability.

Item 5 and 6 – Monitor CFSR results to see if improvements in the workforce is improving concerted efforts and timely services to ensure appropriate goals are established and timely permanency is achieved.

A deeper dive analysis will include reviewing placement move rate and time to permanency data by race, ethnicity, and age. Analysis of permanency Statewide Data Indicators and regions will be explored.

More collaborative work is needed between DCS and contract providers to analyze the number of homes available in each county that can serve the children from those counties based on the age of the child, size of the sibling group, and unique behavioral needs for the children. DCS realizes that having children placed closer to birthparents can lead to more quality connections and contacts with family and therefore assist in children obtaining permanency in a timelier fashion. Ongoing and collaborative work with provider agencies and DCS to ensure that recruitment strategies match the needs of each county and the new “foster parents as a service, not a substitute” philosophy should improve these outcomes.

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

State Response

Permanency Outcome 2 is not in substantial conformity for Round 4. Decline in performance has been impacted with significant staff shortage over the last three years. Tennessee is seeing preliminary improvements in increased interest in working at DCS based on higher submission of employee applications and lower turnover rate, it is still too early to tell if this will help DCS make improvements in best practice to families and children/youth. The integration of CFSR and CFSP continues to support DCS in monitoring performance. Case Process Reviews (CPR) and Quality Process Reviews (QPR) continue to include CFSR standards. A team including program staff, CQI staff, and CFSR staff reviewed the tools over a period of time during this APSR cycle and made additional improvements in an effort to strengthen the alignment of CFSR standards and Case review tools. CQI Coordinators continue to do CPR IRR for a sample of cases from each of the twelve service regions. Please see Quality Assurance System section for further details. The target goals are based on the Federal threshold of 90%.

Item 7 Siblings in Foster Care placed together

Child and Family Service Review Results

The table below shows CFSR results for three review seasons April - September pulled from the OSRI statewide state rating summary report for foster care cases. Although the results do not meet the federal threshold of 90% the results do show that the majority of the time Tennessee makes concerted efforts to place siblings in foster care together. DCS has experienced a decrease in foster home resources as a results of health concerns during the pandemic, but a recent revised foster parent recruitment plan is also including diligent strategies to recruit foster parents for large sibling groups in turn should improve CFSR results.

Item 7. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 7): Siblings Placed Together	86.36%	80.22%	79.25%	90%	6/30/24
	38/44	73/91	42/53		

Item 8 Visitation with Parents and Siblings

Child and Family Service Review Results

The table below shows the last three-year CFSR results for cases reviewed between April – September 2020 – 2022. Although improvements were made in 2021 results started to decline in 2022. The pandemic created many challenges to ensure quality visits occurred with parents and siblings for children/youth placed in foster care. One challenge was for children/youth placed in residential facilities where tight restrictions were required to ensure the health and well-being of all the children. In addition, if children/youth tested positive for COVID the facility would have to quarantine which prevented parent and sibling visits from occurring. This also occurred with foster homes as well. Although DCS made efforts through other methods such as phone calls and virtual visits the quality declined and often parents did not make efforts to participate in alternative methods. This was particularly prevalent with parents who had small children who needed that in person contact to bond and interact to keep the baby engaged with them.

Item 8. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 8): Visitation with Parents and Siblings	42.25%	67.83%	57.14%	90%	6/30/24
	30/71	97/143	40/70		

Case Process Review Results

The table below shows quarterly CPR results for three years in foster care and Juvenile Justice custody cases reviewed between April – September 2020 and 2022. Overall, results are comparable between program areas and show more focus is needed to ensure fathers across programs and siblings in JJ custody have quality visits with their children. Although results with mothers and siblings is better there still opportunities with those family members as well.

Item 8. Figure 2 Custody Cases Mothers

Item 8. Figure 3 Custody Cases Fathers

Were there concerted efforts to facilitate monthly visits between the mother and the child(ren)?			
	Yes	Total	%
JJC 2020	36	55	65%
JJC 2021	49	57	86%
JJC 2022	22	33	67%
JJ Total	107	145	73%
FC 2020	421	570	74%
FC 2021	420	576	73%
FC 2022	393	586	67%
FC Total	1234	1732	71%
Overall	1342	1874	72%

Were there concerted efforts to facilitate monthly visits between the father and the child(ren)?			
	Yes	Total	%
JJC 2020	14	42	33%
JJC 2021	18	34	53%
JJC 2022	13	31	42%
JJ Total	45	107	43%
FC 2020	262	506	52%
FC 2021	254	491	52%
FC 2022	229	502	46%
FC Total	745	1499	50%
Overall	790	1606	49%

Item 8. Figure 4 Custody Cases Siblings

Were there concerted efforts to facilitate monthly visits between the sibling(s) in custody and child(ren)?			
	Yes	Total	%
JJC 2020	1	9	11%
JJC 2021	3	7	43%
JJC 2022	2	5	40%
JJ Total	6	21	31%
FC 2020	221	286	77%
FC 2021	228	295	77%
FC 2022	238	311	77%
FC Total	687	892	77%
Overall	693	913	76%

Safe Baby Court Visitation with Parent/Child Visitation

For those courts utilizing the Safe Baby Court model, visitation and concerted efforts is showing a steady increase to maintain bonding and attachment between the child and parents. The child and family team continues to determine the best approach to increasing visitation in a safe manner. During 2022, 177 cases had a no-contact order at some point during the SBC case. Of those cases, 128 had visitation during the periods of time when there was not a no-contact order prohibiting visitation. On average, these families had 9.93 visit(s) per month. This model has also increased court appearances

and the family is encouraged to bring the young child(ren) to the court meetings in order to keep the attention focused on the child(ren) and their needs. This can also be an opportunity for the court and the team to see the interaction between the child and parents and is an incentive for the parents to work towards reunification. Quality parent child visitation continues to be monitored through the Case Process Review and the Child and Family Team Meeting Revitalization Project. Initially, the majority of in-person visitation ceased as a result of COVID-19, unless there was a court order requiring in-person contact. However, recognizing the critical importance of family time, alternate methods of contact have been utilized. This includes video visitation through available technology such as facetime, webex, etc. and telephone contact. Shorter, but more frequent, virtual contact has been encouraged. At this time, if the Child and Family Team recommends in-person visitation as necessary to obtain permanency through reunification, in-person visitation may resume following appropriate screening questions and safeguards.

Item 9 Preserving Connection

Child and Family Service Review Results

The table below shows the CFSR results for cases reviewed between April – September 2020 and 2022 statewide. As seen in the other items in permanency outcome 2 results in 2021 performance was improving reflective of the improvement strategies to help caseworkers improve concerted efforts in maintaining home community connections for children who entered custody. However, this item was also impacted from the significant staff shortage DCS experienced these three years.

Item 9. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 9): Preserving Connections	64.29% 54/84	76.22% 125/164	61.90% 52/84	90%	6/30/24

Case Process Review Results

A deeper dive in the quarterly CPR results for foster care cases and Juvenile Justice Custody cases reviewed between April – September 2020 and 2022 shows poor performance across all areas of important connections prior to entering foster care. The data is too large to present here for three years, but the table below provides overall results for program areas in each area. Although, Juvenile Justice Custody cases results are better compared to foster care cases there is still a need to continue focus on ensuring caseworkers are making concerted efforts to preserve important connections for children in custody when appropriate.

Item 9. Figure 2 CPR Custody Cases

Important Connection	Juvenile Justice Custody Cases	Foster Care Cases	Total # of Cases
Extended Relatives	65%	59%	1809
Home Community	62%	41%	1359
Extra-Curricular	59%	38%	1035
Church/Faith	23%	23%	987
Tribal Affiliation	0%	8%	286
Siblings not in Custody	63%	41%	610
Friends	43%	41%	1361
School	76%	55%	1396

Item 10 Relative Placement

Child and Family Service Review Results

In Round 3 CFSR results findings concluded Caseworkers did a good job at initiating conversations with parents to identify relatives as possible placements. The overarching trend that impacted ratings was caseworkers not making concerted efforts to revisit relatives who initially said they could not be a placement or circumstances did not make them appropriate at the time. The table below shows CFSR results in foster care cases reviewed between April – September 2020 and 2022. Similar to other items in permanency outcome 2, 2021 results showed improvement but declined due to the significant staff shortage by 2022.

Item 10. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 10): Relative Placement	50.00% 35/70	66.90% 95/142	53.62% 37/69	90%	6/30/24

Case Process Review Results

The quarterly CPR results from foster care and juvenile justice custody cases reviewed between April – September 2020 and 2022 in the table below reflect similar findings to the CFSR findings regarding conversations with parents and children. However, there is a significant decline in this area for foster care cases in 2022. In addition, the trends in sufficient frequency are unfavorable overall which seems to support the same findings in CFSR.

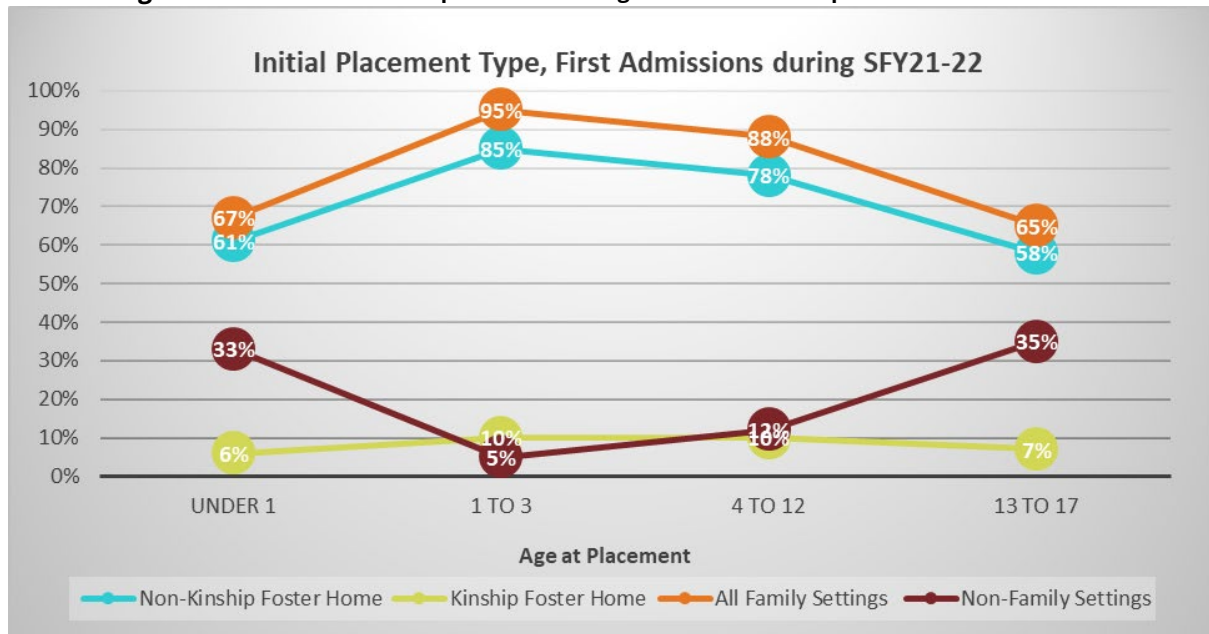
Item 10. Figure 2 CPR Custody Cases

Program	Conversations with Parents	Conversations with Child	Sufficient Frequency
JJC 2020	40	43	6
JJ Statewide %	66%	69%	18%
JJC 2021	46	47	8
JJ Statewide %	87%	90%	36%
JJC 2022	24	28	2
JJ Statewide %	67%	72%	10%
FC 2020	410	266	197
FC Statewide %	67%	60%	41%
FC 2021	390	271	196
FC Statewide %	67%	60%	42%
FC 2022	427	294	239
FC Statewide %	21%	14%	12%

Relative/kinship Initial Placement

The chart below provides a further look at results for initial placements. Most children of all age groups are initially placed in a family setting (foster care or kinship care), ranging from 65% for teenagers to 95% for children ages 1 to 3. Among children placed between the ages of 1 to 12 during SFY21-22, more than 88% were initially placed in a family setting. Most of these were non-kinship foster homes. DCS takes custody of some infants while they are still in the hospital, which accounts for the higher proportion of those placements (33%) in non-family settings. Placement in non-family settings is most likely for teenagers (35%). Initial placement in kinship care varies and is based on age at placement (between 6% and 10%). A focus on kinship placement was also a strategy to improve item 4 (placement stability) although the pandemic did have a negative impact on kinship placement opportunities it was discovered during the PIP process that a region (Upper Cumberland) performed better in placement stability and correlated to higher kinship placements in that region.

Item 10. Figure 3 Data Source: TN Chapin Hall Cross Regional Workbook Report 7/1/2021 – 6/30/2022 statewide



Item 11 Maintaining Relationships with Parents and Children in Foster Care

Child and Family Service Review Results

The pandemic did cause challenges with this item due to restrictions and limitations on number of people who can attend doctor’s appointments, school activities and/or extra-curricular activities. However, what negatively impacted this rating was caseworkers not making concerted efforts to keep parents informed when they were not able to participate which was related to the significant staff shortage DCS experienced. The table below shows CFSR results for foster care cases reviewed between April – September 2020 and 2022. Although some improvement was made in 2021 there was a decline in 2022 and shows a need to focus on this item while the current Commissioner’s staffing strategies support the increase in new hire caseworkers and reduction in turnover.

Item 11. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

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Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 11): Maintaining Relationships with Parents and Children in Foster Care	48.53% 33/68	68.35% 95/139	52.24% 35/67	90%	6/30/24

Case Process Review Results

The table below provides a deeper analysis based on the quarterly CPR results. For foster care and juvenile justice custody cases reviewed between April – September 2020 and 2022 for the CPR Question: Have the following supports have been made available to enhance the child’s relationship with birth parents or other primary caregivers? Results show unfavorable for parents’ involvement in all areas related to item 11. This includes improvement needs in the area of foster parents as mentors to birth parents.

Item 11. Figure 2 CPR School Activities

School Activities			
	Yes	Total	%
JJC 2020	25	41	61%
JJC 2021	30	36	83%
JJC 2022	23	31	74%
JJ Total	78	108	73%
FC 2020	96	300	32%
FC 2021	120	318	38%
FC 2022	103	364	28%
FC Total	319	982	33%
Overall	397	1090	36%

Item 11. Figure 3 CPR Doctor Appointments

Involvement in Doctor Appointments			
	Yes	Total	%
JJC 2020	24	53	45%
JJC 2021	35	49	71%
JJC 2022	26	37	70%
JJ Total	85	139	62%
FC 2020	207	504	41%
FC 2021	227	503	45%
FC 2022	186	529	35%
FC Total	620	1536	40%
Overall	705	1675	42%

Item 11. Figure 4 CPR Extracurricular

Extracurricular Activities			
	Yes	Total	%
JJC 2020	19	31	61%
JJC 2021	15	27	56%
JJC 2022	11	21	52%
JJ Total	45	79	56%
FC 2020	58	257	23%
FC 2021	84	270	31%
FC 2022	66	301	22%
FC Total	208	828	25%
Overall	253	907	28%

Item 11. Figure 5 CPR Foster Parents/Mentors

Foster Parents as Mentors			
	Yes	Total	%
JJC 2020	2	6	33%
JJC 2021	0	3	0%
JJC 2022	2	4	50%
JJ Total	4	13	28%
FC 2020	179	424	42%
FC 2021	148	394	38%
FC 2022	131	417	31%
FC Total	458	1235	37%
Overall	462	1248	37%

Stakeholder Perspective of Parent Involvement

Below are results from a parent survey distributed between April and May 2023. One hundred eighteen (118) parents responded to the following question. Overall parent’s perspective is favorable for being

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involved in their child/children's school activities. However, there is a limitation in the data due to this being the only question asked related to item 11.

Item 11. Figure 6 Parents who currently have or had foster care involvement

Survey Question	Agree	Total # Responses
My DCS caseworker encourages me to participate in my child/children's school	80%	118

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Item 14: Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

State Response:

Well-Being Outcome 1 is not in substantial conformity. Item 14 and 12C are the items that are a strength with results above the 90% federal threshold in all program areas for item 14 and foster care cases for 12C. Although Tennessee met the CFSR PIP measurement plan goals for this outcome in Round 3, based on Child and Family Service Review (CFSR) results and Case Process Review (CPR) comparisons results continue to trend below the 90% threshold for items 12 overall (sub items A and B), 13, and 15.

Item 12

Needs Assessments and Services

DCS did make steady improvements in Round 3 in assessment and service practice performance with children and parents and exceeded the overall measurement plan goal. These improvements could be directly impacted by the ongoing monitoring through the CFSR reviews and previous Quality Contacts Initiative and regional and central office leadership focus on improvement PIP strategies. Challenges with parents continue to be substance abuse, untreated mental health, and their resistance to change. However, through the Round 3 CFSR process evidence showed improvements in concerted efforts to engage fathers and incarcerated parents. Further analysis in item 12 rational statements concluded other challenges in practice such as in-home cases, not all of the children and caretakers assessed for needs; In foster care; not enough quality assessments due to time and/or frequency; lack of appropriate assessments; lack of monitoring services; concerted efforts to find missing parent(s). DCS continues to show stronger practice performance in its work with foster parents. DCS will continue to monitor performance improvement through annual CFSR in Round 4 and monthly CPS case reviews,

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Assessment Integration Model, and Safe Baby Court Initiative. Services for children and youth, parents, and foster parents continue to be available through community-based prevention services and private providers. Please see Service Array for details and results for assessments and services children and parents segmented by race and ethnicity in item 29.

Child and Family Service Review Results

The table below shows CFSR result three-year trends for 12 overall (combination of 12A, 12B, and 12C) as significantly lower than the federal threshold of 90%. A further analysis of the three items individually shows Tennessee does better in assessing needs and providing services for foster parents (12C) and made improvements in assessments and services for children and youth (12A). However, Tennessee needs to continue to focus on improving practice in assessment and services of parent’s needs (12B).

Item 12. Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary April - September 2020-2022

Measure of Progress	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item 12 Overall): Needs and Services of children, parents, and foster parents	19.08% 29/152	42.11% 128/304	38.82% 59/152	90%	6/30/2024
CFSR Performance (Item 12A): Needs Assessments and Services to Children	49.34% 75/152	70.72% 215/304	67.11% 102/152	90%	6/30/2024
CFSR Performance (Item 12B): Needs Assessments and Services to Parents	19.72% 28/142	43.01% 123/286	40% 56/140	90%	6/30/2024
CFSR Performance (Item 12C): Needs Assessments and Services to Foster Parents	68.57% 48/70	76.06% 108/142	81.43% 57/70	90%	6/30/2024

Stakeholder Perspective on Quality Assessments

During the Quality Assessment breakout sessions, the majority of the limitation and challenges identified by the group focused on high case worker caseloads, supervisor workloads as a result of the significant staff shortage DCS experienced over the last three years, as well as training and mentor needs.

Limitations

- TINS is only available for Safe Baby Court (There is no current formal assessment for younger children [Under five (5)] for youth not in SBC).
- Assessments are often incident driven, time consuming, and the quality of assessments are often negatively impacted by workloads.
- Assessments are not often utilized as intended and easy for staff to “make objective outcomes with subjective input.”
- Concern of equity as it relates to personal bias of staff. Group understood the tools do not have bias but discussed staff bias in assessments being a potential concern.

Section III—Assessment of Child and Family Outcomes

- Quality of assessments are not consistent across the state and supervisors are not taking the time to review assessments submitted for approval.
- Group discussed workload of supervisors and caseworkers limiting opportunity for supervisory review and mentoring of assessments.
- Training on assessments has not changed significantly over the years and there is not consistent reinforcement of best practice. Concern that workers complete training for conducting a quality assessment but still do not demonstrate skill of completing quality assessments.

Challenges

- Lack of quality may be attributed to limited time to complete assessments and difficulty obtaining supporting documentation from schools, service providers, and/or other pertinent information.
- Family may report a diagnosis but there is no formal diagnosis and staff have difficulty focusing on the behaviors instead of the diagnoses.
- High caseloads impact quality of assessments
- There is a need to change the view staff/professionals have about the formal assessment tools.

In addition, there were several strengths identified that were more focused on assessment processes

Strengths

- There is inter-rater reliability on the CANS assessment through supervisory and CANS consultant approval process and the ability for the consultant to send the CANS back for rework.
- TFACTS alerts assessor to complete the CANS & FAST assessments and are easy to navigate.
- The groups agreed the CANS, FAST and TINS were effective tools if administered by a skilled worker who had the time to complete a quality assessment.

Item 12 A. Concerted Efforts to Provide Services Case Process Review (CPR)

Results Children and Youth

A deeper review of Quarterly Case Process Review (CPR) results show Tennessee does well in providing services to children/youth for social skills and Bonding/Relationships in foster care and juvenile justice custody/in-home cases reviewed between April – September 2020-2022. There is some opportunity to further explore limitations in other areas such as self-esteem and grief and loss which showed lower results (76% and 86% not shown) in comparison. Limitation - data is not available for non-custodial cases.

CPR Question: Did the worker make concerted efforts to provide services?

Item 12A. Figure 1 Custody Cases

	Social Skills	Total	%
JJC 2020	53	55	96%
JJC 2021	48	50	96%
JJC 2022	53	57	93%
JJ Total	154	162	95%
FC 2020	273	301	91%
FC 2021	270	302	89%
FC 2022	296	324	91%
FC Total	839	927	90%
Overall	993	1089	91%

Item 12A. Figure 2 Juvenile Justice In Home Cases

	Social Skills	Total	%
JJ IH 2020	87	102	85%
JJ IH 2021	78	83	94%
JJ IH 2022	95	101	94%
Total	260	286	91%

Item 12A. Figure 3 Custody Cases

	Social Relationships and Bonding	Total	%
JJC 2020	56	57	98%
JJC 2021	52	55	95%
JJC 2022	45	50	90%
JJ Total	153	162	94%
FC 2020	336	368	91%
FC 2021	307	346	89%
FC 2022	318	348	91%
FC Total	961	1062	90%
Overall	1114	1224	91%

Item 12A. Figure 4 Juvenile Justice In Home

	Social Relationships and Bonding	Total	%
JJ IH 2020	91	107	85%
JJ IH 2021	73	78	94%
JJ IH 2022	87	94	93%
Total	251	279	90%

12B. Assessment and Services for Parents/Caregivers

Custody Cases

The table below shows quarterly CPR results for mothers and fathers who were provided services adequately addressed their needs in foster care and juvenile justice custody cases reviewed between April – September 2020-2022. Overall, there is opportunity for improvement in both program areas and results remained fairly comparable. Trend results for mothers remained steady and fathers’ results were significantly lower compared to mothers. Limitation - this is not available as a comparison for Juvenile Justice In-Home results.

Item 12B. Figure 1 Custody Cases

CPR Question If services were provided for the mother, did they adequately address needs?			
	Yes	Total	%
JJC 2020	27	35	77%
JJC 2021	27	35	77%
JJC 2022	25	36	69%
JJ Total	79	106	74%
FC 2020	421	579	73%
FC 2021	441	583	76%
FC 2022	461	588	78%
FC Total	1323	1750	76%
Overall	1403	1856	76%

Item 12B. Figure 2 Juvenile Justice In-Home Cases

CPR Question If services were provided for the father, did they adequately address needs?			
	Yes	Total	%
JJC 2020	9	27	33%
JJC 2021	12	22	55%
JJC 2022	5	23	22%
JJ Total	26	49	37%
FC 2020	288	488	59%
FC 2021	280	493	57%
FC 2022	316	507	62%
FC Total	884	1488	59%
Overall	910	1537	59%

Non-Custodial Cases

The table below is quarterly CPR results for services to families in non-custodial cases reviewed between April – September 2020-2022. Overall, trends in results are highly favorable and above the federal threshold of 90%. Please see investigation and assessment cases results in Safety Outcome 2 item 2.

Item 12B. Figure 3 Non-custodial Cases

Services identified on the family permanency plan were supportive and addressed the family's needs.					
	No	%	Yes	%	Grand Total
NC 2020	15	5%	281	95%	296
NC 2021	8	3%	275	97%	283
NC 2022	7	3%	227	97%	234
Total	30	4%	783	96%	813

Stakeholder Perspective of Services to Parents

Below are results from a parent survey distributed between April and May 2023. One hundred sixty-two (162) parents responded to the following questions. Overall parent's perspective is the same regarding the help they get from DCS to find service and support participation. Results are lower in in the non-custodial cases for parent's perspective that the services they are getting are effective to their success.

Item 12B. Figure 4 Parents who currently have or had foster care involvement

Survey Question	Agree	Total # of Responses
My DCS caseworker helps me find the services I need and supports me in participating in services.	76%	133
The services I am getting are helping me achieve my goals.	72%	132

Item 12B. Figure 5 Parents who currently have or had non-custodial involvement

Survey Question	Agree	Total # of Responses
My DCS Caseworker helps me find the services I need and supports me in being able to participate.	72%	29
The services I am getting are helping me achieve my goals.	62%	29

Key Themes from parent survey comments:

Areas Needing Improvement

- Lack of communication between DCS, Juvenile Court, workers and families.
- Caseworkers not demonstrating they are qualified to work with families
- Lack of communication with parents
- Lack of support to help parents find affordable assessment services
- Lack of support to help parent find affordable housing

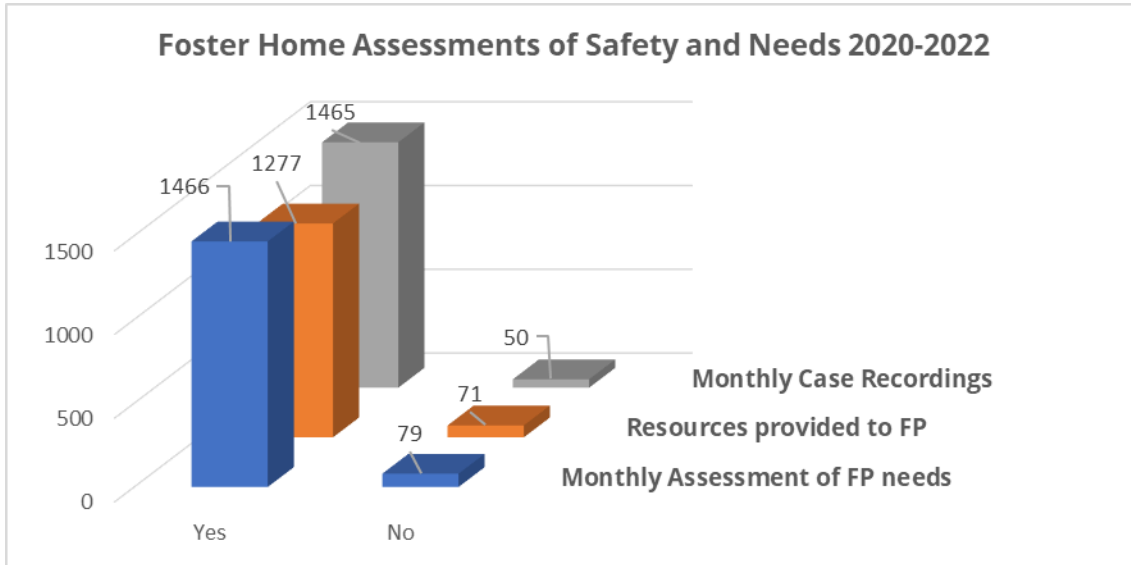
Strengths

- Strong support from caseworkers helping parents initiate services
- Strong communication and building positive trusting relationships by reminding parents of appointments and demonstrating they want them to achieve their goals

12C. Assessment and Services for Foster Parents

The Case Process Review results in the graph below is based on documented evidence of monthly assessments of the foster parent needs, provided resources, and completion of monthly case recordings. 95% (1466/1545) of the cases reviewed show monthly assessment of the foster parent's needs were conducted, 94.7% (1277/1348) of the cases reviewed showed that resources were provided to foster parents to ensure children remain safe in the home, and 96.7% (1465/1515) of the cases reviewed had monthly case recordings in TFACTS as evidence. Based on the three-year results consistently being above 90% with a significant larger sample size compared to CFSR sample size makes this item a strength and better representation for Tennessee's performance practice with foster parents assessments and needs.

Item 12C. Foster Parents Source: TN DCS Case Process Reviews 2020-2022



Item 13. Child and Family Involvement in Case Planning

DCS made good practice improvements in Round 3 through the CFSR process in involving children in the planning process and has seen significant improvement in concerted efforts to engage parents. Incarcerated parents continue to be a challenge. The main challenge continues to be correction facilities allowing DCS access to the parents especially during the pandemic but improvements in concerted efforts to find other strategies to notify incarcerated parents and to locate parents has significantly improved.

Child and Family Services Results

The table below shows CFSR results for child and family involvement in case planning three-year trends. Overall, results did improve however they are still well below the federal threshold of 90%. Further analysis of item 13 rational statements shows that more focus is needed to involve mothers and fathers.

Item 13. Figure 1 Data Source: Round 3 CFSR OSRI State Rating Summary April - September 2020-2022

Measure of Progress	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item 13): Child and Family Involvement in Case Planning	38.26% 57/149	61.49% 182/296	52.03% 77/148	90%	6/30/2024

Case Process Review (CPR) Results

Custody Cases

The tables below are quarterly CPR results for the last three years in Foster Care and Juvenile Justice custody cases reviewed between April – September 2020-2022. Results show performance improvement is needed to ensure mothers and fathers are involved in the case planning process. Although DCS was making improvements in Round 3 through the Child and Family Team Revitalization strategy the significant staff shortage caused concerted efforts with parents to fall behind over the last three years.

Item 13. Figure 2 Custody Cases Mother

Did the worker make concerted efforts to involve the mother in case planning?			
	Yes	Total	%
JJC 2020	37	57	65%
JJC 2021	48	57	84%
JJC 2022	40	53	75%
JJ Total	125	167	75%
FC 2020	439	623	70%
FC 2021	466	634	74%
FC 2022	418	636	66%
FC Total	1323	1893	70%
Overall	1448	2060	70%

Item 13. Figure 3 Custody Cases Father

Did the worker make concerted efforts to involve the father in case planning?			
	Yes	Total	%
JJC 2020	16	46	35%
JJC 2021	21	36	58%
JJC 2022	13	32	41%
JJ Total	50	114	45%
FC 2020	288	568	51%
FC 2021	302	572	53%
FC 2022	271	570	48%
FC Total	861	1710	50%
Overall	911	1824	50%

Juvenile Justice In-Home Cases

The table below shows quarterly CPR results for cases reviewed between April -September 2020-2022 for concerted efforts involving mothers in case planning is better compared to the custody cases but the same need to focus on efforts to engage fathers in the case planning process.

Item 13. Figure 4 Juvenile Justice In Home In-Home

Is there documentation that shows the worker make concerted efforts to involve the mother in case planning?			
	Yes	%	Total
JJ IH 2020	94	78%	120
JJ IH 2021	86	87%	99
JJ IH 2022	92	85%	108
Total	272	83%	327

Item 13. Figure 5 Juvenile Justice

Is there documentation that shows the worker make concerted efforts to involve the father in case planning?			
	Yes	%	Total
JJ IH 2020	41	46%	90
JJ IH 2021	30	46%	65
JJ IH 2022	38	44%	87
Total	109	45%	242

Non-Custodial Cases

The table below shows quarterly CPR results for non-custodial cases reviewed between April – September 2020-2021. for parents included in Child and Family Team Meetings. Although results are very favorable it does not segment out the mother and father. Limitation – data is not available for 2022 or for investigation and assessment cases.

Item 13. Figure 4 Non-custodial cases

CPR Question One or both parents were included in the CFTM			
	Yes	%	Grand Total
NC 2020	234	93%	251
NC 2021	261	92%	285
NC 2022			
Total	495	93%	536

Stakeholder Perspective in Case Planning

Below are results from a parent survey distributed between April and May 2023. One hundred thirty (130) parents responded to the following questions. Results show fairly favorable responses from parent’s perspective in having a voice and meetings held at times convenient for them for both foster care and non-custodial responses.

Item 13. Figure 5 Parents who currently have or had foster care involvement

Survey Questions	Agree	Total # of Responses
My DCS caseworker encourages me to participate, have a voice in setting goals, and create and/or update the plan that will lead to my child coming home.	80%	111
Team meetings are held at a time and place that is convenient for me.	77%	122

Item 13. Figure 6 Parents who currently have or had non-custodial involvement

Survey Questions	Agree	Total # of Responses
My DCS caseworker encourages me to participate, have a voice in setting goals, and create and/or update the plan that will lead to my child remaining home.	71%	28
Team meetings are held at a time and place that is convenient for me.	82%	28

Joint Planning Legal and Court Breakout Session:

Limitations/gaps in services

- When it comes to CFTMs, these sessions are normally held when the youth is in school, and this does not give them the opportunity to be present. An effort needs to be made to ensure court is accessible to the youth.

Item 14 Quality Caseworker Visits with Children

Item 14 is a strength. This area of practice became a priority of focus for DCS over the last three years. As frontline workforce declined Executive leadership developed strategies to ensure children were still visited at least once a month in their placement. This included regional and central office leadership and management staff taking on caseloads in the regions for their program area, sitting with children while waiting to be placed so caseworkers could visit children who had placement. The Federal Programs Division completed caseworker visits for regions who had children placed outside or long distances from the regions. The result of these strategies yields favorable in Case Process Reviews and Quality Assurance Reviews results with consistently above 90%. These results correlate with the favorable Case Process Review results for safety informal assessments through face-to-face observations in item 3.

DCS made good practice improvement in Round 3 with caseworker visits with children. Caseworkers demonstrated private conversations with each child and more visits are occurring in the child's home. Quality conversations at age-appropriate levels is occurring and helping the children understand what next steps are. Casual conversations with children were also demonstrated so that the caseworker could build a trusting rapport and learn more about the child's interests and how services are going for the child/youth. The quality caseworker visits were having a positive impact in the children's assessments and services as well as active involvement in case planning.

Policies for Quality Caseworker Visits

[Policy 14.7.pdf](#) Provides guidance on quality caseworker visits for Investigation and Assessment cases.

[Policy 14.29.pdf](#) Section G provides guidance on quality caseworker visits for non-custodial cases.

[Policy 16.38.pdf](#) Provides guidance on quality caseworker visits for custody cases (including dependent/neglect and unruly adjudications).

[Policy 13.12.pdf](#) Section C provides guidance on quality caseworker visits for Juvenile Justice probation cases based on youth level of supervision.

Child and Family Service Review Results

The table below shows CFSR Round 3 results over the last three years in caseworker visits with children. Although results are trending up it still falls below the federal threshold of 90%. CFSR cases had a period under review for a year or more. These cases could have been impacted by previous caseworkers earlier in the case and not necessarily during current leadership focus and strategies.

Item 14. Figure 1 Data Source Round 3 CFSR OSRI State Rating Summary April - September 2020-2022

Measure of Progress	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item 14): Caseworker Visits with Children	50.00% 76/152	72.70% 221/304	71.05% 108/152	90%	6/30/2024

The table below shows caseworker visits with children CFSR Round 3 results for the races and ethnicity that are the highest populations served in Tennessee except for children/youth with more than one race which is not available in the OSRI for Round 3. Results trended up in all races/ethnicity and although results appear more favorable for the white population it is difficult to determine if there is disparity in the results based on the significant difference in the sample sizes that also makes percentages difficult to compare.

Item 14. Figure 1A Data Source Round 3 CFSR OSRI item 14 Multi-Item Data Analysis Tool by race/ethnicity April - September 2020-2022

Race/Ethnicity	2020	2021	2022
Black/African American	13/42 (31%)	52/78 (67%)	29/42 (69%)
White	63/106 (59%)	160/212 (75%)	78/100 (78%)
Hispanic	¼ (25%)	8/14 (57%)	5/10 (50%)

Case Process Review Results

The tables below show quarterly CPR results for caseworker visits with children for three years in foster care and juvenile justice custody/in-home cases and non-custodial cases reviewed between April - September 2020-2022. The period under review was the information available in TFACTS for the three months for each quarter and could have captured more current efforts and the efforts of leadership more than the CFSR results. Overall, trends are mostly at or above 90% for evidence that caseworkers made concerted efforts to ensure children and youth were visited with monthly and/or timely. In addition, quality of the visits is evident in the results visits occurred in the home and included age-appropriate conversations and observations. Also included are results for non-custodial cases that conversations addressed safety, permanency, and well-being. These results also reflect the PIP strategies Quality Contacts and Team Leader Mentoring Project that focused on how to have a quality visit and how to capture the quality of the visit in case recordings. Limitation - This data is not available by race/ethnicity.

Item 14. Figure 2 Custody Cases

Were caseworker visits with the children monthly?			
	Yes	Total	%
JJC 2020	64	68	94%
JJC 2021	63	67	94%
JJC 2022	62	65	95%
JJ Total	189	200	95%
FC 2020	735	747	98%
FC 2021	726	761	95%
FC 2022	720	808	89%
FC Total	2181	2316	94%
Overall	2370	2516	94%

Item 14. Figure 3 Juvenile Justice In-Home

Were caseworker visits with the children monthly?			
	Yes	%	Total
JJ IH 2020	136	96%	142
JJ IH 2021	126	97%	130
JJ IH 2022	147	97%	151
Total	409	97%	423

Item 14. Figure 4 Custody Cases

Were caseworker visits with the children where the child resides?			
	Yes	Total	%
JJC 2020	62	68	91%
JJC 2021	60	67	90%
JJC 2022	60	65	92%
JJ Total	182	200	91%
SS 2020	714	740	96%
SS 2021	715	756	95%
SS 2022	711	803	89%
SS Total	2140	2299	93%
Overall	2322	2499	93%

Item 14. Figure 5 Juvenile Justice In-Home

Were caseworker visits with the children where the child resides?			
	Yes	%	Total
JJ IH 2020	122	88%	139
JJ IH 2021	117	91%	129
JJ IH 2022	132	89%	149
Total	371	89%	417

Item 14. Figure 6 Custody Cases

Did caseworker visits with the children include age/developmentally appropriate observation and discussion?			
	Yes	Total	%
JJC 2020	66	68	97%
JJC 2021	63	67	94%
JJC 2022	61	65	94%
JJ Total	190	200	95%
SS 2020	702	731	96%
SS 2021	702	740	95%
SS 2022	705	777	91%
SS Total	2109	2248	94%
Overall	2299	2448	94%

Item 14. Figure 7 Juvenile Justice In-Home

Did caseworker visits with the children include age/developmentally appropriate observation and discussion?			
	Yes	%	Total
JJ IH 2020	134	95%	141
JJ IH 2021	121	97%	125
JJ IH 2022	146	97%	150
Total	401	96%	416

Item 14. Figure 8 Non-custodial Cases Limitation –This question was added after 2020

Were caseworker visits with the child(ren) timely?					
	No	%	Yes	%	Grand Total
NC 2020					
NC 2021	30	8%	337	92%	367
NC 2022	34	10%	305	90%	339
Total	64	9%	642	91%	706

Item 14. Figure 9 Non-custodial Cases

In caseworker visits with the child(ren), did observation/discussion appeal to the child's age and developmental abilities?					
	No	%	Yes	%	Grand Total
NC 2020	9	3%	328	97%	337
NC 2021	20	6%	341	94%	361
NC 2022	24	7%	314	93%	338
Total	53	5%	983	95%	1036

Item 14. Figure 10 Non-custodial Cases

Do the following questions apply to face to face contact with children? (Safety, Permanency, and Well-being discussed with the child)					
	No	%	Yes	%	Total
NC 2020	25	8%	296	92%	321
NC 2021	38	11%	300	89%	338
NC 2022	34	10%	293	90%	327
Total	97	10%	889	90%	986

Quality Assurance Reviews

The table below are results for Investigation and Assessment Cases reviewed between July - June through the quarterly QAR process. Although the question from the QAR tool is not specifically asking the question about caseworker visits with children the results are in line with Case Process Review results and home visits would include the child or children.

Item 14. Figure 11 Investigation and Assessment Cases

Quantitative Measurement - Yes answers	FY 2020	FY 2021	FY 2022
Did a home visit occur or were good faith efforts made?	92% 998	93.92% 1163	95.31% 1065

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Caseworker Visit Grants are provided to states to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training. Since FY 2015 states have been required to ensure the total number of monthly caseworker visits is not less than 95 percent of the total visits that would be made if each child were visited once per month. In addition, at least 50 percent of the total number of monthly visits made by caseworkers to children in foster care must occur in the child’s residence. Over the last three years Tennessee has exceeded both standards further supporting the effectiveness of DCS leadership’s focus and strategies to ensure case worker visits with children in foster care were seen monthly and that visits occurred in the child/youth’s placement.

Item 14. Figure 12 Foster Care Cases

Tennessee Federal Caseworker Face to Face Visits Federal Fiscal Year October-September	FFY 2020	FFY 2021	FFY 2022
The aggregate number of children in the data reporting population	12636	12591	12845
The total number of monthly visits made to children in the reporting population	93390	91884	100665
The total number of complete calendar months children in the reporting population spent in care	95909	94359	97531
The total number of monthly visits made to children in the reporting population that occurred in the child's residence	76596	82117	88916
Percentage of visits made on a monthly basis by caseworkers to children in foster care	97.37	97.38	96.89
Percentage of visits that occurred in the residence of the child	82.02	89.37	91.17

*Population logic is exactly the same logic used in the AFCARS submission 20A & 20B, 21A & 21B, 22A & 22B

**TFACTS Data as of 12/11/2020 12/10/2021 02/16/2023 Database Instance eidwprd

Item 15. Caseworker Visits with Parents

In Round 3 the department made improvement in engaging homeless parents and finding alternative options to have quality caseworker visits by finding private areas in a DCS office or at court hearings so open and honest conversations can occur for at least part of the contact. Through the CFSR process these concerted efforts showed improvement in engaging parents in services and keeping them informed of what is happening in the case. In addition, the Quality Contacts and Team Leader Mentoring initiatives for the Round 3 Program Improvement Plan (PIP) yielded positive results in caseworkers understanding of what makes a caseworker visit good quality and Team Leaders gained

Section III—Assessment of Child and Family Outcomes

better understanding of the federal expectations of a quality caseworker visit and how to mentor their staff. However, the significant staff shortage DCS experienced in the last three years created high caseloads for caseworkers and supervisors and performance practice in quality caseworker visits with parents declined and continues to be a need for Tennessee to focus strategies on. The current Commissioner has worked diligently in improving incentive to increase the pool of applications for the caseworker series. Recently significant salary adjustments have created more interest in people applying and reducing turnover. Tennessee is beginning to see improvements in vacancy and turnover rates:

- Total Case Management vacancies (as of 6/14/22) 630
- Total Case Management vacancies (as of 6/20/23) 408

- Case Management turnover (as of 5/31/22) 27%
- Case Management turnover (as of 5/31/23) 19%

In June 2023 seventy-five (75) new caseworkers started and another seventy-five will be starting in August 2023.

Child and Family Service Review Results

Item 15. Figure 1 Data Source Round 3 CFSR OSRI State Rating Summary April - September 2020-2022

Measure of Progress	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item 15): Caseworker Visits with Parents	18.57% 26/140	47.48% 132/278	41.30% 57/138	90%	6/30/2024

Limitation in Case Process Review Results

Case Process Review results are limited to one year for foster care and no data for Juvenile Justice custody. In addition, it is too limited for caseworker visits with parents to use as an assessment to compare with the CFSR results above.

Stakeholder Perspective

Below are results from a parent survey distributed between April and May 2023. One hundred sixty-one (161) parents responded to the following question.

Item 15. Figure 2 Parents who currently have or had foster care involvement

Survey Question	Agree	Total # of Responses
My DCS caseworker keeps in contact with me regarding the status of my case.	77%	132

Item 15. Figure 3 Parents who currently have or had non-custodial involvement

Survey Question	Agree	Total # of Responses
My DCS caseworker keeps in contact with me regarding the status of my case.	69%	29

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

Item 16: Did the agency make concerted efforts to assess children’s educational needs and appropriately address identified needs in case planning and case management activities?

State Response:

Well-Being Outcome 2 is not in substantial conformity. Although the majority of the results over the last three years are trending up and showing as favorable, they do not meet the federal threshold of 90%. Several contributing factors in Tennessee practice impacted this item including lack of concerted efforts to assess children’s educational needs, and delays in educational services.

Child and Family Service Review Results

The table below shows CFSR results for all program cases reviewed between April – September 2020 and 2022. Results are trending up and could be due to restrictions being lifted due to the pandemic and schools operating back to the normal schedule. As Tennessee begins reviewing cases in Round 4 there is opportunity to see if the return to educational programs normal routines will yield more favorable results in CFSR. Based on trends DCS should reach the federal threshold of 90% early in Round 4 CFSR reviews.

Item 16. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

Measure of Progress	2020	2021	2022	Target Goal	Target Date
CFSR Performance (Item Sixteen) Educational needs of the Child	70.93% 61/86	80.12% 129/161	85.56% 77/90	90%	6/30/2024

The table below shows results for CFSR Round 3 by race and ethnicity. Although sample sizes do vary results do not seem to show any disparity and are steadily trending up for educational needs.

Item 16. Figure 1A Data Source Round 3 CFSR OSRI item 16 Multi-Item Data Analysis Tool by race/ethnicity April - September 2020-2022

Race/Ethnicity	2020	2021	2022
Black/African American	13/19 (68%)	30/40 (75%)	20/25 (80%)
White	49/66 (74%)	93/115 (81%)	57/65 (88%)
Hispanic	2/2 (100%)	7/9 (78%)	3/4 (75%)

Case Process Review Results

The tables below show quarterly CPR results for foster care, Juvenile Justice Custody/In-Home cases reviewed between April – September 2020 and 2022. Overall, results are favorable for the CPR Question of educational services being monitored on a monthly basis for all program areas. Limitation – Data is not available for In-Home cases or by race and ethnicity.

Item 16. Figure 2 CPR Custody Cases

If educational services were provided, were they monitored on a monthly basis?			
	Yes	Total	%
JJC 2020	51	58	88%
JJC 2021	55	57	96%
JJC 2022	50	58	86%
JJ Total	156	173	90%
FC 2020	220	285	77%
FC 2021	231	294	79%
FC 2022	251	333	75%
FC Total	702	912	77%
Overall	858	1085	79%

Item 16. Figure 3 CPR Juvenile Justice In-Home

If educational services were provided, were they monitored on a monthly basis?			
	Yes	%	Total
JJ IH 2020	48	69%	70
JJ IH 2021	82	89%	92
JJ IH 2022	87	85%	102
Total	217	82%	264

Education Specialist

DCS currently has an Educational Specialist in each of its twelve service regions. These specialists routinely provide training to school systems and DCS workforce members. This additional support should contribute to results improving. Support strategies include:

- DCS Education utilizes the report card program through Skyward to assist DCS Caseworkers with enrollment time frames. Report cards are incorporated into monitoring and Central office staff give this information to DCS Education Specialists. The Skyward system was very helpful during COVID shutdown to assist in gathering report cards and transcripts even though students were not physically attending school.
- DCS Education works with other trained program staff to ensure during face-to-face visits, all DCS case workers directly ask about school updates and specific areas of difficulty creating barriers to academic success. Please refer to response from caseworker face-to-face data.
- DCS Education has worked with other arms of the Department to ensure that forms and checklists utilized by front line staff are consistent in the message that checking in on educational needs of children is a crucial area to cover during visits. This should be addressed through the Education Stability review by the Child and Family Team (CFTM) process. The CFTM process identifies procedures to first discuss educational progress and then to notify Education Consultants when a Best Interest Determination meeting is needed at the child’s school of origin. Education Consultants have also been trained on the procedure of when to notify school Points-of-Contact to facilitate BID meetings.
- DCS Education trained DCS Caseworkers on Response to Intervention and how to track student progress. DCS created training materials on Response to Intervention and these materials have been integrated into the annual required educational training for all case managers.
- DCS has requested that all non-custodial case managers attend education training to understand indicators of academic distress.

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs.

Item 17: Did the agency address the physical health needs of children, including dental health needs?

Item 18: Did the agency address the mental/behavioral health needs of children?

The target goal was determined based on baseline performance and as a realistic percentage within the current capacity to show improvement.

State Response

Well-Being Outcome 3 is in substantial conformity for Round 4. This is based on the quarterly Case Process Review results showing above 90% consistently over the last three years for both items 17 and 18. Due to improved concerted efforts by caseworkers the department continues to see improved trends in CPR results. These concerted efforts are reinforced by several process and supports that provide oversight in these two areas. 1.) The Office of Child Health. A regional nurse and a regional psychologist are assigned to each region to track medical and behavioral health services, attend CFTMs, and advocate for services on behalf of the region when needed. 2.) A weekly EPSD&T report is produced and shared with regional leadership to track timely health and dental care for children in custody. 3.) [Policy 20.7.pdf](#) provides guidance for caseworkers and supervisors on how to meet the medical, mental health, dental, and developmental needs of children/youth in DCS custody. DCS has identified multiple evidence-based services to implement across the state through the Family First Prevention Services Plan (FFPSA) five year prevention plan that should also support item 18 results. Also, the lack of services in many rural areas of the state created less than satisfactory in CFSR results. Tennessee Governor's Executive Order One outlines fifteen rural counties for state departments to assess and focus to determine how services can be improved/increased in those areas. Please see Service Array Systemic Factor Section for FFPSA updates.

Initial and annual EPSDT screenings are performed by the child's primary care provider if one is identified. They may also be performed by state Health Departments (available in each county) or designated providers who are knowledgeable about foster care and Medicaid requirements of EPSDT screening components. The purpose of these visits is to identify physical, mental, or developmental problems and risks as early as possible and to link children to needed diagnostic and treatment services.

Communication regarding health services is further enhanced by the informed consent practice of the department, supporting communication with the child's family regarding medications and treatment. DCS has implemented specific training and monitoring to support Protection from Harm for children in care, including fostering positive behavior, medication administration, and psychotropic medication monitoring.

Child and Family Service Review Results

The table below shows CFSR results for all program cases reviewed between April – September 2020 and 2022. Results are trending up for mental/behavioral health of the child. In cases reviewed findings that negatively impacted ratings were workforce turnover at provider agencies and community partners for mental and behavioral health services creating long waiting lists and delays initiating the service. This was also found for physical/dental health services where appointments were delayed due to providers limiting available appointments due to COVID. CFSR cases in Round 3 had a period under review for a year or more. These cases could have been impacted by previous caseworkers earlier in the case and not necessarily during current leadership focus and strategies.

Item 17 and 18. Figure 1 Data Source: Round 3 CFSR State Rating Summary 2019-2022

Measure of Progress	FY2020	FY 2021	FY 2022	Target Goal	Target Date
CFSR Performance (Item Seventeen): Physical Health of the Child	53.33%	75.74%	67.65%	90%	6/30/24
	56/105	153/202	69/102		
CFSR Performance (Item Eighteen): Mental/Behavioral Health of the Child	40.45%	60.22%	65.88%	90%	6/30/24
	36/89	112/186	56/85		

The table below shows results for CFSR Round 3 by race and ethnicity for physical health needs. Although sample sizes do vary results do not seem to show any disparity and are fairly steady for race. Although Hispanic ethnicity may appear to be trending down the decline in percentage is probably more attributed to the significantly lower number in the sample size. 2021 and 2022 results would have reached 100% by 1 to 2 cases.

Item 17. Figure 1A Data Source Round 3 CFSR OSRI item 17 Multi-Item Data Analysis Tool by race/ethnicity April - September 2020-2022

Race/Ethnicity	2020	2021	2022
Black/African American	16/28 (57%)	40/55 (73%)	22/23 (69%)
White	40/79 (51%)	105/139 (76%)	48/70 (69%)
Hispanic	3/3 (100%)	7/8 (88%)	3/5 (60%)

The table below shows results for CFSR Round 3 by race and ethnicity for mental and behavioral health needs. Although sample sizes do vary results do not seem to show any disparity and are steadily trending up for race. Hispanic ethnicity percentages is probably more attributed to the significantly lower number in the sample size. 2020 would have reached 100% by 1 case and 2021 and 2022 results would have reached more favorable results by 2 to 3 cases.

Item 18. Figure 1B Data Source Round 3 CFSR OSRI item 18 Multi-Item Data Analysis Tool by race/ethnicity April - September 2020-2022

Race/Ethnicity	2020	2021	2022
Black/African American	7/24 (29%)	19/41 (46%)	14/24 (58%)
White	29/66 (44%)	89/139 (64%)	43/61 (71%)
Hispanic	1/2 (50%)	6/10 (60%)	2/6 (33%)

Case Process Review Results

A further review of the quarterly case process review results for foster care and juvenile justice custody cases shows highly favorable results for concerted efforts in physical health services and mental/behavioral health services for children in custody. These results are from cases reviewed between April – September and are consistently above 90% for the last three years. The period under review was the information available in TFACTS for the three months for each quarter and could have captured more current efforts and the efforts of leadership more than the CFSR results.

Item 17. Figure 2 Custody Cases Physical Health

Did the worker make concerted efforts to provide physical health services?			
	Yes	Total	%
JJC 2020	59	63	94%
JJC 2021	59	61	97%
JJC 2022	55	60	92%
JJ Total	173	184	94%
FC 2020	606	635	95%
FC 2021	587	617	95%
FC 2022	651	697	93%
FC Total	1844	1949	95%
Overall	2017	2133	95%

Item 18. Figure 2 Custody Cases Mental Health

Did the worker make concerted efforts to provide mental/behavioral health services?			
	Yes	Total	%
JJC 2020	63	66	95%
JJC 2021	62	66	94%
JJC 2022	57	59	97%
JJ Total	182	191	95%
FC 2020	475	507	94%
FC 2021	471	501	94%
FC 2022	499	542	92%
FC Total	1445	1550	93%
Overall	1627	1741	93%

Child and Family Team Meetings for Physical and Behavioral/Mental Health Needs

DCS incorporates the health and behavioral health needs of the child and family into the Permanency Plan. The Child and Family Team meeting process encourages the communication of health needs, which is furthered by face-to-face visitation protocols which support ongoing communication regarding health needs.

Vanderbilt University Center of Excellence Partnership for Behavioral/Mental Health Needs

DCS continues to partner with the Center of Excellence (COEs) through Vanderbilt University to provide consultation and evaluation for children who have complex behavioral and medical mental health problems and may provide direct services to children including psychiatric and psychological evaluations and medication management. Case consultation includes direct review and interaction on children in care with DCS staff. Case consultation is a primary service provided by the COE for children both in and at risk of custody. Referrals are made by the DCS Regional Psychologist/Licensed Mental Health Practitioner or community providers to the COE. Case consultation is completed by the COE interdisciplinary team, most often with DCS staff in attendance in person or by phone conferencing. Recommendations are made and the written consultation is compiled by one of the COE psychologists. Examples of recommendations include referrals for psychiatric evaluation with review of current medications and assessment for trauma/anxiety symptoms. Recommendations regarding most appropriate placement setting given the presenting behaviors and treatment needs are also frequently discussed. The regional nurses and Deputy Commissioner of Child Health are providing additional education to prescribers of psychotropic medications regarding the need to monitor these prescriptions and the availability of the COE for assistance in complex cases.

The Department has continued to partner closely with the Vanderbilt Center of Excellence on monitoring psychotropic medications, as described in the Health Care Oversight and Coordination Plan. The partnership is focused at both the individual prescription level and the aggregate level to effect positive change in this area.

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the [CFSR Round 3 Systemic Factors report](#) for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (<https://www.acf.hhs.gov/cb/report/systemic-factors-results-cfsrs-2015-2018>) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

State Response:

Tennessee's Statewide Information System is a strength. The Tennessee Family and Child Tracking System, or TFACTS, is the mission-critical statewide information system that supports child protection, adoption, foster care, juvenile justice and prevention services provided to the children and families served by DCS in 12 out of 12 regions, Central Office, and providers statewide. TFACTS supports child welfare practice, data collection, and program evaluation.

Tennessee Family and Child Tracking System (TFACTS) was a strength in Round 3. DCS has a functioning system that is accessible to all levels of staff. TFACTS has numerous reporting mechanisms to provide real time data to inform practice and accurately captures key information for children in foster care, and it is accessible to all levels of staff.

Improvement Efforts since Round 3

- Safe Measures Case management tool to support caseworker and Supervisor caseload
- Moved to Comprehensive Child Welfare Information System CCWIS

The State of Tennessee Department of Children's Services (DCS) statewide automated child welfare information system project, known as the Tennessee Family and Child Tracking System (TFACTS), was implemented as a T/SACWIS in August 2010. In June 2018 DCS requested the transition of TFACTS from a Statewide Automated Child Welfare Information System (SACWIS) to a Comprehensive Child Welfare Information System (CCWIS). An As Needed APD was filed on June 28th, 2018, outlining the plans for the CCWIS from July 1st, 2018 to March 31st, 2019 and accepted by the Administration for Children and Families (ACF).

As of January 2023, due the transitional nature of TFACTS, there has not been a CCWIS review conducted by the Children's Bureau. According to the Children's Bureau, "The Division of State Systems (DSS) conducts CCWIS reviews to assess title IV-E agency compliance with the Comprehensive Child Welfare Information System (CCWIS) regulations. The new CCWIS reviews process is in development. DSS is currently creating tools for title IV-E agencies to use to assess their child welfare information systems. As tools become available, they will be posted to the CCWIS Reviews web page. Data from child welfare information systems is used to support the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Youth in Transition Database (NYTD), the National Child Abuse and Neglect Data System (NCANDS), and the Child and Family Services Review (CFSR) process (<https://www.acf.hhs.gov/cb/monitoring/ccwis-reviews>).

Strengths

- DCS has a CCWIS system that is available statewide to all staff levels and provides relevant information including:
 - Status in foster care
 - Demographics (age, race, ethnicity, sex, Disability, Medical condition requiring special care)

- Placement location
- Permanency Goals
- DCS continues to increase accessibility to information systems for all levels of staff based on their job role
- DCS has numerous data modalities to track the accuracy of the status and goals of children and families served by the agency
 - Dashboards
 - DCS Scorecard
 - Safe Measures
 - Mega Report
- Use of data and information systems supports an increased focus on evidence informed program goals.
- Has a robust data clean-up process for data entry errors made by caseworkers and late data entries that create inaccuracies in point-in time reports.
- Has a CQI process through training for DCS and provider frontline staff and data quality referral process and policy for accurate information and timely data entry

Limitations

- TFACTS does not currently meet all the requirements set forth in the CCWIS standard. However, due to the classification of TFACTS as a transitional system, it is exempt from several requirements, most notably the CCWIS standard of modular design. The CCWIS standard will result in TFACTS being required to build bi-directional data exchanges, as practicable, to Tennessee Courts, TennCare, Private Provider Systems, the Department of Education, the Department of Human Services, the Social Security Administration, and any future system that is needed to conduct the business of Children’s Services. These interfaces are on the development roadmap for TFACTS. Currently in the planning phase of new system.
- There is an expectation that placement information be documented within three (3) business days. However, Policy 16.46 does not explicitly set a timeframe for documentation of placement information. It states that placement information for children/youth in DCS custody is entered in TFACTS according to best practice and in a timeframe that allows for the needs of the child/youth being placed. This wording is subjective and open for interpretation.

Needs

- As a focus on data continues, there is a need to expand the capacity of the Information Technology division to manage and prioritize demands for data.

Working Relationship between IT Staff, Program Leadership, and QA/CQI Staff

The Department of Finance & Administration, Division of Strategic Technology Solutions (STS), is responsible for the DCS CCWIS system and information technology. The STS Chief Information Officer (CIO) assigned to DCS is a member of the Department’s Executive Leadership Team. DCS has processes in place with STS that allow the Department to be able to prioritize projects for CCWIS system improvement, Management Advisory Council (MAC). MAC meetings occur on a regular basis between the CIO, STS Project Managers, and DCS Leadership to provide updates on timelines and review changes in priorities. The Data Management Team at DCS produces reports for the Department and posts them on OBIEE (Oracle Business Intelligence Enterprise Edition) for staff to use. There is

also, a process in place for specialized reports to be ran as requested/approved. The Division of Federal Programs and Office of Continuous Quality Improvement are able to request reports as needed and/or work with STS to prioritize system improvements so that specialized reports that are not currently available can be requested.

Currently the state is in process of recruiting a consulting firm to implement the solicitation and planning phase of a new system. This will include developing system functional requirements, non-functional requirements, mandatory requirements, and gap analysis. This information will be collected by the selected consulting firm through meetings and focus groups with DCS internal and external stakeholders, as well as other methods. These groups include over 100 regional employees and every provider from all 12 regions. All levels of staff will be involved across the whole state. Once this information is collected and reviewed by DCS and STS leadership the consulting company will begin the process of soliciting for a vendor to build the new system. Members of DCS Leadership, including the Director of Federal Programs, Executive Director for Permanency, Director of Budget, Deputy Chief Operating Officer are on the review committee with STS to pick the consulting firm that will do the solicitation and planning phase.

Processes for Data Entry:

The TFACTS case record serves as a reference tool for DCS and private provider front line workers for collection of data and preparation of required documents, forms, and assessments on children and families served.

Front line workers and Supervisors are responsible for entering information in TFACTS that includes but not limited to:

- Status (whether the child is in foster care or no longer in foster care)
- Demographic characteristics (date of birth, sex, race, ethnicity, gender, Disability)
- Medically diagnosed Condition requiring special care)
- Placement location
- Goals for permanency

**Please see TFACTS Identified Information. Item 19 Appendix 1 for examples*

Timely and Accurate Data Entry Policies

[Policy 31.14 Documentation of TFACTS Case Recordings](#) supports timely data entry of case information by custodial staff. The policy solicits all custodial case managers and private provider workers to document all contacts with clients and/or collaterals within thirty (30) days from the date of contact in TFACTS. As a guide for data entry or documentation practice for children in foster care, Documentation of TFACTS Case Recordings (Policy 31.14) addresses the purpose of case recordings, confidentiality, appropriateness and quality of case recordings, private provider case recordings, legal, and supervisory documentation. Safe Measures can generate a report called “Timely Case Recordings” that verifies how frequently data is being recorded according to policy.

[Policy 16.31 Permanency Planning for Children/Youth in the Department of Children's Services Custody](#) addresses permanency goals as it relates to foster care. Goals are outlined within the family permanency plan and are required to be submitted for approval in TFACTS within two (2) business days of the CFTM. Supervisors must approve the family permanency plan within two (2) business days of it being routed for supervisory approval to ensure reliability and accuracy. Initial goals are required to be established within 30 calendar days of a youth entering custody. Supervisor participation in the CFTM to establish goals are required for all initial permanency plans according to policy.

Supervisor participation and approval process of permanency plans ensures accuracy and timely entry of goals into TFACTS.

[Policy 16.46 Child/Youth Referral and Placement](#) address documentation of placement/location information. Placement information for children/youth in DCS custody is entered in TFACTS according to best practice and in a timeframe that allows for the needs of the child/youth being placed. Events not documented elsewhere in TFACTS or requiring a more comprehensive explanation are entered into case recordings, which are recorded and completed within thirty (30) days of date of occurrence.

[Policy 7.9 TFACTS Data Corrections](#) provides guidance on how to correct a data entry error. It is the responsibility of the case worker and supervisors to monitor the accuracy of the data since they are most familiar with the family case and have the knowledge to know if data is not accurate.

[Policy 4.27 Employee Exit Process](#) and [Policy 7.15 Onboarding and Exiting Personnel](#) guides and direct the transfer or exit of employees and includes guidance on collection of state assigned equipment and documentation to preserve information and case file integrity.

[Policy 16.8 Responsibilities of Approved Foster Homes](#) addresses updating information within the system when there are significant changes to the resource home. The Foster Parent Support (FPS) or contract agency worker creates an addendum to the home study within fourteen (14) days of being notified of significant change (including change of address) and must reflect this addendum in TFACTS.

[Policy 14.12 Removal: Safety and Permanency Considerations](#) addresses what information is needed to acquire accurate demographic information. The DCS worker or assisting staff completes the child welfare benefits application and the initial intake, placement, wellbeing information and history forms at the time of removal which includes all relevant demographic information. This information is shared with The DCS Child Welfare Benefit (CWB) coordinators, who then verify demographic information (SSN, Name, DOB, etc.) within thirty (30) calendar days from the date of removal. CWB coordinators have direct access to verify birth records & date of births via an electronic database through Dept. of Human Services/Dept. of Health Tennessee ACCENT Clearinghouse Interface Birth Verification. CWB Coordinators also have direct access to verify social security numbers via Kids Social Security Administration (KSSA) and will correct any data entry errors. A Timeliness of Placement Entry report is generated on a weekly basis to verify placement information is entered in a timely fashion. This report will also check and verify placement location (*See Figure 4*).

TFACTS Reporting

TFACTS functions for data reporting to monitor federal (AFCARS, NCANDS, and NYTD) and state requirements and at case level. Reports are available-at the State, Regional, Coordinator, Lead, Supervisor and Worker level. Existing reports are enhanced, and new reports are developed based upon priorities set by DCS MAC. A [Protocol](#) in Chapter 7 and request form is provided to guide anyone who wants to request a report.

TFACTS Mega Report

The mega report is posted to a shared drive every Monday that all the regional leadership and central office staff have access to. The report provides information in the table below.

Identified Information	Mega Report Columns
Each child/youth's status in care	Custody/exit date, number of days in custody, Clients in custody in month 14, TPR compelling reason, Guardianship status, TPR date, intent to adopt, Release Reason, Placement Setting provides Runaway or trial home visit status
Age, Race/ethnicity, and gender	Client's age/years, client's date of birth, client's race, Hispanic Origin, alien status, client's gender
Placement location	Placement Resource Name and Placement Address/Placement City/Placement State/Placement County/Placement zip code/Placement Region/Placement Telephone number
Permanency Goals	Permanency plan primary goal/ permanency plan concurrent goal/permanency plan additional goal
Intellectual Disability	Individual Education Plan Disability up to five columns to track if the child/youth has more than one disability. This can also be found under placement setting such as level 2 special population Education, or special needs residential, Level 3 Autism Spectrum Residential Treatment Center
Medical Condition requiring special care	Placement setting such as, medically fragile foster home, inpatient medical hospital, or in-patient psychological hospital

Safe Measures Reports and Worker Scorecard

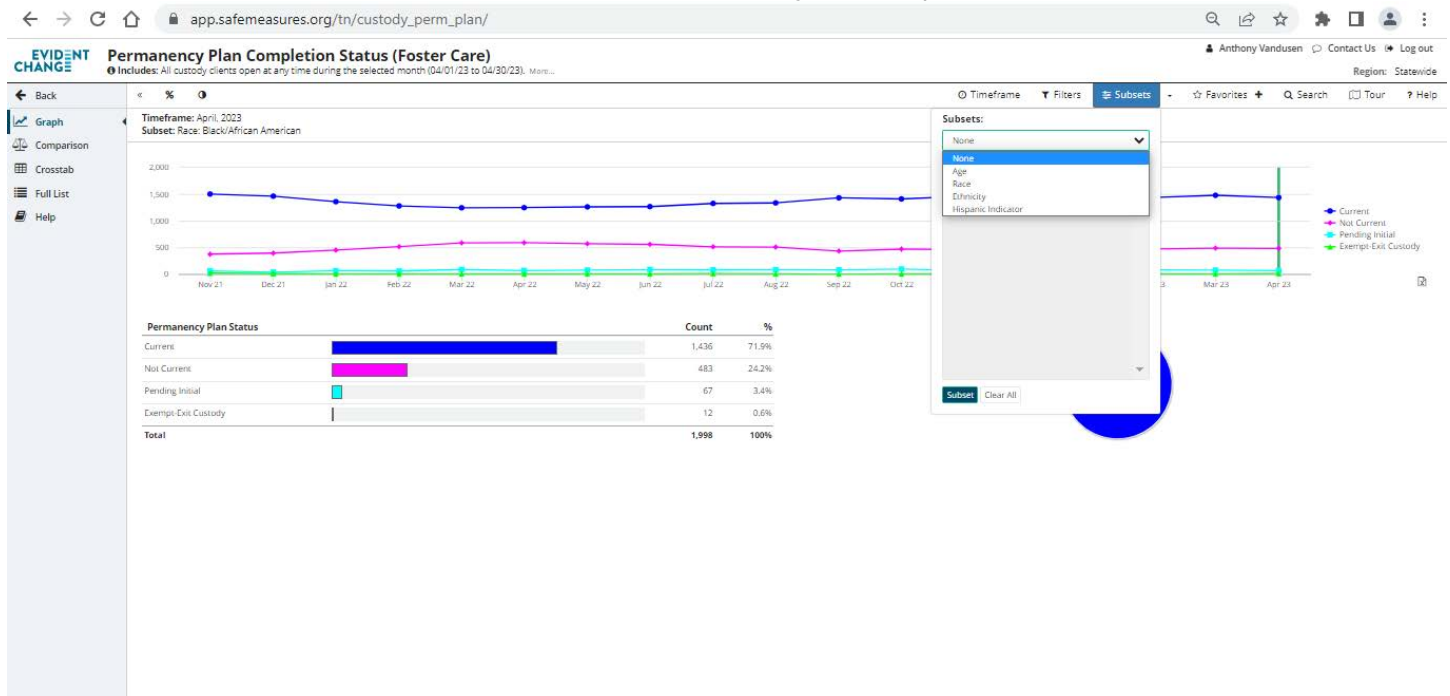
Safe Measures is a case management reporting tool for monitoring outcomes and tracking staff cases to manage workload. The comprehensive child welfare reporting package includes analytical capabilities geared to front-line staff and supervisors, training and implementation support, and ongoing online support. Safe Measures is usable by all levels of staff from frontline to administration. The application is user friendly and helps the workers organize their work. Safe Measures is customized by the agency and is policy driven. Reports are very clearly defined and set up to mimic the policy requested information. Safe Measures provides the frontline case manager several organizing tools, such as my upcoming work. My upcoming work is set up to develop a calendar for the case manager that provides upcoming work dates for case task that need to be completed. Caseworkers find it beneficial that the information is broken down into facts and dimensions that make it easy to compose useful and actionable program decisions. For supervisions purposes, Safe Measures has a usage report that lets supervisors know how often workers are using the application and what reports are being utilized. Supervisors can see their assigned units work outcomes and use the information for training, oversight, and performance measures. Face to face Safe Measures refresher training is provided to staff at least yearly or as requested. Updates and training for new modules is provided before the updates/new modules go live and continue after implementation. All updates are included in the yearly refresher trainings. This application can pull a vast array of reports/data. In addition, each report can be further broken down by subsets (Age, Race, Ethnicity, and Hispanic Indicator) as depicted in Figure 1. The data can be filtered by region, team coordinator, team leader, and by individualized caseloads. Safe Measures generates a permanency plan completion status report. As previously mentioned, permanency goals are developed within family permanency plans. These goals are tracked and monitored through this report as shown in Figure 2. Safe Measures can also be utilized to check data errors for youth who do not have placement,

demographic, and/or goal information recorded. (See Figures 1-3; & 6) A sample of reports/tools that can be utilized from safe measures include:

- **Permanency Completion Status Report** – Shows whether permanency goals are current and developed timely. (See Figure 1)
- **My Upcoming Work** – Tool that tracks and visualizes tasks, including permanency goals, for workers' individualized caseloads. (See Figure 3)
- **Placement Time Open Per Child** – Cross tabulation showing demographic information (Race, ethnicity, Hispanic Indicator, placement type, placement end reason, Location type, commitment type, time in care, placement level, home type, and IV-E eligibility) compared to length in current placement. In addition, a data error column is included to show those clients without a placement entered.

Item 19. Figure 1 Example of Permanency Plan Completion Status Dashboard

The Permanency Plan Completion Status report shows whether permanency goals are current and developed timely as shown below. All data reports within Safe Measures can be filtered by region, team coordinator, team leader, or individual caseloads. In addition, data reports can be filtered by subsets based on demographic information (Age, Race, Ethnicity, and Hispanic Indicator). This dashboard will generate and visualize data based upon selected filter and subsets. The dashboard figure below demonstrates the functionality of how demographics can be filtered and shows results for African American children/youth in April 2023.



Item 19. Figure 2 Example of Safe Measures Permanency Plan Completion Status Report

This example depicts what information is included on this report and clearly monitors case permanency goals for children in foster care.

Item 19. Figure 3 Example of My Upcoming Work

Safe Measures generates a dashboard for each worker’s upcoming tasks for youth assigned to their caseload. Permanency Plans, which are directly tied to case goals, are tracked here as well. The status is depicted in a visual format and if one hovers over the icon the task due date is shown for the caseworker. Each of these tasks shown are also auto generated into a calendar within Safe Measures for each worker.

TFACTS Data Dashboard/DCS TV & Other Reports

The TFACTS Data Dashboard promotes statewide information available at any point in time. The dashboard is an application that was developed to present information regarding key performance indicators/statistics defined by DCS management. These dashboards do not allow for searching of specific children within the data. Additional reports/tools are utilized in conjunction with these dashboards to monitor status, location, demographics, and case goals. A sample of Key Performance Indicators/Statistics and useful reports include:

- **Custody Trends** – Summary count of distinct children in custody by month over the last 5 calendar years.
- **Timeliness for Placement Entry** – Tracks timeliness of placement/location entry into TFACTS as well as current placement location for individual children as needed. (See figure 4)
- **Clients in Custody with No SSN** – Data quality report that cross checks youth in custody who do not have social security number entered in TFACTS. (See Figure 5).
- **Entries and Exits** – Custody entries and exits by month in Summary, Foster Care and JJ numbers by month over the last 3 calendar years.

Section IV—Assessment of Systemic Factors

- **Intakes Trends** – Intake trends over a 12-month period and breakdown of intake tracks.
- **Foster Care Dashboard** – county and regional representation of foster care counts within those mapped areas. Various filters for region, age groups, gender. Representation of the selections by length of stay in custody. (See Figure 7)
- **Social Services Trial Home Visits** - This dashboard reflects each instance of a foster care child in a Trial Home and or Continuum In-Home placement by region and county. One can filter this board by region and the counts will adjust based upon the filter selection(s).
- **Juvenile Justice Dashboard** - The Juvenile Justice Custody Demographics dashboard shows a current count of Juvenile Justice youth in DCS custody. That number is then further broken down into basic demographics: age, gender, race, commitment region, commitment county, and days in custody.
- **Congregate Care** - This lists all Congregate Care Agencies with active placements and the breakdown by location, custody type, and gender, as well as capacity for each location with active placements.

The dashboard can be accessed by DCS staff from any device that is connected to the state network on the DCS intranet: [Dashboards \(teamtn.gov\)](https://dashboards.teamtn.gov) . This information is also displayed on a television mounted in the DCS Commissioner’s office suite (DCS TV)

Item 19. Figure 4 Example of Report for Timeliness of Placement Entry

Timeliness of Placement Entry
05/12/2023-05/18/2023

Region	Placement Records Created			% Within 3 Business Days
	Over 3 Business Days	On Time	Grand Total	
Davidson Region	17	12	29	41.4%
East Tennessee Region	0	14	14	100.0%
Knox Region	8	18	26	69.2%
Mid Cumberland Region	15	49	64	76.6%
Northeast Region	11	25	36	69.4%
Northwest Region	5	26	31	83.9%
Shelby Region	13	33	46	71.7%
Smoky Mountain Region	3	60	63	95.2%
South Central Region	35	29	64	45.3%
Southwest Region	5	14	19	73.7%
TN Valley Region	2	36	38	94.7%
Upper Cumberland Region	6	31	37	83.8%
Grand Total	120	347	467	74.3%

Timeliness of Placement Entry
05/12/2023-05/18/2023

Person ID	Child's Name	SS YIN	Placem ent	Due Date	Agency	Placment Location	Service Description	Record Create	Entry Made by	Region	Category
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Item 19. Figure 5 Example of QA Clients in Custody with No SSN

ORACLE Business Intelligence Sign Out

Clients_In_Custody_With_No_SSN Signed In As Anthony Vandusen

Clients_In_Custody_With...

Clients In Custody With No SSN
 Data as of Timestamp: 05/22/2023 00:00:56
 Report Generated Date: 05/22/2023

Assignment Region	Coordinator	Supervisor	Worker	Case Responsible County	Person ID	SSN	Birth Date	Person Name	US Citizen
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Item 19. Figure 6 Placement Time Open Per Child

The following report can be cross tabulated to show demographic information (Race, ethnicity, Hispanic Indicator, placement type, placement end reason, Location type, commitment type, time in care, placement level, home type, and IV-E eligibility) compared to length in current placement. In addition, a data error column is included to show those without a placement entered. A “not recorded” row is included for any demographic selected. (Race in this example) Safe Measures will auto-generate a list of clients without a race recorded in TFACTS by clicking on the corresponding number in the table. For example, if one clicks on the corresponding total number for “No Placement”, Safe Measures will auto-generate a report of all those within TFACTS without placement entered as shown below. If one clicks comparison on the left-hand column, Safe measures will also break this data down by region.

EVIDENT CHANGE Placement Time Open Per Child Anthony Vandusen Contact Us Log out

Includes: Children in a placement in a DCS Resource Home, Private Resource Home, and Residential Facility open during the current month (05/21/23 to 05/21/23). More...

Region: Statewide

Timeframe: Open on 05/21/2023

Race	0 - 90 Days	91 - 180 Days	181 - 270 Days	271 - 365 Days	366 - 540 Days	541 - 1080 Days	1081+ Days	Data Error: No Placement	Total
American Indian/Alaska Native	25 62.5%	6 15.0%	4 10.0%	2 5.0%	2 5.0%	1 2.5%	0 0.0%	0 0.0%	40 100.0%
Asian	19 52.8%	4 11.1%	5 13.9%	2 5.6%	3 8.3%	2 5.6%	0 0.0%	1 2.8%	36 100.0%
Black/African American	7,588 69.6%	1,086 10.0%	629 5.8%	474 4.3%	444 4.1%	502 4.6%	170 1.6%	14 0.1%	10,907 100.0%
Native Hawaiian/Other Pacific Islander	21 47.7%	13 29.5%	2 4.5%	2 4.5%	3 6.8%	2 4.5%	0 0.0%	1 2.3%	44 100.0%
White	16,184 64.8%	3,023 12.1%	1,657 6.6%	1,407 5.6%	1,269 5.1%	1,190 4.8%	223 0.9%	33 0.1%	24,986 100.0%
Unable to Determine	85 74.6%	15 13.2%	3 2.6%	5 4.4%	3 2.6%	2 1.8%	0 0.0%	1 0.9%	114 100.0%
Multi-Racial - One Race Unknown	190 71.4%	37 13.9%	16 6.0%	9 3.4%	7 2.6%	7 2.6%	0 0.0%	0 0.0%	266 100.0%
Multiple Races Selected	2,121 64.3%	351 10.6%	222 6.7%	204 6.2%	177 5.4%	191 5.8%	30 0.9%	3 0.1%	3,299 100.0%
Not Recorded	154 91.1%	3 1.8%	0 0.0%	1 0.6%	1 0.6%	0 0.0%	0 0.0%	10 5.9%	169 100.0%
Total	26,387 66.2%	4,538 11.4%	2,538 6.4%	2,106 5.3%	1,909 4.8%	1,897 4.8%	423 1.1%	63 0.2%	39,861 100.0%

EVIDENT CHANGE Placement Time Open Per Child Anthony Vandusen Contact Us Log out

Includes: Children in a placement in a DCS Resource Home, Private Resource Home, and Residential Facility open during the current month (05/21/23 to 05/21/23). More...

Region: Statewide

Timeframe: Open on 05/21/2023

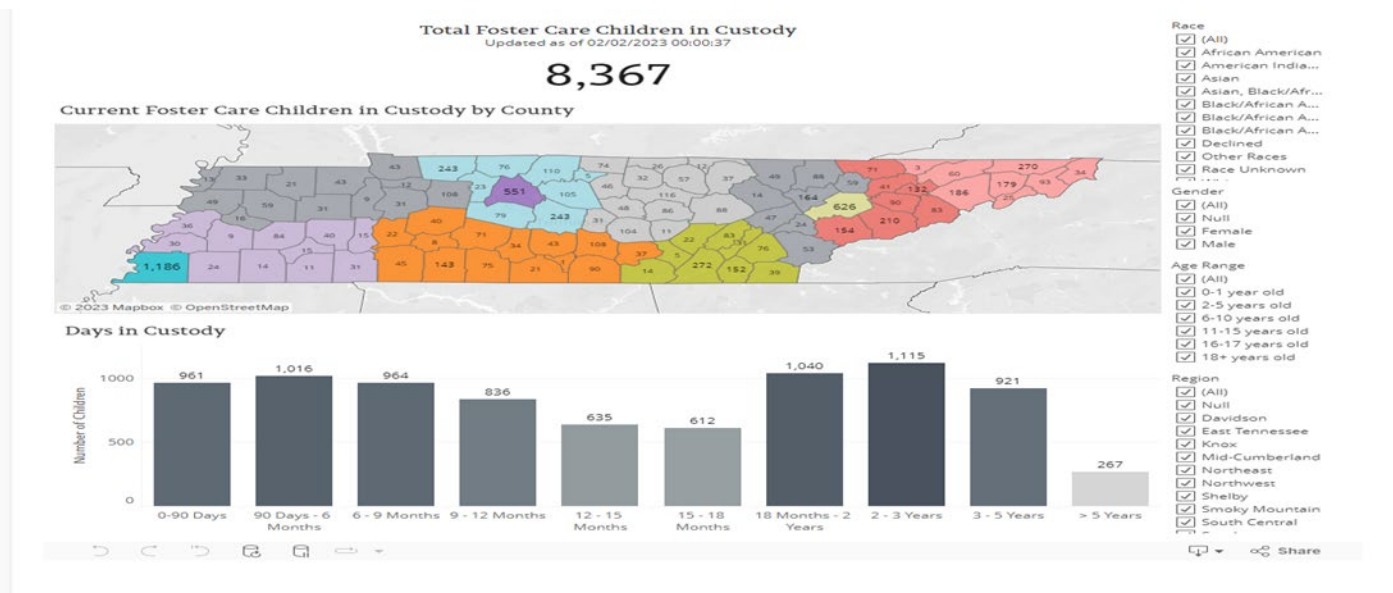
Ongoing Contact Status: Data Error: No Placement

Search...

Team Leader
 Case Manager
 County
 Worker Role
 Client ID
 Client Name
 DOB
 Custody Start Date
 IV-E Eligibility
 Commitment Type

Item 19. Figure 7 Example of the Data Dashboard for Foster Care Dashboard

The Foster Care Custody Demographics dashboard shows a current count of Foster Care youth in DCS custody. That number is then further broken down into basic demographics: age, gender, race, commitment region, commitment county, and days in custody.



Quality Data Tracking and Continuous Quality Improvement

CQI Process	Evidence	Frequency
TFACTS Training	TFACTS trainings are provided to all levels of staff. In order to support quality data entry, in pre-service training, all DCS caseworkers are required to complete the Quality Documentation Standards in Child Welfare module. This module provides an overview of policy requirements, and a module for types of information required in the case file. For in-service training, DCS staff completes the Professional Documentation Standards for Child Welfare which covers policy, Administration of Children and Families guidelines, ethical considerations, and risk management issues. When enhancements are made the product owner will decide if a training is required or recommended. An example of a Required training – financial enhancement for new service request functionality which also changed placement functionality. An example of Recommended training – ICPC Niece enhancement because it is not used as frequently i.e., 6 months or longer and is better to take the training closer to the time it will be needed. Focus training is available for individual staff or teams in the regions. TFACTS trainers are made of four people and are available in the three grand regions (East, Middle, West) and 1 trainer available to providers. When a new provider is established part of gaining access to TFACTS is training. They are granted access level to only the part of the system they need. Existing providers will either go through DCS provider relations or will contact the TFACTS trainer directly to request training.	Monthly, annually, as needed

Section IV—Assessment of Systemic Factors

CQI Process	Evidence	Frequency
Timeliness of Case Recordings Report	DCS Regional leadership, CQI Coordinators, Team Leaders, and Senior Leadership reviews reports on late data entries to support ongoing monitoring of Policy 31.14. All levels of staff may access this report.	Monthly, as needed
AFCARS Detailed Error Report	A robust data clean-up process is used to support policy 7.9 and to improve data entry errors made by caseworkers and late data entries that can create inaccuracies in point-in-time reports. Leading up to each AFCARS submission date, an AFCARS Detail Error Report is generated and distributed statewide. The report is based on a utility provided by the Children’s Bureau to assist states in monitoring the compliancy of their AFCARS data. The AFCARS Error Report identifies all records in the reporting population where one or more of the AFCARS reporting elements is missing or has a consistency error. All AFCARS elements must fall at or under the 10% compliance threshold. Because the agency runs/distributes this report monthly, staff can monitor the progress of the data compliancy. Six weeks prior to each submission, DCS runs the report weekly so staff can work toward compliance.	Monthly
Data Quality Team	Data Quality is also under Performance and Quality Improvement (PQI). The Data Quality Team is made up of a Program Director, Program Manager and Program Coordinator. When TFACTS function or report issues are identified Data Quality referrals are sent to the Data Quality team. They are vetted through the regional Data Quality team and sent up to the Central Office Data Quality team and then added to the Data Quality agenda. This team meets monthly with referees and STS to discuss new referrals and update to any existing referrals. The Program Coordinator tracks these referrals. Example of a recent referral was the Safe Measures entries and exits report not displaying exit information correctly. Extension of Foster Care (EFC) youth showed up as an exit when they exited EFC services, and the exit reasons were displaying incorrectly. DCS worked closely with the product owner on fixing that report and the turnaround time was a few months. Some referrals might not need a function or report ‘fixed’ but an end user training on report specifications or functionality. Referrals are made by regional staff and/or central office staff.	Monthly
Field Customer Care Representatives (FCCRs)	FCCRs are present in each region, providing ongoing, day-to-day support for TFACTS. FCCRs take a proactive approach to customer support. They are present in the county and regional offices, participating in regional meetings and training sessions and making regular contact with case managers, team leaders, and others. Their goal is to identify and address potential issues before they become real problems with TFACTS and assist with data entry errors or system complications. FCCRs assist with adding/removing TFACTS Access, Data Corrections, and/or TFACTS Enhancements as needed.	Daily, as needed.

**Please see Data Quality Referral Process Diagram. Item 19 Appendix 2*

**Please see Data Quality Team Meeting Agenda. Item 19 Appendix 4*

**Please see example of AFCARS Data Error Report. Item 19 Appendix 5 – Limitation - almost all race and Hispanic origin errors are because the report isn’t pulling demographic data from the case of origin. IT staff and program staff are working together to fix the issue as it may turn out that these elements are actually in compliance.*

Assessment of Functioning:

Readily retrievable – There is a large array of reports that are being produced and published by STS, DCS and Safe Measures on a regular basis that identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. Those reports are available to just about anybody who has the need to see them, whenever they need to see them.

Accuracy – Before a report is published for consumption, it goes through a validation process that involves the report developer testing the report code and then the report owner validating the results. If the report has successfully come through those two checkpoints and gets published, there is a high level of confidence that the report itself is accurate. There is also a TFACTS clean up reports process for instances where TFACTS data is missing or was entered incorrectly (e.g., entered under the wrong name). Policy 7.9 provides guidance on how to correct a data entry error. There are safeguards in place (e.g., drop down lists, calendar fields, validation, person merges) and more complex rules to make sure dates fall in the proper date range, to ensure the information entered into TFACTS is as accurate as possible. **Please see TFACTS Data Validation. Item 19 Appendix 3.*

Current and Timeliness for entering the data -- Per policy Case notes are to be entered within 30 days of the contact. Child and Family Team Meetings to be entered within 15 days of when the meeting was held. Placement Moves within 24 hours. This is tracked through a daily movement report. Cases should be closed within 24 hours. Policy 16.31 addresses permanency goals as it relates to foster care. Goals are outlined within the family permanency plan and are required to be submitted for approval in TFACTS within two (2) business days of the CFTM. Supervisors must approve the family permanency plan within two (2) business days of it being routed for supervisory approval to ensure reliability and accuracy. Initial goals are required to be established within 30 calendar days of a youth entering custody.

Available statewide – TFACTS application is available statewide 24 hours Monday through Sunday. If an enhancement to the system is scheduled all DCS and provider staff are notified in advanced of when the system will be down. Enhancements are scheduled on weekends usually between 12:00am to 4:00 am when most staff will not need access. Most reports are available statewide, and then there are others only available to certain audiences based upon a 'need to know' decision made by programs.

Data entry into TFACTS - Caseworkers, team leaders, support staff such as facilitators, foster parent support staff, DCS nurse and psychologist, permanency specialist, and legal staff enter information into the system under their respective section. Documents such as Alcohol and drug treatment, court orders, drug screens, and any other items that are to be scanned and uploaded, are done by the caseworker or supervisor. Caseworkers are responsible for entering permanency goals into TFACTS via permanency plans that are developed within a CFTM. Placement staff enter information into the system regarding location. Child Welfare Benefit (CWB) coordinators verify demographic information (SSN, Name, DOB, etc.) within thirty (30) calendar days from the date of removal. CWB coordinators have direct access to verify birth records & date of births via an electronic database through Dept. of Human Services/Dept. of Health Tennessee ACCENT Clearinghouse Interface Birth Verification. CWB Coordinators also have direct access to verify social security number via Kids Social Security Administration (KSSA) and will correct any errors.

Useful/Reliable - TFACTS does hold an immense amount of useful information, and is reliable for obtaining data about a case, in all areas, as well as prior history. One challenge can be that information can be stored in different places and can be time consuming to find information. Duplicates can occur such as the profile page but when the social security information is entered there is a mechanism in place to alert the end user that profile already exists. As previously mentioned, CWB Coordinators have direct access to electronic databases to verify demographic

information to include SSN and DOBs. TFACTS does allow searching for the child via other mechanisms such as person associations and removal/intake records. Family cases can also be duplicated. For example, a closed case and overtime the family comes back to the department's attention a front-line worker sometimes recreates the case instead of searching for past records. This is addressed in initial and ongoing TFACTS trainings to minimize this user error.

Stakeholder Experience with Statewide Information System

Qualitative Results Key Themes from two focus groups

Strengths

- During the Quality Assurance Focus Group and Provider Focus Group internal and external stakeholders did not identify any issues with the status, demographic characteristics, location, and goals for the placement of children in foster care.

Challenges

- During the Provider Focus Group external stakeholders informed sometimes children's placement location is not always accurate when a child moves. The delay is when the DCS case manager does not update the information. This is a direct result of the significant staff shortage DCS experienced over the last three years causing some delays in entering updated information timely. Supervisor oversight and error reports help support correcting this as soon as possible.

B. Case Review System

Tennessee's Case Review System is not in substantial conformity for Round 4. Three of the five items are a strength. Items 20 and 23 continue to be a challenge.

Item 20: Written Case Plan

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

State Response:

Written Case Plan continues to be an Area Needing Improvement for Round 4. Although administrative data shows strong evidence parents are involved in the development of the initial case plan the Child and Family Service Review evidence for item 13 in foster care cases shows there is still opportunity for improvement especially with fathers.

Tennessee received an overall rating of Area Needing Improvement for Item 20 in Round 3 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment described how the state uses Child and Family Team Meetings (CFTM) to develop case plans with families and showed that the state's case plan document includes the required provisions. Data provided in the statewide assessment showed that the state is not consistently engaging parents in the development of case plans and parents are not always participating in CFTMs. The state's qualitative review data also found concerns with parental engagement, especially fathers. Stakeholders confirmed this information and said that the state needed to improve efforts to locate absent fathers. Stakeholders also said that one of the barriers to ensuring parental engagement was worker turnover.

Improvement Efforts since Round 3:

- Child and Family Team (CFT) meeting Revitalization
- The quality of the family plan is assessed through quarterly case process reviews and annual Child and Family Service Reviews
- The Administrative Office of the Courts is in the process of providing limited access to Quest for DCS attorneys so they can e-file. This will provide a more efficient way to communicate the requirements of case plans to the court and all parties. The goal is to have all courts on Quest within the next 5 years (although it is not mandatory).

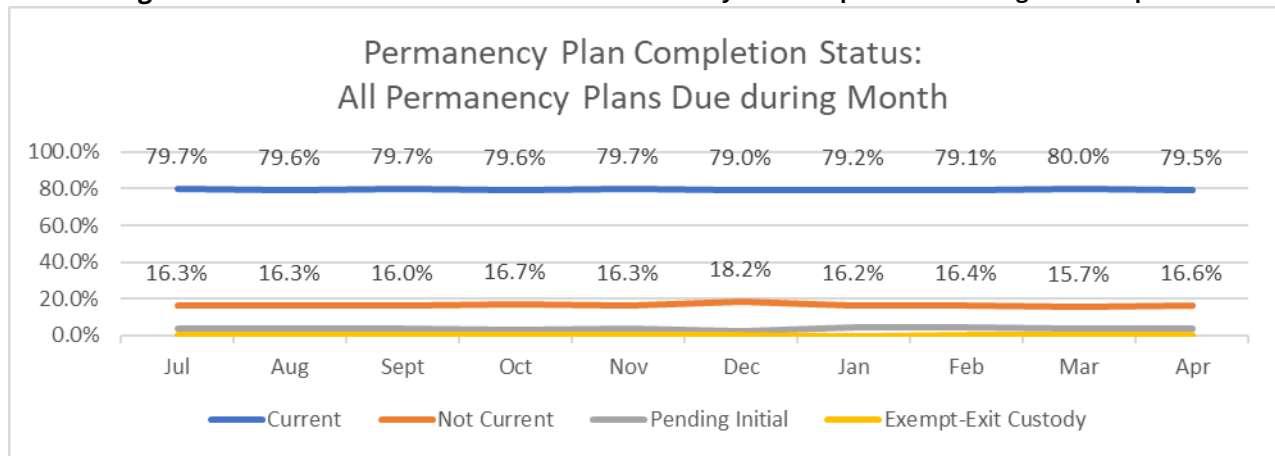
Strengths

- TFACTS generates reports to determine if each child has an up-to-date Permanency Plan. This data is reviewed on a regular basis and used to ensure that caseworkers are diligent in ensuring timeliness of plans.
- DCS policy outlines the family planning process.
- Since the Revitalization of the Child and Family Team Meeting there is evidence of some improvement that parents are more involved in the development of the written plan.

Children in Foster Care have a Written Case Plan

The graph below is an example of a SafeMeasures report for case managers, supervisors and leadership to track completion of written permanency case plans for children monthly. Statuses include due within 30, 60, 90, or 90+ days, as well, as overdue plans. The graph below provides the status of permanency case plans. The “pending initial” are not due yet, or they are within the timeframe for the initial permanency case plan to be completed. Once the timeframe passes if the initial is not completed, it moves to the ‘not current’ list instead of pending. The graph is statewide results, and the table is the total number statewide. Overall, written case plans for foster care cases are complete and current 79 to 80% of the time in the example below.

Item 20. Figure 1 Data Source: SafeMeasures TFACTS Permanency Plan Completion Percentage Status April 2023



Item 20. Figure 2 Data Source: SafeMeasures TFACTS Permanency Plan Completion total numbers Status April 2023

Permanency Plan Status April 30 2023	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Current	7,125	7,161	7,148	7,013	7,015	6,825	6,946	6,899	7,081	6,964
Not Current	1,453	1,467	1,431	1,476	1,433	1,571	1,424	1,432	1,391	1,454
Pending Initial	335	344	348	290	316	219	376	358	338	317
Exempt-Exit Custody	26	23	39	35	40	28	20	31	39	26
Total	8,939	8,995	8,966	8,814	8,804	8,643	8,766	8,720	8,849	8,761

Written Plans Status Update

SafeMeasures pulls permanency plan data from TFACTS that provides leadership and caseworkers with information about the upcoming or overdue status of a permanency plan. Statuses include due within 30, 60, 90, or 90+ days, as well, as overdue plans. The following chart provides the status of permanency plans on May 24, 2023. The results show there is opportunity to focus on improving the percentage of overdue case plans.

Example of Report

Item 20. Figure 3 Data Source: SafeMeasures TFACTS

Upcoming Plan Status 7/25/2023				
Days	Total	%	Total	%
Due within 30 days	1465	17.60%		
Due within 31-60 days	969	11.60%		
Due within 61-90 days	1242	14.90%		
Overdue Total	1657	19.90%		

Section IV—Assessment of Systemic Factors

Days	Total	%	Total	%
Overdue 30 days or less			578	6.94%
Overdue 31-60 days			317	3.81%
Overdue 61 - 90 days			253	3.04%

Written Case Plans developed Jointly with parents in a Child and Family Team Meeting (CFTM)

According to the table below Tennessee’s administrative data shows for children who entered custody during the period had a mother and/or father participating in the initial permanency plan CFTM about 95% of the time in the development of the initial written plan in a CFTM. A limitation in the data is that it does not show if parents are involved in ongoing case planning and jointly involved in updating case plans in permanency plan CFTMs.

Item 20. Figure 4 Data Source: TFACTS CFTM data fields July 1 – April 30

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal
Item 20: Child has a written plan that is developed jointly with the child’s parents/Family participated the CFTM	96.07% 4393/4573	95.83% 3802/3968	94.41% 5995/6350	95%

Tennessee’s Permanency Plan Required Elements

The case plan template is set up in the TFACTS (CCWIS) system and readily available for case managers to enter information. Please see Information System Section for details. The template has all the required elements as outlined in the Permanency Plan Development Guide [Permanency Plan Development Guide.pdf](#) a resource for case managers to use to develop quality well-written case plans. Policy 16.31 also provides guidance in how information should be gathered through initial and ongoing assessments determined through conversations with parents to identify the strengths, needs, and action steps and how the plan should be developed jointly with the parents for the family to achieve permanency. Please see Item 20 Appendix 1 Permanency Case Plan for required elements. The plan is available in TFACTS and as a Word document.

Child and Family Team Meeting Case Planning Process

DCS uses the child and family team meeting process to develop a written permanency case plan for each child jointly with the family and those who the family identifies as their significant supports. The initial child and family team meeting is used to gather information from the family, including their understanding of the reason for DCS involvement and the strengths and opportunities facing the family and should occur no later than 30 days from the date of custody. This information is then incorporated into the development of the permanency plan. During Round 3 PIP process DCS developed a strategy to revitalize the Child and Family Team Meeting (CFTM) process, returning to a focus on the Practice Wheel as described in the Tennessee child welfare Practice Model (Engagement, Teaming, Assessment, Planning, Implementation, and Tracking & Adjustment). The desired outcome is that parents will feel more engaged in directing and developing the written case plan initially and ongoing. Parents are provided information about the process available on the Tennessee website [CFTMFlyer.pdf](#) and in the

[Policy 16.31.pdf](#) also provides guidance on the child and family team meeting process and to ensure plans are developed collaboratively with parents and attorneys and GALs are engaged in the process as well.

The CFTM guide provides further detail on the process. Examples include ensuring safety of participants, how to involve incarcerated parents and timeframes. [CFTMGuide.pdf](#)

There was an additional focus to reinstate the CFTM Team Excellence, with at least one Team Excellence member from each region, with a defined set of core competencies and role expectations set by the Facilitator Continuous Quality Improvement group and Central Office Leadership. A certification guide was developed to provide guidance in competencies a person must demonstrate in order to qualify as a skilled facilitator. [Facilitator Guide.pdf](#). Important competencies to engage parents in the process include communication skills, ability to clarify the roles of the CFTM members, develop consensus building, and conflict resolution skills.

Stakeholder Experience

Parent Perspective

A birth parent survey was distributed between April and May 2023. One hundred and sixty-three responses were collected. Thirty-six parents with foster care cases (open and closed) received a survey twenty-eight responses were collected. Out of the 28 responses 20 (71%) parents felt “My DCS caseworker encourages me to participate, have a voice in setting goals, and create and/or update the plan that will lead to my child remaining home.” The sample size and number of responses is too low to accurately represent parents’ perspective in case planning who had or has a foster care case.

Between 2020 – 2022 CFSR review seasons two hundred and fifty-two foster care cases were reviewed. For item 13 (child and Family Involvement in Case Planning) 122 out of 202 (60%) mothers and 67 out of 140 (48%) fathers showed evidence they were actively involved in the case planning process. The mother and father denominator do not add up to the total number of cases applicable they are separate applicable numbers. Fathers had 140 out of 250 cases that were applicable. The mothers had 202 out of 250 cases applicable.

Joint Planning Legal and Court Breakout Session:

Limitations/gaps in services.

- Court being open from 9am to 3pm is a limitation for families because often their concerns or inputs are not being considered due to them not being present.
- Feedback from the AOC informed One of the things they hear from attorneys is that they are not made aware of upcoming CFTMs or are not included in CFTMs. If youth and parents are not able to be present because of school or work, then their attorneys should be representing them as their voice in these CFTMs.

Item 21: Periodic Reviews

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

State Response:

Periodic Reviews continue to be a strength for Tennessee based on administrative data for Round 4.

Tennessee received an overall rating of Strength for Item 21 in Round 3 based on information from the statewide assessment and stakeholder interviews.

Data and information in the statewide assessment and confirmed during interviews with stakeholders showed that periodic reviews occur for most of the children in foster care no less frequently than once every 6 months by the court or the Foster Care Review Boards (FCRB). Some jurisdictions conduct reviews every 3 months and others conduct reviews every 5 months.

Periodic Reviews Occurrence Frequency

Target Goal 90%

The table below shows favorable results that consistently exceed the target goal set by DCS and the Administrative Office of the Court (AOC) over the last three years a periodic review occurred for all children in custody seven months or longer having a periodic review. The data was obtained by using the two six-month period Adoption and Foster Care Analysis and Reporting System (AFCARS) files for the federal fiscal year October - September. Any client age 18+ before the reporting period start date was excluded. Files were combined for a unique count of clients for the federal fiscal year. Any periodic review (FCRB and court reviews) dated before or on the last day of the federal fiscal year were considered. The results in the table below only capture children/youth who were in custody 7+ months. Based on the highly favorable results this would indicate children/youth are receiving timely periodic reviews the majority of the time.

Item 21. Figure 1 Data Source: TFACTS AFCARS Measure

Measure of Progress	FFY 2020	FFY 2021	FFY 2022
Item 21. All Children in Custody for 7+ months with a periodic review.	99.70%	99.73%	96.42%
Total Number of Children in custody 7 + months with a Periodic Review	12,284	12,002	12,797
Total Number of Children during the FFY	12,321	12,034	13,272

Foster Care Review Board

DCS and the Administrative Office of the Court (AOC) Court Improvement Project (CIP) have continued to collaborate on improving practice and resolving any barriers. DCS has maintained a foster care review board coordinator position to serve as a liaison between DCS, the FCRBs, and other stakeholders. AOC CIP and FCRB coordinator maintain monthly contact to address issues with FCRBs as they arise building a collaborative relationship between the AOC and DCS.

The CIP implemented their Quality Hearing Project to improve the quality of foster care review board proceedings through utilization of Motivational Interviewing components and skillsets in the foster care review board forms and during the review. The purpose of incorporating these Motivational Interviewing components and skillsets into the FCRB was to improve collaboration and engagement with youth in care and their families, leading to youth and families feeling respected and heard as well as communication concerning safety, permanency, and well-being. The CIP worked with a Motivational Interviewing expert to create a Model FCRB Motivational Interviewing Train the Trainer Curriculum. Model board facilitators in five counties (Montgomery, Dyer, Sumner, Hickman, and Davidson) completed a four-part MI basic series and underwent coaching sessions so that they are equipped to train and coach their FCRB volunteers. Upon completion of the training and coaching sessions, the CIP gathered with the facilitators to determine how they could most effectively utilize these motivational interviewing skills to collaborate with the local courts to provide MI training to stakeholder groups, including GALs, CASA, and foster parents, to increase hearing engagement among these groups and foster a community of collaborative communication.

The AOC is currently updating its Strategic Plan. A strategy has been identified to develop a new Quality Hearing project centered around best practices of FCRBs (both Model and non-Model) that align with this systemic factor. FCRBs continue to be an important mechanism for the courts to complete timely permanency reviews. Stated continued collaboration between DCS and CIP is important on improving practice and resolving barriers within FCRBs to increase permanency for children and families in Tennessee.

[Policy 16.32.pdf](#) provides guidance on procedures to ensure that all children in DCS custody participate in Foster Care Review Board (FCRB) or the local court review of progress of the permanency plan and how to complete the progress report in preparation for the review.

All twelve regions have at least one county that operates a Foster Care or Model Foster Care Review Board. Both a FCRB and model FCRB are obligated to abide by the statutory requirements and rules of a FCRB. However, the Model FCRBs are completely voluntary and only undertaken at the authority of the juvenile court judge. They agree to 1) participate in CIP training programs; 2) engage with CIP on problem solving issues; 3) use model FCRB forms; and 4) allow for coaching, observation and evaluation. Fifty-seven (57) out of ninety-five (95) counties have either a regular foster care review board or a model foster care review board. Thirty-eight (38) counties periodic reviews occur from Judicial reviews.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

State Response:

Timely Permanency Hearings continue to be a strength for Tennessee based on administrative data for Round 4.

Tennessee received an overall rating of Strength for Item 22 in Round 3 based on information from the statewide assessment and stakeholder interviews.

Tennessee presented recent data in the statewide assessment showing that permanency hearings were held timely for the majority of foster care and juvenile justice cases. Most stakeholders agreed that permanency hearings are held timely.

Timely Permanency Hearing

Target Goal is 95%

According to the table below results for timely permanency hearings has exceeded the target goal set by DCS and the Administrative Office of the Court (AOC) over the last three years. The data was obtained by using the two six-month period AFCARS files for the federal fiscal year (October – September). Any child age 18+ before the reporting period start date was excluded. Files were combined for a unique count of clients for the federal fiscal year. Any permanency hearing dated before or on the last day of the federal fiscal year were considered. The following type of hearing/court order were used for permanency hearing:(1) Annual Permanency Review (2) Annual Permanency Hearing (3) Permanency Plan Ratification Hearing.

The results in the table below capture only children/youth who have been in custody 13 or more months during the federal fiscal year. Due to the highly favorable percentages this would indicate children/youth are receiving timely permanency hearings the majority of the time. In addition, if timely permanency hearings don't occur, there would be a correlating issue with having a valid reasonable efforts finding for the purposes of IV-E.

Item 22. Figure 1 Data Source: TFACTS AFCARS Measure

Measure of Progress	FFY 2020	FFY 2021	FFY 2022
Item 22. Permanency hearing for any child in custody for 13+ months with a permanency hearing.	99.13%	99.24%	98.68%
Total Number of Children with a Permanency Hearing in custody for 13 + months	11,842	11,631	12,511
Total Number of Children During the FFY	11,946	11,720	12,678

Stakeholder Experience:

Joint Planning Legal and Court Breakout Session:

Strengths

- Court is less formal, which makes it more approachable for people and not intimidating.
- There is a shared vision with the courts that everyone is working in the best interest of the child or family.
- Communication with the court is very efficient.
- TN DCS has their own in-house counsel, and every kid gets a GAL, which is not the case in every state; and that is beneficial.
- When everyone (GAL, parent attorneys, CASA, DCS, etc.) is working together, it is beneficial due to more information being provided from all perspectives and promote best interests for the child.
- Judicial engagement and connection with families is a huge strength. Judges exhibit care beyond legally. They put in the effort to ensure families are getting the services needed, and that resources are shared.
- Some courts are using zoom sessions to ensure all parties can be present for hearings.

Challenges

- With more parties getting involved with the process at court, scheduling conflicts and continuances are a concern because this could affect the speediness of hearings.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

State Response:

Termination of Parental Rights continues to be an Area Needing Improvement for Round 4.

Tennessee received an overall rating of Area Needing Improvement for Item 23 in Round 3 based on information from the statewide assessment and stakeholder interviews.

The Final Report cited the following reasons for the ANI determination: “Information in the statewide assessment showed that TPR petitions were not filed timely and a compelling reason not to file was not documented for most cases. Stakeholders said that barriers included workers providing insufficient information to support the filing of the TPR petition and being uncertain about what constitutes a compelling reason and how to document it.”

Improvement Efforts since Round 3:

- Regional training for case managers facilitated by regional legal staff to improve understanding of how to document sufficient information to support filing TPR petitions and what constitutes a compelling reason
- Sharing Child and Family Service Review item 5 results with DCS legal (Timely TPR filing, Compelling reason and/or exception documented)
- Quest database through the courts is in the beginning phase of entering data and is not fully implemented (only 5 counties out of 95). This will be a future source of data. Potentially DCS will plan to use next year when further implemented and more robust data is available.

Challenges:

- Resets during the pandemic
- Significant staff shortage and turnover caused delays in filing TPR petitions
- Delays in TPR data entry into TFACTS
- Service of process delays to parents
- Court Docket backlogs
- Parent’s attorney requesting continuances

Results of Timely Termination of Parental Rights

Target Goal 95%

According to the TFACTS data in the table below Tennessee has not reached the target goal of 95% set by DCS in collaboration with the Administrative Office of the Court (AOC) over the last three years although some improvements have been made since the last statewide assessment. results have been

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trending down between 2021 and 2022 and have not reached the target goal. In addition, trends in documentation of compelling reason are trending down as well. This data is available by region.

Item 23. Figure 1 Source TFACTS Mega Report State FY July through June

Measure of Progress	FY 2020	FY 2021	FY 2022
Item 23. Timely TPR	62%	59%	53%
Children in Custody 15 months or more	3,214	3,660	3,657
Number of children in custody 15 months or more With Guardianship TPR Petition	1,990	2,165	1,946
Cases with documented compelling reason	1,111 (34%)	1,148 (31%)	968 (26%)

Factors to Consider for Round 4 PIP Analysis

- Explore the level of tracking in the regions
- Explore how regions are developing strategies using TPR data and ensuring TPR data is entered into TFACTS timely
- Explore if training is occurring with the new hire staff on TPR protocols and documenting sufficient information and understanding of compelling reasons
- Identify reports for case managers to be alerted at the 15-month time in custody
- Explore TPR data to pinpoint barriers
- Potential use of Quest data
- Explore CFSR item 5 Rational Statements (A common theme from case reviewers is that there is rarely a compelling reason on cases with delayed TPR's. Occasionally the court being a delay, but the vast majority of cases, aren't filing for TPR in the first place, especially on cases where the parents have made minimal progress and aren't visiting consistently.)

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

State Response:

Notice of Hearings is a strength in Round 4. The Case Process Review results have remained above target over the last three years and foster parent survey results show favorable in notification of hearings.

Tennessee received an overall rating of Area Needing Improvement for Item 24 in Round 3 based on information from the statewide assessment and stakeholder interviews.

In the statewide assessment, Tennessee described the process for providing notification to foster parents, pre-adoptive parents, and relative caregivers and foster parents confirmed that they are routinely notified of hearings. However, data in the statewide assessment that foster parents in juvenile justice cases were notified less often than foster parents in child welfare cases. Stakeholders reported that foster parents can always be heard at Foster Care Review Board hearings; however, foster parents are not always afforded the right to be heard in court hearings. Stakeholders said that there may be some confusion about the status of foster parents based on a new court rule that prohibits outside parties from attending hearings.

Strengths

- DCS has procedures and policy to ensure foster caregivers are notified and prepared for expectations of their role.
- Foster Parents report feeling more times they are notified than not and are not denied attending permanency hearings and foster care review boards.

Limitation

- "Pursuant to Tennessee Rules of Juvenile Practice and Procedure Rule 114(a), dependency and neglect proceedings are not open to the public and should be open to only those persons who are necessary to the particular proceeding. Therefore, foster parents should be notified of those hearings where the court determines their presence is necessary. This would include Period Review hearings and Permanency Hearings if the Judge determines their presence is necessary." According to the foster parent survey results, the majority of foster parents have not experienced being excluded from Permanency Hearings and Foster Care Review Boards.

Notification of Hearings and Reviews to foster Caregivers

The table below shows evidence in TFACTS of foster care and juvenile justice custody cases from the quarterly case process review Question: Were foster parents notified in advance of court hearings? over the last three years results show favorable that foster caregivers receive notification of foster care review board and court hearings and exceeds the target goal.

Item 24. Figure 1 Source: Case Process Review (CPR) April - September 2020,2021,2022

Measure of Progress	FY 2020	FY 2021	FY2022	Target Goal
Item 24: Documentation that Foster Parents were notified in advance of all FCRB's and Court Hearings	FCRBs – 357/393 (91%) Court Hearings – 491/547 (90%)	FCRBs – 400/486 (82%) Court Hearings – 550/652 (84%)	FCRBs – 381/466 (82%) Court Hearings – 506/593 (85%)	80%

Notice of Hearing and Review to Caregivers Process and Policy

It is primarily DCS's responsibility to provide notice to foster parents. Some FCRBs may provide notice to the foster parents in certain regions/counties. TN does require that notice be provided; the challenge regarding the right to be heard in court stems from the rule noted in the limitation above that some courts interpret to restrict presence during the hearing to only named parties and witnesses actively testifying. Legislative changes this last session relating to foster parents providing evidence in the best interest of the child in certain hearings went into effect on July 1, 2023, and includes the following language:

“A foster parent who has served as the physical placement for the child for a period of nine (9) months or more shall be permitted to appear and actively participate in any permanency hearing or dispositional hearing for that child with regard to the best interests of the child” and “(a) The department shall notify the foster parents, if any, or any prospective adoptive parent or relative providing care for the child in state custody with notice of any review or hearing to be held with respect to the child. The foster parents, if any, of such a child and any prospective adoptive parent or relative providing care for the child shall be provided with notice of the right to be heard in any review or hearing to be held with respect to the child, except that this section shall not be construed to require that any foster parent, prospective adoptive parent, or relative providing care for the child who has served as the physical placement for the child for a period of fewer than nine (9) continuous months be made a party to such a review or hearing solely on the basis of such notice and right to be heard. (b) Any foster parent who has served as the physical placement for the child for a period of nine (9) or more continuous months shall be permitted to appear for the sole purpose of presenting evidence with regard to the best interests of the child.”

The Foster Parent Handbook provides guidance to foster parents on expectations of attending permanency hearings and/or foster care review board. [Foster Parent Handbook.html](#)

[Policy 16.33.pdf](#) provides guidance to DCS case workers on expectations of when to notify foster caregivers. preferably no later than ten (10) calendar days prior to the hearing if by mail, or if by telephone or in person, no later than seven (7) calendar days prior to the hearing. In addition, it provides a link to the notification form that informs the foster parent the importance of their attendance and input.

Stakeholder Experience

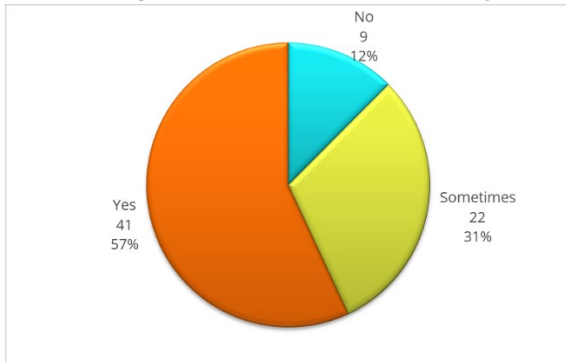
Foster Parent Perspective

A foster parent survey was administered during the Spring Virtual Conference held Saturday, April 29, 2023. A total of 72 responses were collected from DCS and provider foster parents representing all twelve regions in attendance of the virtual conference.

Eighty seven percent (87%) responded yes or sometimes to the question they receive notification of foster care review boards and permanency hearings.

Do you receive notification of foster care review boards and permanency hearings?

Item 24. Figure 2 Foster Parent Survey Results



C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

State Response:

Tennessee's Quality Assurance System is rated a strength. The Quality Assurance System functions statewide in all twelve (12) out of twelve (12) regions that is inclusive to all staff levels, providers, and program areas. In addition, improvement efforts have designed continuous quality improvement (CQI) processes targeted to specific program areas for focused quality assurance to the specialized practice in Investigation and Assessment cases, Juvenile Justice cases, foster care, non-custodial, and extension of foster care cases.

Tennessee received an overall rating of Strength for Item 25 based on information from the statewide assessment and stakeholder interviews In Round 3. QA system was under one umbrella for all program areas in the Office of Quality Improvement.

Improvement efforts since Round 3:

- Moved from Quality Service Review (QSR) to state led Child and Family Service Review (CFSR) as the state's official case review process.
- Case Process Review (CPR) tool is now aligned with CFSR to use as a comparison instead of supplemental data. This was a CFSR program Improvement Plan (PIP) strategy to align the CPR case record review tool with the CFSR Onsite Review Instrument (OSRI). The CPR case record review is the required peer review for Council on Accreditation and has a larger sample size than the CFSR case sample.
- Office of Child Safety developed its own internal CQI process and quarterly case review (QAR) process targeted for Investigation and Assessment Cases
- Office of Juvenile Justice (JJ) added a Juvenile Justice CQI data coordinator who helps ensure any referrals are shared with the Regional CQI Coordinators and will send the referral to the appropriate group. If there are issues that can be resolved within the Office of Juvenile Justice, such as a concern for policy changes then this referral could go directly to the Executive leadership to discuss. Another example is if there are data issues, this could be handled through the JJ data coordinator with the data quality team which meets monthly and is a part of the agencies' state level CQI process,

Continued efforts:

- Office of Quality Improvement continue to use Regional CQI Coordinators in the region to support Office of Child Programs
- Dashboard and scorecards used in CQI processes
- Office of Quality Improvement continue to conduct CPRs for child programs and juvenile justice.

Tennessee's Current Quality Assurance (QA) system

Tennessee's Quality Assurance System has three continuous quality improvement (CQI) processes specific to program areas. * Please see Item 25 Appendix 1 for diagrams.

Figure 1.) Office of Child Programs (Foster Care, foster home compliance and non-custodial (Family Crisis Intervention Program and Family Support Services) and Extension of Foster Care. The Child Programs uses the regional CQI Coordinators from the Office of Quality Improvement to operate its CQI referral process. **Figure 2.)** Office of Juvenile Justice (JJ probation and custody). The office of Juvenile Justice uses its internal Data Coordinator who shares the CQI referral process with the regional CQI coordinators and data leads. When the referral is more targeted to the Office of Juvenile Justice i.e., policies that needs to be handled by the Office of Juvenile Justice, there is a JJ CQI referral process used. **Figure 3.)** Office of Child Safety for Investigation and Assessment Cases uses its internal Quality Director to operate its CQI quality case review process. These three CQI processes operate in twelve (12) out of twelve (12) regions statewide where services identified in the 2020-2024 CFSP are provided. Each CQI process uses specific data reports to measure practice.

Item 25. Figure 1 Office of Quality Improvement's Child Programs CQI process (Foster Care, Family Support Services/Family Crisis Intervention, Foster Homes, and Extension of Foster Care cases)

- A regional staff person or team produces and idea or solution for improvement. The Regional virtual suggestion box can also be used to submit referrals to the region's CQI Coordinator.
- The idea is discussed in a formal regional CQI meeting. Data, policies, and protocols are referenced in these meetings to use as evidence. The information is reviewed with the CQI coordinator, and a referral form is completed and routed to Regional Quality Practice Team (QPT). A meeting to further discuss the referral is scheduled and includes the CQI Coordinator and/or CQI group facilitator with the regional QPT. Three possible outcomes include:
 1. Referral is resolved through the regional CQI and is relayed back to the referent through the CQI Coordinator.
 2. Referral is declined by Regional QPT and is sent back to the referent for more information or discussion. CQI Coordinators relay this information back to the region and assist with further discussion.
 3. Regional QPT team agrees to send the referral up to the state level CQI. The CQI Coordinator is responsible for sending this up and relaying information back to the referent. The State CQI discusses the referral and either approves or declines the referral. This information is relayed through the CQI Coordinator and shared back with the referent and regional QPT.

Item 25. Figure 2 Office of Juvenile Justice's Internal CQI Process

(JJ Custody and Probation)

In the Office of Juvenile Justice, CQI referrals can take two paths. There are OJJ staff on regional teams and part of natural unit teams. If an issue is identified in a CQI team or a supervisory team, the information is shared with the Regional CQI Representative and a Data Program Coordinator to determine the best team to resolve the issue. If an issue can be addressed internally through OJJ leadership, then the referral could be sent to the Executive Leadership meeting. Issues such as policy changes and equipment for transportation officers would be handled internally. Issues with data might be sent to the Data Quality team which includes representatives from all program areas in the department. OJJ data is shared with each leadership team from Executive leadership to Team Leader meetings with their staff. Data is discussed monthly in those teams and leadership participates in bi-monthly data meetings to review progress on key areas.

Item 25. Figure 3 Office of Child Safety's Internal CQI Process

(Investigation and Assessment Cases)

At the end of each quarter the results from the Quality Assurance Reviews are aggregated on a Statewide, Grand Regional, Regional, and Team level for distribution to each supervisor. Utilizing this data will enable leadership to identify when policy and practice are incongruent and make changes as necessary.

When the supervisor has received the completed QAR individual results, the supervisor will schedule a Review and Discussion meeting with the Investigator. This meeting can take place during the regular monthly performance briefing.

The supervisor will review the results of the QAR with the Case Manager to highlight strengths and opportunities for improvement. If appropriate, the supervisor may address areas of needed improvement in a Quality Improvement Plan (QIP). The QIP will assist in regular monitoring of QAR results and whether areas of concern are being addressed.

Established OCS Quality Improvement teams will meet to address the aggregated results and will develop Quality Improvement Plans, when necessary, to adequately address the results of the review process.

- Quality Improvement Teams will consist of:
- CPS Teams (Team Leader and CPS staff),
- Regional Teams (Team Coordinator and Team Leader staff),
- Grand Regional Teams (CPS Statewide Director, Team Coordinator staff and Team Leader staff),
- Statewide Team (OCS leadership).

Quality Improvement Teams convene quarterly and address areas of improvement and opportunities that are the result of the most recent review. In additions, they consider Quality Improvement Plans that were created in previous meetings. Each team level informs the next level up of the results of the team meetings and provide any QIPs that were created as a result of the review results.

Capacity to Operate CQI System

All twelve (12) regions have an assigned CQI Coordinator under the Office of Quality Improvement that is available to support regional CQI workgroups and referrals for areas needing improvement to central office. In addition, the office of Child Safety has a dedicated Quality Director, and the office of Juvenile Justice has a dedicated Data Coordinator targeted to specific areas of investigation and assessment and Juvenile Justice. All CQI processes use the plan do check act (PDCA) support process and apply LEAN and six sigma principles when regional operation and practice processes are identified to need improvements.

Evidence and data are used to develop and monitor improvement strategies in monthly or quarterly regional program CQI groups to discuss improvement strategies. During these meetings it is decided how often it will be reviewed and will be placed on subsequent agendas and updated data or evidence is presented to determine if the intervention is working or if strategies need to continue to be tracked or adjusted. For example, there are monthly meetings to review assessment homes and data is shared quarterly with the team about the effectiveness of assessment homes in relation to placement stability for youth who are challenging to find the appropriate initial placement.

Many levels of DCS are trained in understanding how to read and use data through the Evidence Driven Growth & Excellence (EDGE) training. The training taught staff to read and use data. For example, how

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to understand reports like the mega report. Understanding how to use point in time data. Examined entry and exit cohorts to gather information about specific populations and learned how to make a hypothesis and use data to either back it up or disprove it. Staff completed data projects and presented to senior leadership at the end of each class. Four out four Quality Directors and Coordinators and one out of six CQI Coordinators have completed the training. The reduced number of CQI Coordinators is due to staff turnover. A total of 25 of the 53 regional staff who attended including Deputy Regional Administrators, Team Leaders and Coordinators are still with the department. Currently, the Quality Directors and CQI/Data Coordinators who completed the training provide support training to new hires or regional staff who did not attend to help them understand and interpret the data.

Safe Measures data training tutorial are available anytime to all staff. This training will instruct participants in the use of SafeMeasures reporting system. SafeMeasures® is a state-of-the-art reporting service that helps workers improve client outcomes by transforming case management data into actionable information. SafeMeasures has helped improve performance with key performance indicators (KPI), process and outcome measures, data quality reports, and task lists/to-do reminders. The training has several sections with tutorials for navigation, timeframes, filters, subsets, favorites, and report navigation.

Data Quality Team is also under The Office of Continuous Quality Improvement. This team is responsible for ensuring the CPR reviews occur quarterly in each region. They compile data that is interpreted for various compliance reports as needed, as well compiling data for the quarterly CPRs, monthly Commissioner’s report, and monthly data for ChildStat.

Continuous Quality Improvement Policy

[Policy 1.3 Continuous Quality Improvement](#) promotes an environment that encourages open communications, information sharing and team building among all employees through a formal, centralized system of Continuous Quality Improvement for facilitating communication within DCS. DCS employees at all levels shall have timely access to information related to the mission, vision, and values, guiding principles, professional practice standards, goals, policies and procedures, other practice-related documents and processes of the department resulting in positive outcomes for children, youth and families.

The table below provides a breakdown of reports, case record reviews, program improvement plans (PIPs) and the frequency they are used in the quality assurance/CQI process for each program area. Reports that are listed across program areas combine all program areas and are easily shared across program areas. Other reports or case record reviews target specific program areas.

Required QA Element and Frequency	Office of Child Safety (Investigation and Assessment)	Office of Quality Improvement - Child Programs	Office of Juvenile Justice
Relevant Data Reports/ daily, Weekly, monthly, quarterly, annually	Safe Measures Dashboard DCS scorecard, Child-stat tracker, Cross Regional Workbook	semi-annual or annual Cross Regional Workbook produced by Chapin Hall Childstat tracker DCS and Provider Scorecard	DCS scorecard Childstat tracker, semi-annual or annual Cross Regional Workbook produced by Chapin Hall

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			Provider Scorecard and Placement Information
Case Review Results/Quarterly and annually	Quality Assurance Review (QAR) reports	Case Process Review (CPR) results CFSR Onsite Review Instrument (OSRI) regional summary reports	CPR results CFSR OSRI regional summary reports
Program Improvement Plans (PIP)/Evaluation Process/ Weekly, Monthly, quarterly	Quarterly Quality Improvement Plans (QIPs)/ Supervisors in frontline staff monthly performance briefings. Quality Improvement Teams (include all staff levels) statewide results. 7 out of 12 regions have safety CQI circles	CFSR PIP and Sunset Audit and informal regional PIPs/ Regional CQI Circles	CFSR PIP and Sunset Audit/ Regional CQI Circles
Required QA Element and Frequency	Office of Child Safety (Investigation and Assessment)	Office of Quality Improvement - Child Programs	Office of Juvenile Justice
CQI Process for Identified strengths and needs/monthly, quarterly	Supervisor and Case Manager review QAR results during monthly performance briefings and goals are integrated into Individual Performance Plan metrics CFSR regional Debriefs held annually with executive and regional Leadership Quality Improvement Teams meet quarterly to review relevant reports	CFSR regional Debriefs held annually with executive and regional leadership CFSR and quarterly CPR results used in CQI Circles	CFSR regional Debriefs held annually with executive and regional leadership CFSR and quarterly CPR results used in CQI Circles

Examples of Relevant Reports

Below are examples of reports referenced in the table above. These reports are used in Tennessee's CQI processes to evaluate the quality of services including standards to ensure that children in foster care are provided quality services that protect their health and safety. Program Improvement Plans are also developed using the results from these reports. Results are also integrated into regional staff's individual performance plans. Examples include combined program reports, targeted program reports and the provider scorecard.

Combined Reports

The DCS scorecard, Child-Stat tracker and Cross Regional workbook are the primary reports used in the QA system that combine all three program areas and is easily shared across all staff levels. Below is an example of the DCS Scorecard. All three reports are also segmented by all 12 regions. Targets are determined based on number of clients served that month. For Child Protective Services it is the number of cases open during that month. For Juvenile Justice and Foster Care targets are based on the number of kids in custody.

1.) Child Stat Tracker

**Please see Child-stat Tracker. Item 25 Appendix 2 for example.*

Child Stat was an initiative that was created in 2019 to look at various data points during a youth's time in custody. Each region identifies one or two areas of focus to make improvements. All three program areas were involved as there were also discussions around how/why youth came into custody which involved Office of Child Safety. Each region is expected to hold a call at least monthly with regional program leadership, regional CQI coordinator and their assigned advisor and consultant who were from Central Office. The data and action steps are reviewed during this meeting. Each region develops a plan of action and data to support how they know it is working or not working and adjust plans to correct if needed.

2.) Cross Regional Workbook

** Please see Cross Regional Workbook. Item 25 Appendix 3.*

This data is received twice yearly from Chapin Hall and covers many key areas of all case types. The data is historic data and used for trends since it includes multiple years within each data set. For example, a region may look back at their placement rate with kinship and realize that they are declining. This could spark a conversation within the region about how to improve their kinship placement or to see if they are diverting custody by placing with kin non-custodially. This could also be used to work with community partners to show number of placements moves to demonstrate that a region has a need for more placements for a particular demographic.

3.) DCS Scorecard

DCS identified fourteen key performance measures for staff related to program goals. Through the DCS Scorecard, caseworkers and supervisory staff can readily identify the status, location, and placement goals for every child in foster care. The DCS Scorecard was created to ensure that these measures are readily available, and that the data can be analyzed at the state, regional, supervisory, and case worker levels. Measures are part of the annual employee performance evaluation process. the CQI Director and Coordinators for Child Programs tracks scorecards for EPSD&Ts, safety assessments and face to face contact for children in foster care.

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Source: TFACTS DCS Scorecard statewide Example - Available segmented by region

State	July 2022	August 2022	September 2022	October 2022	Standard/Target
% of CPS Investigations Over 60 Days —the total number of CPS Investigations open more than 60 days divided by the total number of open CPS Investigations.	44.3%	39.0%	43.4%	35.7%	30%
	1691/3819	1543/3961	1869/4308	1611/4517	
% of Assessment Cases Over 90 Days —the total number of CPS Assessments open more than 90 days divided by the total number of open Assessment cases.	24.6%	21.9%	18.6%	18.1%	20%
	1564/6367	1572/7181	1504/8072	1582/8746	
% of Social Services Custody Cases with at Least Two F2F Contact —Percent of children in state custody who had at least two face to face contact from their caseworker for the month.	62.9%	60.4%	57.3%	58.7%	80%
	5280/8395	5107/8456	4630/8079	4900/8347	
% of JJ Custody Cases with at Least One F2F Contact —Percent of children in state custody who had at least one face to face contact from their caseworker for the month.	98.9%	99.1%	99.2%	99.1%	80%
	634/641	640/646	629/634	645/651	
% of Parent-Child Visitations —Percent of children in state custody with a sole or concurrent goal of reunification who had at least two visits with their parent(s) for the month.	18.8%	19.1%	20.1%	18.9%	50%
	972/5182	983/5159	1035/5160	969/5122	
Percent of Children in Custody Less than 24 Months — Percent of Children in Custody Less than 24 Months for children remaining in care on the last day of each month.	74.7%	73.8%	73.6%	72.9%	85%
	6354/8511	6309/8544	6262/8506	6138/8423	
Timeliness of Reunification —the percent of children who exited custody with Reunification, Permanent Guardianship, or Living with Relatives as the exit reason within 12 months of entering care. This measurement looks at the preceding 12 months.	61.2%	60.9%	61.6%	61.6%	80%
	2390/3903	2357/3871	2378/3862	2355/3822	
% Permanency Plans Maintained Current —the percent of children in custody who had a current permanency plan for the entire month.	80.2%	79.5%	80.40%	79.5%	90%
	6774/8442	6721/8450	6783/8436	6685/8413	
% of Children with a Current EPSD&T Exam —Percent of children in state custody greater than 30 days who have a current EPSD&T examination.*	83.5%	83.3%	81.9%	81.7%	96%
	6560/7856	6604/7926	6378/7792	6426/7862	
% of Children with a Current Dental Exam —Percent of children in state custody greater than 30 days who have a current Dental examination.*	71.6%	71.6%	66.3%	64.9%	85%
	5393/7535	5408/7552	5311/8010	5198/8011	

DCS Scorecard Legend

	Indicates performance meets or exceeds the standard/target.
	Indicates performance is within 10% of the standard/target.
	Indicates performance is greater than 10% below the standard/target.
*Beginning September 2020, Good Cause Exceptions were considered in these measures.	

Office of Juvenile Justice Scorecard

The reports are shared monthly with all leadership and reviewed bimonthly basis in a meeting with Team Leaders; Team Coordinators; and Executive Leadership. Those reports are also reviewed in those monthly conversations from the top down to the case manager level during Monthly Performance Briefings. For example, leadership may set a goal for the directors to improve and focus on Child and Family Team Meeting percentages. The directors take it to the Team Coordinator meetings, and they share with their Team leaders, and then they share with their staff. This data is used to determine the percentages on their Individual Performance plans. Scorecards are created based on monthly data.

n=584

Custodial Face To Face	
KPI/Target	95.0%
Average	97.6%
% above or below KPI	2.6%

Trial Home Visits	
KPI/Target	90.0%
Average	89.3%
% above or below KPI	-0.7%

THV Success Rate	
KPI/Target	N/A
Average	88.7%

% on THV Monthly	
KPI/Target	8.0%
Average	11.2%
% above or below KPI	3.2%

New/Initial EPSDT	
KPI/Target	85.0%
Average	69.3%
% above or below KPI	-15.7%

Permanency Plan	
KPI/Target	85.0%
Average	79.8%
% above or below KIP	-5.2%

Child and Family Team Meeting	
KPI/Target	85.0%
Average	68.1%
% above or below KPI	-16.9%

EPSDT Dental	
KPI/Target	85.0%
Average	83.4%
% above or below KPI	-1.6%

*LOS Dentation	
KPI/Target	14
Average Number of youth Monthly	68
Average Number of days Monthly	32

EPSDT Medical	
KPI/Target	85.0%
Average	92.8%
% above or below KPI	7.8%

EPSDT Medical	
KPI/Target	85.0%
Average	91.4%
% above or below KPI	6.4%

Office of Child Safety Safe Measures Dashboard

This report will drill down to the Case Manager level. Team Leaders and Directors use this to track compliance on key performance metrics such as timely response, administrative reviews, safety/FAST compliance, and timely classifications. In addition, it is used to track historical cases and if improvements have been made.

Limitations

Performance Measures and Target goals are generated by the system and cannot be changed.

Source: TFACTS

Priority Response Compliance	Jan 23
Response Met	5,281
Response Not Met	2,798
Response Pending	5
Total	8,084
Priority Response Compliance	Jan 23
Response Met	65.3%
Response Not Met	34.6%
Response Pending	0.1%
Total	100%

Provider Scorecard Example

Scorecard has tabs segmented by provider It is sent to the providers monthly to evaluate performance. DCS determined the targets based on historical data and standard of expectation to meet contract requirements. Some of the targets are currently under review to be adjusted.

All Providers Combined	July 2022	August 2022	September 2022	October 2022	Standard /Target
% of Brian A Custody Cases with at Least Two F2F Contact -Percent of children in state custody who had at least two face to face contact from their caseworker for the month.	73.4%	69.7%	64.7%	70.2%	80%
	2766/3769	2779/3988	2499/3865	2642/3761	
% of JJ Custody Cases with at Least One F2F Contact -Percent of children in state custody who had at least one face to face contact from their caseworker for the month.	79.7%	77.7%	78.4%	79.3%	80%
	365/458	369/475	364/464	375/473	
% of Parent-Child Visitations -Percent of children in state custody with a sole or concurrent goal of reunification who had at least two visits with their parent(s) for the month.	21.4%	22.6%	19.9%	23.2%	50%

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All Providers Combined	July 2022	August 2022	September 2022	October 2022	Standard /Target
	590/2759	618/2730	637/3196	615/2649	
% of Children with a Current EPSD&T Exam- Percent of children in state custody greater than 30 days who have a current EPSD&T examination.	86.2%	86.4%	85.0%	85.2%	96%
	3594/4169	3744/4332	3486/4100	3535/4147	
% of Children with a Current Dental Exam- Percent of children in state custody greater than 30 days who have a current Dental examination.**	75.3%	71.6%	74.4%	74.1%	85%
	3076/4083	5408/7552	3084/4145	3028/4089	
Continuum Current Residential Capacity- Percent of youth in placement on a continuum contract in a residential setting (excludes in-home)	21.2%	17.1%	16.0%	16.3%	TBD
	535/2529	422/2471	403/2512	407/2492	
Continuum Annual Residential Capacity- Percent of youth in placement on a continuum contract during the last 12 months in a residential setting (excludes in-home)	29.6%	25.4%	27.8%	39.6%	TBD
	1661/5617	1425/5608	1498/5384	2128/5369	
% of Cases with Timely Data Entry- Percent of Monthly Summaries entered into TFACTS within 30 days.	81.3%	80.5%	66.5%	66.2%	80%
	3868/4757	3315/4117	2727/4095	2719/4105	

Provider Scorecard Legend

	Indicates performance meets or exceeds the standard/target.
	Indicates performance is within 10% of the standard/target.
	Indicates performance is greater than 10% below the standard/target.

Accurate and Reliable Report Results

To ensure report results are accurate and reliable the same clean-up process is used through the Data Quality Team that is referenced in the Information System Section.

Case Record Reviews

**Please see Item 25 Appendix 4 for case record trends and results.*

Tennessee has three case record review processes that are used for all three CQI processes to evaluate the quality of services across all program areas and standards to ensure that children in foster care are provided quality services that protect their health and safety.

1. Child and Family Service Reviews (CFSR). CFSR reviews are conducted annually in all 12 regions and includes a sample of cases that represent all program areas (Foster Care, In-Home, Juvenile Justice, Assessment, and Investigation Cases). Over the last three years 144 cases statewide were reviewed each year. The Federal Programs Division is responsible for this case record review process. At the completion of each case review a feedback session is scheduled with the reviewers and the case manager and Team Leader to provide an opportunity to discuss the results and why. In addition, a debrief session is scheduled once the overall result for the

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region is compiled and shared with regional leadership and central office leadership. CFSR Program Improvement Plans for the regions and statewide are developed based on these results. Link to the onsite review instrument used in round 3 is below. The link to the onsite review instrument that will be used in round 4 is also below.

<https://www.cfsrportal.acf.hhs.gov/resources/round-3-resources/cfsr-round-3-instruments-tools-and-guides>

<https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-instruments-tools-and-guides>

2. Case Process Reviews (CPR). CPR reviews are conducted quarterly in all 12 regions and includes a sample of cases that represent all program areas except Assessment and Investigation Cases. Overall, sample size for each program area is about 10% of cases open or closed during a defined quarter. This case record review is the required peer review for Tennessee's Council on Accreditation. The Office of Continuous Quality Improvement is responsible for the case record review. Regional informal CPR program improvement plans are developed based on results.

There are seven tools for each program area. Please see a sample in the links below.

https://stateoftennessee.formstack.com/forms/fka_cpr_q4_fy2023

https://stateoftennessee.formstack.com/forms/jj_custody_cpr_q4_fy2023

3. Quality Assurance Reviews (QAR). This case record review is a process for improving the quality-of-service delivery and assessment of safety and risk by Case Managers working with children and families. QAR reviews are conducted quarterly in all 12 regions and includes assessment and investigation cases. Internal Quality Control pulls a list of closed cases from the previous quarter (1st quarter reviews will be from 4th quarter closed cases). At this point one case is selected for each Case Manager. This case record review is the required peer review for Tennessee's Council on Accreditation. Office of Child Safety is responsible for this case record review. Quality Improvement Plans (QIPs) are developed based on these results. Please see the tool in the link below

https://stateoftennessee.formstack.com/forms/quality_review_assessment_tool

Case Record Review Standards and Measurement goals

Office of Child Safety Quarterly QAR case review standards Examples

- Answer "yes" if documentation reflects that there was a home visit made or there were good faith efforts made in accordance with [Policy 14.7](#) based on the Children's Bureau's federal expectation. Refer to [DCS Work Aid 3](#) for requirements regarding conducting a home visit.
- *Exceeds Expectation* – the reviewer has determined that the documentation goes above and beyond the minimal requirements and provides rich and substantive content.
- *Meets Expectation* – the reviewer has determined that the documentation meets the requirements of policy and provides enough detail to assess the area reviewed.

Limitation(s)

QAR Target goals - The Regional QARs don't have a set target percentage. The information is used with investigation and assessment staff's Individual Performance Plan metrics.

Office of Child Programs and Office of Juvenile Justice CFSR (includes office of child safety) and CPR Case Review Standards

The Case Process Reviews for Child Programs and Office of Juvenile Justice use the same standards as the federal Child and Family Service Review OSRI and expectations in quality practice.

CFSR and CPR Measurement/Target Goals

- CFSR - Target goals for the past three years were based on CFSR PIP measurement plan goals, federal compliance percentage or were adjusted based on baseline results. Target goals will be adjusted back to 90% to 95% conformity to begin Round 4.
- CPR- Target goals - 80% compliance 79-70% watch (added to the “watch” list managed by the regional CQI Coordinators to watch for trending. If up, it is removed from the list. If down, it is taken to the program CQI group to discuss interventions). And anything 69% and below CQI coordinators take to regional leadership and CQI circles to establish improvement goals.

Limitations

Case Process Review PIPs

CPR PIPs are currently handled within program CQI meetings to identify 1-2 areas to focus on improvement. There are no formal PIPs created but these areas and action steps are noted in the meeting minutes for follow up and are reviewed with quarterly updated data.

CPR Data

CPR data was not broken down by region – each region received a link to their raw data but no comparison of all. However, starting with Q3 2022 regional data has been broken down and compiled and includes statewide data. Not enough time has elapsed to allow for any trending documentation using the new scoring.

Child and Family Service Review

Small sample size (144 cases statewide per year in Round 3) and reducing to 75 cases in Round 4.

Accurate and reliable results for Case Record Reviews

- The CFSR process includes a two-step quality assurance staff review. When case reviewers have completed the OSRI a first level meeting is scheduled with a QA staff to make changes as needed or to have further discussions about the rational statement in case more evidence is needed to support the rating. A second level meeting is scheduled with a 2nd level QA staff to review changes and added information from the first level QA review.
- The CPR reviews have an inter-rater reliability process where CQI Coordinators review a smaller sample of the cases once they are completed to ensure regional staff understand and interpret questions aligned with the federal expectations. In addition, definitions are built into the tool to help support reviewers understanding.
- The QAR review tool includes definitions and policies to reference to ensure reviewer results are accurate. New supervisors are trained by the Internal Quality Control department. Training will be conducted on an as needed basis. New supervisors are trained on how to complete the reviews as well as identifying areas for continued improvement.

Stakeholders' experience with the QA/CQI process

Quality Assurance Workgroup and Focus Group

Qualitative Results Key Themes

Strengths

- Evidence from the discussions in the QA workgroup showed the QA system functions statewide across all program areas in all 12 regions and has processes in place to include external stakeholders and providers who provide direct services to the children and families. Results from regional reports and case record reviews are used to identify strengths and areas needing improvement in the CQI process. Evidence from the QA workgroup reflected data used include Child-stat, DCS scorecard by region, cross-regional workbook, CFSR, CPR and QAR results.
- Evidence from the discussions in the QA Focus Group showed the QA system functions well in all 12 regions and the processes in place include all staff levels and ensure improvements are made. Results showing strengths and needs from regional DCS scorecards are shared in CQI circles and regional leadership meetings. The CQI referral process and CQI circles in the regions are the primary processes used in all 12 regions.

Limitations

- Evidence from the discussions in the QA Focus Group showed reports used in the regional CQI circles are not always accurate during TFACTS enhancements or rebuild periods.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

“Staff,” for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

State Response:

Tennessee is in substantial conformity with this systemic factor in Round 4. All three items are a strength.

The Office of Training and Professional Development (OTPD) is responsible for the development and delivery of training and professional development opportunities for DCS staff, contract agency staff and foster parents.

The attached documents, Training Calendars and Training Catalog provide links to calendars and training catalogs for both staff and foster parent training. Provider staff have access to these links and are welcome to attend any training offered to staff with the exception of course specifically geared to DCS or State employees, such as training content from the state Department of Human Resources.

Ensuring Training Effectiveness: OTPD uses a variety of methods to address training quality and efficacy.

- Training Satisfaction Surveys are collected from participants following all training events. These surveys are compiled and distributed to training supervisors monthly and are used during performance evaluations for trainers. Training surveys are also used to evaluate the effectiveness of training content and gather information on training needs from the workforce. OTPD has is updating our evaluation process to better assess the effectiveness of training. Changes are in the attached document, Training Evaluation Updates.
- Trainer Monitoring tools are utilized on a quarterly basis with DCS training staff. Observation tools based on Trainer Competencies are completed on each trainer once quarterly and include a coaching session for the trainer being observed. A sample trainer monitoring tool is available at: https://stateoftennessee.formstack.com/forms/trainer_competencies.
- Focus groups are used during the planning and development stages of many of our larger and mission critical training initiatives. For example, revisions to Supervisor Certification, Case

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Manager Pre-Service Certification, and Mentor Certification began with focus groups. Focus groups are comprised of key stakeholders across the state, including staff, providers, community partners, and foster parents as applicable to that group. Participants are chosen depending on the needs of that group. For example, the 2023 Case Manager Pre-Service Workgroup consisted of front-line case managers and team leaders representing all parts of the state and all program areas. Front-line workers were chosen, as opposed to regional leadership, to hear the training needs of and from the staff closest to the work.

- Workgroups are frequently utilized to ensure a variety of stakeholder perspectives during the development process. These might include subject matter experts, program staff, front line workers and supervisors, foster parents, and community partners in addition to members of the training team. Development project examples where workgroups are used include Case Manager Pre-service, Counter Response, Family Support Services Specialty, Quality Contacts, CFTM Facilitation for Case Managers, Skilled Facilitator Certification, and Advanced Facilitator Inservice training.
- The Training and Development team participates in the provider contract and review process by reviewing provider curriculum to ensure that provider agencies serving children and youth are providing the required training competencies to their staff. This participation occurs at both the proposal process and during the annual review process.

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

State Response:

This item is a strength for Tennessee in Round 4.

Overview: In March 2023, the Department of Children’s Services moved from a 9-week Case Manager Pre-Service Certification to a 6-month model, as outlined below. The new model was inspired by the reported success of the state of New Jersey in dramatically reducing their case manager turnover rate with a six-month preservice model. As one piece of a broader retention plan, the Department is intentionally slowing down the onboarding period and providing additional 15 weeks of classroom and on-the-job training (OJT). Additionally, caseloads for first year case managers have been reduced to a maximum of ten to allow newly hired workers the opportunity to acclimate to the requirements of the position. Development of the new model began with a workgroup consisting of current case management staff and team leaders from across the state and from different program areas. The selection of workgroup members is described above. The workgroup reviewed existing curriculum and processes and provided guidance for the development of the new model.

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Pre-Service Requirements: All Case Management 1-3 series staff, the working level class of Case Manager, are required to become certified case managers by successfully completing Pre-Service training and certification assessment prior to receiving a case load. Case Manager certification is a six-month, competency-based training process consisting of classroom training, simulation labs, skill practice labs, and OJT. The training process consists of eight weeks of classroom training and labs and sixteen weeks of OJT. The Case Manager Certification process is described in the attached Policy 5.3. A Pre-Service calendar is available at <https://docs.google.com/spreadsheets/d/1iHYAIL2uWL5yucOW3BtdmVjtM5Vlx6WZIBHhbrlOutA/edit#gid=1628612045>.

On-the-Job Training occurs under the guidance of the peer mentor, supervisor, PDC, and other designated experienced staff and gives the candidate an opportunity to see and practice casework tasks. Peer mentors are assigned during the onboarding process and are introduced to the new case manager during orientation. Candidates are provided an OJT Checklist (sample attached), specific to their program area, outlining required and recommended casework tasks that they need to learn, beginning with basic concepts and building in complexity over time. The OJT Checklist serves to reinforce concepts presented during classroom and lab training. OJT is structured to guide the new hire through shadowing an experienced worker completing casework tasks, co-leading casework tasks with an experienced worker, and eventually leading casework tasks with the support of an experienced worker.

All staff who attend Pre-Service must attend all required components unless specifically waived, as described in Policy 5.3. It is part of the certification process and is tracked in the Individual Learning Plan and Certification is not granted until all components are completed. Each region is assigned a Professional Development Coach (PDC) (formerly known as On-the-Job Training Coaches) who is responsible for the progress of each new hire through Pre-Service. The PDC is the main conduit of information for the Support Team (described below). PDCs are responsible for facilitating Support Team Meetings, ensuring successful progress through the OJT Checklist, creating and maintaining an Individual Learning Plan for the new hire, directly observing the new hire in practice and providing coaching related to practice skills. PDCs are available to support the new hire through the first year of service. PDC compliance with the standards is tracked through PDC Tracking Logs (attached).

New Hire Support: A Support Team is developed for each case manager candidate to provide guidance and assistance for the duration of the Pre-Service certification process. The support team includes the candidate's immediate supervisor, the candidate's assigned peer mentor, the regional OJT Coach, and assigned trainers. Each case manager is assigned a Peer Mentor with at least one year of experience in the same program area as the candidate. Preference is given to Peer Mentors who have at least two years of experience and who have completed Mentor Certification training. The Support Team meets regularly during the certification process to provide guidance, assess progress, provide feedback, and plan additional needed OJT activities and supports for the candidate.

An Individual Learning Plan (ILP), completed for each case manager candidate, reflects completion of training and OJT activities and assessment of progress and development to inform the final decision regarding Pre-Service Certification. The plan includes strengths, opportunities for growth, and strategies

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and action steps for professional development. The Professional Development Plan (PDP) is the final component of the ILP and will be completed by the Support Team and the new case manager at the completion of the Case Presentation, further described below. The PDP will be used as a guide for the new hire and will be reviewed by the case manager and supervisor during monthly performance briefings through the remainder of the first year of service.

New Hire Assessment: Case Manager competencies are based on DCS Practice Standards and are outlined in the ILP. Competency assessments occur in the context of the Support Team Meeting. Candidates are assessed on the competency rubric at multiple points during the certification process to identify strengths and needs and plan for ongoing and increasingly independent casework practice.

The first assessment occurs following Specialty Training, during week 11 of Pre-Service. At this first assessment, Case Managers are assessed on a condensed Foundational Competency rubric which focuses more on practice knowledge that they have gain in the classroom and early OJT experiences. The purpose of this assessment is to assess for knowledge and skill gaps that may provide a barrier to being assigned training cases during week 17. Based on this assessment, a plan is developed to ensure that the Support Team is focused on the specific development needs of the new hire.

Candidate readiness for training case assignment is assessed using the competency rubric at the conclusion of classroom training weeks, during week seventeen of Pre-Service training. A passing score of 20 will result in the assignment of one to two training cases for which the new hire accepts primary responsibility, with the support of the supervisor and peer mentor. Every two weeks following the initial assignment of training cases, the support team will assess the candidate's ability to complete needed casework tasks on the assigned cases. If the candidate is successfully managing the current cases one to two additional cases may be assigned. During Pre-Service Training, up to the twenty-fourth week and/or certification of newly hired case manager, new case managers are assigned no more than a total of five cases at one time. After certification, first year case managers are limited to ten cases for the remainder of the first year of service.

The final step before certification is the Case Presentation Assessment. The Case Presentation process is included in the attached document, Pre-Service Case Presentation. The case presentation is based on one of the candidate's training cases and is a skills demonstration encompassing the concepts and techniques learned throughout the Pre-service process. The case presentation is assessed by a panel consisting of the supervisor, OJT Coach, and peer mentor. Other regional leaders, such as Team Coordinators may also attend the certification panel. At the conclusion of the presentation, the competency rubric is used to score the oral presentation and case documentation samples. A passing score of 24 will result in a recommendation to the region for certification. A failing score will result in the candidate not being recommended for certification and referred to HR to determine next steps.

Pre-Service Completion: All new case management staff are referred to the Professional Development Coaches (PDC, formerly known as OJT Coaches) by the regional HR analysts who complete the hiring process. In turn, the PDC submits a referral to the Pre-Service delivery team to provide the necessary information to place them in the next available Pre-Service group. A nomination for can be viewed here: <https://docs.google.com/forms/d/e/1FAIpQLSezPDtOBKX5t-MN818qG3YPW->

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[iSfaWq17pS5fcrEHmalE6PFQ/viewform](#). Additionally, OTPD produces a weekly report listing all departmental staff and their hire date. In this way, OTPD confirms that all newly hired Case Managers have been nominated for Pre-Service. This process creates a roster of attendees where attendance is tracked and allows planning for travel for new hires. Case managers are tracked through the attendance process. Training staff follow-up with any case manager absent from class to ensure that any missed material is covered, and this is also tracked on the attendance spreadsheets.

Each region has a PDC who facilitates an onboarding meeting with all new regional case managers during their HR Orientation week to explain the Pre-Service process. Each PDC maintains a tracking log (see attached document titled PDC Tracking Log) detailing Support Team Meeting dates, individual coaching dates, and assessment dates. The logs are reviewed monthly by the PDC's supervisor to ensure that they are on track with new hire contract requirements. New hires may not have cases assigned to them in TFACTS until they have completed certification.

Timely certification is also monitored. Each Pre-Service cohort has a specific week during which the certification panels are held. The OTPD data manager and the PDC supervisors monitor whether panel scores have been submitted and follow-up with the PDC if not. PDC Supervisors can also monitor the progress of new hires through PS through the PDC tracking logs and address any potential barriers to completion. Every effort is made to ensure that any barriers to timely certification are addressed prior to time for certification and no systemic barriers have occurred to this process to date.

Case Manager certification data is recorded in the ILP. Following the Certification Panel, the PDC sends a copy of the ILP, including the certification status to an OTPD data manager, who issues a certification certificate. While each new hire's score is recorded, we have recognized the need to collect this information in a way that can be aggregated for summary data. Beginning with the 2023 Expanded Pre-Service groups, we will be able to report aggregated certification scores by region.

Item 26. Figure 1

Year	Number of New Certified Case Managers
2020	362
2021	382
2022	379

Training Effectiveness: Pre-service effectiveness is currently evaluated by the following:

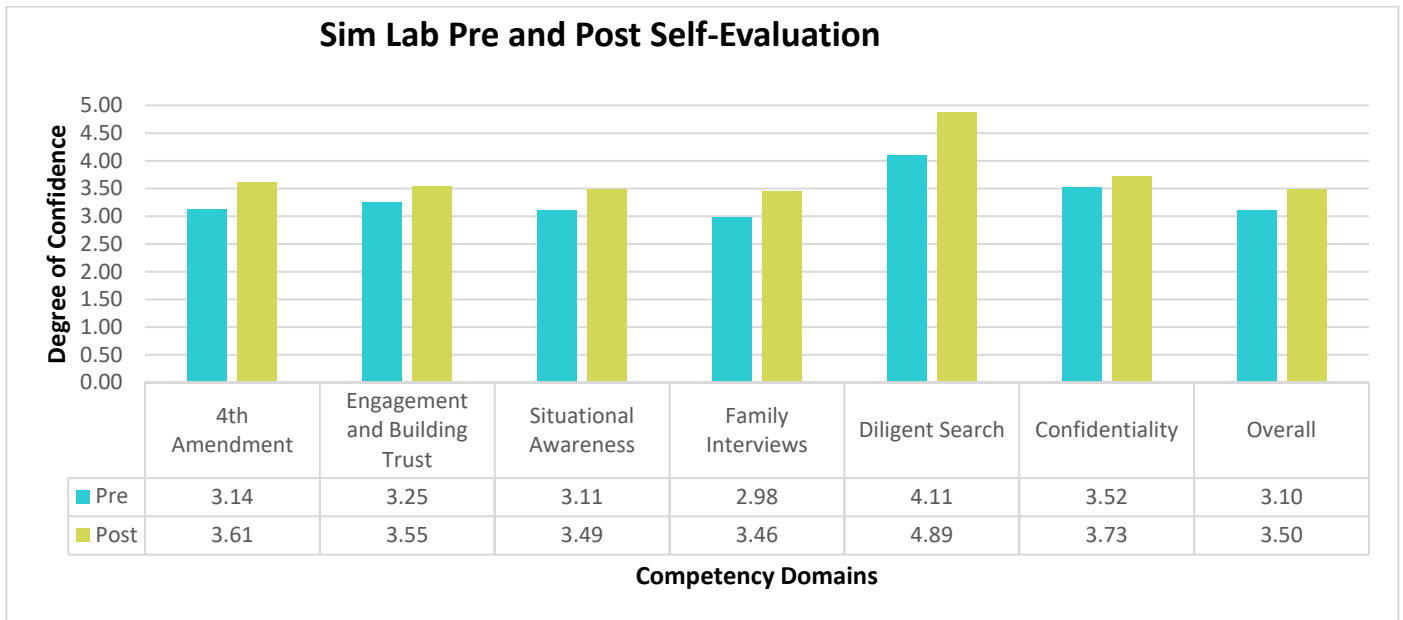
- Individualized Learning Plan
- Case Presentation (data provided in final report)
- Percent of Staff who are certified (data provided in final report)
- Participant Evaluations have been enhanced and have been implemented with the new Pre-Service model. Reports highlighting this data will be produced as each group completes the certification process. The 2022 Pre-Service Evaluation is attached (title PreServiceEval2022).
- With the new model of Pre-Service, our state Department of Human Resources (DoHR) will begin conducting focus groups with new hires. DoHR will conduct a focus group session with each Pre-Service cohort at week 13, week 26, and 90 days post-certification. The first of these

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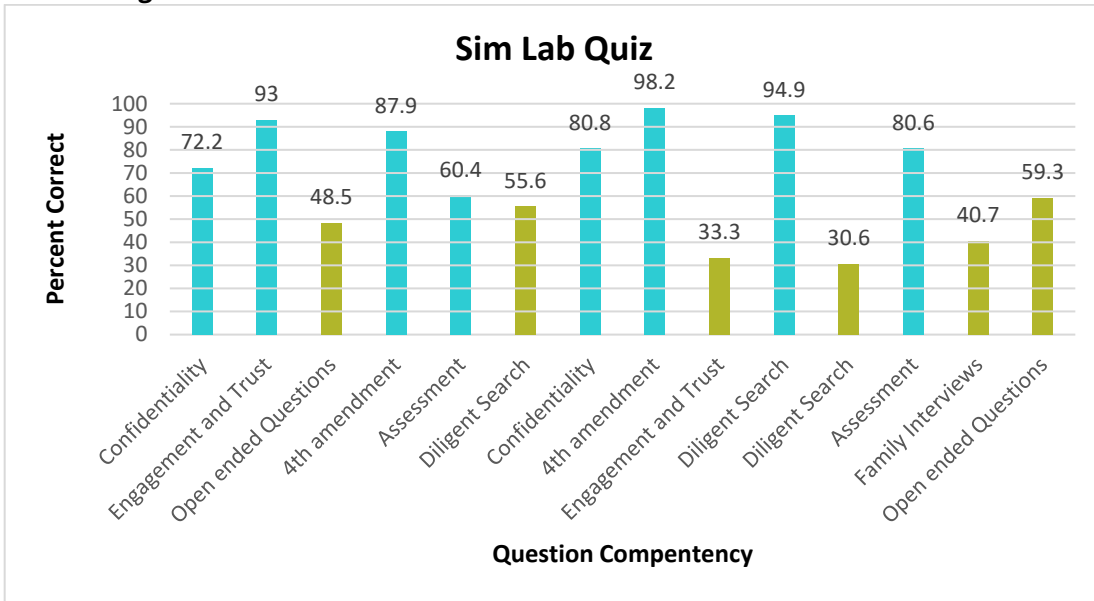
sessions took place in May 2023. Data from these sessions will be available for next year’s APSR report.

- Simulation Lab assessment results
 - Participants are provided a self-assessment Likert style rubric based their level of confidence on Sim Lab competencies before and after the Sim Lab experience. Overall, participants report increased confidence after Sim Lab in related competencies following their Sim Lab experience. Results in the bar chart below are from 469 responses to the self-assessment from June of 2022, when this version of the assessment was introduced, to January 2023.
 - Following Sim Lab, participants also receive a Spaced Ed type quiz where they receive questions by text each week over 12 weeks following Sim Lab with total of 14 questions. This type of quizzing has been shown to increase transfer of learning. Results below are based on 1207 responses beginning in January 2023 when this version of the quiz was launched. Four pre-service groups have begun the quiz session with one group completing all the quizzes so far this year. Results are presented in correct percentages based on the competency being quizzed. Red bars indicate a question in which the participant must select multiple correct responses in a list and must get all responses to be counted correct, so the questions are inherently more difficult.

Item 26. Figure 2



Item 26. Figure 3



Contract Providers: DCS contracted providers are also required to certify case managers on the same competencies as DCS case management staff. OTPD participates in the provider contract and review process with the Provider Monitor and Evaluation division (PME) to review and approve curriculum to ensure consistency with the competencies. This participation occurs at both the proposal process and during the annual review process. Pre-service Case Manager training is open to contracted case management staff and the DCS Pre-Service training curriculum is available for use by all of our contract providers. A copy of the monitoring tool used by PME to assess compliance is attached. Currently, the information collected through this process is used to assess provider compliance with case manager certification and annual training requirements but is not collected in a way that allows aggregation of data. OTPD has recognized the need to have this data available and plans to work with PME to address this concern.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

State Response:

This item is a strength for Tennessee. All staff are required to attend training every year. Please see attached documents for additional information.

Training Requirements: Attached Documents:

- Item 27, Appendix 1: Required Training Chart
- Item 26, Appendix 1: Training Calendars
- Item 26, Appendix 2: Training Catalog
- Item 27, Appendix 2: Required Hours Chart
- Item 27, Appendix 3: FY20 Training Compliance
- Item 27, Appendix 4: FY21 Training Compliance
- Item 27, Appendix 5: FY22 Training Compliance
- Item 27, Appendix 6: 2022 Staff Training Calendar
- Item 27, Appendix 7: 2022 Staff Webinar Calendar

Training requirements are based on job classification and are outlined in the above attached documents. Compliance is monitored throughout the year with compliance reports and targeted emails to employees and supervisors related to incomplete training requirements.

OTPD offers a variety of training methods and venues including traditional classroom instruction, virtual classroom, live Subject Matter Expert webinars, computer-based training, micro-learning accessible through phones and tablets, and podcasts.

Identifying Emerging Training Needs: Training needs are assessed in a variety of ways including Training Evaluation forms, Training CQI, and needs related to Departmental goals such as strategic planning, needs identified through practice assessment, changes in policy and practice, or departmental priorities.

Attached Documents:

- Item 27, Appendix 8: Training Needs Assessment
- Item 27, Appendix 9: Training Evaluation Report
- Item 27, Appendix 10: Staff Eval Summary

- Evaluation data is collected on each class offered by OTPD. Each participant is asked to complete a survey regarding the effectiveness of the training content, the trainer, and their overall satisfaction with the training. In addition, staff are asked about additional training topics they would find useful. This data is compiled and distributed to training leadership monthly for review. Data on trainer effectiveness is incorporated into performance evaluations. Data on effectiveness of training events is used to make needed adjustments to curriculum. New requests are considered and incorporated into the overall training plan for the year, as appropriate. In cases where response rates are low, we still consider the responses, but base decisions on larger overall trends. Samples of evaluation reports are attached.
- Each region has a Training Continuous Quality Improvement group that addresses emerging training needs and the ability to move issues up the chain to the appropriate Departmental leadership for resolution. Training leadership attend regional and statewide leadership meetings where training needs are addressed.
- Departmental goals such as strategic planning, needs identified through practice assessment, or changes in policy and practice drive many new training initiatives. For example, DCS updated its practice model year and staff are completing a training outlining that model.

Supervisor Certification

The Supervisor Certification program prepares Case Management supervisors for the transition to management.

Program Requirements:

- Two-day Leadership Learning Lab
- Four group coaching sessions
- Six individual coaching sessions (Minimum)
- Eight months to complete program
- Two monthly offerings of each of the four group coaching sessions
- Leadership Learning Lab is offered once monthly and can be taken in half-day, full-day, or the complete two-day offering
- All sessions are offered virtually with at least one individual in-person coaching session during the certification process.

Supervisor Support

- Each supervisor is assigned a coach who monitors progress and completes a monthly report for the Team Coordinator to whom the supervisor is assigned. Coaches are members of the Coaching and Professional Development Team in OTPD. All the coaches have experience in case management as well as supervision. They have engaged in group work and activities with Vanderbilt Center of Excellence around coaching. As new members join the team, they are mentored by a current member to assess and provide feedback on coaching and training skills.

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- Supervisors are engaged at least monthly and individual needs are assessed. The team meets to discuss any trends or patterns that would result in a need for any changes to the process.
- Team Coordinators assigned to the new supervisor as invited/required to attend the initial meeting to discuss individual needs and strengths.
- Team Coordinators are also contacted monthly with updates and requests for any changes or new needs to address within the process/individual coaching.
- Regional Leaders are contacted should there be any issues in completing the process or communication between the coaches and new supervisors/team leaders.

Compliance Tracking:

- Attendance and program completion will be tracked by the OTPD team responsible for supervisor certification. Attendance at each group module, individual module and Leadership Learning Lab will provide a guide to sequential step completion, as well as a quick reference to determine need for makeup sessions.
- Once all steps are completed, the supervisor will receive a certificate.
- All newly promoted supervisors who are required to attend the certification process are either complete, in process or no longer in the program due to leaving the department, demotion or no longer supervising staff.
- 105 Supervisors have completed Supervisor Certification since January 2020.
- 54 New supervisors are currently in the process as of 06/29/23.

Program Evaluation:

- Evaluations are completed at the conclusion of each Leadership Learning Lab as well as completion of the process.
- Focus groups with case managers, supervisors and regional leaders were conducted prior to the development and implementation of the new_supervisor certification process.

Mentor Certification: The Mentor Certification program's goal is to create a pool highly qualified mentors to provide support to new hires, assist in development of knowledge, skills and abilities to be successful DCS employees. The purpose is to increase staff retention, improve work culture, enhance leadership skills, and ensure transfer of vital institutional information for a well-rounded, sustainable work force. The curriculum consists of three 3-hour modules offered virtually, with an in-person option for the third module on graduation day. There is one cohort group offered each quarter, with three offerings of each module per quarter. Certified mentors and those in-process are engaged around trends and needs for support. Regional leaders are engaged to determine regional needs of mentors and new hires. Professional Development Coaches are also included to obtain feedback. The team director has met with regional leaders at their monthly meeting as well as attending some in region meetings with leadership to discuss trends and needs for mentors and new hires. Mentor candidates with at least two-years case management experience are preferred and must be approved by the region. A Quarterly Mentorship WebEx is planned to promote dialogue, problem solving, and shared wins. Topics vary, as suggested by participants, and there will be time for open dialogue to encourage statewide relationships amongst the certified mentors. The current version of Mentor Certification began in 2022, when 190 Mentors were certified. To date in 2023, 86 Mentors have been certified.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

State Response:

This item is a strength for Tennessee for Round 4.

Overview: The Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide safe, nurturing and trauma informed environments for the children in their care. TN DCS has 9 Training Officers, 2 Training Managers, and 1 Director that oversee training delivery for TN DCS parents. Additionally, TN DCS provides Training for Trainers on pre-service, required, and various electives for all contract providers who train agency parents. Next, we also contract with one agency to provide CPR/FA and to co-lead with our training staff to provide kinship condensed pre-service. Finally, a foster parent co-leads every TN Key Module. DCS provides direct training to foster parents. Additionally, we contract with Harmony Family Center to assist us with CPR/FA and Kinship training.

DCS provides a condensed version of Pre-Service training for kinship foster parents. The curriculum is condensed from 24 hours to 16 hours. Our goal is to reduce training barriers while providing trauma informed training to assist parents with the care of their relatives.

The Foster Parent Training team host a meeting with all DCS and contract provider trainers quarterly to update on new protocols, curriculum, and data. Additionally, trainers participate in a coaching activity and discuss trainer and curriculum issues.

At the conclusion of pre-service, applicants are able to provide information on trainings that they would like to receive training on immediately. Additionally, trainers are able to assess additional training needs during the required Mutual Assessment meeting with families. During this an individual meeting with the family the trainer reviews the applicants Mutual Assessment Questionnaire, roadwork, and quizzes to develop a TN KEY Pre-Service Assessment on each applicant to determine if each applicant understands the required competencies. This information is shared with the home study writer and included in the home study narrative. Please see attached item 28 Appendix 1. TN Key Eval Summary and item 28 Appendix 2. FP Eval Summary for results.

Training Compliance:

All Pre-service participants are tracked to ensure that they are attending required modules and completing required homework. Home study writers and regional staff are contacted if delays occur during the training completion process.

Ongoing participants are currently tracked in a database and monthly compliance reports are shared with regional support staff. Regional support staff discuss training compliance status during monthly home visits. Finally, DCS is investing in a new Learning Management System to assist parents with tracking their training progress and to collaborate with their peers.

DCS foster families are considered level 1 foster parents. They are required to complete 15 hours of annual training. Additionally, DCS contracts with various agencies to provide therapeutic foster care. They are required to complete 24 hours of annual training that includes 9 hours of therapeutic training hours.

DCS provides a condensed version of Pre-Service training for kinship foster parents. The curriculum is condensed from 24 hours to 16 hours. Our goal is to reduce training barriers while providing trauma informed training to assist parents with the care of their relatives.

Pre-Service Feedback:

TN KEY Evaluation Questionnaire: https://stateoftennessee.formstack.com/forms/tnkey_eval

TN Mutual Assessment Process Questionnaire (Completed by pre-service applicant):

https://stateoftennessee.formstack.com/forms/tnkey_map

TN KEY Assessment (Completed by Pre-Service trainer)

See Basecamp for sample tool

Parents are also able to share what trainings they would like immediate training on after approval. This information is documented in the TN KEY Assessment.

Item 28. Figure 1

Please check the topics below you would be interested in receiving training on IMMEDIATELY following approval.

- Additional trauma related topics
- Addressing trauma behaviors
- Autism
- Child development
- Fostering as a couple
- Kinship relationships
- Life skills for teens
- Nutrition
- Sibling groups
- Social Media and Cyber Safety
- Support programs
- Working with Birth Parents and Visitation

Provide any additional comments or feedback you may have.

On-going Feedback: Parents are currently able to provide feedback on the types of supports and resources needed after each required or DCS provided elective course. The question below is included

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on each evaluation. Additionally, TN DCS will be implementing a new evaluation protocol and process to ensure feedback is received in a timelier matter.

Current Evaluation Question

What supports or resources can DCS provide to better assist you to care for the children and youth in your care?

Registration and Attendance: Foster parents can attend training multiple ways. We offer in-person and live facilitator led training using the WebEx platform. Additionally, they have access to an online self-paced course, podcasts, books, movies and approved external training credit (See Policy 16.9 Attachment). Parents access our calendars on our website to register for courses.

Pre-Service Calendar: <https://www.tn.gov/dcs/program-areas/training/fpt/potential.html>

Post Approval Calendar: <https://www.tn.gov/dcs/program-areas/training/fpt/calendars/post-state.html>

Furthermore, the TN DCS Foster Parent training team facilitates quarterly meetings to assess regional training needs. TN DCS partners with community partners to offer specializes courses.

Training Requirements and Attendance Compliance: TN DCS provides an Informational Meeting and TN KEY to all prospective foster parents. In FY22 3122 applicants attended an Informational Meeting to learn more about the process to become a foster parent. Also, 2777 began TN KEY and 2029 applicants completed TN KEY. TN DCS had 73% completion rate for the period of July 1, 2021 to June 30, 2022.

Pre-Service Training Compliance: DCS had a total of 3707 approved parents during the FY22. Additionally, 3135 parents were compliant with training and DCS had a 85% compliance rate for this reporting period.

Item 28. Figure 2

	Number Attending Informational Meeting	Number Starting TN KEY	Number Completing TN KEY	Completion Rate (from Start to Completion)
FY20	2367	3425	2815	82%
Davidson	221	263	198	75%
East	129	203	167	82%
Knox	204	297	269	91%
Mid-Cumberland	406	418	190	45%
Northeast	243	380	448	118%
Northwest	83	162	194	120%
Shelby	241	380	241	63%
Smoky Mountain	187	265	205	77%
South Central	149	236	235	100%
Southwest	123	194	188	97%
Tennessee Valley	197	261	194	74%

Section IV—Assessment of Systemic Factors

	Number Attending Informational Meeting	Number Starting TN KEY	Number Completing TN KEY	Completion Rate (from Start to Completion)
Upper Cumberland	126	280	224	80%
Unidentified	58	86	62	72%
FY21	1600	2890	2208	76%
Davidson	87	141	87	62%
East	115	229	177	77%
Knox	109	216	167	77%
Mid-Cumberland	328	463	362	78%
Northeast	152	275	227	83%
Northwest	66	166	126	76%
Shelby	158	323	245	76%
Smoky Mountain	130	204	144	71%
South Central	112	236	180	76%
Southwest	52	83	58	70%
Tennessee Valley	131	219	185	84%
Upper Cumberland	131	311	236	76%
Unidentified	29	24	14	58%

In-Service Compliance Rate:

Item 28. Figure 3

In-Service Compliance				Total Compliant with Required Training							Total Completed during Training Period (includes DCS and				
	Total Approved Parents as of June 30	Total Parents Compliant with Training	Compliance Rate	Total First Year Parents	Creating Normalcy	What to Know about Child Exploitation	Medication Administration	CPR & First Aid	Trauma Requirement Fulfilled	Birth Parent Mentoring Requirement	Parenting the Justice Involved	Working with Children Who Have	Fostering the Pregnant or		
FY20	3887	2888	74%	1325	2309	2083	3596		2485	N/A	1027	246	183		
Davidson	207	120	58%	77	102	91	183	Requirement deferred due to COVID-19 pandemic	108	N/A	28	9	10		
East	294	201	68%	94	158	146	260		186		73	12	12		
Knox	317	272	86%	115	227	217	313		229		98	14	19		
Mid-Cumberland	400	278	70%	144	250	223	362		271		173	39	35		
Northeast	443	373	84%	162	262	269	404		293		130	40	33		
Northwest	285	235	82%	81	182	155	268		186		30	5	3		
Shelby	361	241	67%	121	171	126	326		174		102	28	20		
Smoky Mountain	311	250	80%	103	202	186	298		217		72	21	12		
South Central	294	209	71%	98	180	172	269		190		53	19	12		
Southwest	226	171	76%	82	156	132	216		167		89	32	7		
Tennessee Valley	337	262	78%	90	211	196	314		236		117	21	10		
Upper Cumberland	412	276	67%	158	208	170	383		228		62	6	10		
FY21	3687	3005	82%	783	2329	2309	3376				2629	3298	1470	870	150
Davidson	171	92	54%	29	90	86	148		141		99	121	49	37	6
East	285	223	78%	46	185	197	263	261	207	243	113	96	25		
Knox	324	293	90%	60	256	249	318	314	258	318	123	54	9		
Mid-Cumberland	471	389	83%	132	307	301	432	422	324	414	209	113	18		
Northeast	385	364	95%	84	251	265	353	345	279	381	199	122	11		
Northwest	229	204	89%	51	162	150	207	205	179	221	54	30	7		
Shelby	371	277	75%	74	204	183	328	313	240	330	171	107	13		
Smoky Mountain	313	262	84%	54	220	223	293	285	247	280	120	65	15		
South Central	253	197	78%	57	129	135	226	206	162	220	85	54	12		
Southwest	167	148	89%	21	129	116	158	143	141	156	97	60	12		
Tennessee Valley	317	253	80%	62	196	197	286	278	230	275	151	76	15		
Upper Cumberland	401	303	76%	113	200	207	364	334	263	339	99	56	7		

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FY22	3707	3135	85%	923	2131	2446	3360	3354	2712	3414	1034	562	425
Davidson	167	103	62%	39	84	106	129	120	121	139	42	27	22
East	270	210	78%	77	145	185	247	250	217	248	96	36	28
Knox	301	287	95%	73	209	222	285	292	223	292	81	24	18
Mid-Cumberland	457	376	82%	119	288	299	429	421	319	425	112	45	52
Northeast	449	421	94%	115	268	321	396	406	347	406	91	38	43
Northwest	206	190	92%	45	135	150	197	193	160	196	60	60	25
Shelby	358	269	75%	95	195	229	311	307	277	339	153	114	68
Smoky Mountain	300	269	90%	69	194	206	292	292	218	279	94	52	40
South Central	305	262	86%	66	128	171	268	270	195	275	45	34	31
Southwest	163	156	96%	25	111	117	139	150	137	159	88	49	30
Tennessee Valley	321	274	85%	84	183	214	291	282	234	303	123	56	49
Upper Cumberland	410	318	78%	116	191	226	376	371	264	353	49	27	19

DCS requires the Prudent Parenting, Human Trafficking, Trauma course, and additional elective hours during the first year of fostering. Parents in their 2nd year and after are required to complete CPR/FA and Medication Administration Refresher every two years. All parents are required to receive 15 hours of in-service training during the first year and are able to receive family hours during the 2nd year and thereafter. Additional information regarding requirements can be found in Policy 16.9 item 28 Appendix 3 attached.

Required In-Service Compliance: There is a limitation in Tennessee's ability to show the number of parents that should have completed this training. This would require placement and medical documentation that DCS does not have the capacity (or process) to do. There are no plans at this time to develop a process.

Item 28. Figure 4

Required for all 1 st Year TN DCS Foster Parents					
Creating Normalcy through Prudent Parenting	What to Know About Child Exploitation and Human Trafficking	CPR & First Aid Refresher	Medication Administration Refresher	Total Compliant with Trauma Requirement	Total Compliant with Birth Parent Mentoring Training
Total Number Completing Training for FY22					
753	1242	687	836	2712	3414

Foster parents who foster youth who are adjudicated delinquent, diabetic, pregnant, or parenting are required to complete additional specialized courses.

Item 28. Figure 5

Specialty Requirements for all TN DCS Foster Parents		
Parenting the Justice Involved Youth	Working with Children who have Diabetes	Fostering the Pregnant or Parenting Youth
Total Number Completing Training for FY22		
38	236	175

Next, TN DCS is unique in providing training for trainers for all contract providers on the courses that we provide to our foster parents. Trainers are able to receive additional coaching if needed. During TN KEY T4T's each trainer has to deliver a teach back and they are observed and measured according to the required trainer competencies. (See sample TN KEY T4T Feedback Form in Basecamp)

Provider Foster Parent Training Compliance: Contract providers are required to submit an annual report to document parent training compliance. A review meeting is held for each provider and non-compliance is addressed with follow-up meetings and notifications to PME. Additionally, PME monitors providers annually and uses the document referenced in the Annual PME Review Report. Training is notified if the provider is not meeting the established requirements outlined in Policy 16.9 Attachment (item 28 Appendix 3). Training communicates with the agency to discuss the steps needed to be in compliance. A sample of the template used to collect compliance data is attached (Item 28, Appendix 4: FY23 FP Training Compliance Template). Each agency's self-report is on file with DCS and is reviewed annually with the agency. The data is not collected in a way that allows aggregation.

Contract Trainers Completing T4T's: DCS offers T4Ts to contract providers. Providers send trainers according to their agency participant needs.

Item 28. Figure 6

	Trainers Completing T4T
Caring for the Child with Sexual Trauma T4T	25
CORE Teen T4T	20
CPR and First Aid T4T	20
Creating Normalcy through Prudent Parenting T4T	54
Creating Teachable Moments T4T	46
Cultural Awareness T4T	31
Engaging and Parenting Teens 2.0 T4T	26
Helping Children Make Transitions T4T	29
Impact of Fostering on Birth Children T4T	16
Loving and Letting Go T4T	39
NAS/Safe Sleep T4T	1
Positive Parenting T4T	33
Preserving Kinship Families T4T	23
Social Media and Cyber Safety T4T	6
TN KEY T4T	121
Trauma Informed Parenting Strategies (TIPS) T4T	47
What to Know about Child Exploitation and Human	26
Working with Birth Parents and Visitation T4T	16
Grand Total	579

Next, DCS offers annual Fall and Spring conferences for parents. During the conference, parents are able to receive training on various trauma informed and specialty courses. They are also able to hear from a keynote speaker on a specific topic.

<https://www.tn.gov/dcs/program-areas/training/fpt/training-spotlight/conference.html>

Furthermore, DCS offers the Creating a Family Support Program for foster parents that meets monthly. The following topics are covered with foster parents:

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<https://www.tn.gov/dcs/program-areas/training/fpt/training-spotlight/creating-a-family.html>

- Co-Regulation
- Handling Sensory Issues
- Helping a Child Heal from Sexual Abuse
- Helping Children Heal from Trauma and Loss
- Parental Attachment Styles
- Parenting in the Age of Screens, Social Media, and Gaming
- Parenting Neglected Kids
- Parenting Tweens and Teens
- Self-Care When Parenting Harder to Parent Kids
- Why Our Kids Behave the Way They Do
- 7 Core Issues in Adoption and Foster Care

Finally, DCS markets upcoming training opportunities and parent resources in our monthly newsletters. The newsletter can be viewed by accessing the website below:

<https://www.tn.gov/content/tn/dcs/program-areas/training/fpt/training-spotlight.html>

E. Service Array and Resource Development

Tennessee's Service Array Systemic Factor is not in substantial conformity. Both items 29 and 30 are areas needing improvement.

Item 29: Array of Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

State Response:

Tennessee's service array is an area needing improvement for Round 4. Despite improvement efforts over the last three years more time is needed to determine how the improvements and plan for implementing new services impact the service array and stakeholder perception. The feedback from providers and DCS staff through workgroups and focus groups determined Tennessee continues to have service gaps in the same services and underserved communities, long wait lists, and a need to improve staff knowledge of available services that was identified in Round 3. In addition, there is a need for Tennessee to continue its improvement efforts of quality contacts with families and accurate quality assessments of children/youth and family needs.

Tennessee received an overall rating of Area Needing Improvement in 2017 for Item 29 in Round 3 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not have an adequate array of services accessible to children and families. In addition to the service needs identified by the state, stakeholders reported significant service gaps for substance abuse treatment and mental health services for parents and youth, resulting in extensive waitlists. Other service gaps include parenting classes, anger management treatment, domestic violence treatment, sex-offender treatment, housing, transportation, in-home services, and services for families with intellectual and developmental disabilities. Gaps in services for youth include behavioral health treatment beds and intensive outpatient services. Trauma-informed services, resources for children with autism, and acute and intensive treatment for youth are also needs. In rural areas of the state, many services are not locally available, and there is a lack of public transportation. Stakeholders also reported barriers for parents who do not have insurance, particularly for accessing mental health and substance abuse treatment, and in-home services. Although services might be readily available in some parts of the state, workers are unaware of them and therefore are not linking families with the services. Stakeholders said that in areas of the state where community advisory boards are in place and functioning well, they have been very effective in developing needed services and responding to service barriers.

Improvement efforts

- Family First Prevention Services Act (FFPSA) five-year plan. Tennessee completed its five-year prevention plan in July 2022. Efforts have started to implement the evidenced based services approved.
- Community Based Child Abuse Prevention (CBCAP) expansion of services. Tennessee used its American Rescue Act funding to expand services in underserved communities or to implement new services proven to prevent child abuse. Expansion services started in November 2022.
- Safe Baby Court. Please see item 30 for details.
- Assessment Integration – this training PIP strategy continues. Over the last three years the training was virtual due to COVID restrictions and showed very little improvement in staff use to match families with services based on periodic reviews of assessments in TFACTS. The training has moved to in person this spring and the training curriculum has been revamped to improve staff engagement and understanding of the importance of using assessments in service planning.
- Quality Contacts Initiative – This training PIP strategy discontinued once the PIP goals were completed in 2021. A more comprehensive training was developed by the Office of Professional Development that incorporated some of this initiative for new hires.

Tennessee’s Service Array Processes

DCS has processes to support and expand the service array in Tennessee. The list below outlines the different processes providers can use to secure funding for foster care services, non-custodial services, and multiple types of therapeutic support services.

Request for Proposal – This is available every three years for providers to apply for Community Based Child Abuse Prevention (CBCAP) funds and Therapeutic Family Preservation contracts through the department. In addition, CBCAP expansion funds were awarded in September 2022. A Scoring system is used for each application that includes the counties to be served and the rationale for that choice including any objective data showing a need for this service, the source of data and a description of the history of the proposing agency in the proposed service area. Proposals are prioritized if they include the following:

- A. Proposal which will impact a rural or under resourced area.
- B. Proposal which will serve underserved communities and/or individuals who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.
- C. Proposal includes serving a county or counties which have not yet hit the tipping point goal of trained adults set by SOC (Stewards of Children only).

Delegated Authority – Currently 131 providers (Services include a large array of services for example, language interpreters and oral/deaf interpreters, Mental Health, Alcohol & Drug treatment services for children and families) The process by which the Department of Children’s Services (DCS) reviews and approves new and re-approves existing vendors who desire to provide services to children and families,

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through the Department, under the Delegated Authority. This process helps to ensure that vendor agencies meet the quality guidelines and possess the necessary credentials outlined in the Delegated Authority (DA), for the services they wish to provide. Approval of service type(s) and rates are valid for two (2) years from the date of approval email. These are vendors that provide services to state custodial and non-custodial children and their families, who are not eligible for TennCare and do not have other private medical insurance, thus DCS pays for the service). The list of providers is posted on a shared drive accessible to all staff levels within the 12 out of 12 service regions and Central Office. The list is updated anytime a new vendor is approved.

Request for Information – FFPSA prevention services All certified applicants are invited at their convenience, to apply to become a part of the Department of Children’s Services (DCS) network of providers. Service Providers are required to submit an application demonstrating the ability to deliver the evidenced based program. The treatment provider must be qualified or have the credentials to provide the service and follow the treatment modality. This competitive process is evaluated. Potential providers will receive a pass or fail. The Department has fourteen (14) business days to review any submitted documentations. An award/denial letter is sent to provider indicating pass or fail.

Performance-Based Contracting – Currently there are contracts with 30 providers to provide residential treatment for children and youth. DCS uses an innovative approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve those outcomes. This includes Qualified Residential Treatment Programs (QRTP) that began in July 2021.

The outcomes DCS measures include:

- Improved timeliness and likelihood of permanency such as reunification, adoption, or guardianship.
- Fewer moves for children in foster care.
- Reduced instances of re-entries into care.

Resource Linkage – All 12 service regions have a dedicated staff person who is responsible for maintaining a directory of services in the area that DCS does not have contracts with. This includes Mental Health Services, A&D Services, Housing and financial Resources, Behavioral health services for children/youth, domestic violence victim programs and offender education classes and community-based resources through churches, mentor programs etc.

Challenges

Due to the significant staff turnover DCS experienced in the past three years the resource linkage staff were utilized to cover other important areas for the regions which took away their ability to focus on tracking and updating resource directories to help frontline staff know what services are available. A plan is in place to increase frontline staff positions and salary incentive to increase applicant pool. An ongoing challenge for Tennessee is to establish enough resources in rural areas to meet the needs of underserved populations despite concerted efforts to focus on these areas with new funding opportunities and service array strategies to expand new and existing resources. This in turn impacts the urban areas where there is a wealth of resources but creates high waiting lists and delays in accessing and initiating services due to families and children/youth in rural areas being referred to the closest urban area. For example:

•Metropolitan Counties

- Nashville (Davidson) and Memphis (Shelby) have a large array of services (100+)
- Knoxville (Knox) and Chattanooga (Hamilton) have a rich service array that is indicative of the smaller population size compared to Nashville and Memphis
- Services within these Metropolitan Counties are shared with surrounding rural counties – causing an overload to the service array

•Rural Counties

- Rutherford county (Mid Cumberland) has the highest number of services available to families (112) and Lake County (Northwest) has the lowest (1)
 - Services for other rural counties run from (2) Lewis (South Central) to (15) Madison (Southwest)
 - Services are focused on basic needs such as low-income families, food pantries, and church outreach
- Therapeutic and prevention services that are available in the rural areas are contract services through

DCS funding such as CBCAP and Therapeutic family Preservation. However, another challenge providers are faced with is hiring staff who live in these rural areas. Most provider staff live in surrounding areas and providers have to utilize those staff to commute to the rural areas to provide the service which also causes delays in families accessing and initiating those services. DCS maintains contact with these providers through quarterly regional calls for all 12 regions and quarterly grantee meetings, site visits, etc. to ensure providers are continuing to actively recruit and hire staff and develop contingency plans to ensure families are receiving services.

Stakeholders' experience with the Service Array

Provider Focus Group and Service Array Workgroup and Joint Planning Session

Qualitative Results Key Themes

Strengths

- Intercept and the Therapeutic Intervention Education and skills (TIES) program (soon to be HOMEBUILDERS) and Healthy Families
- Strong and positive relationship between DCS and providers.
- Access to multiple providers in urban areas
- Collaborations in regions to engage stakeholders in systemic improvements- Multi Agency Collaboration (MAC), Safe Babies Court
- DCS does good job of expanding and sustaining service providers statewide

Limitations/gaps in services

- Need more mental health services in rural areas. Also, more concrete services in rural areas such as transportation and financial support
- Delays in mental health appointments, Mental Health assessments for young non-verbal children. Lack of counselors and therapists who take TennCare behavioral health insurance
- Need more Level 3 special needs residential beds and Residential care step-down services
- Domestic violence services gap in domestic violence prevention for perpetrators and no safe place for male victims or fathers with children.
- Services for relatives who do not qualify for the Relative Caregiver Program.
- Gap in autism testing to diagnose children and residential beds for severe behaviors

Challenges

- Lack of Frontline staff knowledge of services and what services provide. Lack of understanding relapse and parental substance abuse to encourage parent's continuing services.
- Inflexible insurance barriers. E.g. whole family is needed for service but not everyone has insurance, sometimes due to not being able to afford it
- Providers not accepting undocumented children. These children fall through the cracks or foster parents are paying the bills
- Long wait times for intake and services to begin

Item 29. Figure 1 The table below reflects gaps in Tennessee's service array for families, children, and youth that were identified during stakeholder sessions.

Gaps/Needs in Service Array	Family Member
Assessment and treatment services	Fathers
Domestic Violence Services for Offenders	Parents
Limited Co-occurring services	Youth and parents
Services to address acute mental health needs	Youth and parents
Residential beds for Autistic disorders and intellectual disabilities	Children and youth
Applied Behavioral Analysis Therapy for Autistic Disorders	Children and youth
Limited providers who are qualified to complete psychological assessments	Parents
Limited language interpretation services	Non-English-speaking families and children/youth
Big Brother/Big Sister Mentor Programs	Children and youth
Toxicologist for hair follicle and nail bed drug tests	Parents

• Services that assess the strengths and needs of children and families and determine other service needs FAST and CANS

Tennessee uses the Family Advocacy Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) Assessment to identify service needs for families, children and youth are used by DCS and provider case managers to determine service needs. The FAST assessment is the initial and ongoing safety assessment that is administered at the Child Protective Services non-custody case opening and updated until case closure or transfer to foster care. The CANS assessment is completed initially and ongoing throughout the foster care case until case closure for children 3 years and up and parents and/or caregivers the children or youth are living with or who they will be reunified with.

FAST Assessment Data

The FAST data is not reported segmented by race and age. Vanderbilt Center of Excellence analyzes the data for the department and the data extract does not include birthdates. However, the data is good

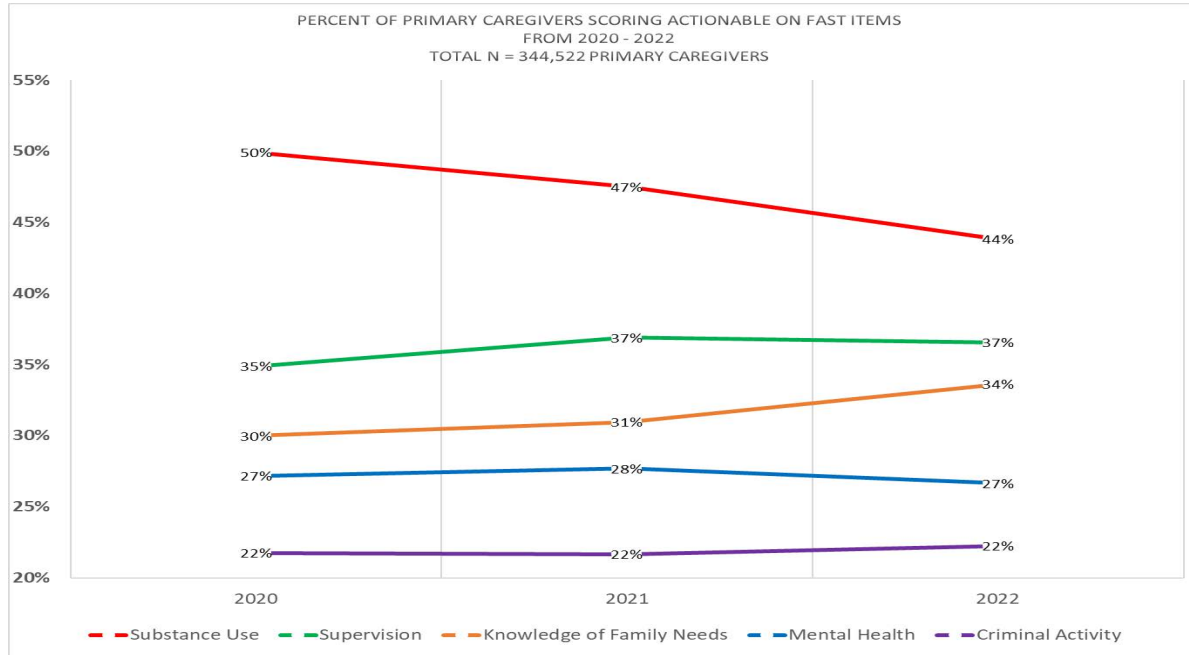
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quality and accurate due to being completed by certified trained staff in how to complete the assessment.

Parent/Caregiver Service Needs

The FAST chart below represents 597,764 parents/caregivers' individual needs for services identified in the initial assessment. Initial assessment data is pulled only to reduce the risk of duplication. These are parents and caregivers who had a non-custodial case opened for services in any of the following program areas: Investigation, Assessment, In-Home, and Juvenile Justice ranging from FY 2020 – 2022 in Tennessee. Overall, trends in assessment results show Parent/Caregiver highest service needs are parenting skills, substance abuse and mental health services.

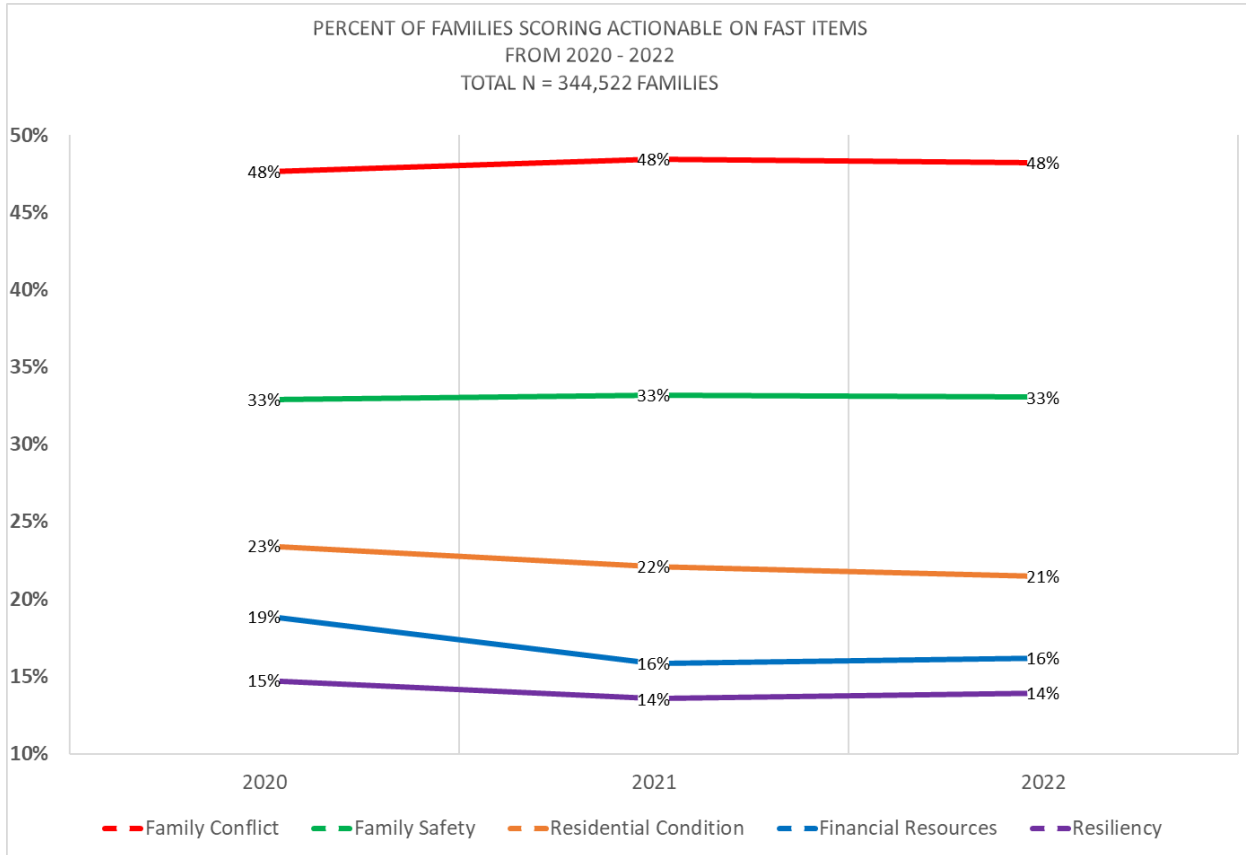
Item 29. Figure 2 FAST source: TFACTS analyzed by Vanderbilt Center of Excellence



Family Needs

The FAST chart below represents 597,764 parents/caregiver comprehensive family needs for services identified in the initial assessment. Overall, trends between FY 2020 – 2022 in assessment results show highest family service needs are domestic violence (family conflict and family safety as shown in the chart below). This was also reinforced in stakeholder group feedback.

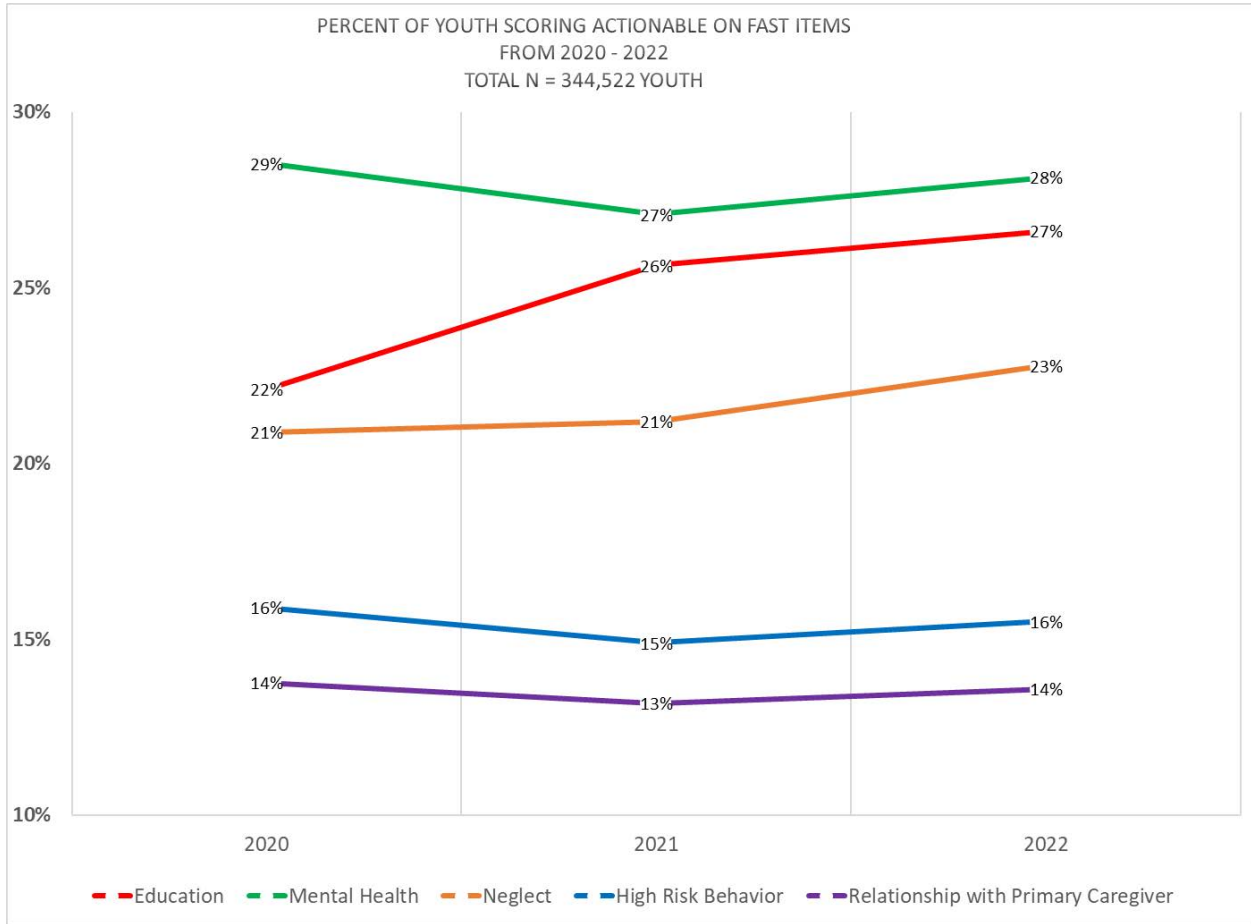
Item 29. Figure 3 FAST Source: TFACTS analyzed by Vanderbilt Center of Excellence



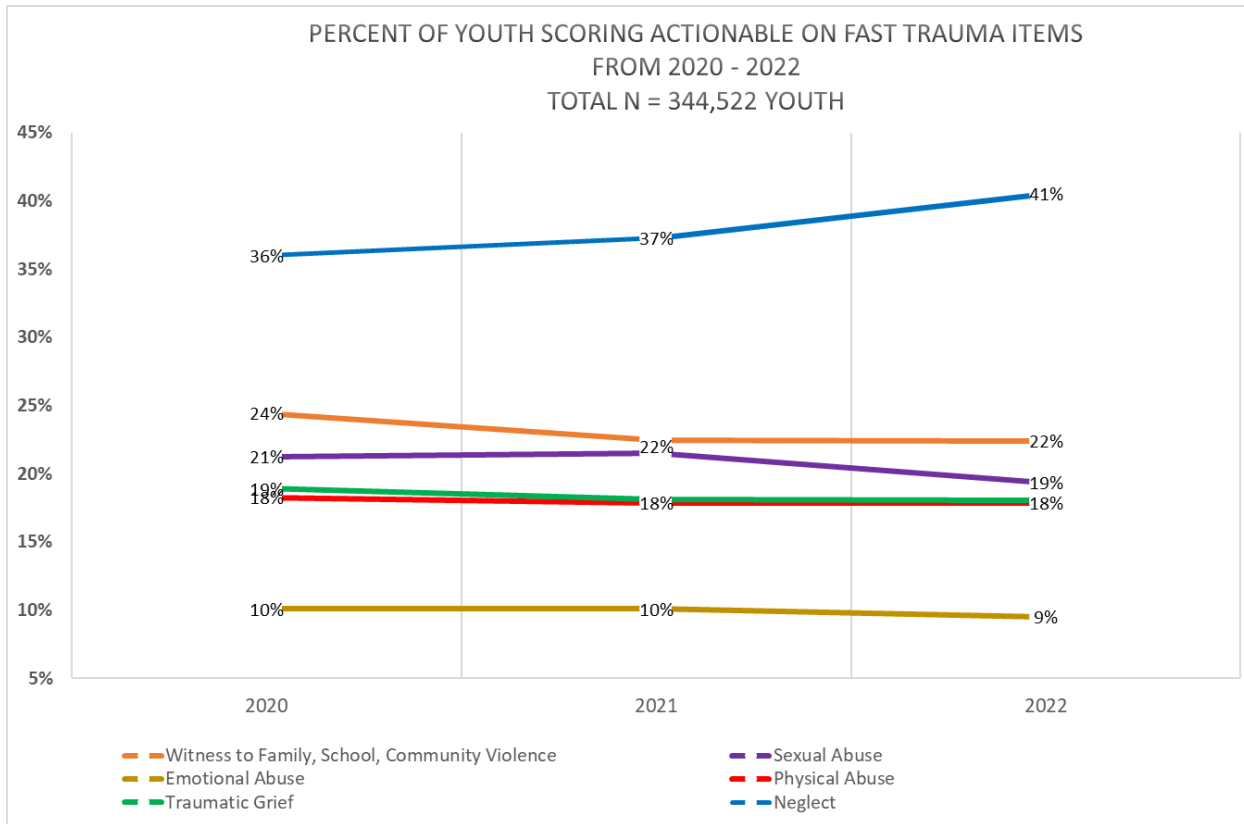
Children and Youth Service Needs

The FAST charts below (*Item 29 Figure 1 and Item 29 Figure 2 trauma needs*) represents 597,764 children and youth needs for services identified in the initial assessment. Initial assessment data is pulled only to reduce the risk of duplication. These are children and youth who had a non-custodial case opened for services in any of the following program areas: Investigation, Assessment, In-Home, and Juvenile Justice ranging from FY 2020 - 2022. Overall, trends in assessment results show children and youth highest need for services include education, mental and behavioral health, witnessing violence, and trauma affects from neglect and abuse.

Item 29. Figure 4 FAST Source: TFACTS Youth Actionable FAST Items



Item 29. Figure 5 FAST Source: TFACTS Youth FAST Actionable Trauma Items



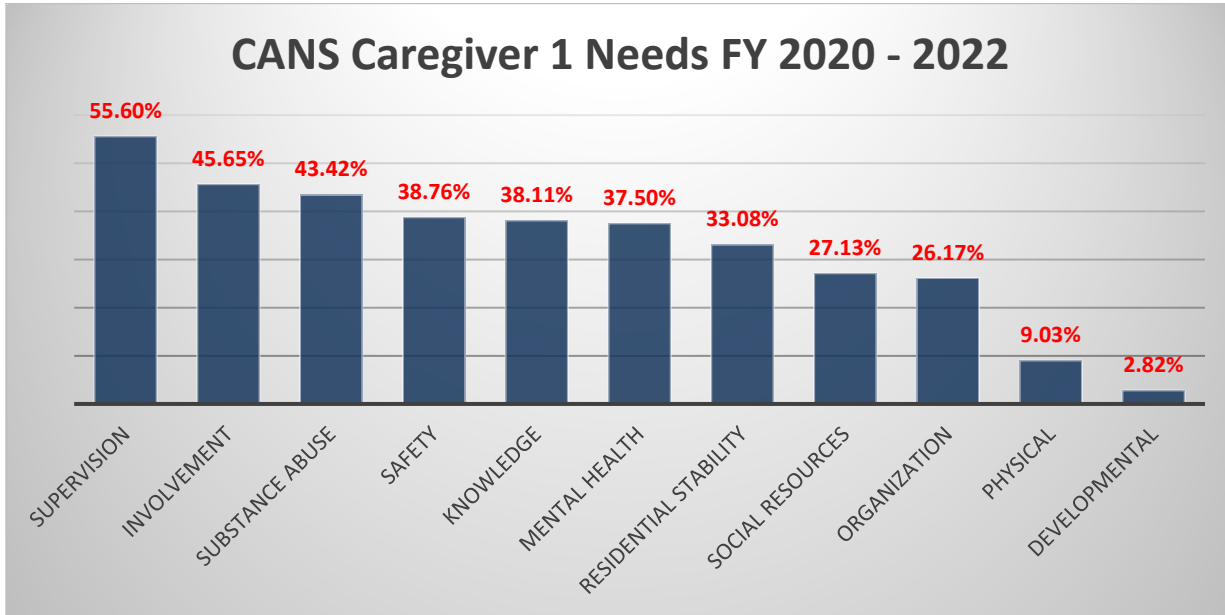
CANS Assessment Data

The CANS assessment is not completed on children 0 – 5 years old except for children in Safe Baby Court. However, the data is good quality and accurate due to being completed by certified trained staff in how to complete the assessment. In addition, the CANS database developed by Vanderbilt Center of Excellence (COE) using the Shiny software application can be segmented by region, gender, race (white, African American, other), age, adjudication, and fiscal year.

Parent/Caregiver Service Needs

The CANS chart below represents approximately 25,105 primary parents/caregivers needs for services identified in the initial assessment. Initial assessment data is pulled only to reduce the risk of duplication. These are parents and caregivers who had a child/ren or youth enter foster care for services for dependent/ neglect (n= 21,617) or Juvenile Justice (n=4,168) ranging from FY 2020 – 2022 in Tennessee. Overall, trends in assessment results show primary Parent/Caregiver highest service needs are Supervision, Involvement, & Substance Abuse.

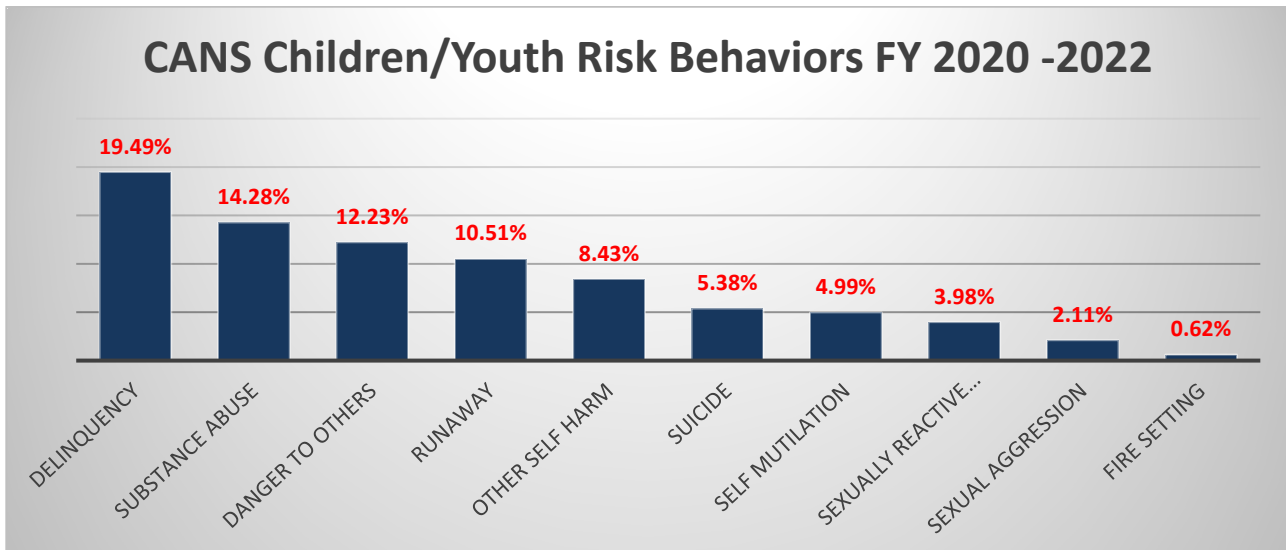
Item 29. Figure 6 CANS source: TFACTS analyzed through the Vanderbilt COE CANS Shiny database



Children and Youth Service Needs

The CANS chart below (Item 29 Figure 3) represents approximately 26,739 children and youth 5 years old to 18 years old in foster care adjudicated dependent neglect or juvenile justice between FY 2020-2022 in Tennessee. The highest service need results based on initial CANS assessment trends for children and youth risk behaviors include Delinquency, Substance Abuse, & Danger to Others.

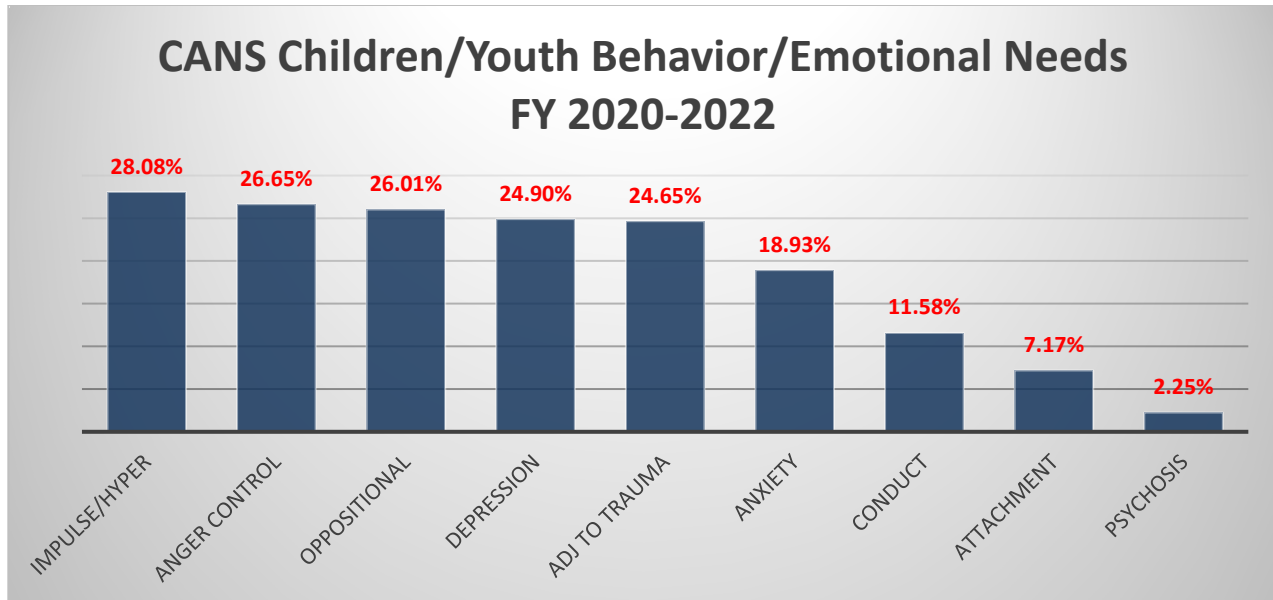
Item 29. Figure 7 CANS source: TFACTS CANS Youth Risk Behaviors



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The CANS chart below (*Item 29 Figure 4*) represents approximately 26,739 Children and youth 5 years old to 18 years old in foster care adjudicated dependent neglect or juvenile justice between FY 2020-2022 in Tennessee. The highest service need results based on initial CANS assessment trends for children and youth behavior and emotional needs include poor impulse/hyperactivity, anger control, and oppositional defiance.

Item 29. Figure 8 CANS Source: TFACTS CANS Youth Behavior/Emotional Needs



CFSR Trends for Children and Parents needs and services

During CFSR Round three Tennessee saw an overarching trend of needing to improve quality assessments to appropriately match services for children/youth and parents. Two CFSR PIP strategies were developed to improve this through the Quality Contacts Initiative and assessment integration. This was monitored through regional CFSR review results and some improvements were seen after the strategies were implemented and completed. However, due to the small sample size of cases reviewed the data is limited in knowing if this is a true representation of Tennessee practice.

A sample of 12A and 12B rational statements from 66 applicable cases during review seasons 2020-2022 were reviewed by three CFSR certified reviewers. The sample included a total of six out of 12 regions: urban regions – Regions Knox, Davidson, and Shelby. Rural regions - Southwest, South Central, and Smoky. The three Urban regions represented East, Middle, and West geographical areas of the state. The rural regions also represented East, Middle, and West. These regions were also selected based on poverty level, areas that have very rural areas with limited access to services or no services, and areas that have a larger Hispanic and African American population.

The strength and Area Needing Improvement (ANI) rational statements reviewed in the sample showed when assessments are accurate, and contacts are of good quality children and parents receive the appropriate services to improve their family circumstances. The tables below show result ratings for all 12 regional cases during review seasons 2020-2022. The strength and ANI columns show the trends in

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rational statements reviewed from the 66 sample cases. A limitation in the data is the sample sizes for each race and ethnicity are significantly not equal and is difficult to compare or determine if there is any disparity in quality assessments.

Trends in Rational Statements for Children and Youth Quality Assessments and Services

Item 29. Figure 9 Table CFSR Source: OSRI – Multi-Item Data Analysis Tool Non-custodial 12A cases between April 2020 – September 2022

Ratings	Race	Strengths	ANI
192 Cases 58.3% (112) Strength 41.7% (80) ANI	White	Frequent assessments led to appropriate service provision for the children.	Lack of contact with the children resulted in a lack of quality assessments. Quality assessments were not completed on the children and as a result, appropriate services could not be provided.
68 Cases 44.1% (30) Strength 55.9% (38) ANI	Black	Quality assessments identified the children had no needs. Quality ongoing assessments were completed, and services were provided.	Assessments were not completed on all the children in the home.
14 Cases 35.7% (5) Strength 64.3% (9) ANI	Hispanic	Monthly assessments were completed on the children in the home.	All children were not appropriately assessed by the caseworkers.

Item 29. Figure 10 Table Source: OSRI - Multi-Item Data Analysis Tool Foster Care 12A cases between April 2020 – September 2022

Ratings	Race	Strengths	ANI
257 cases 75.5% (194) Strength 24.5% (63) ANI 0 N/A	White	<p>Quality assessments completed at least monthly ensured appropriate service provision.</p> <p>Quality assessments were completed, and appropriate services were provided and monitored. High turnover in a few cases did not negatively impact the ratings.</p> <p>Completed informal assessments and provided services.</p>	<p>Lack of consistent contact prevented quality assessments from being completed on the children.</p> <p>Lack of quality ongoing assessments led to lack of appropriate service provision.</p> <p>Lack of appropriate independent living services provided after it was identified as a need.</p>
101 cases 63.4% (64) strength 36.6% (37) ANI 0 N/A	Black	<p>Informal assessments identified the children didn't need services.</p> <p>Quality assessments resulted in appropriate services being provided to the target child.</p>	<p>Lack of quality assessment impeded the appropriate services being provided.</p>
14 cases 64.3% (9) Strength 35.7% (5) ANI 0 N/A	Hispanic	<p>Formal and informal assessments were completed that accurately identified services or no need for services</p>	<p>Lack of quality assessments led to lack of appropriate service provision.</p>

CFSR Trends in Rational Statements for Parents Quality Assessments and Services

Item 29. Figure 11 Table Source: OSRI - Multi-Item Data Analysis Tool Foster Care 12B applicable cases between April 2020 – September 2022

Ratings	Race	Strengths	ANI
211 applicable cases 39.3% (83) Strength 60.7% (128) ANI	White	<p>Quality assessments were completed on the parents and appropriate services were provided.</p> <p>Quality assessments were completed, and appropriate services were provided and monitored</p>	<p>Assessments were not completed and as a result, services were not provided.</p> <p>Domestic violence was assessed but not addressed through service provision.</p>

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Ratings	Race	Strengths	ANI
<p>88 applicable cases 22.7% (20) Strength 77.3% (68) ANI</p>	<p>Black</p>	<p>The parents were assessed, and services were not required.</p> <p>Quality assessments of the parents were completed, and appropriate services were provided.</p>	<p>Lack of efforts to contact the parents led to a lack of quality assessments.</p> <p>The frequency of assessments wasn't sufficient to meet the needs of the parents.</p> <p>Sufficient attempts were not made to locate parents to assess them.</p>
<p>12 applicable cases 25% (3) Strength 75% (9) ANI</p>	<p>Hispanic</p>	<p>Evidence the agency provided an interpreter for court and meetings.</p> <p>Comprehensive ongoing assessments were completed and services were provided to the parents.</p>	<p>Lack of quality assessments led to a lack of quality services.</p>

Item 29. Figure 12 Table Source: OSRI - Multi-Item Data Analysis Tool Non-custodial 12B cases between April 2020 - September 2022

Ratings	Race	Strengths	ANI
<p>192 Cases 43.2% (83) Strength 56.8% (109) ANI</p>	<p>White</p>	<p>Frequent assessments led to appropriate service provision for the father.</p> <p>The appropriate services were provided to the parents and were monitored.</p>	<p>No engagement with parents led to poor quality assessments and services.</p> <p>Quality assessments were not completed on the parents and as a result, appropriate services could not be provided.</p>

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Ratings	Race	Strengths	ANI
68 Cases 25% (17) Strength 75% (61) ANI	Black	<p>Quality assessments were completed routinely on the parents.</p> <p>Caregivers were assessed and appropriate services were provided to address needs. These services were also monitored.</p>	<p>Lack of concerted efforts to locate parents led to a lack of quality assessments and service provision.</p> <p>There weren't sufficient efforts to locate missing parents to assess them.</p> <p>Lack of Quality assessments led to a lack of appropriate service provision to the parents.</p>
14 Cases 21.4% (3) Strength 78.6% (11) ANI	Hispanic	<p>Quality assessments were completed and appropriate services and community resources were provided.</p>	<p>Not all caregivers were assessed.</p>

- Services that address the needs of families in addition to individual children in order to create a safe home environment and
- Services that enable children to remain safely with their parents when reasonable

According to the Tennessee 2021-2022 Annual Report 70,718 investigation and assessment cases were provided services, 1851 Family Support Services (FSS) and Family Crisis Intervention Program (FCIP) cases open; July 2022; 1546 FSS and FCIP cases open, the Relative Caregiver Program served 2,356 Children, and 1,756

Caregivers

The Relative Caregiver Program (RCP) is available for relatives to care for non-custodial children who require care outside of their biological parents. Through the RCP program, children and relative caregivers receive supportive services geared toward prevention and maintaining the child to stay within the family instead of entering foster care. The family has access to several opportunities to support them, and potentially a monthly stipend for those who qualify. The relative caregiver must be related to the child by blood, marriage or adoption. The relative caregiver must have primary care and control of the child through informal family arrangements or through legal custody or guardianship. The birth parent(s) must not reside in the caregiver's home. The relative caregiver shall not have a total adjusted household income that exceeds twice the current Federal Poverty Guideline based on the size of the family unit Once RCP and the caregiver meet, there will also be financial eligibility determined to

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be enrolled to the program.

RCP agencies deliver the following core services in 12 out of 12 regions:

- Information and Referral – for counseling or any other local services needed
- Support Groups – to give caregivers a space to grow as a relative caregiver, for children seeking an outlet
- Education and Informational Workshops
- Respite & Enrichment Services – such as games and events that are no cost to the caregiver
- Family Advocacy – Case Management with caregiver, child, birth parent
- Financial and/or Start-up Assistance – such as replacement mattresses, clothing, assistance with buying
- school supplies, infant needs, etc.
- Information about applying for TANF, SNAP, Child Only Grant
- Support in locating birth certificates, social security cards, and insurance cards

CBCAP Services and FFPSA Prevention services are or will be Tennessee’s primary prevention services to support parents in creating a safe environment for their children to remain safely in the home.

CBCAP Primary prevention services in Nurturing Parenting Program and Secondary prevention service is Stewards of Children. Regular CBCAP funded programs have been established for many years in all 12 regions.

CBCAP Expansion Services started November 1, 2022. Funding award requirements included geographical areas where CBCAP services were not already being provided or had to be a new or different service than what was already being provided through the regular CBCAP funding stream.

Item 29. Figure 13 Table The table below shows the list of Family First Prevention services and the implementation stage for services to begin.

Evidence Based Service	Geographical location	Implementation/Planning Activities	Projected Date of Implementation
Intercept	12 out of 12 Regions	currently available Tennessee’s largest Prevention Service	Current
Multi-Systemic Therapy	1 out of 12 Regions	currently available No plans for expansion	Current
Parent Child Interactive Therapy	10 out of 12 Regions	Contracts In Place for 10 out of 10 Regions	
Brief Strategic Family Therapy -		RFI Out To Determine Rate & Provider Interest Contracts In Place (Fall 2023) Model Owners Train Vendors (Fall 2023)	Services Begin (Spring 2024)

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Evidence Based Service	Geographical location	Implementation/Planning Activities	Projected Date of Implementation
HomeBuilders	1 out of 12 Regions - plans to expand	RFI Out To Determine Rate & Provider Interest TDMHSAS – RPG Grant (Transfer TIES to HomeBuilders Program for South Central Region) RPG Grant Pays for Services to Families (Not State) Model Owner to Train TDMHSAS (Summer 2023) Contracts for Other Vendors in Place (Spring 2024) Model Owner Trains Other Vendors (Spring 2024)	TDMHSAS Starts HomeBuilders in South Central (Fall 2023) Other Vendors Begin Services (Summer 2024)
Parents as Teachers		RFI Out To Determine Rate & Provider Interest Limited Contract (Not All Regions) Contracts In Place (Spring 2024)	Services Begin (Summer 2024)
Healthy Families		Not In Tennessee’s Five-Year Prevention Services Plan (Yet) Well-Supported Evidence-Based Service in Clearinghouse	Service Already Available in Most Regions Current Vendors (Dept. of Health Paid/Referred)
Nurse Family Partnership		Very Limited No Expanded Contracts Pregnant Youth Only (Custody)	

Intercept

Available in all 12 regions Youth Villages Intercept serves children of any age (infant to age 18) who have serious emotional and behavioral problems or have experienced trauma, including abuse and/or neglect. Prevention services last four to six months. Family reunification services are six to nine months in duration.

The Multi-Systemic Therapy

This service is available in only one region (Northeast) and is an intensive in-home program that works with juvenile justice youth who are at high risk of coming into custody they are the last chance resource for keeping this population out of custody when all other options have failed. Limitations with accessing this service for other regions will continue with no plans to expand. Tennessee plans to use the Intercept program in all other regions.

Family Preservation In-home services

Available in all 12 regions Assists families in recognizing and building natural and community supports, assesses families' needs and strengths, develops service plans in collaboration with families and identifies and arranges services. A clinical component includes understanding the five protective factors and provides an array of services for therapeutic visitation, therapeutic family support services, and family violence interventions.

Treatment, homeless Supportive Housing, and Domestic Violence Programs

Tennessee has eighteen (18) Alcohol & Drug inpatient and transitional housing programs for mothers whose children can reside with them. The majority are located in the urban cities across the state.

Tennessee has forty-three (43) HUD funded permanent supportive housing programs for parents who are homeless whose children can reside with them. There are more located in rural and urban cities however, there are limitations in families qualifying if the program has specific criteria and long waiting lists due to the demand.

Domestic Violence Shelter programs are available across the state but are more prevalent in the urban areas. <https://tncoalition.org/>

• Services that help children in foster and adoptive placements achieve permanency. According to the 2021-2022 Annual Report October 2021 through September 2022, 1139, adoptions were finalized, 287 achieved permanency through subsidized permanent guardianship, and 830 youth received extension of foster care (EFC) services and 3543 clients served through Family Preservation in SFY 2022 (Source: Formstack database)

Family Preservation Therapeutic visitation

This service for parents and their children is instrumental in helping children achieve permanency and is available in 12 out of 12 regions.

Continuum Services

These services allow for a child to receive services across multiple levels of care depending upon his or her current needs from the same provider. The child could therefore achieve permanency in a timely manner through uninterrupted service provision from residential care through therapeutic foster care, even including in-home support upon reunification.

Adoption Assistance

Adoption Assistance is a program designed to remove barriers to adopting special needs children. The program includes a monthly subsidy payment, medical benefits, and reimbursement of some of the costs related to finalizing the adoption. Adoption assistance moves special needs children to permanency by removing financial barriers that would prevent a family from adoption. Any child who meets the definition of special needs will qualify for adoption assistance in Tennessee.

FOCUS Program (Finding Our Children Unconditional Supports)

The FOCUS Program (Finding Our Children Unconditional Supports) is a process in which all children in full guardianship are reviewed each month to ensure they are moving towards permanency in a timely manner. The reviews are conducted by Central Office staff, regional staff, and providers who work directly with each child. These reviews focus on targeting recruitment efforts to identify permanent families, identifying and removing barriers to permanency, and ensuring that once a permanent family is identified, supports are in place to prevent disruptions or delays in finalizations. In addition to the monthly reviews for each child, Central Office conducts targeted case file reviews to assess if the FOCUS process is successful.

Independent Living Services and Extension of Foster Care

DCS provides Chafee Foster Care Independent Living Program (CFCILP) services through its Independent Living Program (ILP) and monitors the provision of Extension of Foster Care (EFC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate

supports and services for youth transitioning out of care and for those who are likely to remain in care. DCS views this program as a strength and continues to increase EFC services.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Individualizing services continues to be an area needing improvement for Round 4. Based on stakeholder feedback there are still opportunities to improve services in other languages, quality assessments through the assessment integration strategy, and improvements in trauma informed services.

Tennessee received an overall rating of Area Needing Improvement for Item 30 in Round 3 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not ensure that services can be individualized to meet the unique needs of children and families. The state acknowledged concerns with the adequacy of the assessments completed through the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy and Support Tool (FAST) that are used to inform case plans and services for families. Some stakeholders shared this concern. Using CFTMs to ensure individualization has not been happening consistently statewide. Stakeholders reported that many services are generic and do not meet the unique needs of families. Specific concerns were noted regarding a lack of services for Spanish-speaking families. While stakeholders confirmed that translation services via phone are available, stakeholders questioned the adequacy of that in ensuring effective interpretation when working with families. Stakeholders also said that the phone service is not available for all language needs in each county.

Improvement Efforts:

- Assessment Integration PIP strategy
- Safe Baby Court for parents with substance disorders with children 0-3years old.
- FFPSA services proven effective to black and brown children/youth and families
- Community Based Child Prevention (CBCAP) services for specific populations
- DCS specialized child protective teams – drug teams, planning development of human trafficking teams

Provider Focus Group Feedback

- Providers are growing capacity to individualize services- growing to be more inclusive, addressing traumatic experiences, providing services in multiple languages, etc. but more work is still needed.
 - Agencies are focusing to educate staff and be more inclusive.
 - Struggle with population of people with disabilities- there are resources in school

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system but not many outside of that, and they're not always connected to them. There are many tools available, the issues is whether the school system will use them.

- Virtual options have been successful in some cases as sometimes transportation may be a barrier.
 - There is a lack of mental health providers that are willing to work with populations who speak other languages.
 - Language services are more available than in the past but still not sufficient to support the amount of families and not enough therapists/counselors who speak other languages.
- Providers are developing strategies that are culturally, and developmentally appropriate services and Trauma informed
 - Some providers have implemented a universal assessment of functioning that is developmentally appropriate for specific age groups.
 - Annual cultural humility training.
 - Trauma informed care workgroup focusing on bringing in training for staff and built-in trauma informed questions in employment interviews.
 - Hiring and using more translators, intentional Diversity Equity and Inclusion work, community partners, cultural traditions, and practices. Some providers created Diversity Equity Inclusion workgroup within the organization but still in planning phase of work.
 - Translation services- all community-based services, has many languages available. Across the state for in home-based services, its available in multiple areas. Challenge: Sometimes the translator is a no-show.
 - Developed coloring book style intake packet for younger children.

CFSR Trends in Behavioral/Mental Health Needs

CFSR Trends for children and youth Mental and Behavioral health needs show overarching areas of needing quality assessments to accurately individualize the service need, insurance barriers for payment of services, and gaps in available mental health services. The cases reviewed are a small sample size (144 cases statewide per year) the data is limited in knowing if this is a true representation of Tennessee practice. However, feedback from stakeholder focus groups informed Tennessee needs more mental health services that are trauma informed.

Assessment Integration

The work with frontline staff to improve use of the CANS/FAST is on-going. The assessment consultants continue to look for new ways to engage staff and keep them engaged in the assessment process. After more than two years of virtual trainings due to COVID and as part of the DCS New Hire Training curriculum, the CANS/FAST Certification training has returned to in person learning in April 2023. Because the certification training had been adapted to fit the virtual platform, the assessment consultants revamped the certification training for the in-person format, keeping previously added information which allows staff to connect the dots of all they are required to do. Additionally, the training fits within the framework of the preservice schedule and focuses on building connections with

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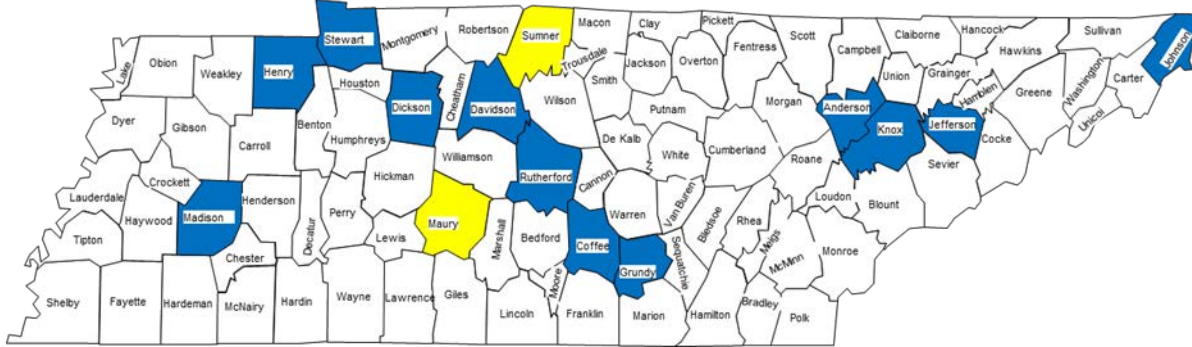
new hires. The CANS/FAST certification has been broken into two sessions during pre-service. The first session is a large group training for all new hires that is focused on the broader aspects of the assessment work in Tennessee. The second session which occurs a couple of weeks later is conducted in the regions by the consultants assigned to the region. During this session, the new hires have the opportunity to connect with their assigned consultants one on one as they go through the assessment

items together, discuss scoring, and take the certification test. The idea is that having this interaction on the front end of employment will lead to a much more assessment driven and engaged workforce that integrates the assessment into all of case planning and improve individualizing services. There has been a change to the FAST Protocol. It is now required for all new hires to complete their first FAST assessment with a consultant. It is the hope that this will reinforce quality assessment practice. The supervisor specific training has continued. Though there is no data to show progress or barriers, the feedback received from the regions indicates lack of engagement of supervisors continues to be a barrier. Supervisors of the FAST have submitted CQI referrals requesting to be exempt from assessment training and test only at their leisure. This request was denied due to the requirement for all staff to recertify for both CANS and FAST yearly and due to the fact that FAST quality still remains very low. For example, FAST assessments generated for a child that also has a CANS assessment paint a very different picture of what is going on with the family, which would indicate that neither the case manager completing the FAST or the supervisor approving it reviewed the existing CANS. Assessment consultants have reported small pockets of good assessment practice by supervisors with the FAST and CANS. They report that some supervisors are working with their staff on assessment quality prior to the assessments being sent to the consultant for approval resulting in the consultant having fewer questions and returning the assessments for rework less frequently. Recertification training is being conducted virtually and in person in each region. These sessions began in April and will continue through August.

Safe Baby Court Services (SBC)

The introduction of Safe Baby Courts has also prompted a need to expand services that are accessible. There are currently 14 established SBC sites in Tennessee. Implementation began for two new sites, Sumner and Maury counties in 2022. (See Item 30 Figure 1) The role of the Safe Baby Court Coordinator includes strengthening partnerships and community awareness to increase the support and availability of resources to those families with young children involved in Safe Baby Court and to create a network to sustain the family after they are no longer involved with the court and the child welfare system. In calendar Year 2022, fourteen (14) Safe Baby Courts served a total of 185 cases and 336 children.

Item 30. Figure 1 - SBC Map



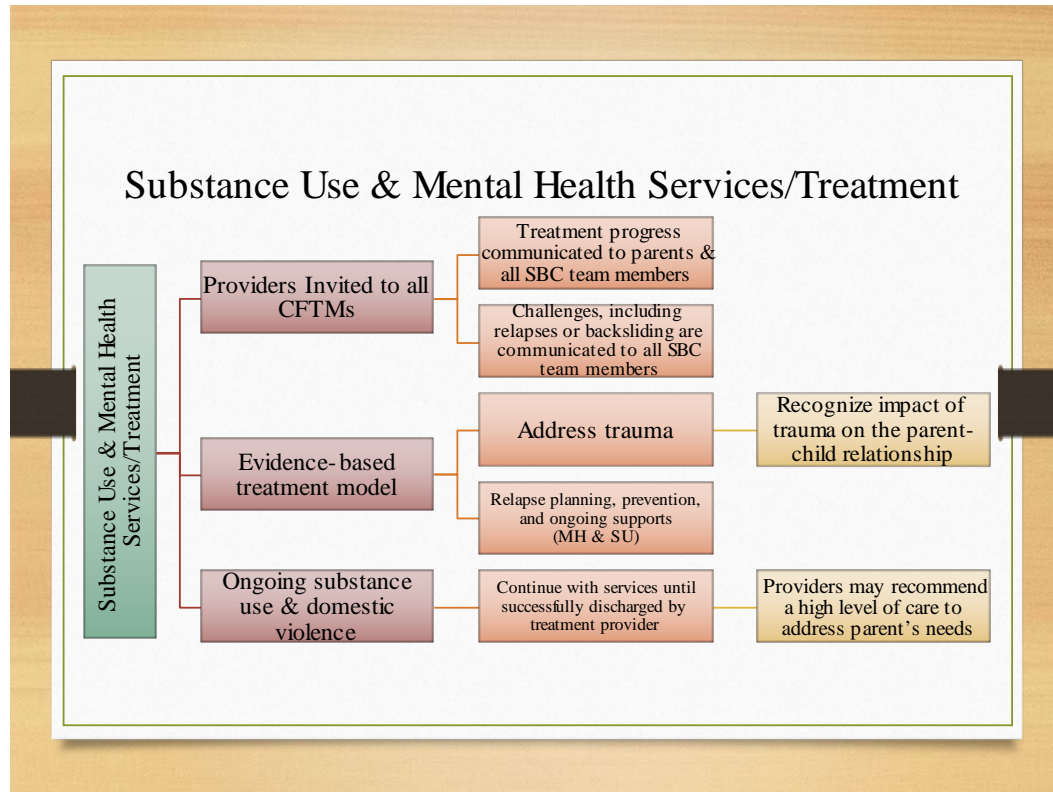
Infant/Toddler Needs and Strengths (TINS) assessment

The TINS assessment was developed as the sister assessment to the CANS in 2018 for infants 0 – 3 years old whose parents/caregivers participating in Safe Baby Court Services for alcohol and drug abuse and mental health services. The assessment is to be used to determine the individual needs of the baby and family such as attachment difficulties and development/failure to thrive, substance abuse, and mental health of the parents/caregivers. An emphasis on parent’s past traumatic experiences and cultural needs is included.

StrongWell

In early 2020, DCS partnered with 180 HealthPartners StrongWell to provide clinical services to families with substance use disorders and mental health needs. While this service is not exclusive for SBC families, it was targeted for the counties that had established SBC sites. In 2021, StrongWell served 172 families, with 625 individual parents or caregivers receiving services such as alcohol and drug treatment, individual counseling, and mental health therapy. Below demonstrates the primary service model process for parents participating in SBC:

Item 30. Figure 2 SBC process



JUDICIAL PERSPECTIVES with SBC in 2021

Feedback from Judges operating a Safe Baby Court has been positive and feel the collaboration is important to improving the lives of parents and their children. *** Please see Item 30 Appendix 1 – SBC Judicial Perspectives**

Item 30. Figure 3 Table Family First Prevent Services Plan (Please see Implementation dates in item 29)

The table below shows the services/interventions Tennessee implements or is in the process of implementing through the Family First Prevention Plan and rated by the Prevention Services Clearinghouse. In addition, the table indicates their effectiveness with children and families of color ***Promising, ** Supported, ***Well-Supported**

Intervention	American Indian or Alaskan Native	Asian	Bi Racial or Multi Racial	African American	Latinx	Native Hawaiian or Pacific Islander	Other
Brief Strategic Family Therapy (BFST)***				X	X		
Homebuilders— Intensive Family Preservation and Reunification Services***	X			X	X	X	
Intercept ®***				X			
Multisystemic Therapy (MST)**				X	X		
Nurse-Family Partnership (NFP)***				X	X		
Parent-Child Interaction Therapy (PCIT)***		X		X			X
Parents as Teachers***				X	X		

Casey Family Programs - Interventions Shown to be Effective with Children and Families of Color Being Served with Family First Funding Research Brief – February 2022

Teen Connect Parenting Support Group

Teen Connect Parenting Support Group available virtually statewide to any interested parent of a teen experiencing challenging behaviors. The goal is to provide a safe space and supportive skills to help build stronger relationships with parents and teens.

Community Based Child Abuse Prevention Services

Nurturing Parenting Program

Specific populations include parents/caregivers of medically fragile infants, parents/caregivers with mental and physical disabilities, pregnant and parenting teen mothers and fathers, first-time parents, parents/caregivers with intellectual disabilities, parents/caregivers recovering from substance abuse, incarcerated parents/caregivers, Spanish speaking families, under-resourced or low-income families,

single parents, parents/caregivers facing unemployment and/or homelessness, adult former victims of child abuse and neglect or domestic violence, and relative caregivers. Some Grantees have bilingual staff able to facilitate their programs in languages other than English.

To best serve their clients, CBCAP Grantees often offer their programs in locations convenient for the parent/caregiver in order to encourage participation and commitment to the program. In addition to offering the Nurturing Parenting Program inside the client's home, CBCAP programs have also been offered at:

- Domestic violence and homeless shelters,
- Correctional facilities and correctional work centers,
- Drug courts and substance abuse recovery centers,
- Community centers and libraries,
- Apartment complexes, and
- Family Resource Centers and schools.

Additionally, in an effort to maximize the representation of these special populations in CBCAP programs, Grantees also distribute materials to:

- Homeless families and those at risk of homelessness at hotels, campgrounds, and homeless shelters.
- Racial and ethnic minorities at cultural festivals, schools/Family Resource Centers located in communities saturated with racial and ethnic minorities, and agencies serving immigrant families.

Underserved and underrepresented such as:

- Fathers and non-custodial parents at child support courts.
- Incarcerated or formerly incarcerated parents at correctional facilities, correctional work centers, and halfway houses.
- Economically disadvantaged parents at Health departments, low-income housing developments, Head Start, and schools serving populations below the federal poverty guidelines.
- Parents/Caregivers recovering from substance abuse at drug courts and substance abuse recovery centers.
- Children and adults with disabilities at mental health centers, health departments, and medical providers.

CBCAP Grantees ensure their staff receive routine training on engaging special populations, serving victims of violence, cultural diversity & competency, Adverse Childhood Experiences, parent engagement, human trafficking, and/or Title VI of the Civil Rights Act.

People served in Federal Fiscal Year 2022

Children with disabilities

151

of parents with disabilities

160

Total # children who received preventative direct services

2,172

Total # parents/caregivers who received preventative direct services

1,705

Specialized DCS Teams – Drug Teams and Human Trafficking Teams

OCS created specialized teams in 2017 and continues to expand this practice throughout the state. Drug teams expedite and enhance the response from CPS when working with families experiencing substance abuse and addiction issues and strengthen relationships and coordinated efforts with community partners. Over the past year, drug teams have expanded to now provide specialized responses and cover eight (8) of the twelve (12) regions, and in some counties offer long term case management through Family Support Services. Child Protection Investigative Teams (CPIT) and Family Prevention and Protection (FPP) teams are in all twelve (12) regions. In early 2023, additional teams will be implemented that are designed to address the needs of victims of Human Trafficking. This team will have statewide coverage and will coordinate response efforts with the Tennessee Bureau of Investigations, local law enforcement, and non-governmental agencies (NGO's) to investigate and provide services. A statewide Special Response Team (SRT) has been created to assist frontline case managers in areas most impacted by turnover and high caseloads. In Shelby County, a second shift has been in place for several years to respond to CPS reports after hours. During the past year, plans have been developed to further expand the second shift option to three other counties who experience high caseload volumes and to create a weekend shift in Shelby County to expedite and enhance the response to CPS calls.

Domestic Violence Liaison Program

The Domestic Violence Partnership Model initiated in 2018 in Madison County is a multidisciplinary approach between DCS and community agencies for the prevention and intervention of domestic violence. A liaison, who is employed by the Domestic Violence Shelter, is co-located at both the Domestic Violence Shelter and the local DCS office to assist families and community agencies supporting and seeking assistance for victims of domestic violence. Since 2019, the following sites have been added to the partnership: YWCA in Anderson, Loudon, Roane, Shelby, and Knox counties; Partnership in Hamilton County; the Domestic Violence Program in Rutherford County; and Women are Safe in Hickman, Perry, and Lewis counties. The Department continues to support the expansion and collaboration for future sites and works closely with domestic violence focused agencies in determining what additional services and programs can be implemented in Tennessee to better respond to the issue of domestic violence impacting children and families.

F. Agency Responsiveness to the Community

Agency Responsiveness to the community is in substantial conformity. Both items 31 and 32 included in this systemic factor are a strength.

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

State Response:

This item is a strength for Round 4. Based on improvement efforts outlined and stakeholder feedback Tennessee has made improvements since Round 3 to engage and consult with multiple types of stakeholders in the CFSP and APSR process.

Tennessee received an overall rating of Area Needing Improvement for Item 31 in Round 3 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not ensure active engagement and ongoing consultation with its key stakeholders in developing the goals, objectives, and annual updates of the CFSP. Some internal and external stakeholders described ways in which they have provided input into the state's strategic planning efforts. However, key groups such as youth, foster parents, birth parents, and the courts are not meaningfully engaged in a consistent manner. The state recognized that there were opportunities to better integrate the CFSP and APSR into its strategic planning process and immediately began efforts to do this and to enhance the state's engagement of stakeholders. Tennessee believes with the continued focus given this area since Round Three Statewide Assessment that this area is now a Strength for the state.

Improvements since Round 3:

Quality Assurance/Quality Improvement (QA/QI) virtual meetings occur every other month and are used to provide updates on initiatives; solicit feedback from attendees; share results from projects and surveys; as well as problem share/solve. Invited QA/QI meeting attendees are C-BCAP Grantees, Tennessee Dept. of Mental Health & Substance Abuse, Tennessee Association on Mental Health Organizations, DCS staff from all levels, prevention providers, in home services providers, foster care providers, residential treatment providers, and the Administrative Offices of the Courts. Some examples of the topics covered include:

- Trainers and Consultants of the well-supported evidence-based prevention services within Tennessee's Five-Year Prevention Services Plan presented educational and question/answer sessions to help potential vendors understand those programs,
- Training on the new Extension of Foster Care expansion,
- Presentation from the Department's Racial Justice Taskforce on work being done in Tennessee,
- Update on changes to the Qualified Residential Treatment Program process for aftercare, and
- Discussion around service array needs across the state.

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Child and Family Service Plan/Child and Family Service Review Alignment was a Strategy the Department focused on during the Round Three Program Improvement Plan. Pieces of this strategy involved including the provider community into the CFSR process. Members of the Division of Federal Program reviewed Monthly Provider Summaries and provided feedback to provider agencies on the quality of the work completed based on federal standards. Members of the Division of Federal Programs conducted provider specific mock CFSRs with provider leadership staff to help those agencies better understand not only the process but the expectations of quality assessments and quality case work. The Department recruited external stakeholders to go along with CFSR Reviewer dyads to help them understand the expectations of quality and their own roles in child welfare quality. External stakeholders that participated as shadows with these Reviewer dyads include:

- Juvenile Court Judge
- Juvenile Court Staff
- Guardian ad Litem
- Parent Attorneys
- Court Appointment Special Advocates
- Administrative Offices of the Courts Staff
- Foster Care Review Board Members
- Foster Parents
- Provider Agencies (Foster Care & Residential)
- University Partners.

Lived Experience Voice was an area of focus for the Department over the past several years. Extension of Foster Care youth were included in the Round Three CFSR PIP Report Out that occurred in February 2018 and a few of those youth participated in focus groups that occurred in reviewing data that led to the initial CFSR PIP goal and strategies. The Division of Federal Programs began including Extension of Foster Care youth in the Annual Joint Planning process during the Spring of 2019. It was at that Joint Planning Session that the current Child and Family Service Plan was developed through several community café style sessions youth were able to attend. Extension of Foster Care Youth and Young Adult Advisory Council (made up mostly of EFC graduates) have attended and actively participated in Joint Planning since that time. Many years those youth have presented during the session.

The Young Adult Advisory Council invites someone from the Division of Federal Programs to a listening session on average once a year. During a session two years ago the group held a discussion on the difficulties of being an LGBTQ youth in care within a conservative state. This discussion also included how more thought should be put into identifying foster home placements that were more accepting to these youth. Ensuring that foster home recruitment efforts include specific methods to reach minority populations have been included within the foster home recruitment plan.

Birthparent Survey response rates had been problematic for the Department for several years. During Round Three CFSR PIP the Department incorporated birthparent surveys as a piece of the CFSR interview process with parents. Often birthparents who did not wish to be interviewed for CFSR were still willing to participate in the survey. During Spring 2023 the Department contracted out Birthparent surveys to a local university partner to be able to capture the voice of parents outside of a CFSR.

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During the 2022 Joint Planning Session a parent with lived experience participated and shared their voice in several breakout sessions that occurred that year. During the 2023 Joint Planning Session two birthparents that were graduates of the Safe Baby Court program participated in a panel discussion of that program. Those parents were also actively participated in breakout sessions on numerous topics during the event.

During 2022, a relative caregiver who later became a foster parent was engaged to help complete a training video for new employees. This relative caregiver/foster parent had received services through the state's Nurturing Parent and Parent Leadership Program. She wanted to share her voice to the Case Managers about how their presence on the first visit to the home sets the stage for engagement. This video is now used a part of pre-service training.

There are participants who have lived experience and now work for provider agencies that join the QA/QI meeting. In consultation with youth with lived experience it was determined that they would prefer to not attend this meeting but have a representative from the group attend one of their Youth Council meetings to share information. Topics discussed during QA/QI meeting are often focused on specific items that would not be of interest to a wider audience (i.e. feedback on FFPSA invoicing processes for providers, etc.). Also, many of the attendees that are providers, such as C-BCAP Grantees, have their own lived experience panels and committees. Those providers can then share any relevant information back to those panels that is discussed during QA/QI.

Parent Leadership Program is funded through C-BCAP and the Children's Trust Fund. In 2021 the state began using that group to help solicit feedback on needs in our communities. This program was later expanded in 2022, and now is open to parents of custodial children and youth. Previously this group only served primary and secondary prevention families. The intent of this expansion is to further empower parents to share their voice for positive change.

Child and Family Service Plan (CFSP) Advisory Council meets quarterly. Members of this group include court staff, Administrative Offices of the Courts, Youth with lived experience, foster parents, multiple levels of DCS staff and provider staff. Each meeting has a focus on specific goals and objectives results/data and allows stakeholders to provide feedback on progress, as well as changing needs.

JCAMP (Judicial, Court, and Attorney Measures of Performance) is a new initiative within the Administrative Offices of the Courts. Tennessee AOC asked the Department's General Counsel, Deputy General Counsel, and Director of Federal Programs to participate in this initiative. Through the initial meetings it was discovered that the JCAMP process mirrors the CFSR Statewide Assessment Process. The parents with lived experience participating in JCAMP were invited and participated in the 2023 Joint Planning Session. The Birthparent Survey being completed by a university partner for the Department, was opened up to the Administrative Offices of the Courts who were able to add questions to collect information they needed for this initiative. Two of the areas of focus for JCAMP are quality representation for the children and quality representation for the birthparent in court. These are areas also of interest to the Department.

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Improved AOC/DCS Collaboration was an area of focus for both agencies over the past three years. DCS Office of the General Counsel staff and the DCS Commissioner have participated at Judge's Conferences hosted by the AOC as speakers, trainers, and attendees. The AOC and Division of Federal Programs partnered to deliver Qualified Residential Treatment Program training to the Judges during 2022 to ensure courts knew their responsibilities with this change. AOC staff have continued to be involved as CFSR Reviewers for Tennessee and the two agencies partner very closely with the Safe Baby Court Initiative. AOC has been actively involved on several focus groups in preparation of this Statewide Assessment and picked the legal/court attendees for the 2023 Joint Planning Session.

Joint Planning Sessions were reformatted in 2019. During this session over 100 internal and external stakeholders were invited to help draft the new Child and Family Service Plan. The 2020 Joint Planning also had almost 100 attendees but had to be completed virtually due to the pandemic. The 2021 and 2022 sessions were hybrid in-person and virtual sessions. Each of those years saw between 80 and 95 internal and external stakeholders attending. The stakeholders invited to Joint Planning purposely match the groups interviewed by the Children's Bureau of the Round Three Stakeholder Focus Groups.

- Legal/Court (Juvenile Court/CASA/AOC/FCRB/GAL/Parent Attorney)
- Consumers (Youth/Parents/Relative Caregivers)
- DCS Leadership (Executive Leadership)
- DCS Staff (All Levels)
- Providers (Prevention/Foster Care/Residential)
- Foster Parents (DCS/Provider)
- Community Partners (Mental Health/Child Advocacy Centers/Housing)
- Other State Agencies (TDMHSAS/TDHS/TDOH/TennCare/TDIDDS)

Improvements have been made in engaging the legal and court stakeholders, youth with lived experience, and parents with lived experience. In addition, the structure of the meeting includes breakout groups with topics tied to specific CFSP goals and objectives. Data is shared and included in the discussions. An excellent example of how some of this information has been used in the past was from the 2021 Joint Planning Session. During that session one of the breakout groups focused on improving assessment quality and one on improving placement stability. These are areas monitored not only by the CFSR PIP but included in the CFSP. From those two breakout groups an idea about family foster homes that could function as assessment centers. These would be family centered places children could go to have numerous assessments completed that could be incorporated with the informal assessments of the foster family. Those assessments could then play into determining the correct and best placement to meet the needs of the child/youth and help them reach their permanency goal. These ideas came from the stakeholders present and then through additional meeting became the specialized assessment foster home program Tennessee has today in partnership with Harmony.

Minutes are collected from the breakout sessions that occur during Joint Planning. Those minutes not only capture stakeholder input but allow the Department to assess current progress on items and ideas on making needed improvements. This information is useful not only for the APSR, but for making decision in other federal programs areas such as FFPSA, CJA, C-BCAP, etc.

Family First Prevention Services Workgroups were initially two large groups one focusing on prevention services and the other on congregate care. These workgroups began meeting in January of 2020. All providers and community stakeholders were given the option to participate. The Department partnered with the Tennessee Alliance for Children and Families who participated in all workgroup meetings. These workgroups included DCS frontline and other level employees, Administrative Office of the Courts, Child Help USA, Alternative Youth Services, Meritan, Inc., Youth Villages, Monroe Harding, Systems of Care Across Tennessee, United Health Services, Camelot, Agape, Bethany Christian Services, Porter-Leath, TN Children's Home, Holston Home for Children, Omni Vision, Frontier Health, Florence Crittenton Agency, Upper Cumberland Human Resource Agency, and Steppen Stone. Once the Family First Prevention Services Plan was approved this group was merged with the QA/QI Group noted above.

As Tennessee prepared to implement Family First Prevention Services Act (FFPSA), workgroups were assembled to assist with the planning and preparation. The Prevention workgroup worked to identify evidence-based prevention services, develop a timeline and action plan to operationalize prevention services in Tennessee, and develop a timeline and action plan to develop and implement a comprehensive, statewide plan to prevent child abuse and neglect fatalities. Members of the workgroup included representatives from both the private and public sector, parents with lived experiences, and service providers. This work supports the CFSP service array objectives and collaboration updates in the APSR. Data used by these groups when they were meeting, such as the Family Advocacy and Support Tool (FAST) data, continues to be used to make program decision on expanding the service array for the state.

Racial Justice Workgroup was developed in 2019 through the Office of Training and Development. The purpose of the workgroup is to collaborate with internal stakeholders on all staff levels to discuss and learn to create awareness on how to engage families from all cultural differences. A staff member from the Administrative Office of the Court is also an active member. The group partners with Casey Family Programs, Chapin Hall and Vanderbilt University who provided racial disparity data and resources. In addition, a Director from the Federal Programs Division of DCS began providing data from the TN Supplemental Context Data to share trends over the last 5 years of disproportionality in foster care data. Some of this data that is relevant is provided in permanency outcome 1 section and Item 35. This data was also shared with Executive Leadership Team (ELT) to demonstrate the need for the workgroup and gain support from ELT to sustain the work. Vanderbilt University also hosted a cultural bias training available to all department staff. The workgroup members are informed of the federal initiatives and focus on improving equity in child welfare practice. They are updated on APSR goals and objectives so the group can provide feedback and develop strategies and focus for the workgroup. Current subgroups that focus on specific areas to ensure creating awareness is effective and the department policies are inclusive to all cultures and beliefs include:

- Racial Justice Policy
- Racial Justice Assessment
- Racial Justice Marketing

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Joint Task Force and Citizen's Review Panels are active in Tennessee and funded through the Children's Justice Act. The Director of Federal Programs is invited annually to each group to present updates around the Child and Family Service Plan, Child and Family Service Review, and Family First Prevention Services Act. This allows that group to provide feedback to the Department on areas outside of the groups traditional scope and helps them better align their own initiatives.

Memorandums of Understanding are in place with two agencies in Tennessee that received with the Regional Partnership Grants (RPG) from the Administration for Children and Families. Helen Ross McNabb Agency received a grant to be used at their Great Starts program, an in-patient substance abuse facility in Knoxville for mothers with children, where the children can often stay with the mothers while they receive treatment. Part of the grant money will be used to create Plans of Safe Care for all families served at Great Starts. Helen Ross McNabb uses Safe Families to provide respite care for children who cannot be with their mothers at the Great Starts facility. The Knox DCS Resource Linkage

Coordinator has their Site Director on the Community Advisory Board and the Knoxville Safe Families office applied for and received pandemic money from the Governor's Office. Helen Ross McNabb and DCS East and Knox regional Office of Child Safety staff are working on additional partnerships. Great Starts serves the Smoky Mountain, East Tennessee, and Knox County Regions. There are two other similar programs to Great Starts in Tennessee that serve Nashville and Memphis.

Tennessee Department of Mental Health and Substance Abuse Services was the agency who received the second RPG. TDMHSAS in collaboration with Centerstone currently provides Home Ties in home services within the Department's South Central Region. Through this RPG they are transitioning to the HomeBuilders Intensive In Home Services model. The Department is working with TDMHSAS and Centerstone to fund training for the HomeBuilders model out of FFPSA Transition Act. However, the bulk of the actual services for families will be paid by the RPG. This will be the first HomeBuilders site up in Tennessee. However, the state is currently actively recruiting providers to serve other regions. Those providers will be paid through FFPSA IV-E prevention funds.

Community Based Child Abuse Prevention (CBCAP) Advisory Board was taken over by the Division of Federal Programs in fall of 2021. Since then, the quarterly agenda includes an item for updates on CFSP/APSR, CFSR results and PIP strategies, and the Statewide Assessments. There is one member with lived experience who is given opportunity to provide feedback and consult with DCS and other board members on the status of goals and objectives.

Continued Efforts since Round 3

The table below shows how DCS continues to engage multiple stakeholders in consultation in the provision of the CFSP/APSR goals and objectives and the frequency of each method.

Item 31. Figure 1 Continued Efforts

Stakeholder	Consultation Method	Frequency
(12/12 Regions) Juvenile Courts	Child Protection Investigation Teams (CPIT), Joint Planning, CFSP Advisory Board	Ongoing, Quarterly, annually
(12/12 Regions) Community Action Boards and Intercommunity agency meetings	Community Resource Meetings	Monthly at least quarterly
(12/12 regions) 52-Child Advocacy Centers	CBCAP grantee meetings, Joint Planning, Child Abuse Awareness Campaigns	Quarterly, annually
(4/4) Citizens Review Panels	Hamilton, Montgomery, Shelby, and Northwest Region Panel Meetings, Joint Planning	Annually
Court Improvement Program of the Administrative Offices of the Courts	Tennessee has three employees that participate: General Counsel; Deputy General Counsel; Director of Federal Programs	Ongoing
(4/4 staff) Administrative Office of The Court	Court Improvement Projects, Joint Planning	Ongoing

Limitations

Although there has been a focused effort to improve engaging people with lived experience it is still a more difficult population to engage for the Department. Engagement of youth is easier than birthparents due to the ability to use more modern methods for communication. The Extension of Foster Care Youth have chat groups and are connected through other media that help them be more engaged. Since most birthparents are not voluntary clients, they are often more distrustful of participating in activities outside of those regarding their own family case. . DCS is in the planning stages with the Parent Leadership Program to continue to increase parent attendance in planning sessions. Child and Family Service Review Interviews with parents is also used as a strategy to identify parent’s and caregiver’s interest in being involved but there have only been two parents show an interest who have not attended meetings they were invited to. The Department has moved meetings to after normal business hours, during weekends, and tried to collect surveys through e-mail as opposed through phone conversations. These methods have not returned any greater participation from birthparents.

For other stakeholders when they are unable to attend meetings, meeting minutes are shared with the group. Often presentation material is also shared if those meetings included training or updates. Most groups check in periodically with participants to ensure that the meeting day/time is still working for them. For instance, at the end of each calendar year the Division of Federal Programs reaches out to

the QA/QI Team to update attendee lists and ensure that the day and time for the meetings are still the best for most participants. If changes are needed those are made prior to the new meeting appointments for the year are sent.

Since Round 3 DCS has identified two Eastern Band of Cherokee Indians Tribal members and has invited them consistently to the CFSP Advisory Council and Joint Planning but at this point they have not attended. A challenge has been turnover in the point person and keeping the communication to get those updates. In addition, since DCS children/youth are less than 1% of tribal affiliation there does not seem too much interest in them wanting to participate except on a case-by-case basis.

Stakeholder Experience

Parent with lived experience Feedback

Stakeholder Feedback Received 2/3/23 during the Community Based Child Abuse Prevention (CBCAP) Advisory Board meeting from the one board member with lived experience.

How do we work together to meet the needs of children, youth, and families who are involved in child welfare services?

Strength: facilitate trainings, provide support

How do you know what the needs for children, youth, and families are? Examples, data/reports, statewide/regional meetings, etc.

Strength: Meeting in person with families, use annual reports

As we look to identify needs of children, youth, and families, how can we be mindful of the needs of minority populations and underserved communities?

Limitation: Partner with other organizations to help access resources in underserved communities. Need more literacy programs for families.

What gets in the way (administrative barriers) of addressing the needs of children, youth, and families?

Limitation: It takes more than just a parent to raise healthy families. Lack of volunteers to advocate and need to do more with current volunteers to raise resources. New parent mentor program needs more collaboration with volunteers. Davidson County has a lot of volunteers but there is a challenge to recruit in the rural areas.

Provider Focus Group Feedback

Facilitated on 4/25/23 with seventeen (17) Providers across the state through a virtual platform

Strengths

Describe various opportunities to meet with other child welfare service providers to discuss and create solutions

- Mutual grants enhance collaboration on various projects.
- Safe babies court teams involve collaboration.
- MAC Multi Agency Collaboration - It is extremely helpful as they have providers from every area, not territorial. Everyone on the team jumping in to meet the needs, such as connecting families

Section IV—Assessment of Systemic Factors

to services (housing, insurance, etc.) to meet needs faster. Through this process DCS does good assessment of needs and connecting to appropriate resources. Get better buy-in from families and families tend to be more cooperative than families who chose not to participate.

- Regional meetings hosted by DCS is an opportunity to learn more about other providers and services.
- Collaboration of DCS with TennCare to fill service gaps for FFPSA.
- The Utilization Review process is another resource to learn about resources. Spearheaded residential services and learned a lot about other providers and collaborated. Significant impact on moving kids through to permanency.

What are the primary ways that your agency engages with DCS to plan and meet the needs of children, youth, and families?

- Reached out to DCS and offered tours of facility. Many state folks came, shared strengths and weaknesses and what they need to serve kids. Meeting on a consistent basis.
- A lot of support from state office on what they're trying to accomplish with kids. Welcoming DCS feedback. Takes feedback to improve.
- Quarterly treatment plans, monthly contact, professional meetings, building relationships with our frontline staff, monthly updates, advocating for families together.
- CQI meetings, Grand Regional Meetings, Child and Family Team Meetings, TN Alliance for Children and Families, TN Council on Children and Youth.

Are there any CFSR reviewers or folks that have shadowed? Has this been good experience?

One provider Staff from Centerstone a CFSR certified reviewer Response

- Absolutely. One of the most positive experiences.

What made it great?

- It is looking at cases through different lens. In this job folks get tunnel vision and set on how they want it to go. Get different perspectives, some skills and knowledge to take back and share with other people. And to be able to think of things objectively vs subjectively has been one of the greatest aspects.
- There's a commitment to it. Work seems heavy but they get true collaboration, teaming to complete the process.

Do providers feel like DCS engages folks in larger planning processes?

- DCS consistently reaches out to have somebody from the agency to attend planning meetings as a stakeholder.

Limitations

Do providers feel like DCS engages folks in larger planning processes? Do folks know what strategic plan is? Are folks included in updates of goals and objectives?

- Information is second hand or has already been decided and starting behind the ball to get services implemented without provider's input.

Are you familiar with Tennessee's state plan? If so, describe your agency's involvement, if any.

- Planning meetings are often broad, and you can't tell which sector someone works in.
- Not familiar with the plan.

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Thinking about all of the Child Welfare system partners, are there any groups or service area that is not represented that should be?

- Early intervention
- Childcare providers and schools
- Early child mental health
- Relative care givers

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

State Response:

This item continues to be a strength for Round 4. Tennessee received an overall rating of Strength for Item 32 in Round 3 based on information from the statewide assessment and stakeholder interviews. Tennessee believes that an overall rating of Strength is also present for Round Four, as the Department routinely partners with other federally assisted programs that serve the children and families of the state.

In the statewide assessment, Tennessee provided examples of how the state coordinates services or benefits with other federal or federally assisted programs serving the same population. Stakeholders described how services are coordinated with the Department of Health, Department of Housing and Urban Development, and Department of Human Services. An initiative to bring several federally funded state agencies together in a "single team/single plan" to coordinate services and treatment options for families is being piloted through the Multi Agency Collaborative, comprising Commissioners from 6 or 7 federally funded state agencies.

Improvements Efforts since Round 3:

Through an innovative approach to helping the Department improve recruitment and retention of front-line staff and create solutions for placement issues, the Governor developed Unified Command in September 2022. Unified Command is led by the Chief of Staff for DCS. Unified Command requires certain state agencies meet frequently to support DCS. Partnerships with the Tennessee Department of Human Resources (TDOHR) during Unified Command helped alleviate some of the barriers that were causing delays in hiring and allowed the Department to onboard employees quicker and expand recruitment methods. TDOHR also played a significant role in helping the Department raise the starting pay for Case Manager 1 to \$50,600 per year.

Through Unified Command, the Department was able to partner with the Department of Intellectual and Developmental Disabilities (TDIDD). TDIDD was able to open up an additional group home that would service dual diagnosis youth that are a challenge to secure placement. The Department and TDIDD also partnered to streamline barriers to referring youth that will need DIDD services after reaching age 18.

Another example of Unified Command successes includes a partnership with the Department of General Services (TDGS). This partnership allowed the Department to speed up the process from contracting with TDGS Central Purchasing Office (CPO). This allowed DCS to move a Request for Proposals (RFP) to contract some case management services out to a provider up to a priority. This helped that RFP to be posted about three-months earlier than it would have normally taken.

Section IV—Assessment of Systemic Factors

Other state agencies meeting with the Department and offering support through Unified Command include the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS); Tennessee Department of Education (TDOE); Tennessee Department of Health (TDOH); Tennessee Department of Corrections (TDOC); and Tennessee Department of Finance and Administration (TDF&A).

Continued Efforts:

The Department continues to have ongoing partnership with other state agencies that work with the same population as listed in the table below. The Department and the Tennessee Department of Human Services (TDHS), that oversees Day Care Licensing and Day Care Assistance, worked closely during 2022 on a new project that would allow more foster youth, as well as relative caregivers to access free day care services. The Department and TDHS also partnered to use additional pandemic funding to provide six months of day care to certain families that were receiving in home services. Through this partnership the Department identified the families and paid for the day care services. However, TDHS processed the applications, made referrals, and managed the day care services.

The Department worked with numerous HUD programs across the state to ensure that youth receiving extension of foster care or LifeSet services for those exiting care have access to housing. The Resource Linkage Coordinators in the twelve regions also partner on an ongoing basis with HUD to assist families that come to the attention of the Departments.

TennCare partners with the Department on a daily basis. As the Medicaid administrator for the state, TennCare and DCS meet on an ongoing basis to discuss needs and brainstorm possible solutions. TennCare has a team that is assigned to only work DCS cases including a point person that serves on numerous DCS committees and board, such as the Community-Based Child Abuse Prevention Advisory Board.

In accordance with Tennessee Code Annotated 33-1-312, DCS, along with the Department of Mental Health and Substance Abuse Services, the Department of Human Services, the Department of Health and the Bureau of TennCare, actively seeks and applies for federal, private or other available funds and actively directs available state funds for the development of recovery programs for Tennessee residents who are pregnant or are women with children to assist those residents by providing substance-abuse disorder treatment and wrap-around services to support life skills development in outpatient treatment facilities, in residential treatment facilities or through home visitation programs.

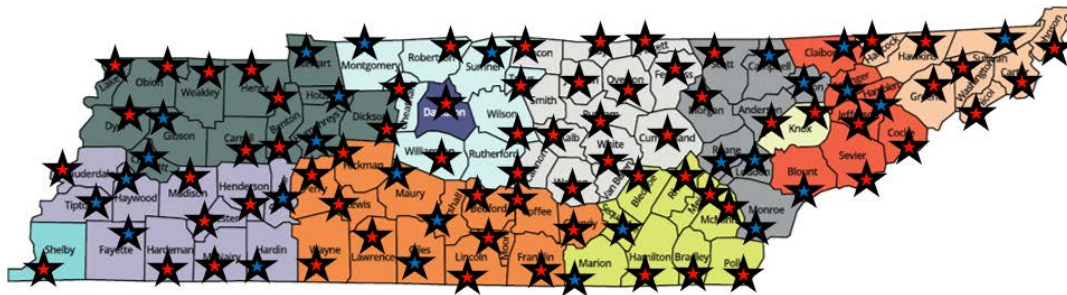
Multi-Agency Collaboration Single Team Single Plan

The Multi-Agency Collaboration Single Team Single Plan (MAC/STSP) approach continued expansion throughout Tennessee to collectively serve our most vulnerable children and families. Through this approach other state agencies come together to help wrap the family with services. This often includes the local offices for the Tennessee Department of Human Services; Tennessee Department of Health; TennCare; and Tennessee Department of Mental Health and Substance Abuse Services. As of 2022, all ninety-five (95) counties in Tennessee are utilizing this approach to practice.

Item 32. Figure 1 MAC/STSP Implementation Statewide Map Diagram

★ Red stars indicate counties that have implemented the model.

★ Blue stars indicate the counties that have implemented the model in 2021.



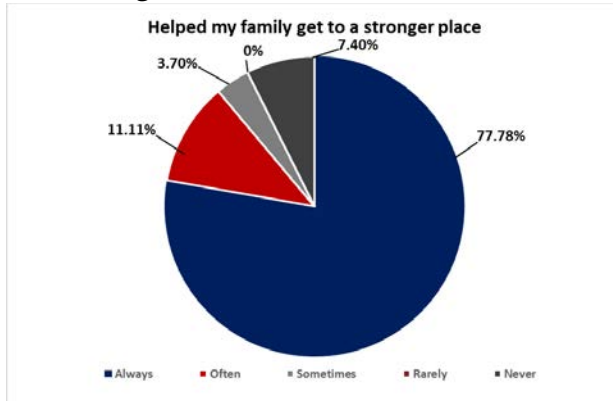
Despite the continued challenges faced with our Nation’s current health crisis, the program has continued to thrive with support through collective team check-ins and refresher trainings. Team members continue their commitment to serve children and families and that shows through the amount of youth who can remain with their families. Satisfaction of both internal and external customers remain high. Statewide, team members consistently report the partnerships created by this approach to practice go far beyond the cases we share.

The following is data that reflects customer participation as of December 31, 2021. Customer participation is voluntary. This service is primarily prevention focused serving children through non-custodial cases (families with children who are not in foster care). However, this model has also been used to support custodial families (families with children who are in foster care) to shorten the length of stay for the foster child(ren).

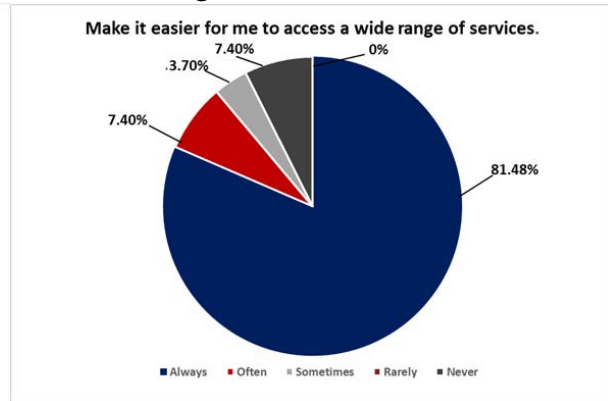
- 655 non-custodial families comprised of 1,395 children have received services through this approach since it began.
- Out of those 1,395 non-custodial children served, only 4% entered foster care within a year of discharge from the approach. This translates to 96% of non-custodial children served were able to remain intact with their family.
- 75 custodial families comprised of 135 children have received services through this approach since it began.
- The approach has served a total of 730 families comprised of 1,530 children

The approach continues to yield a high level of satisfaction from our external customers. Electronic surveys are offered to families following each Child and Family Team Meeting to obtain feedback on their experience and use that information to inform practice. Families consistently provide positive feedback about their experiences. Surveys given to our external customers (families) over the course of 2021 yield the results outlined below.

Item 32. Figure 2



item 32. Figure 3



The mission and vision of each state agency has been further promoted and achieved because of the relationships through this approach. The Steering Committee for this approach continues to be comprised of high-level management from Department of Intellectual and Developmental Disabilities, Department of Education, Department of Health, Department of Human Services, Department of Children’s Services, Department of Workforce and Labor Development, Division of TennCare, MCOs that are contracted by TennCare, and Community Partners (service providers, community mental health organizations, alcohol and drug treatment centers).

Memorandum of Understanding Agreements

The Department maintains Memorandum of Understanding (MOU) agreements with Department of Human Services, Department of Corrections, Department of Mental Health and Substance Abuse, TN Bureau of Investigation, and Social Security Administration to share information and data between agencies to support children and families receiving services and referral for services. These agreements allow the Department to streamline services across the state. For example, when a child comes into state custody the Department’s Maximization Specialists are able to access information from the TDHS system to determine IV-E eligibility. Also, the Department can use the TBI database to review criminal background checks prior to making relative placements. Having MOUs for these systems prevents county or regional access issues.

Coordination Efforts with Other Federal Programs

The table below outlines Tennessee’s coordination efforts and frequency with each federal program partner to ensure that DCS services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population

item 32. Figure 4 Coordination Efforts

Federal Programs	Coordination Efforts	Frequency
Department of Mental Health and Substance Abuse	HomeBuilders Intensive In Home Services Program in South Central Region, Safe Baby Court, CFSP Advisory Board Member, Joint Planning, Regional Partnership Grant Advisory/Implementation Board Meetings, licensure for level 3 and 4 placements, FFPSA Workgroup/QA/QI Call, CBCAP Advisory Board; grant funding for community mental health services accessible to families.	quarterly, annually, and ongoing, twice monthly
TennCare	CBCAP Advisory Member, Joint Planning. Partner with 12/12 regions to provide medical, dental and mental health provider network, DCS liaison team dedicated to work just with TennCare to ensure timeliness of services and appeals. Targeted Case Management services billing. FFPSA Workgroup; Joint Planning	Weekly, quarterly, monthly
Department of Human Services	Joint Planning, CFSP Advisory Board Member. DHS coordinates the child only grants which many of our relative caregivers qualify for, day care vouchers, in-home cases day care determinations, TANF and DHS prioritizes our cases, child support. FFPSA Workgroup, CBCAP Advisory Board	Annually, monthly, quarterly, and ongoing
Department of Health	DCS refers clients to DOH grantees for services, co-funder with CBCAP funded providers, Joint Planning, CFSP Advisory Board, CBCAP Advisory Board, FFPSA Workgroup	Two times monthly and quarterly, annually

Section IV—Assessment of Systemic Factors

Federal Programs	Coordination Efforts	Frequency
Department of Intellectual Developmental Disabilities	Partnership for shared homes and there is a process in place for young adults for when they turn 18 to receive services through DIDD. Opened a new group home for under 18 with complex medical conditions hard to place and safely discharge from hospitals.	Ongoing
Department of Human Resources	Racial Justice Workgroup Policy Reform Subgroup/Determines compensation planning and job specifications for DCS positions	Annually
Department of Corrections	Partners for security and training at Wilder Youth Development Center	Ongoing
Department of Education	CBCAP Advisory Board, FFPSA Workgroup	Monthly, quarterly
TN Council on Children and Youth	CBCAP Advisory Board, CFSP Advisory Council, Joint Planning	Quarterly, annually
TN Bureau of Investigations	Child Protective Services Staff Academy Pre-Service Training. fingerprinting, background checks for potential placements with relatives. Consultant to build human trafficking team for children and youth providing specialized training to the staff who will carry only human trafficking cases.	Ongoing
Housing and Urban Development	coordinates and partners with Independent Living to assist families with FUP vouchers for housing, 12/12 Resource linkage helping families in need of affordable housing.	Ongoing

Stakeholder Experience

Stakeholder Feedback Received on 2/3/23 and 5/12/23 during the Community Based Child Abuse Prevention (CBCAP) Advisory Board meetings from federal program agency board members.

How do we work together to meet the needs of children, youth, and families who are involved in child welfare services?

TN Care Feedback: Meet regularly on ICPC cases before child/youth moves out of state to ensure health and dental care is coordinated. Round reviews - Meet two times a month on complex cases with

Section IV—Assessment of Systemic Factors

DCS medical staff to remove health and mental health barriers. Work well together on medical fragile cases (10 to 20 cases) and non-custodial cases when there are health advocacy needs.

TN Department of Health Feedback: Collaboration and support DOH can give DCS in implementing FFPSA services based on knowledge of geographical areas in greatest need.

TN Department of Mental Health and Substance Abuse Feedback: Collaboration on grant funds for Homebuilders Services.

TN Department of Human Services Feedback: Supporting DCS families and children/youth with childcare assistance and working together to ensure there are slots available. Ensuring DCS families and children receive priority assistance from DHS.

How do you know what the needs for children, youth, and families are? Examples, data/reports, statewide/regional meetings, etc.

TN Care Feedback: Receive quarterly reports from DCS on EPSD&T eligibility. DCS does well getting us information and we always feel up to date.

TN Department of Health Feedback: Sharing information at state agency meetings, posting information where it is easily accessible.

As we look to identify needs of children, youth, and families, how are we mindful of the needs of minority populations and underserved communities?

TN Care Feedback: There is a need for more caseworkers and therapists who speak more than one language. Most information is already translated in Spanish but need other language translations. Challenges with provider network (when providers retire or stop taking new patients). 44% of the network either had one provider in the area or were not taking new patients). Challenges with dental providers across the state. TN Care works to raise awareness with the need to the providers and circulates across DCS regions on dental resources to make sure DCS children and youth are a priority. TN Care appreciates the relationship with DCS and letting them know where and when there are issues.

TN Department of Health Feedback: Has good understanding of where there are gaps in underserved communities for in-home services that is shared with DCS.

What gets in the way (administrative barriers) of addressing the needs of children, youth, and families?

Feedback from all departments represented: Budget constraints, legislation, federal regulations, rates determined for Case Management Services.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Tennessee is not in substantial conformity with this systemic factor. Two of the four items are a strength.

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

State Response:

This item is a strength for Round 4. Tennessee continues to have state standards that are applied equally to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds. Administrative data and stakeholder feedback show monitoring and tracking processes are in place to ensure standards are being met

Tennessee received an overall rating of Strength for Item 33 in Round 3 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that the state is ensuring that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds. DCS developed an internal infrastructure to provide oversight and ensure compliance with IV-E eligibility and DCS safety requirements for all DCS and contract agency foster homes and contract agency congregate and residential direct care staff. Monitoring processes and tracking mechanisms are in place for all foster homes to ensure that standards are being met.

Strength

DCS and providers were above 90% compliance in all areas in Calendar years 2020 -2021.

Item 33. Figure 1

Calendar Year	Foster Homes Initial and re-assessment	Agency Statewide Compliance	Provider Statewide Compliance
CY 2020	3342	96%	92%
CY 2021	2850	96%	93%
CY 2022	3125	96%	97%

Source: RET Tracking Logs

Improvement Efforts in Round 3:

- DCS updated policy in 2022, to be aligned with national licensing standards and is compliant as required under the Family First Prevention Services Act (FFPSA).

Continued Efforts:

- Standards for foster home approval and childcare institution licensing are applied equally with non-safety accommodations provided for relative/kin placements. For example, finances, space for personal belongings (number of kids in bedroom), window and door. Please see policy 16.4 section C. for details.

- The Resource Eligibility Team (RET) ensures compliance of IV-E eligibility and DCS safety standards of all DCS and contract agency foster homes. This process allows the Department the ability to maintain all documents relating to the IV-E eligibility of foster homes in accordance with Federal statute surrounding the State's draw-down of IV-E funding. Please see details of the process below. This infrastructure also provides oversight to ensure compliance with IV-E safety requirements for all contract agency's congregate and residential direct care staff.
- Foster homes are re-assessed biennially to ensure that approved foster parents remain capable of providing for the safety, permanency and well-being of the children placed in their care and that they continue to serve children in their home in accordance with current DCS Policies and Procedures.
- Childcare institutions are evaluated at least once a year. Using a consistent instrument In addition to the annual evaluation, the DCS conducts a minimum of one unannounced visit annually to all DCS-licensed programs: and a minimum of two unannounced visits to programs providing direct care to children and youth.

Childcare Institution Rules and Licensing Standards Process

The table below lists the type of license The Department of Children's Services regulates a brief description and the link to the standard for each type of childcare institution license:

Item 33. Figure 2

Type of License:	Link to Licensing Standards:
Child Placing Agencies Residential Care, Foster Care and Adoptions	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-09.pdf
Family Boarding Homes Residential Care serving 1-6 children/youth	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-02.pdf
Group Care Homes Residential Care serving 7-12 children/youth	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-02.pdf
Residential Child Care Agencies Residential Care serving in excess of 12 children/youth	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-05.pdf
Maternity Homes Residential Care serving 2 or more pregnant clients	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-07.pdf
Juvenile Detention Centers Hardware secure temporary residential care	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-08.20170615.pdf
Temporary Holding Resources Hardware secure/non-secure temporary residential care	http://www.state.tn.us/sos/rules/1400/1400-02.pdf

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Type of License:	Link to Licensing Standards:
Child Abuse Prevention Agencies Educational programs and other abuse- prevention services	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-11.pdf
Runaway Houses Temporary/emergency non-secure residential care	http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-10.pdf

The DCS Office of Child Welfare Licensing conducts an annual licensing evaluation to ensure compliance with statute and with state licensing rules and regulations. In addition to the annual evaluation, the DCS Office of Child Welfare Licensing conducts a minimum of one unannounced visit annually to all DCS-licensed programs: and a minimum of two unannounced visits to programs providing direct care to children and youth. Please see Item 33 Appendix Zip File for example annual evaluations. To make sure all agencies have the requisite number of visits each year, an internal peer review process was put into place earlier this year and prior to that the QA division did an external file review on our files each quarter. These processes are designed to ensure that 100% of everything that needs to be in each file is in each file.

- All rules and regulations are minimum standards applied uniformly across each licensing category, regardless of any contractual affiliation with the department. State licensing rules and regulations are reviewed, revised and promulgated every four years through a committee of stakeholders, advocates and other appropriate persons appointed by the regulatory authority's Commissioner, and are subject to public hearings and legislative review.

Foster Home Approval Standards Process

DCS recruits foster parents who can provide for the safety, permanency, and well-being of children and are fully prepared to serve in this capacity. This is also applicable to relatives and kin for children in TN DCS custody who are potential placement resources and for children through the Interstate Compact on the Placement of Children. Foster and adoptive home studies are completed once the candidate completes training.

Once homes are approved by regional leadership and provider agencies, the information is provided to the Resource Eligibility Team (RET) for compliance review. Resource homes are reviewed for compliance based on DCS Policy and Federal IV-E requirements regarding resource home initial and re-assessed approval documentation. Please see RET protocol. [RETProtocol.pdf](#) All resource home documentation is saved to the corresponding resource home's current home study assessment. This process has been in place since implemented in 2007. During the 2012 and 2015 IV-E eligibility audits, DCS had zero findings in all the homes reviewed. A IVE technical assistance review was completed in early 2019 and DCS passed the technical review. Please see foster parent handbook that references the policies that include safety standards. [Foster Parent handbook.html](#)

Foster home approval standards/requirements are the same for both DCS and Contract Agency homes. RET reviews each home approval or re-approval in the same manner. RET staff are not involved in the actual home approval process. It functions solely as an oversight/quality assurance/compliance unit. When deficiencies are identified regarding regional or provider requirements, it is corrected at that time.

Section IV—Assessment of Systemic Factors

Regions and providers typically resolve all corrections before making placement. RET Protocol for details. There have not been deficiencies identified in the RET process as evidenced through the December 2020 state comptroller audit: Conclusion: "Based on our testwork, the Office of Child Programs management evaluated and approved foster care parents as required by department policy."

Foster home approval documentation is uploaded into TFACTS under the foster home's current approved assessment. RET staff review documentation electronically. The findings are recorded on the RET tracking log for that home. Any non-compliance involving the payment of IV-E monies in error requires a reimbursement notice sent to fiscal. If a Contract Agency is determined to have a non-compliant finding, fiscal bills this agency for reimbursement of the IV-E dollars paid in error which in turn is returned to the federal government. If a DCS home is determined to be non-compliant, fiscal makes the necessary adjustments in the CCWIS system as it relates to the child's IV-E eligibility.

RET reviews 100% of all foster home approvals and re-approvals annually. Each year data is pulled, and a tracking log created to monitor foster homes due for re-assessments. Re-assessments occur biennially update to criminal history, medical other verifications and training requirements Foster Home Assessment or Re-Activation. Please see RET protocol for the link to the form. It does not include a home study. These homes are reviewed for IV-E compliance at time of assessment. Any new homes are reported by field staff to RET at time of initial approval and submitted for review. These homes are added to the tracking log.

RET findings are reported at the end of year through a report that is housed on an agency drive. The report includes information such as the number of foster homes reviewed for the calendar year and the IV-E compliance broken down by DCS foster homes and Contract Agency foster homes.

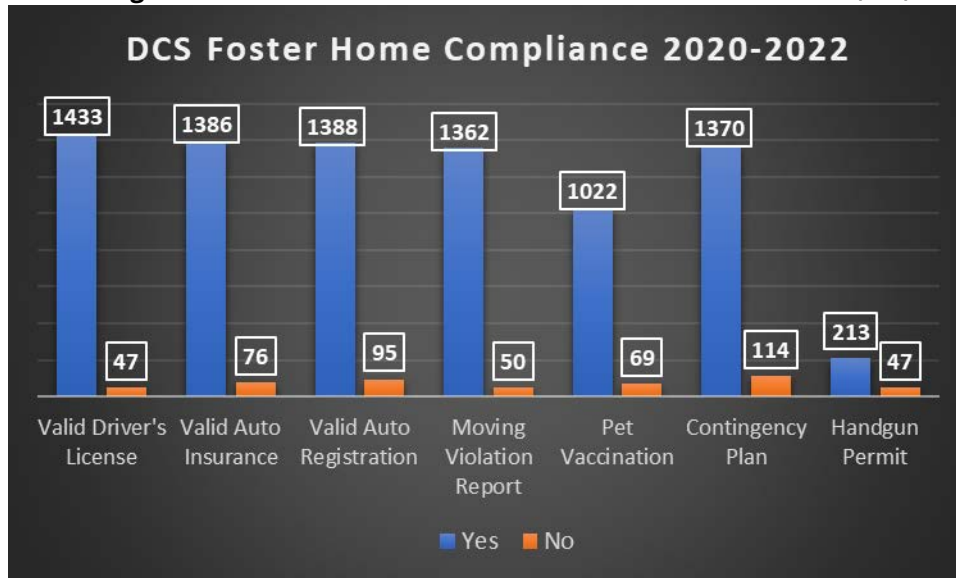
RET staff also provide specialized training to regional and Contract Agency staff related to safety documentation and statewide technical assistance related to TFACTS data entry regarding resource home approval. For children placed as an emergency with family or fictive kin, the agency has a process by which NCIC, FBI, and TBI immediately checks criminal backgrounds using identifying information. The caregiver is required to follow up by submitting the fingerprinting within 15 days of the placement.

DCS foster homes are also reviewed by the Continuous Quality Improvement (CQI) unit through quarterly Case Process Review. The sample size is equal to 10% of the active DCS foster homes for each DCS region at the time the report is run. An 'oversample' equal to the original sample size is also pulled.

- a. Any cases identified in the sample in the previous four (4) quarters is to be excluded.
 - b. The sample should contain an equal distribution across Team Leaders (when applicable)
- Please see CPR DCS foster home review tool

https://stateofennessee.formstack.com/forms/fh_cpr_q4_fy2023

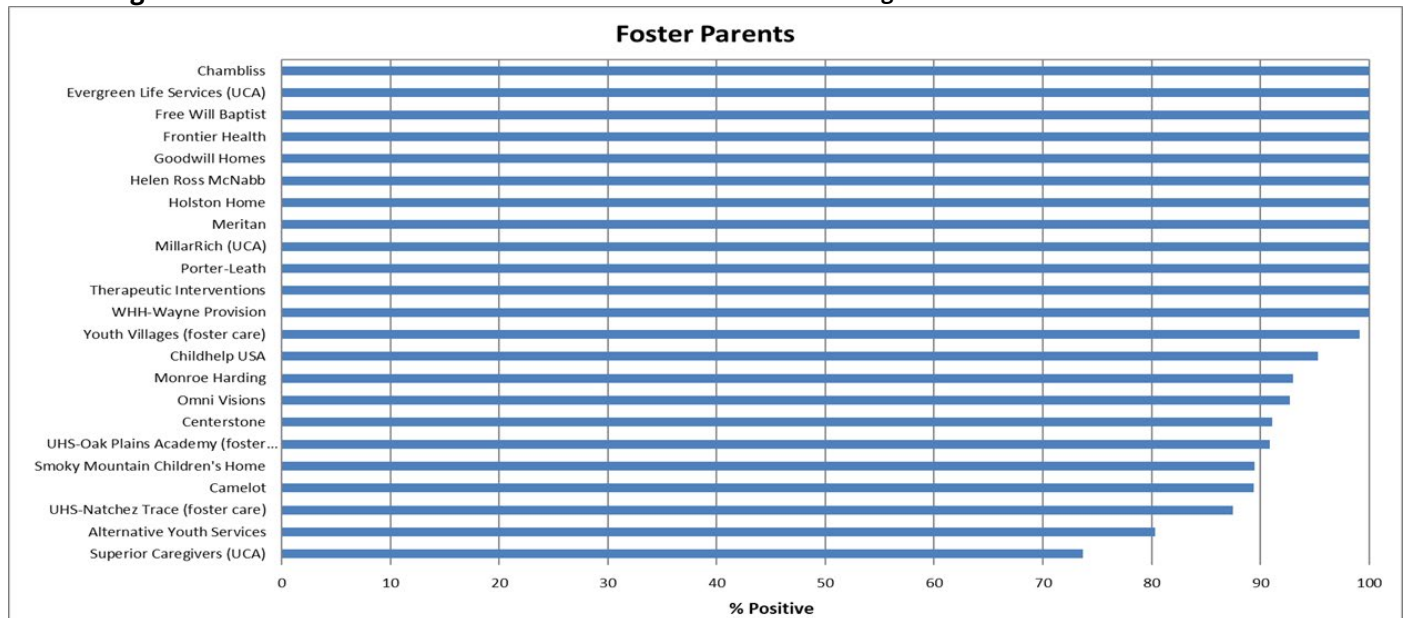
Item 33 Figure 3 DCS Foster Home Results Source: Case Process Reviews (CPR)



Provider foster homes are reviewed through the Program Monitoring Evaluation Team (PME) annually for adherence to DCS policy/protocol as it relates to safety standards. Please see item 33 Appendix 1 for provider foster home review tool.

The following data are results from annual monitoring conducting by DCS's Provider Monitoring and Evaluation (PME) for state fiscal year 2022. Data informing the graphs are results from on-site monitoring activities of agency records and documentation. Monitoring data is recorded through use of PME monitoring guides (or tools). Please see item 33 Appendix 2 for 2020 and 2021 results and item 33 Appendix 3 for the PME Monitoring tool.

Item 33 Figure 4 Provider Foster Home Results Source: Provider Monitoring Evaluation results FY 2022



Section IV—Assessment of Systemic Factors

The monitoring guide for Foster Parents consists of a review of initial and on-going training, as well as regular assessment of safety features of the foster home. The graphs above display evidence of compliance with specific requirements for these items for contract provider foster homes during State Fiscal Year 2022. If a provider foster home is found to be out of compliance a referral to the Foster Home Quality Team is made to determine the development of a foster home program improvement plan and monitors until to corrections are made.

Foster Home Approval Standard Policies

[Policy 16.4 Foster Home Selection and Approval.pdf](#) provides standards for identifying and approving qualified foster homes for placement of youth in DCS custody or youth placed into Tennessee. The policy provides guidance to DCS and providers regarding requirements and expectations for becoming a foster parent; opportunities for the consideration of relative/kinship foster home approval; the home approval process; fire safety; mandatory pre-service training; home and relationship assessments; background and criminal records clearance; documentation and foster home study requirements; and foster home approval and denial decisions. A foster home is not considered approved and eligible to receive children for placement until all State and Federal requirements are met. In addition to the approval requirements mandated by both Tennessee Code Annotated as well as DCS policy and procedure, foster homes must also meet all applicable Federal requirements for eligibility. DCS policy is compliant with national licensing standards as required under the FFPSA and all standards are applied equally throughout the state. Kinship homes are approved the same as traditional homes. Each home has a foster parent support worker. All new foster homes are assigned a foster parent mentor. Currently there is a limitation in kinship placement data being available due to a TFACTS system enhancement.

[DCS Policy 16.8 Responsibilities of Approved Foster Homes](#) states all DCS or Contract Agency foster homes, including those foster homes actively serving a child in placement pursuant to the ICPC requirements, are re-assessed no less than biennially (every two years from the date of initial approval). Approval periods remain the same biennially unless extenuating circumstances arise in which the foster home requires a new approval period.

[Policy 16.20 Expedited Custodial Placements](#) ensure identified relatives and kin are equipped to provide care and meet the minimum guidelines to become a foster parent. The policy provides standards for expedited placement assessments, home safety assessments, background and criminal records clearance, and expedited custodial placement approval. The expectation is that expedited kinship homes be approved within 120 days. While they are expedited we do pay state dollars for a small board rate while they are in expedited status.

Updates to licensing standards occur by changes in national licensing standards or new state legislation; notification of recalls or information learned from the DCS Health unit; new products learned about during home approval process (types of safety locks on cabinets, types of bed, trampoline safety) or during a monthly visit or re-assessment. DCS established a safety assessment for pools/hot tubs and response to injury/death of a child.

Section IV—Assessment of Systemic Factors

To support bringing kinship homes into compliance, community resources are used when needed for fire extinguisher, CO2 detectors, beds, and other personal items for the children. Any current traditional or kinship home that falls out of compliance is put on a corrective action plan to include a safety plan if necessary, depending on the non-compliant issue. The majority of corrective action plans address completing training hours not safety issues. This is addressed in item 34.

Waivers that apply to foster home approval include non-safety, criminal history, child abuse/neglect history, and training. During the approval process any standard that requires a waiver as outlined in policy/practice is submitted by regional staff to designated Central Office, depending on the type of waiver, for review and approval. Non-safety and criminal waivers are stored in the system under the current approving home study assessment.

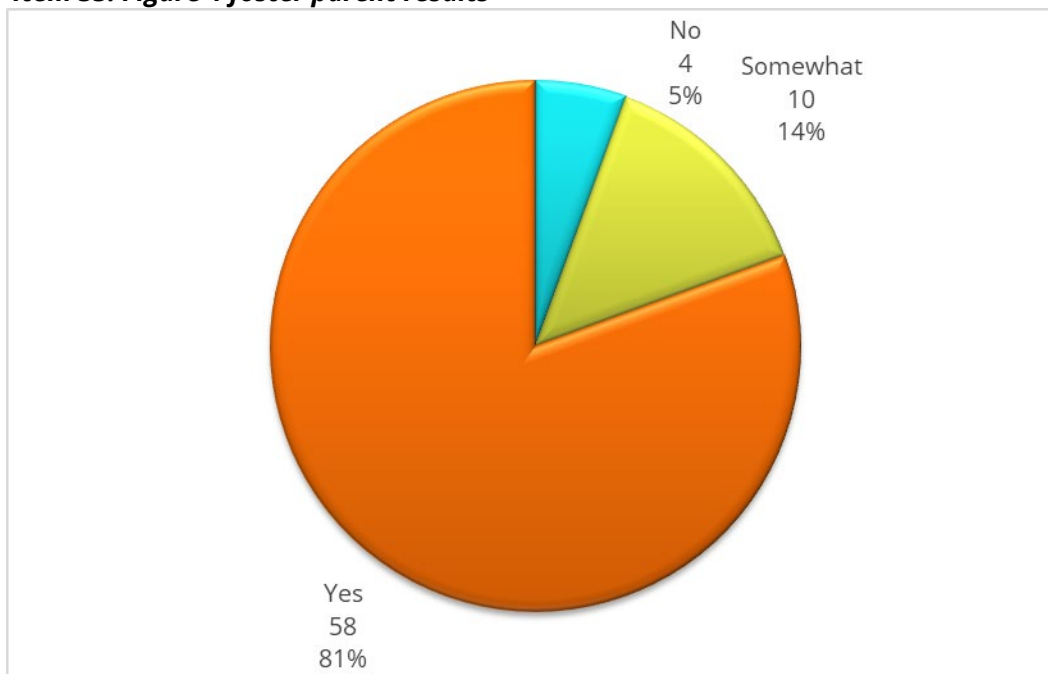
Stakeholder Experience

During Workgroup discussions including foster parents and Joint planning breakout sessions focused on foster and adoptive parents' approval processes and standards everyone unanimously agreed this is a strength. DCS Has good tight requirements about child safety and follow-up. The process includes DCS checking and rechecking if a private provider is adequately applying safety standards. A good approval process is in place for expediated homes as well. The process includes assessing if the home meets the needs of the children and family without sacrificing safety. A concern is that we don't know everything about the child and how they act once in a home. Although a foster parent suggested that the paperwork is redundant, another stressed that the "the standards are fair."

Foster Parent Perspective

Survey Question: In your experience, are the initial and on-going foster home approval processes sufficient to support the safety of children/youth while placed in the home? Foster Parent Survey Results from April 29, 2023, Spring Conference. Results from seventy-two (72) DCS and Contract Agency foster parents.

Item 33. Figure 4 foster parent results



Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

State Response:

Tennessee's requirements for background checks are a strength for Round 4. Based on administrative data and stakeholder feedback DCS continues to have policies and well-developed processes in place to ensure compliance with background checks.

Tennessee received an overall rating of Strength for Item 34 in Round 3 based on information from the statewide assessment and stakeholder interviews. Data and information in the statewide assessment and collected during interviews with stakeholders showed that the state complies with federal requirements for criminal background clearances for agency and provider resource homes and direct care staff. The agency has policies and procedures in place and operating to ensure that all children are safe in their foster and adoptive placements. The Resource Eligibility Team (RET) monitors compliance and tracks criminal and child abuse and neglect background checks. Stakeholders said that background checks are completed accurately and timely.

Strengths

- DCS has a process to expedite full background checks. See Policy 16.20 and for the checks DCS pays for on the Adam Walsh Tracker.
- The RET continues to be a strong process to ensure background checks are completed accurately and timely.
- The Program Monitoring Evaluation Compliance Team reviews direct care staff personnel records to ensure background checks are completed on all employees.
- Tennessee has a case planning processes to address safety provisions in foster homes and residential facilities

Limitations

- DCS relies on external agencies participation to ensure the timeliness of background check completion.
- Requests for Adam Walsh Checks are tracked only for states that require a fee tracking the length of time to process internally and delays by other states.
- When waivers are either denied or accepted the information is kept in provider agencies' personnel files, and monitored, but not aggregated. When audits/reviews are done through the Program Evaluation and Monitoring Compliance Team, reviewers look to see if waivers exist. Tennessee's system does not have a level of tracking to track

how many are disqualified after fingerprints. However, to ensure providers follow the process equally across the state, DCS trains provider staff and new hire foster parents support staff on the RET process. DCS has one point person who is responsible to ensure all agencies follow the process.

- A Tip Sheet was developed that explains what's allowable/not allowable for Foster Parents and Direct Care Staff. Detailed data for number of background hits and how many had waivers is not available. However, this is ensured in policy 16.4 and 16.8 that outlines responsibilities of approved foster homes and lists the requirements. The tip sheet provides further detail. In addition, DCS provides training and has one point person to ensure that it is followed correctly. Information is also available in statute and Social Security Administration for IV-E eligibility.

- TN does not maintain a no approval/declined list from county to county. However, if a person attempts to go to another agency, they would be vetted the same way and the same denial result would occur. TN does document homes that were approved but had to be closed due to a new criminal conviction or a new substantiated severe abuse or neglect to ensure they aren't re-approved. If they were to try to apply again and a provider tried to do a waiver it will go to the same point person at DCS who denied them. Same policies are followed by all. If new charges are accrued, DCS has a way to block to approve for a new conviction or severe abuse finding in our TFCATS system.

Continued Efforts:

- DCS has policy and procedure to ensure that all children are safe in their foster and adoptive placements. The DCS Office of Service Region Administration Support, RET, the Central Office Foster Care Division and the Office of Network Development partner to assure this safety.

- Regional staff conducting expedited assessments or ICPC requests are responsible for checking local law enforcement agencies or county court records for all adult (aged 18 and older) household members, with care taken to search in all previous legal names. In addition, the National Sexual Offender Registry, Tennessee Department of Health Abuse Registry, current and previous Tennessee CCWIS systems, and driving record/moving violation record check. Compliance data are reported by RET.

- The Due Process Procedures Division in the Office of Quality Improvement evaluates child abuse history records

- The Program Monitoring Evaluation (PME) team reviews direct care staff employment records for background checks. Please see Facility and Group Care IVE Protocol link in policy [4.1.pdf](#)

Background Check Processes

In response to the 2006 Adam Walsh Act, federal IV-E safety requirements, and to serve as a more effective steward of public funds, DCS developed an internal infrastructure, called the Resource Eligibility Team (RET). The Resource Eligibility Team (RET) reviews and maintains IV-E eligibility documents (criminal and child abuse and neglect background checks) and other pertinent resource home approval documents of all resource homes both initially (new homes) and biennially through the re-assessment process. The RET is also responsible for reviewing safety documentation for newly hired provider direct care staff. Safety documents reviewed for compliance include local criminal background and TBI/FBI fingerprint

Section IV—Assessment of Systemic Factors

checks, National Sex Offender Registry and Department of Health Abuse Registry checks, and a DCS Database Search for substantiated abuse and neglect cases. The findings are

recorded on the RET tracking log for that home. Please see item 33. Figure 1 the RET tracking table in item 33 that includes background check results for DCS and Provider home findings in calendar year 2019-2022.

RET staff also ensure that information related to the criminal checks is recorded in the home study and documented in TFACTS. Any discrepancies are corrected to ensure all elements of the foster home approval process are in line and compliant with IV-E and DCS policy requirements. If a foster parent is charged with a misdemeanor as long as the new charge is pending and no safety concerns in the home the home continues to be approved. If they are convicted of a felony that excludes them from being approved and child/ren are removed. The RET team functions as designed. Please See RET Protocol [RETProtocol.pdf](#) and has been very instrumental in streamlining the criminal history check process and maintaining IV-E compliance since its conception in 2007. Evidence of the value and success of this team, including the hard work of all field staff, is that during the 2012 and 2015 federal IV-E audit there were no errors identified in the sample of cases reviewed related to foster home or residential placements. A Technical Review conducted in early 2019 had no findings.

The Due Process Procedures Division in the Office of Quality Improvement evaluates child abuse history records before information is released to assure that due process was afforded to anyone substantiated in a child abuse and/or neglect case.

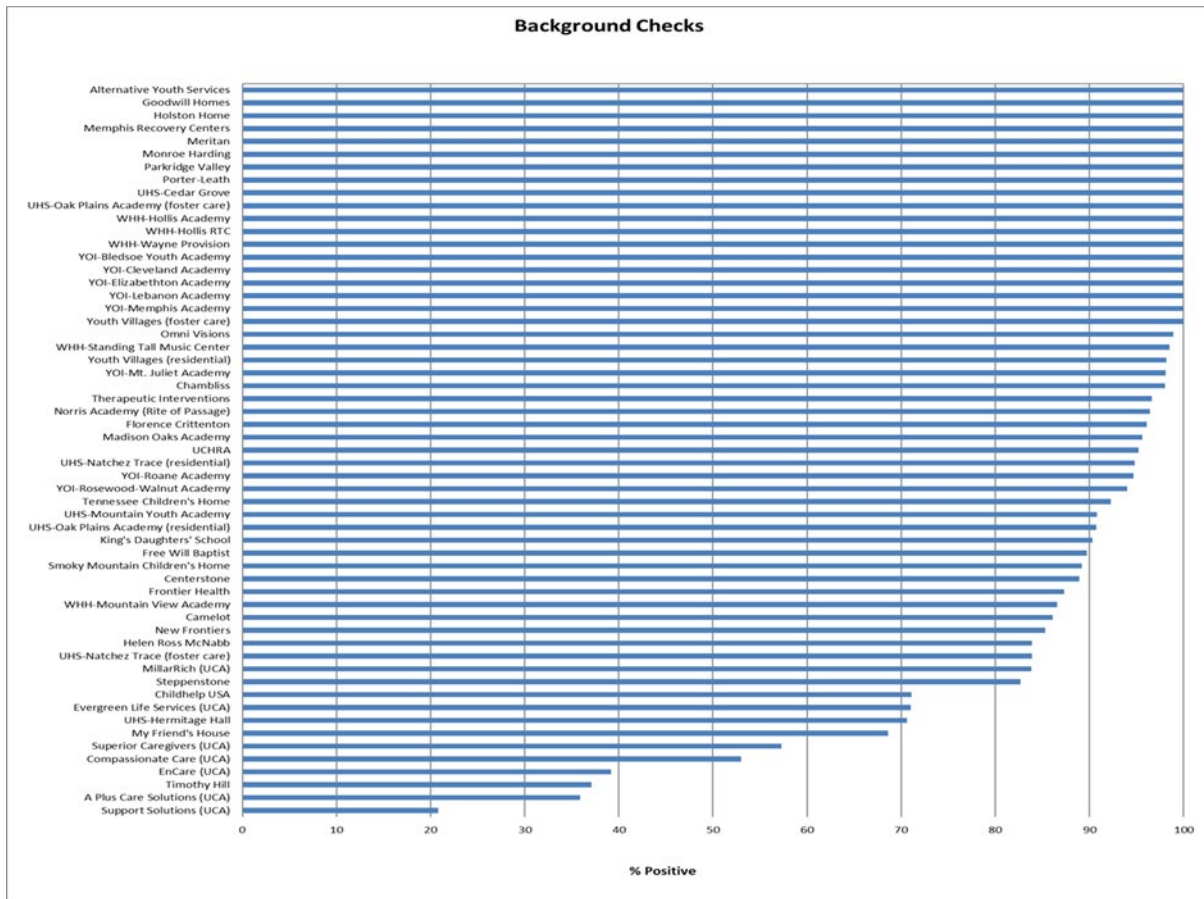
There are 308 fingerprint vendors throughout Tennessee and are readily available in or near most communities. Fingerprint results are received from the National Crime Information Center (NCIC) and evaluated by Tennessee Bureau of Investigations who generates a non-indication (no criminal history) or an indication letter listing criminal history. Results are provided to requesting agencies and DCS staff. Results must be obtained before any family can be approved.

Children for whom emergency placement is needed, identified families must undergo an expedited background check. Prior to the emergency placement, Internal Affairs conducts a Purpose Code X III Name Based Criminal Background Check on every adult in the identified home. This is a NCIC search conducted by Tennessee Information Enforcement System (TIES) of the Tennessee Bureau of Investigation (TBI). These searches are available 24 hours a day, 7 days a week. Adults must follow up with the fingerprinting process within 15 days of the emergency background check request. This process is used for children who need an immediate placement and cannot wait for the normal fingerprinting process.

Background Checks for Direct Care Staff

The PME monitoring guide for Personnel includes a review of contract provider agencies' compliance with DCS Policy 4.1, Employee Background Checks. The graph below displays evidence of compliance for these items during State Fiscal Year 2022. Please see item 34 Appendix 1 for 2020 and 2021 results and item 34 Appendix 2 for the PME monitoring tool. If a provider is found non-compliant a referral to DCS's Provider Quality Team is made to determine if a provider improvement plan is needed and monitors until the corrections have been made.

Item 34. Figure 1 Background Checks



Background Clearance Policies

Policy [4.1.pdf](#) Employee Background Checks - To ensure that background checks are conducted on all DCS/Contract Agency employees and volunteers that may or may not have direct contact with children/youth, or who work with sensitive or confidential information.

Policy [16.4.pdf](#) Section A provides guidance on Background and Criminal Records Clearance. Section A. #5 provides guidance to foster parents on reporting Changes in family Circumstances and requirements of everyone living in the home.

Policy [16.8.pdf](#) section N states monitoring requirements using addendums to the home study and reporting of new household members.

Policy [16.20.pdf](#) provides background and criminal clearance procedures for relatives and kin to become a foster parent.

Case planning process to address the Safety of Foster Care and Adoptive Placements

Regional Foster Parent Support Workers and Family Service Workers conduct safety assessments (formal or informal) during each visit to a foster home. Identified safety concerns can be addressed through a performance improvement plan and/or safety plan and if the safety concern does not rise to the level of removing children from the home.

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Tennessee uses the Child and Family Team Meeting process and Foster Home Quality Team process as the case planning process and to address safety of DCS and provider foster care and adoptive placements.

Investigations for allegations of abuse for foster and adoptive parents are conducted through the Special Investigation Unit and if meets criteria are also reviewed by the Foster Home Quality Team (FHQT).

Any compliance-related deficiencies noted during annual or unannounced licensing childcare institution evaluations require a corrective action plan (CAP) be submitted by the licensed agency for approval. Critical deficiencies in compliance, or observed practices that may negatively impact the health, safety, and well-being of children, may subject the agency to adverse action by the regulatory authority, up to and including termination of the agency's license. Any agency may appeal adverse licensing action by requesting a hearing through the appropriate state appeals board.

Example of Corrective Action Plan

Number	Deficiency	Citation of Applicable Rule	Correction Due
1.	Water under handwashing sink- check for water leak.	0250-4-2 Appendix B	2/11/2023
2.	Bathrooms 22 and 24 need new shower curtain liner.	0250-4-2 Appendix B	2/11/2023
3.	Bathroom 21 - wall behind sink needs cleaned	0250-4-2 Appendix B	2/11/2023
4.	Bedroom 23- broken window blind needs replace.	0250-4-2 Appendix B	2/11/2023

Example of the corrective action that was taken and the completion date

Number	Corrective Action	Completion Date
1.	The handwashing sink was checked for water leak & does not have a current leak.	1/13/2023
2.	The shower curtain liners were replaced in room 22 and 24.	1/11/2023
3.	The wall behind the sink in room 21 was cleaned out.	1/10/2023
4.	The window blinds for room 23 were replaced.	1/10/2023

Overall, Tennessee administrative data shows significantly low percentages of children/youth maltreatment in care. However, this information is not always captured accurately in Tennessee's CCWIS system. AFCARS and NCANDS maltreatment in care data also includes past allegation reports of maltreatment that could have occurred prior to being in custody or in a home the child/youth no longer reside in.

This table shows that .3% of Tennessee children in foster care were maltreated in FFY 2021. Definition: Measure 2.1: "Of all children who were in foster care during the year, what percentage were the subject of substantiated or indicated maltreatment by a foster parent or facility staff?"

Reduce the Incidence of Child Abuse and/or Neglect in Foster Care (NCANDS and AFCARS Foster Care File)

Item 34. Figure 2

2.1 Maltreatment in Foster Care	2019	2020	2021
Children malteated while in foster care	0.17	0.29	0.30

Section IV—Assessment of Systemic Factors

2.1 Maltreatment in Foster Care	2019	2020	2021
Children not maltreated while in foster care	99.83	99.71	99.70
Number	14,371	14,674	14,588

Source: ACF Child Welfare Outcomes Data: <https://cwoutcomes.acf.hhs.gov/cwodatasite/methodology>

The table below from the CFSR Data Indicators Supplemental Context shows that in 2020 foster parents and group home staff represented about 12.7% of all maltreatment in care.

Item 34. Figure 3

Victims counts and percents by perpetrator relationship - 2020		
Perpetrator relationship type	Victims	% of total victims
Total	307	100.0%
Father only	18	5.9%
Mother only	24	7.8%
Two parents of known sex	25	8.1%
Multiple perpetrators with at least one parent	31	10.1%
Unmarried partner of parent	2	0.7%
Legal guardian	3	1.0%
Other relative (non foster parent)	26	8.5%
Relative foster parent	22	7.2%
Nonrelative foster parent	1	0.3%
Foster parent, relationship unknown or unspecified	0	0.0%
Group home or residential facility staff	16	5.2%
Child daycare provider	1	0.3%
Other professionals	2	0.7%
Friends or neighbors	9	2.9%
More than one category of nonparental perpetrator	14	4.6%
Other	113	36.8%
Unknown or missing	0	0.0%

Source: Tennessee – Supplemental Context Data – February 2023.xlsx, prepared by the federal Children’s Bureau.

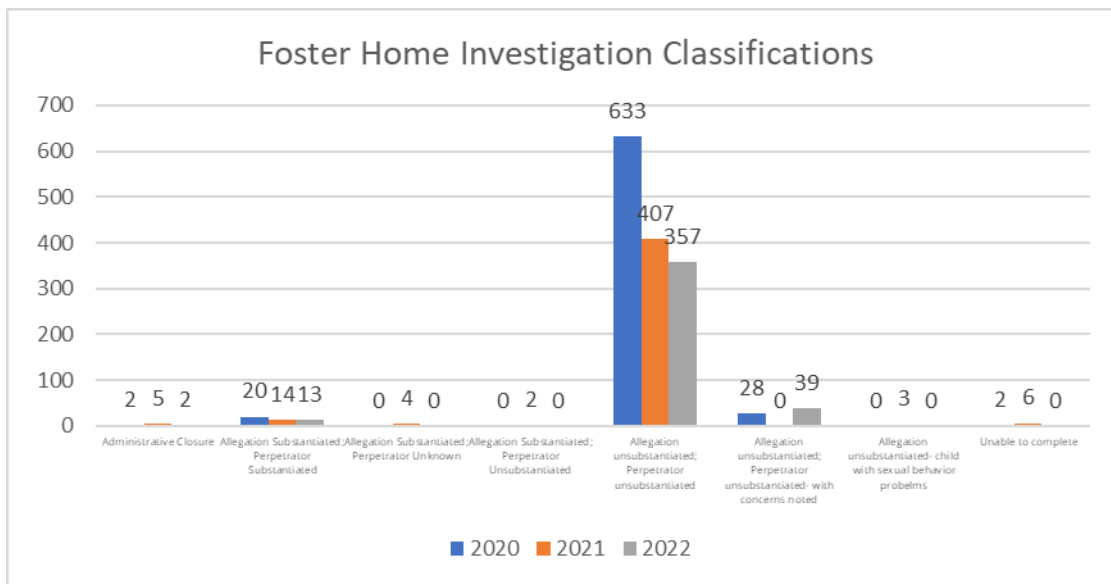
The graph below represents the classifications of foster home SIU investigations from 2020 to 2022. Of the 1537 allegations of maltreatment of custodial children in foster homes, 1397 (90%) were classified as allegation unsubstantiated/perpetrator unsubstantiated (AUPU) The higher numbers in the graph are good. 47 (3%) of the cases were classified as allegation substantiated/perpetrator substantiated (ASPS).

Limitation in the data:

- The SIU data does not provide breakdowns by race, age, or gender.

Item 34. Figure 4 Foster Home

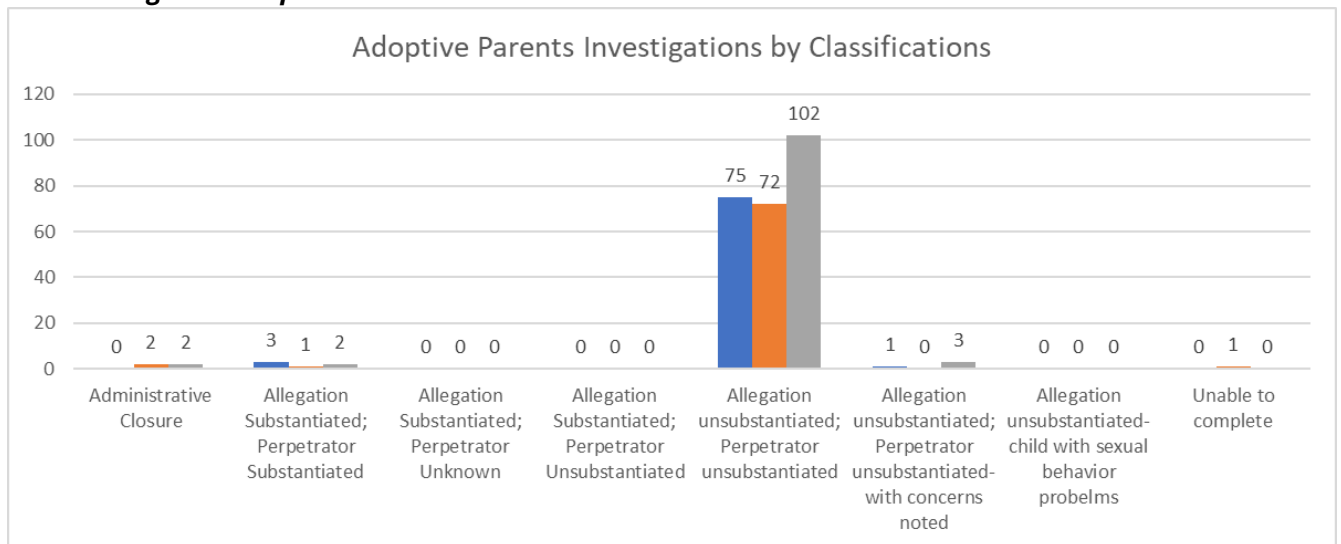
Section IV—Assessment of Systemic Factors



Source: TN DCS Special Investigation Unit 2020-2022

The graph below is broken down by the 2020-2022 Adoptive Home SIU classifications and allegations/classifications. Of the 264 allegations 249 (94.3%) were allegation unsubstantiated and perpetrator unsubstantiated (AUPU). The higher numbers in the graph below are good. Six (2%) of the allegations were substantiated.

Item 34. Figure 5 Adoptive Home



Source: TN DCS Special Investigation Unit 2020-2022

Foster Home Safety Planning Policies

[Policy 16.4.pdf](#) The policy is supplemented with the [Home Safety Checklist Work Aid](#) that addresses common questions related to safety, such as fire, sleeping arrangements, weapons, hazardous materials, trampolines, and pets. Homes with pools or water hazards must have an ongoing safety plan focused on water safety communication and emergency response. Specific safety precautions for pools are addressed in the [Barriers and Fencing for Swimming Pools](#) work aid. Quarterly compliance reviews are conducted to ensure foster homes are compliant with backup plans.

[Policy 16.16.pdf](#) Section D provides procedures for Performance improvement planning when foster parents are out of compliance

[Policy 14.25 Special Investigations Unit](#) - The Special Investigations Unit (SIU) conducts investigations on allegations of child abuse and neglect which occur while a child is in DCS custody. Based upon available information, SIU staff assesses the child's immediate needs to ensure safety and reduce risks. Every effort is made to preserve critical relationships and maintain stability for the child. These decisions are made in conjunction with DCS supervisory staff and, when applicable, an agency participating in a coordinated investigation. Investigations include home visits in the foster home; interviews with the victim, foster parent and any collaterals; and coordinated investigative activities with other state agencies that share jurisdiction such as DCS Licensing, Department of Human Services, Department of Intellectual and Developmental Disabilities, and the Department of Education.

Transitional Houses are community-based locations where a custodial child awaiting placement in a foster home or facility may, for a short period of time, wait in a home-like setting, while still under the direct supervision of Department staff. Transitional Houses in regions may also be used as an alternative location to conduct child and family team meetings (CFTMs). Each region will have a designated point of contact for any Transitional House located within the region. There are currently twenty-three (23) locations across the state. A protocol is available to DCS staff to provide guidance on the process to access a transitional house and DCS staff responsibilities. <https://files.dcs.tn.gov/policies/chap31/ProAccTranHous.pdf>

Stakeholder Experience:

Workgroup Discussion

Provider Perspective

Strength

It's a good thing that we haven't had a lot of interaction with the Foster Care Quality Team. The times that we have, they've been very open with us. They help us through the process if we need to address some safety issues, letting us know what those are or giving us suggestions about how we might go about addressing things that don't rise to an investigation. Our agency does a pretty good job of trying to get onboard at the beginning. We will do our own safety planning, or we'll do our own retraining when things come up that might be lacking in the process before it reaches investigation status. The few times that we have had contact with the Foster Home Quality Team has gone well. There is an appeal process. I thought it was very helpful because sometimes we know our families a little bit better than what was reported on paper and it gives us an opportunity to share that, to see if that would make a difference in their findings.

Joint Planning

Foster Parent Recruitment and Retention Session

Strength

Area of strength for DCS. There are good tight requirements about child safety and follow-up.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

State Response:

Tennessee's foster and adoptive parent recruitment and retention is an area needing improvement for Round 4. Despite improvement efforts evidence through stakeholder feedback and administrative data shows there is still a need to improve the foster and adoptive parent pool to include families who reflect the ethnic and racial diversity of children in foster care. The greatest impact to improve on this item has been the pandemic and adjusting to new norms because of the pandemic. Many foster parents closed their home due to fear for their family's health. Others eventually closed due to burnout. DCS also experienced a significant loss of staff for similar reasons. Both circumstances negatively impacted DCS's ability to maintain an adequate inventory of foster homes and minimized recruitment strategies due to the shutdowns and other restrictions during the pandemic.

In Round 3, Tennessee received an overall rating of Area Needing Improvement for Item 35 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not have a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in foster care. Although each of the 12 DCS Service Regions has active recruitment and retention plans, the plans do not include targeted recruitment strategies based on the ethnic and racial diversity of children in the regions.

Improvement Efforts

- Developed targeted strategies in the 12 regional recruitment and retention plans to recruit families who reflect the ethnic and racial diversity of children in foster care.
- July 1, 2022, contracted with Harmony Family Center to assume recruitment responsibilities.
- In April 2023 DCS collaborated with Harmony Family Center to develop a more robust statewide recruitment plan that identifies different cultural and racial needs and includes targeted recruitment goals in specific geographical areas.
- Launched the usage of Assessment Homes to provide supervision and support to children and youth who present with varying degrees of behaviors/functioning and may require an additional period of observation and assessment to effectively determine the most appropriate service level and placement setting to meet their needs.

Recruitment and Retention Plan Process

DCS's primary goal continues to be one resource home available for every two children in care. As of May 31, 2022, the Department was below the goal. Under the previous governor, the TN Fosters Initiation was established in an effort to bring community and faith-based organizations to the table to assist with foster care. The Department established an annual recruitment goal to recruiting a minimum of 10% more new foster homes than the number of homes that voluntarily closed in good standing in the prior calendar year. However, due to challenges with the pandemic, that annual goal was lowered in 2022 to recruit the same number of homes that voluntarily closed in good standing in the prior calendar year. The current administration continued the initiative as TN Fosters Hope.

During Round three through June 30, 2022, Tennessee operated a state administered system whereby the Division of Foster Care provided support to 12 geographic regions that had flexibility in creating region specific annual recruitment and retention plans based upon demographic indicators. These, generally, seem to reflect commonalities at a statewide level in terms of needing more homes for teenagers and large sibling groups. Annual regional plans were targeted to the unique needs of each region based upon ethnic/cultural needs, gender needs, etc.

Recruitment efforts and data were addressed quarterly with regional foster home recruitment/support staff during regional meetings. Progress is measured in several ways. TFACTS generates demographic information about foster homes and custodial children thereby enabling Regions to determine specific resource needs and availability. The Child and Family Service Review process supports measures of assessment and services, functioning, and resourcefulness of foster parents. It also measures formal and informal supports available to them and their use of those supports.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information

- Continue to support the Continuous Quality Improvement (sometimes referred to as Quality Practice) teams at the Regional and Central Office level that support recruitment and retention of resource families. These teams include partnership with community stakeholders and existing resource parents.
- Maintain and continuously update agency web, Facebook, Twitter, and other Social Media accounts to disseminate information to potential, interested community members while continuing to add use of other social media and marketing technology, such as Mail Chimp and Remind.
- Maintain toll-free telephone line for community members to inquire about becoming resource parents while promoting the department's new web site with an online inquiry option.
- Continue photo-listing of children in need of adoptive families to the AdoptUsKids website, and timely engagement of families interested in unique children.
- Support local county recruitment by providing materials for events at the community level including local fairs, educational events, and other opportunities to raise awareness.

Continuous Quality Improvement

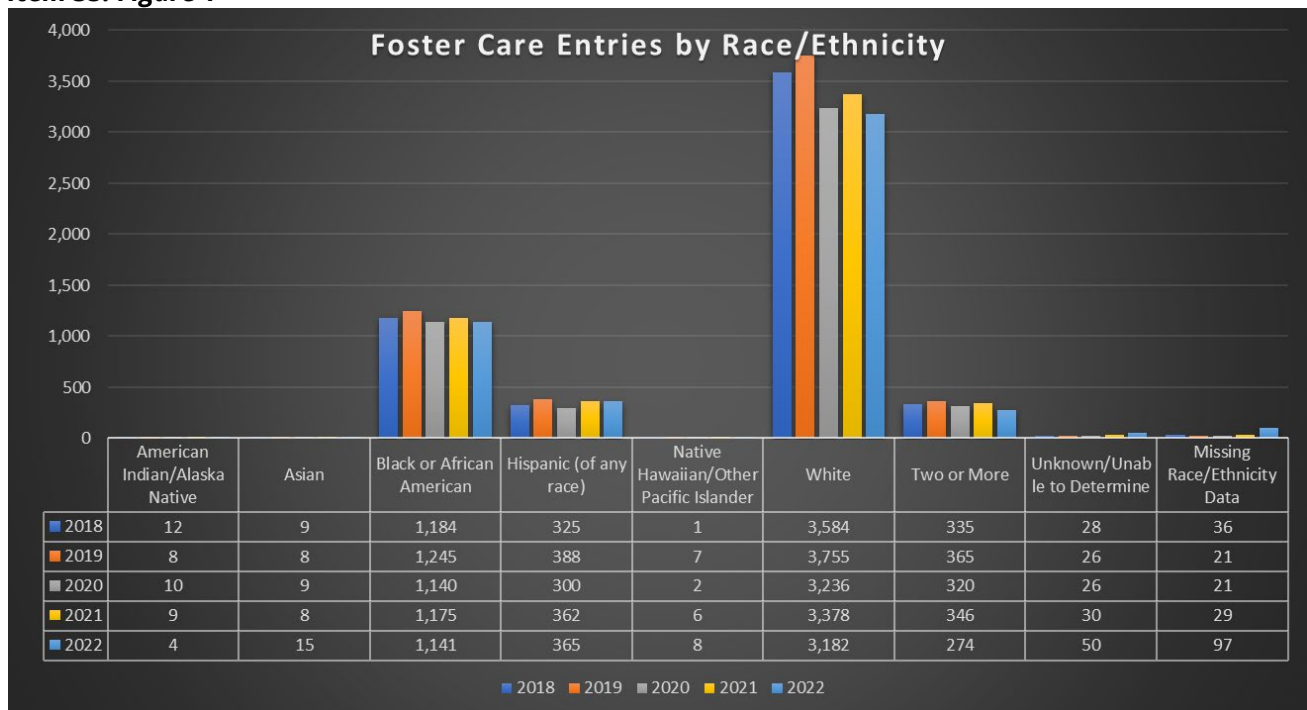
Between November 2019 and January 2020, the Department contracted with the technical support of an Annie E. Casey recruitment consultant to provide follow-up training to DCS staff to re-enforce best practice in recruitment and retention efforts. Due to COVID, additional re-enforcement training was not convened in February 2020 and the end of May 2021.

In July 2022 the department entered into a contract agreement with Harmony Family Center to take over the responsibility of foster and adoptive parent recruitment strategies statewide. The primary focus has been establishing a social media marketing campaign to assist with local events. Postings occur frequently on various social media platforms. Geofencing is used to draw attention to local events. Harmony Family Center has also used radio and podcasts to share information about fostering and departmental needs. Connections are being made and relationships built with local chambers of commerce. Harmony Family Center collaborates with DCS staff and Community Advisory Boards and other organizations such as TN Kids Belong and Isaiah House 117 to educate and promote foster care.

In spring 2023, a draft recruitment plan was developed collaboratively with DCS and Harmony Family Center with the Goal: To ensure the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity for whom foster and adoptive homes are needed. Please see item 35 Appendix 1.

The chart below shows the number of children who entered foster care in Federal Fiscal Years 2018 – 2022 compared by race and ethnicity. The focus of Tennessee’s recruitment of foster homes for children has been African American, White, Two or More races, and Hispanic Ethnicity populations. However, the current Harmony Family Center recruitment plan has also identified recruitment for Asian and American Indian/Alaskan Native and LGBTQ+ (not represented in the chart below)

Item 35. Figure 1



Source: TN Supplemental Context Data February 2022

Section IV—Assessment of Systemic Factors

This table shows the number of children in custody by race compared to the race of their primary caretaker as of April 2023.

Item 35. Figure 2

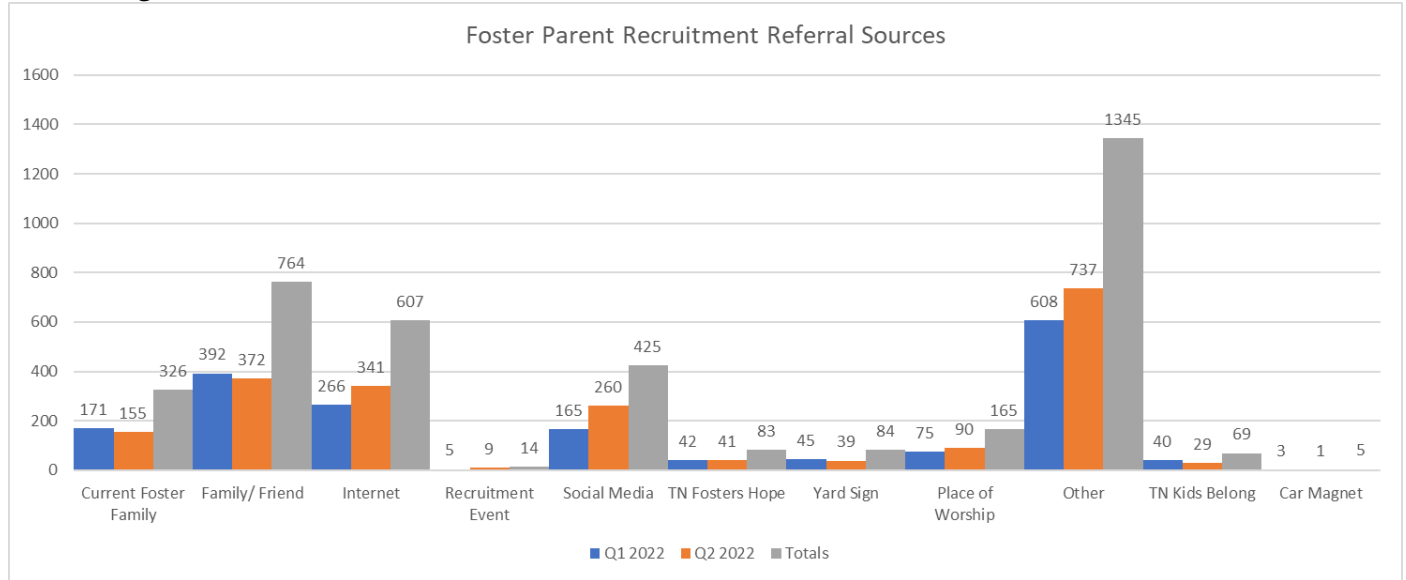
Custody and Foster Parent Race/Ethnicity Comparison as of April 2023 (DCS and Private Provider Homes)				
Race	Custody	Percentage	Primary Caretaker	Percentage
American Indian/Alaska Native	2 out of 15562	0.04%	4/4509	0.09%
Asian	7 out of 5562	0.13%	10/4509	0.22%
Black/African American	0	22.42%	1102/4509	24.44%
Multi-Race	494/5562	8.88%	64/4509	1.42%
Native Hawaiian/Other Pacific Islander	10 out of 5562	0.18%	2/4509	0.04%
Unable to Determine	92/5562	1.65%	27/4509	0.60%
White	3710/5562	66.70%	3300/3409	73.19%

Source: TFACTS

Diligent Recruitment Efforts

Harmony Family Center began diligent recruitment efforts when the contract began July 1, 2023. The chart below reflects the recruitment strategies and number of referrals from each strategy between July 2022 – December 2022. A limitation in the data is most referral sources fall under “other” which is not clearly defined. Family and Friends, Social media, and internet are the next group of highest referral sources.

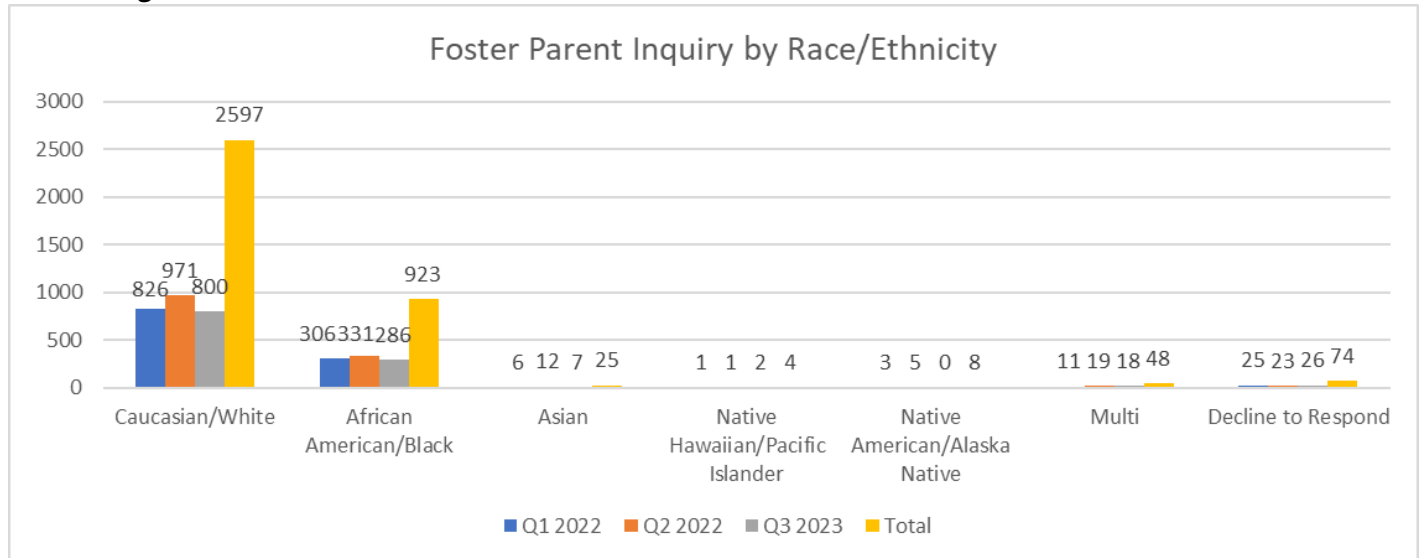
Item 35. Figure 3



Source: Harmony State Summary January 2023

Tennessee needs more time to explore factors that contribute to the variation of inquiries by race. The chart below shows the number of inquiries to become a foster parent between July 2022 – March 2023 compared by race and ethnicity. The highest inquires to become a foster parent continue to be white families.

Item 35. Figure 4



Source: Harmony Recruitment Plan Spring 2023

Assessment Homes to meet the needs of children with behavioral problems

- Assessment Foster Homes provide supervision and support to children and youth who present with varying degrees of behaviors/functioning and who would benefit from an additional period of observation and assessment to effectively determine the most appropriate service level and placement setting to meet their needs.
- The assessment foster home is a trauma-informed, structured environment. The foster parent provides informal assessments of behaviors and relational interaction as part of the overall assessment process for each child.
- The Assessment Home Program is currently utilizing five (5) DCS Assessment Homes and one (1) Omni Visions Assessment Home. There is at least one (1) home in each DCS Grand Region— East, Middle, and West.
- Recruitment is ongoing to identify and develop more Assessment Homes.

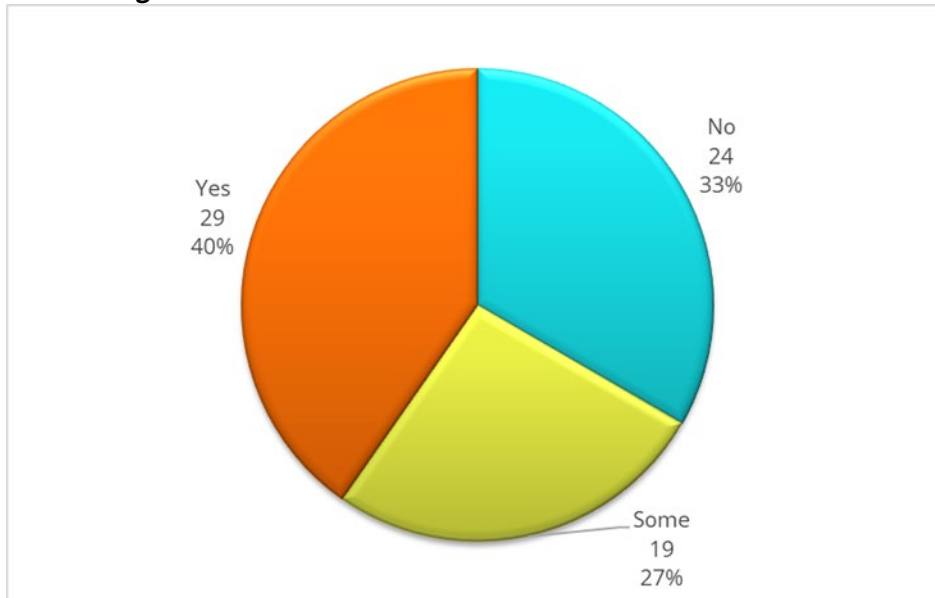
Stakeholder Experience:

Foster Parent Perspective

A total of seventy- two (72) Survey Responses from nine (9) Contract agency and DCS foster parents administered during the Spring Virtual Conference held Saturday, April 29, 2023. All 12 regions were represented. Please see Section I for details.

Based on your experience, does the agency recruit and/or retain a sufficient number of foster parents that match the unique characteristics of the children/youth in foster care? (Including race/ethnicity, LGBTQ, children with disabilities, older youth, etc.)

Item 35. Figure 4



Key Themes from Foster Parent Surveys

- Need more foster homes for teens, who are more trauma informed to deal and how to deal with severe behaviors
- Need more foster homes with families of color
- Need more homes for LGBTQ+ children and youth
- Caseworker turnover and shortage of staff has been a barrier to retention due to the lack of support especially for new foster parents and foster parents who foster children with severe behaviors and trauma
- Need more recruitment strategies in churches and community organizations

Workgroup Discussion:

Provider Recruitment Strategies

Strengths

- We do a lot of events setting up booths and tables. We tap into events across the state as often as we can. We try to recruit families that are open to LGBTQ population of kids. We go to different churches to try to recruit families that are open to having kids of different religions. We try to get out to different groups of folks that are open to taking the kids that we get. Right now, I think that we're doing a good job of that. It's just getting people to finish the process with us and take the therapeutic kids that we get with the tough behaviors.
- We try to do a lot of strategic planning around our recruiting. One of our main factors that brings in a lot of our inquiries for our foster parents is outdoor advertisement such as placing yard signs strategically in those areas where we see an increase in custody numbers. The best outcome for children is to try to give the child a sense of familiarity. So, staying in the same school system, the same neighborhood could potentially help with reunification as well as stabilization. We want to try to recruit in these areas as much as possible, so we start with outdoor advertisements. We also investigate what events are taking place in those same areas, so we can set up a booth or maybe talk to the community leaders. We also do informational presentations during classes or at local churches in these same areas. We try to expand our recruitment in the areas we pinpoint.
- When looking at custody data we include looking at race, ethnicity, and any kind of cultural needs (special needs and medical needs, etc.) in specific areas. It helps with developing the strategic plan. We are going into those neighborhoods, starting out with a wide net using yard signs and the outdoor advertising to get free awareness and attention to the area. Then we go deeper into the data looking into race, the LGBTQ community, or youth that have specific needs. We pinpoint events that may be directed towards that population. It begins as an overall recruitment but gets drilled down to the needs of the child.
- I feel like we are getting a level of success, especially from a stability standpoint. We really strive to follow the plan we have in place to make the first placement the best placement. We're not looking at multiple moves with the youth. I think we have seen some improvement, but we we're still working to see how we can improve in that area to get more specific matches for the youth that are coming in the custody.

Challenges and Areas Needing Improvement

- The number of homes on suspended admission is just bothersome somewhat because it means there's one less home for a child to be placed in. I know some homes must be on suspended admission but sometimes foster parents don't always do the right thing. Sometimes I feel like I hear about situations, and it was reported on the hotline and now we have an investigation when I feel like maybe it could have just been addressed by the worker with the family about what they think might have happened. Now you've got a home that you can't place children in. And Lord knows you need homes. Like I said, I don't really know what the answer is.
- In the length of time that a home is on suspended admissions it involves an investigation by the investigator. Depending on if it meets the criteria, it goes through the Foster Home Quality Team and then a decision is made. Most of investigations do end up going through the Foster Home Quality Team. It can take a while especially if there's staff shortages and things that can delay the completion of the investigation itself. We can have a lot of homes on suspended admission which keeps them from having placement being contacted for new placements.
- This foster home status is necessary to ensure the safety of children in the home. The process, and potential length of time a foster home is on suspended admission was a topic of discussion. In order to maintain objectivity, the foster home review process is conducted by the CQI team, not the Foster Home Division. It was discussed, however, that, by including a representative from the agency in a discussion, the investigation additional insight could be gained and the investigation could be expediated.
- Current challenges with SIU investigations include staff shortages, lengthy investigations, there's staff shortages and delays in foster parents completing FHQT recommendations leaving many homes on suspended admissions and unavailable for placement. things that can delay the completion of the investigation itself.

Joint Planning Foster and Adoptive Recruitment and Retention Breakout Session

Foster Parent Recruitment:

Challenges and Limitations

- The pool does not meet the needs of the children based on race/ethnicity, etc. The nationwide issue with meeting native/culture homes. Need to educate families about expectations and how to work with the children. Hard to recruit at this time since covid. Space is another issue as we have larger groups of siblings. Some folks aren't willing to do it anymore.
- Child welfare used to have more therapeutic foster homes and now with the lack of placements, they don't exist or the therapeutic foster parents are at max. Approvals were going well but now people are less interested in fostering children. Closing foster homes are outpacing new homes. What kind of recruitment is there currently for Spanish-speaking families? Do we have a way of recruitment? DCS and agencies have broadened recruitment to include the Internet,

social media, and faith-based groups. Also, all are going to local community events. Private providers do recruit their own and do their own pieces of training.

Foster Parent Support/Retention:

Challenges and Limitations

- Not enough support to deal with all the struggles and challenges with relative caregivers. The mixture in training, that includes relative caregivers and new foster parents, makes it hard to train on nuances with relative caregivers taking over parenting roles. Foster parents don't know what services are available to them locally as the training includes more about statewide services. Maybe have a regional or local level for connections. Foster parent support group and have family dinners, etc. in the past but no longer post-covid. Concerns about community building/networking due to virtual trainings. Foster parents have lost some of the networking due to Covid and having to move to virtual. They used to be able to have foster parent associations and now more are virtual and everyone is having a hard time getting them back. Everyone is still trying to readjust. The group feels this would help with retention-that way you don't feel isolated. Have foster parent support worker paired foster parents together that had dealt with similar issues before, ie: relative caregivers with teenagers, etc. Have local Facebook pages and community supports that are lead by foster parents. Notify all foster parents of the local chain of command.
- This is case specific and depends on worker, etc. Some do feel like hands are tied at times due to policies and requirements, etc. Don't feel like new foster parents know they can raise concerns. DCS is perceived as the "boss". Sometimes felt foster parents had to advocate for birth parents vs. DCS. Felt more times than not fell on deaf ears. Might be minor in DCS eyes but major in foster parents' eyes. Sometimes they need to know the supports. Are foster parents aware of the avenue of the chain of command? Do foster parents know how to connect to those in leadership?

Program Improvement Plan (PIP) Analysis for Diligent Recruitment

1. Tennessee will engage in an evidence-informed understanding about "why" are we losing prospective foster parents during the approval process.
2. Tennessee will determine if recruitment strategies are occurring in hard-to-reach communities and what strategies are being used in those areas.
3. Tennessee will explore contributing factors to why more white families inquire about becoming a foster parent compared to other races and ethnicity.
4. Tennessee will explore the number of homes on suspended admission, including a review and discussion of safety needs of the home, viability of the home, a safety plan, etc.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

State Response:

Although several efforts have been made to improve the processes and timeliness of home studies requested by other states, insufficient time has passed since implementation to have an accurate assessment of performance. Therefore, this Item continues to be rated an area needing improvement for Round 4.

In Round 3, it was determined that TN is effectively utilizing cross-jurisdictional resources to support the permanent placement of waiting children through registration on AdoptUsKids, diligent family searches, and child-specific recruitment efforts. However, because slightly more than a third of the requests for home studies from other states were completed within the 60-day timeframe, this Item was an area needing improvement.

Improvement Efforts Since CFSR Round 3:

- In late 2022, TN DCS joined the National Electronic Interstate Compact Enterprise (NEICE) and is actively using the NEICE Secure Document Portal (SDP) for new requests. It is anticipated that this will significantly expediate the completion of home studies requested by other states and territories. There is no preliminary data. NEICE is expected to provide data for each state that utilizes the database within the next month.
- To improve the Interstate Compact on the Placement of Children (ICPC) process, an ICPC supplemental protocol attached to ICPC policy 1.30 was established to assist regional staff in making referrals that require the services of private provider agencies by way of a unique care agreement.

Challenges

Challenges exist with delays for the timely response from other states (Please see data and details below). Resources are required to abide by the receiving state's policies, which may lead to a lengthier placement decision. Utilization of the National Electronic Interstate Compact Exchange (NEICE) has created some challenges of transmissions of requests due to technical difficulties. These issues continue to be identified and solved for smooth communication with other NEICE states. Challenges are also noted for states that are not currently utilizing NEICE. Communication and responses with these states are not as immediate. Other challenges surround medical and behavioral assistance once a child is placed out of state. The issuance of insurance for youth may depend upon the receiving state's policies and procedures.

Policies

Policy [16.20.pdf](#) Expedited ICPC Placement ensure identified relatives and kin are equipped to provide care and meet the minimum guidelines to become a foster parent. The policy provides standards for expedited placement assessments, background and criminal records clearance, and expedited custodial placement approval. It also includes Multi-Ethnic Placement Act/as Amended by the Inter-Ethnic Adoption Provision of 1996 (AKA: MEPA/IEPA Inter-Ethnic Placement Act) TCA 37-5-106

TN DCS Policy [16.24.pdf](#) - provide guidance for Children of Native American Heritage - TCA 37-5-106, Indian Child Welfare Act of 1978

DCS policies [16.4.pdf](#) and 16.20 establishes requirements for completion of relative, kin, foster or adoptive home study studies on TN resources for the placement of children who are in the custody/guardianship of TN DCS. Those same policies/standards are used by DCS home study writer or Contract Agency personnel to complete a child-specific study on a TN resource which meets compliance with the Interstate Compact on the Placement of Children and Safe and Timely Interstate Placement of Children in Foster Care, P.L. 109-239 including completion of that study or issuing an assessment/status report within 60 calendar days of assignment in TFACTS.

Procedures for implementing policies 16.20 and 16.40 are clearly defined in the ICPC Procedures Manual (March 2018) This procedures manual can be downloaded from the TN DCS website: [ICPCProceduresManual.pdf \(tn.gov\)](#)

Process for using Cross-Jurisdictional Resources for timely Permanency outside the State

Tennessee utilizes the AdoptUSKids (AUK) website to recruit families nationwide (in and out of state, I assume?) for children in full guardianship. All children awaiting permanent placement are registered on AUK through a national photo listing, including the child's photo, video, and profile narrative. Families nationwide can search for children and make inquiries through the AUK system, and Caseworkers can search the national AUK photo listing to match children with families who are approved to adopt from foster care. AUK is an effective recruitment tool for matching and securing permanent placements for children awaiting permanency in Tennessee. The utilization of AUK as a recruitment tool resulted in permanency through adoption for approximately 53 children and youth in SFY 2022.

Tennessee currently has Border Agreements with Kentucky, Georgia, Virginia and Alabama. These Border Agreements allow children to be placed within identified counties during child protective services investigations. These agreements allow for children to remain with these identified individuals either through granting custody, or through utilizing the Interstate Compact for the Placement of Children upon closure of the investigation. Children placed through a Border Agreement remain with the prospective resource and/or custodian during the expedited process.

Since December 16, 2022, ICPC has been utilizing the National Electronic Interstate Compact Enterprise (NEICE) to electronically communicate with 42 other jurisdictions. NEICE allows electronic transmissions of out of state requests and allows for timelier review, assignment, and placement decisions. To improve the success of interjurisdictional placements through the Interstate Compact on the Placement of Children (ICPC) process, a protocol was established to assist regional staff in making referrals that

Section IV—Assessment of Systemic Factors

require the services of private provider agencies by way of a unique care agreement. In addition, representatives have been identified in each region to assist with proper planning prior to and during the placement. The identified Regional ICPC Representatives have received training in relation to the Interstate Compact on the Placement of Children, IVE eligibility and obtaining insurance coverage for children once placed. Ensuring financial and medical needs are met for children and their prospective families can lessen the possibility of disruptions and provide stabilization to the placement where permanency can be reached. Additional ICPC training has been provided to staff in several regions, as well as private providers and court staff. TN ICPC processes an average of eighty-five (85) outgoing requests each month. Over half (50%) of these requests are for placement with identified relatives for permanency.

Item 36. Figure 1 ICPC requests for home studies received from other states

Year	Incoming Requests	Denied	Approved	60-day Timeframe	Total Placements	Adoption	Parent/Relative/Foster
2020	1059	367	509	124	85	23	62
2021	1084	295	547	111	378	68	310
2022	1278	148	563	230	299	68	231

Any child/youth identified to possibly be or is affiliated with a tribe policy 16.24 Children of Native American Heritage which provides guidance to all rules, regulations and laws governing the Indian Child Welfare Act of 1978.

Process for sending ICPS Home Study Requests to other States

TN has established ICPC Representatives in each region that have been trained to review and assist regional staff with ensuring all necessary items are addressed and included with the request for an out of state placement. The regional staff enter the request into TFACTS as an ICPC Outgoing Instance and assign the request to an ICPC Administrator for review. All necessary documents are uploaded into the request and once reviewed, the request is submitted to the receiving state. Depending on the receiving state's mode of communication, the request is submitted electronically through NEICE, the Secure Document Portal, or via email. ICPC Administrators oversee requests by assignment of the receiving state. They continue communication with their state counterparts to ensure timely responses to requests.

Though there continues to be some technical difficulties, the implementation of NEICE in December 2022, has assisted with the timelier submission of ICPC requests to other states. Communication through NEICE for additional information or lacking documents can be accomplished through the database for immediate attention.

Approximately half (50%) of requests result in placements for the actual studies that are completed within the timeframe as this information is entered into TFACTS either manually or through NEICE. However, for requests that result in status updates at the 60-day mark, for an explanation of barriers, etc., this information would not be captured. This is usually received on a Word document or NEICE transmittal and is not captured in our system other than an Additional Comment or the document being uploading into TFACTS. Once the actual study is received, that date is entered into TFACTS either manually or by the receiving state via NEICE.

Item 36. Figure 2 ICPC Request for Home Studies to other states

Year	Outgoing Requests	Denied	Approved	60-day Timeframe	Total Placements	Adoption	Parent/Relative/Foster
2020	1117	242	511	62	383	41	342
2021	1042	220	542	191	377	44	333
2022	1068	148	380	98	199	19	180

ICPC Home Study Process

Instate placement requests are received via NEICE, the Secure Document Portal, or by email, depending on the sending state's mode of communication. Each request is assigned to a TN ICPC Administrator that oversees the sending state's request. The request is reviewed for completion and if the request is for a home placement, it is assigned to regional staff that have been identified by the Regional Director. Regional staff complete the home evaluation, depending on the type requested, and provide a decision to the assigned ICPC Administrator once the potential resource has met all criteria for placement. The placement decision is entered into TFACTS, and the obtained documents are uploaded within the ICPC Instance. Depending on the sending state's mode of communication, the decision is submitted through NEICE, the Secure Document Portal or via email. Any requests for Residential or Private Adoption placements are reviewed by TN ICPC Administrators and submitted to the appropriate agency.

Round 4 Program Improvement Plan (PIP) Analysis for ICPC:

1. TN will engage ICPC representatives to ask them about their experiences with completing home studies that are requested from other states. And to ask about the barriers that they encounter when doing those home studies and identify if there are geographical areas experiencing more challenges than other areas. They will also be asked about their experience with NEICE and how implementation in TN could be improved.

Appendix: CFSR State Data Profile

[The State data profile can be requested from the state or the Children's Bureau.]